

From: [Sunset Advisory Commission](#)
To: [Dawn Roberson](#)
Subject: FW: Form submission from: Public Input Form for Agencies Under Review (Public/After Publication)
Date: Friday, June 27, 2014 4:41:11 PM

-----Original Message-----

From: sundrupal@capitol.local [<mailto:sundrupal@capitol.local>]
Sent: Friday, June 27, 2014 4:32 PM
To: Sunset Advisory Commission
Subject: Form submission from: Public Input Form for Agencies Under Review (Public/After Publication)

Submitted on Friday, June 27, 2014 - 16:31

Agency: UNIVERSITY INTERSCHOLASTIC LEAGUE UIL

First Name: Mary

Last Name: DeBauche

Title: Director of Operation

Organization you are affiliated with: Cypress ECG Project

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City: Houston

State: Texas

Your Comments About the Staff Report, Including Recommendations Supported or Opposed: The current athletic physical does not do enough to protect our young athletes' hearts. No matter how well it is performed, studies have shown the current physical to be almost completely ineffective when it comes to the heart - less than 5% effective. Add a properly-interpreted ECG and the physical can be up to 89% effective. Too many young lives are lost every year, when a simple test such as an ECG can detect heart problems before they cause tragedy. Many groups in Texas have already proven that ECGs can be effective, efficient and cost-friendly. Why wait for more research when these groups are already in action, saving lives? The money wasted on steroid testing could be put to much better use if it were redirected toward ECG testing.

Any Alternative or New Recommendations on This Agency:

There are two other important elements to adding an ECG to the school physical: getting it interpreted, and who is doing the interpretation. There needs to be some guidelines on both these issues.

It's important that ECGs be interpreted, and that it be done by doctors who are trained in this particular population, the student athlete. There is already an online learning module for doctors that has been proven to result in better interpretations, which means a very low false-positive rate. It's a simple 6-8 hour course. It was developed in conjunction with research on how effectively doctors from various specialties can interpret ECGs: the same specialties that normally do athletic physicals: pediatricians, general practitioners, orthopedists, etc. The research shows that accuracy improved by huge margins after taking the course:

<http://learning.bmj.com/learning/course-intro/.html?courseId=10042239>

Washington state is going through similar legislation this summer, and I would encourage interested parties to follow the efforts in that state as well.

We citizens of Texas expect our state leaders to be on the forefront in all issues, particularly ones that save the lives of our children. I hope you will consider doing the right thing by implementing an ECG program for all student athletes, band, cheerleaders and drill team members.

My Comment Will Be Made Public: I agree