

CARDIOMYOPATHY HEALTH EDUCATION, AWARENESS,
 AND RESEARCH, AND AED TRAINING IN THE SCHOOLS
 ACT OF 2024

MAY 22, 2024.—Committed to the Committee of the Whole House on the State of
 the Union and ordered to be printed

Mrs. RODGERS of Washington, from the Committee on Energy and
 Commerce, submitted the following

R E P O R T

[To accompany H.R. 6829]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 6829) to amend the Public Health Service Act to authorize and support the creation and dissemination of cardiomyopathy education, awareness, and risk assessment materials and resources to identify more at-risk families, to authorize research and surveillance activities relating to cardiomyopathy, and for other purposes, having considered the same, reports favorably thereon with an amendment and recommends that the bill as amended do pass.

CONTENTS

	Page
Purpose and Summary	5
Background and Need for Legislation	5
Committee Action	5
Committee Votes	6
Oversight Findings and Recommendations	8
New Budget Authority, Entitlement Authority, and Tax Expenditures	8
Congressional Budget Office Estimate	8
Federal Mandates Statement	8
Statement of General Performance Goals and Objectives	8
Duplication of Federal Programs	8
Related Committee and Subcommittee Hearings	8
Committee Cost Estimate	9
Earmark, Limited Tax Benefits, and Limited Tariff Benefits	9
Advisory Committee Statement	9
Applicability to Legislative Branch	9
Section-by-Section Analysis of the Legislation	9
Changes in Existing Law Made by the Bill, as Reported	10

The amendment is as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the “Cardiomyopathy Health Education, Awareness, and Research, and AED Training in the Schools Act of 2024” or the “HEARTS Act of 2024”.

SEC. 2. CARDIOMYOPATHY HEALTH EDUCATION, AWARENESS, AND RESEARCH, AND AED TRAINING IN SCHOOLS.

(a) IN GENERAL.—The Public Health Service Act is amended by inserting after section 312 (42 U.S.C. 244) the following:

“SEC. 312A. MATERIALS AND RESOURCES TO INCREASE EDUCATION AND AWARENESS OF CARDIOMYOPATHY AMONG SCHOOL ADMINISTRATORS, EDUCATORS, AND FAMILIES.

“(a) MATERIALS AND RESOURCES.—Not later than 18 months after the date of the enactment of the HEARTS Act of 2024, the Secretary, in consultation with the Director of the Centers for Disease Control and Prevention, shall develop public education materials and resources to be disseminated to school administrators, educators, school health professionals, coaches, families, guardians, caregivers, and other appropriate individuals. The materials and resources shall include—

“(1) information on the signs, symptoms, and risk factors associated with high-risk cardiac conditions and genetic heart rhythm abnormalities that may cause sudden cardiac arrest in children, adolescents, and young adults, including—

“(A) cardiomyopathy;

“(B) long QT syndrome, Brugada syndrome, catecholaminergic polymorphic ventricular tachycardia, short QT syndrome, and Wolff-Parkinson-White syndrome; and

“(C) other high-risk cardiac conditions, as determined by the Secretary;

“(2) guidelines regarding the placement of automated external defibrillators in schools, early childhood education programs, and child care centers;

“(3) training information on automated external defibrillators and cardiopulmonary resuscitation; and

“(4) recommendations for how schools, early childhood education programs, and child care centers can develop and implement a cardiac emergency response plan.

“(b) DISSEMINATION OF MATERIALS AND RESOURCES.—Not later than 30 months after the date of the enactment of the HEARTS Act of 2024, the Secretary shall disseminate the materials and resources developed under subsection (a) in accordance with the following:

“(1) DISTRIBUTION BY STATE EDUCATIONAL AGENCIES.—The Secretary shall make available such materials and resources to State educational agencies to distribute—

“(A) to school administrators, educators, school health professionals, coaches, families, guardians, caregivers, and other appropriate individuals, the information developed under subsection (a)(1);

“(B) to parents, guardians, or other caregivers, the cardiomyopathy risk assessment developed pursuant to section 312B(b)(1); and

“(C) to school administrators, educators, school health professionals, and coaches—

“(i) the guidelines described in subsection (a)(2);

“(ii) the training information described in subsection (a)(3); and

“(iii) the recommendations described in subsection (a)(4).

“(2) DISSEMINATION TO HEALTH DEPARTMENTS AND PROFESSIONALS.—The Secretary shall make available the materials and resources developed under subsection (a) to State and local health departments, pediatricians, hospitals, and other health professionals, such as nurses and first responders.

“(3) POSTING ON WEBSITE.—

“(A) CDC.—

“(i) IN GENERAL.—The Secretary, through the Director, shall post the materials and resources developed under subsection (a) on the public Internet website of the Centers for Disease Control and Prevention.

“(ii) ADDITIONAL INFORMATION.—The Director is encouraged to maintain on such public Internet website such additional information regarding cardiomyopathy as deemed appropriate by the Director.

“(B) STATE EDUCATIONAL AGENCIES.—State educational agencies are encouraged to create public Internet webpages dedicated to cardiomyopathy

and post the materials and resources developed under subsection (a) on such webpages.

“(c) DEFINITIONS.—In this section:

“(1) The term ‘cardiomyopathy’ means a heart disease that affects the heart’s muscle (myocardium)—

“(A) the symptoms of which may vary from case to case, including—

“(i) cases in which no symptoms are present (asymptomatic); and

“(ii) cases in which there are symptoms of a progressive condition that may result from an impaired ability of the heart to pump blood, such as fatigue, irregular heartbeats (arrhythmia), heart failure, and, potentially, sudden cardiac death; and

“(B) the recognized types of which include dilated, hypertrophic, restrictive, arrhythmogenic right ventricular dysplasia, and left ventricular non-compaction.

“(2) The term ‘Director’ means the Director of the Centers for Disease Control and Prevention.

“(3) The terms ‘early childhood education program’, ‘elementary school’, and ‘secondary school’ have the meanings given to those terms in section 8101 of the Elementary and Secondary Education Act of 1965.

“(4) The term ‘school administrator’ means a principal, director, manager, or other supervisor or leader within an elementary school, secondary school, State-based early childhood education program, or child care center.

“(5) The term ‘school health professional’ means a health professional serving at an elementary school, secondary school, State-based early childhood education program, or child care center.

“SEC. 312B. ACTIVITIES RELATING TO CARDIOMYOPATHY.

“(a) REPORT ON CDC NATIONAL CARDIOMYOPATHY ACTIVITIES.—

“(1) IN GENERAL.—Not later than 18 months after the date of the enactment of the HEARTS Act of 2024, the Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall submit to Congress a report on findings generated from existing activities conducted by the Centers for Disease Control and Prevention to improve the understanding of the prevalence and epidemiology of cardiomyopathy across the lifespan, from birth to adulthood, with particular interest in the following:

“(A) The natural history of individuals with cardiomyopathy, in both the pediatric and adult population.

“(B) Estimates of cardiomyopathy-related emergency department visits and hospitalizations, in both the pediatric and adult population.

“(2) PUBLIC ACCESS.—Subject to paragraph (3), the report submitted under this subsection shall be made available to the public.

“(3) PRIVACY PROTECTIONS.—The Secretary shall ensure that this subsection is carried out in a manner that complies with all applicable privacy laws under Federal and State law.

“(b) IMPROVING RISK ASSESSMENTS FOR INDIVIDUALS WITH CARDIOMYOPATHY.—

“(1) IN GENERAL.—The Secretary shall develop and make publicly available a cardiomyopathy risk assessment for health care providers and individuals. Such risk assessment shall, at a minimum, include the following:

“(A) Background information on the prevalence, incidence, and health impact of cardiomyopathy, including all forms of cardiomyopathy and their effects on pediatric, adolescent, and adult individuals.

“(B) A worksheet with variables and conditions for an individual or health care provider to use in assessing whether an individual is at risk for cardiomyopathy.

“(C) A worksheet with variables and stages of progression for an individual or health care provider to use in assessing whether and to what extent cardiomyopathy has progressed in an individual.

“(D) Guidelines on cardiomyopathy screenings for individuals who are at risk for, or have a family history of, cardiomyopathy.

“(2) STAKEHOLDER INPUT.—In carrying out paragraph (1), the Director of the Centers for Disease Control and Prevention shall seek input from external stakeholders including—

“(A) representatives from national patient advocacy organizations expert in all forms of cardiomyopathy;

“(B) representatives from medical professional societies that specialize in the care of adults and pediatrics with cardiomyopathy; and

“(C) representatives from other relevant Federal agencies.

“(c) DEFINITION.—In this section, the term ‘cardiomyopathy’ has the meaning given to such term in section 312A.

“SEC. 312C. CARDIOMYOPATHY RESEARCH.

“(a) IN GENERAL.—The Secretary, in consultation with the Director of the National Institutes of Health, may expand and coordinate research and related activities of the National Institutes of Health with respect to cardiomyopathy, which may include research with respect to—

- “(1) causation of cardiomyopathy, including genetic causes and molecular biomarkers;
- “(2) long-term health outcomes in individuals with cardiomyopathy, including infants, children, teenagers, adults, and elderly individuals; and
- “(3) studies using longitudinal data and retrospective analysis to identify effective treatments and outcomes for individuals with cardiomyopathy.

“(b) NONDUPLICATION.—The Secretary shall ensure that any research and activities related to cardiomyopathy under this section do not unnecessarily duplicate activities, programs, or efforts of other agencies and offices within the Department of Health and Human Services.

“(c) NIH REPORT.—Not later than 18 months after the date of the enactment of the HEARTS Act of 2024, the Secretary, in consultation with the Director of the National Institutes of Health, shall submit to Congress a report—

- “(1) outlining the ongoing research efforts of the National Institutes of Health regarding cardiomyopathy; and
- “(2) identifying—
 - “(A) a research agenda regarding adult forms of cardiomyopathy;
 - “(B) plans for researching cardiomyopathy affecting the pediatric population; and
 - “(C) the areas of greatest need for such research.

“(d) CARDIOMYOPATHY DEFINED.—In this section, the term ‘cardiomyopathy’ has the meaning given to such term in section 312A.

“SEC. 312D. PROMOTING STUDENT ACCESS TO AEDS AND CPR.

“(a) IN GENERAL.—The Secretary shall award grants to eligible entities to develop and implement a comprehensive program to promote student access to automated external defibrillators (in this section referred to as ‘AEDs’) and cardiopulmonary resuscitation (in this section referred to as ‘CPR’) in public elementary schools and secondary schools.

“(b) USE OF FUNDS.—An eligible entity receiving a grant under subsection (a) may use funds received through such grant to carry out any of the following activities:

- “(1) Developing and providing comprehensive materials to establish AED and CPR programs in public elementary schools and secondary schools.
- “(2) Providing support for CPR and AED training programs in such schools for students, staff, and related sports volunteers.
- “(3) Providing support for developing a cardiac emergency response plan within such schools.
- “(4) Purchasing AEDs that have been approved under section 515 of the Federal Food, Drug, and Cosmetic Act, cleared under section 510(k) of such Act, or classified under section 513(f)(2) of such Act.
- “(5) Purchasing necessary AED batteries and performing necessary AED maintenance (such as by replacing AED pads) in accordance with the labeling of the AED involved.
- “(6) Replacing old and outdated AED and CPR equipment, machinery, and educational materials.

“(c) ELIGIBILITY; APPLICATION.—To be eligible for a grant under subsection (a), an entity shall—

- “(1) be a local educational agency (including a public charter school operating as a local educational agency under State law), in consultation with a qualified health care entity; and
- “(2) submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may reasonably require.

“(d) DEFINITIONS.—In this section:

- “(1) ESEA TERMS.—The terms ‘elementary school’, ‘local educational agency’, and ‘secondary school’ have the meanings given such terms in section 8101 of the Elementary and Secondary Education Act of 1965.
- “(2) QUALIFIED HEALTH CARE ENTITY.—The term ‘qualified health care entity’ means a health care entity that—

- “(A) is—
 - “(i) a public entity; or
 - “(ii) an organization that is described in section 501(c) of the Internal Revenue Code of 1986 and exempt from taxation under section 501(a) of such Code;

“(B) demonstrates an ability to develop, train, and implement a comprehensive program to promote student access to defibrillation in public elementary and secondary schools; and

“(C) is qualified in providing technical assistance in AED and CPR training.”

(b) AUTHORIZATION OF APPROPRIATIONS.—Section 312(e) of the Public Health Service Act (42 U.S.C. 244(e)) is amended by striking the first sentence and inserting the following: “For the purpose of carrying out this section and sections 312A, 312B, 312C, and 312D, there is authorized to be appropriated \$25,000,000 for each of fiscal years 2025 through 2029.”

PURPOSE AND SUMMARY

H.R. 6829 directs the Department of Health and Human Services (HHS) to develop and distribute certain educational materials and resources regarding cardiomyopathy, automated external defibrillators (AEDs), and cardiopulmonary resuscitation (CPR), to school administrators, educators, school health professionals, coaches, families, guardians, caregivers, State and local health departments, certain health professionals, and other relevant individuals. In addition, this bill would require the Secretary to submit a report to Congress on the Centers for Disease Control and Prevention’s (CDC’s) existing activities related to cardiomyopathy, as well as develop a risk assessment for individuals at risk of cardiomyopathy. This bill would also allow the Secretary, in consultation with the Director of the National Institutes of Health (NIH), to expand and coordinate research with respect to cardiomyopathy and requires a report on NIH’s ongoing research efforts. The bill also includes a program to promote student access to AEDs and CPR in schools, including educational materials, training programs, and equipment.

BACKGROUND AND NEED FOR LEGISLATION

This legislation authorizes and supports the development of a Cardiomyopathy Education and Awareness Program. This program would facilitate a coordinated effort to raise public awareness of cardiomyopathy, while working with communities to ensure they have the ability to address cardiac events as they occur. In the United States, more than 30,000 children in the U.S. are diagnosed with some form of cardiomyopathy.¹ Generally, the immediate use of an automated external defibrillator (AED) or cardiopulmonary resuscitation (CPR) can double or triple the person’s chance of survival.²

COMMITTEE ACTION

On February 14, 2024, the Subcommittee on Health held a hearing on H.R. 6829. The title of the hearing was “Legislative Proposals to Support Patients and Caregivers.” The Subcommittee received testimony from:

- Andy Shih, PhD, Chief Science Officer, Autism Speaks;
- Corey Feist, JD, MBA, Co-Founder and CEO, Dr. Lorna Breen Heroes’ Foundation;

¹Children’s Cardiomyopathy Foundation, “Vital Facts”, 2024. <https://www.childrenscardiomyopathy.org/pages/about-disease/vital-facts/>.

²American Heart Association, “What Is an Automated External Defibrillator?”, 2023. <https://www.heart.org/-/media/files/health-topics/answers-by-heart/what-is-an-aed.pdf>.

- Joanne Pike, DrPH, President and CEO, Alzheimer's Association;
- Gordon Tomaselli, MD, Former President, American Heart Association; Marilyn and Stanley M. Katz Dean, Emeritus and Professor of Medicine, Albert Einstein College of Medicine; Adjunct Professor of Medicine, Johns Hopkins University School of Medicine;
- Michelle Whitten, President, CEO, and Co-Founder, Global Down Syndrome Foundation;
- Randy Strozyk, President, American Ambulance Association; and
- Christina Annunziata, MD, PhD, Senior Vice President of Extramural Discovery Science, American Cancer Society.

On March 12, 2024, the Subcommittee on Health met in open markup session and forwarded H.R. 6829, as amended, to the full Committee by a record vote of 24 yeas and 0 nays.

On March 20, 2024, the full Committee on Energy and Commerce met in open markup session and ordered H.R. 6829, as amended, favorably reported to the House by a record vote of 42 yeas and 0 nays.

COMMITTEE VOTES

Clause 3(b) of rule XIII requires the Committee to list the record votes on the motion to report legislation and amendments thereto. The following reflects the record votes taken during the Committee consideration:

**COMMITTEE ON ENERGY AND COMMERCE
118TH CONGRESS
ROLL CALL VOTE # 17**

BILL: H.R. 6829, the “Cardiomyopathy Health Education, Awareness, Research, and Training in the Schools Act of 2023” or the “HEARTS Act of 2023”

AMENDMENT: A motion by Chair Rodgers to order H.R. 6829 favorably reported to the House, as amended. (Final Passage)

DISPOSITION: **AGREED TO**, by a roll call vote of 42 yeas to 0 nays.

REPRESENTATIVE	YEAS	NAYS	PRESENT	REPRESENTATIVE	YEAS	NAYS	PRESENT
Rep. Rodgers	X			Rep. Pallone	X		
Rep. Burgess	X			Rep. Eshoo	X		
Rep. Latta	X			Rep. DeGette	X		
Rep. Guthrie	X			Rep. Schakowsky	X		
Rep. Griffith	X			Rep. Matsui	X		
Rep. Bilirakis	X			Rep. Castor	X		
Rep. Bueshon	X			Rep. Sarbanes	X		
Rep. Hudson	X			Rep. Tonko	X		
Rep. Walberg	X			Rep. Clarke			
Rep. Carter	X			Rep. Cárdenas	X		
Rep. Duncan	X			Rep. Ruiz	X		
Rep. Palmer				Rep. Peters	X		
Rep. Dunn	X			Rep. Dingell	X		
Rep. Curtis				Rep. Veasey	X		
Rep. Lesko	X			Rep. Kuster			
Rep. Pence	X			Rep. Kelly			
Rep. Crenshaw				Rep. Barragán	X		
Rep. Joyce	X			Rep. Blunt Rochester			
Rep. Armstrong				Rep. Soto	X		
Rep. Weber	X			Rep. Craig	X		
Rep. Allen	X			Rep. Schrier	X		
Rep. Balderson	X			Rep. Trahan	X		
Rep. Fulcher	X			Rep. Fletcher	X		
Rep. Pfluger							
Rep. Harshbarger	X						
Rep. Miller-Meeks	X						
Rep. Cammack	X						
Rep. Obernolte	X						

03/20/2024

OVERSIGHT FINDINGS AND RECOMMENDATIONS

Pursuant to clause 2(b)(1) of rule X and clause 3(c)(1) of rule XIII, the Committee held a hearing and made findings that are reflected in this report.

NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

Pursuant to clause 3(c)(2) of rule XIII, the Committee finds that H.R. 6829 would result in no new or increased budget authority, entitlement authority, or tax expenditures or revenues.

CONGRESSIONAL BUDGET OFFICE ESTIMATE

Pursuant to clause 3(c)(3) of rule XIII, at the time this report was filed, the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974 was not available.

FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

Pursuant to clause 3(c)(4) of rule XIII, the general performance goal or objective of this legislation is to prevent deaths from cardiac arrest by providing information and resources that prepare schools to respond in the event of a cardiac emergency.

DUPLICATION OF FEDERAL PROGRAMS

Pursuant to clause 3(c)(5) of rule XIII, no provision of H.R. 6829 is known to be duplicative of another Federal program, including any program that was included in a report to Congress pursuant to section 21 of Public Law 111–139 or the most recent Catalog of Federal Domestic Assistance.

RELATED COMMITTEE AND SUBCOMMITTEE HEARINGS

Pursuant to clause 3(c)(6) of rule XIII, the following related hearing was used to develop or consider H.R. 6829:

- On February 14, 2024, the Subcommittee on Health held a hearing on H.R. 6829. The title of the hearing was “Legislative Proposals to Support Patients and Caregivers.” The Subcommittee received testimony from:
 - Andy Shih, PhD, Chief Science Officer, Autism Speaks;
 - Corey Feist, JD, MBA, Co-Founder and CEO, Dr. Lorna Breen Heroes’ Foundation;
 - Joanne Pike, DrPH, President and CEO, Alzheimer’s Association;
 - Gordon Tomaselli, MD, Former President, American Heart Association; Marilyn and Stanley M. Katz Dean, Emeritus and Professor of Medicine, Albert Einstein Col-

lege of Medicine; Adjunct Professor of Medicine, Johns Hopkins University School of Medicine;

- Michelle Whitten, President, CEO, and Co-Founder, Global Down Syndrome Foundation;
- Randy Strozyk, President, American Ambulance Association; and
- Christina Annunziata, MD, PhD, Senior Vice President of Extramural Discovery Science, American Cancer Society.

COMMITTEE COST ESTIMATE

Pursuant to clause 3(d)(1) of rule XIII, the Committee adopts as its own the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974. At the time this report was filed, the estimate was not available.

EARMARK, LIMITED TAX BENEFITS, AND LIMITED TARIFF BENEFITS

Pursuant to clause 9(e), 9(f), and 9(g) of rule XXI, the Committee finds that H.R. 6829 contains no earmarks, limited tax benefits, or limited tariff benefits.

ADVISORY COMMITTEE STATEMENT

No advisory committees within the meaning of section 5(b) of the Federal Advisory Committee Act were created by this legislation.

APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that the legislation does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act.

SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

Section 1. Short title

Section 1 provides that the Act may be cited as the “Cardiomyopathy Health Education, Awareness, and Research, and AED Training in the Schools Act of 2024” or the “HEARTS Act of 2024”.

Section 2. Cardiomyopathy health education, awareness, and research, and AED training in schools

Section 2 amends the Public Health Service Act to provide organization for the Cardiomyopathy Education and Awareness Program and authorizes this program through fiscal year 2029. This section implements a timeline for the submission of reports and the dissemination of educational materials. In addition, this section also seeks to expand and coordinate cardiomyopathy related research and establish a grant program to promote student access to automated external defibrillators (AEDs) and cardiopulmonary resuscitation (CPR).

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italics, and existing law in which no change is proposed is shown in roman):

PUBLIC HEALTH SERVICE ACT

* * * * *

TITLE III—GENERAL POWERS AND DUTIES OF PUBLIC HEALTH SERVICE

* * * * *

PART B—FEDERAL-STATE COOPERATION

* * * * *

SEC. 312. PUBLIC ACCESS DEFIBRILLATION PROGRAMS.

(a) **IN GENERAL.**—The Secretary shall award grants to States, political subdivisions of States, Indian tribes, and tribal organizations to develop and implement public access defibrillation programs—

(1) by training and equipping local emergency medical services personnel, including firefighters, police officers, paramedics, emergency medical technicians, and other first responders, to administer immediate care, including cardiopulmonary resuscitation and automated external defibrillation, to cardiac arrest victims;

(2) by purchasing automated external defibrillators, placing the defibrillators in public places where cardiac arrests are likely to occur, and training personnel in such places to administer cardiopulmonary resuscitation and automated external defibrillation to cardiac arrest victims;

(3) by setting procedures for proper maintenance and testing of such devices, according to the guidelines of the manufacturers of the devices;

(4) by providing training to members of the public in cardiopulmonary resuscitation and automated external defibrillation;

(5) by integrating the emergency medical services system with the public access defibrillation programs so that emergency medical services personnel, including dispatchers, are informed about the location of automated external defibrillators in their community; and

(6) by encouraging private companies, including small businesses, to purchase automated external defibrillators and provide training for their employees to administer cardiopulmonary resuscitation and external automated defibrillation to cardiac arrest victims in their community.

(b) **PREFERENCE.**—In awarding grants under subsection (a), the Secretary shall give a preference to a State, political subdivision of a State, Indian tribe, or tribal organization that—

(1) has a particularly low local survival rate for cardiac arrests, or a particularly low local response rate for cardiac arrest victims; or

(2) demonstrates in its application the greatest commitment to establishing and maintaining a public access defibrillation program.

(c) USE OF FUNDS.—A State, political subdivision of a State, Indian tribe, or tribal organization that receives a grant under subsection (a) may use funds received through such grant to—

(1) purchase automated external defibrillators that have been approved, or cleared for marketing, by the Food and Drug Administration;

(2) provide automated external defibrillation and basic life support training in automated external defibrillator usage through nationally recognized courses;

(3) provide information to community members about the public access defibrillation program to be funded with the grant;

(4) provide information to the local emergency medical services system regarding the placement of automated external defibrillators in public places;

(5) produce materials to encourage private companies, including small businesses, to purchase automated external defibrillators;

(6) establish an information clearinghouse, that shall be administered by an organization that has substantial expertise in pediatric education, pediatric medicine, and electrophysiology and sudden death, that provides information to increase public access to defibrillation in schools; and

(7) further develop strategies to improve access to automated external defibrillators in public places.

(d) APPLICATION.—

(1) IN GENERAL.—To be eligible to receive a grant under subsection (a), a State, political subdivision of a State, Indian tribe, or tribal organization shall prepare and submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may reasonably require.

(2) CONTENTS.—An application submitted under paragraph (1) shall—

(A) describe the comprehensive public access defibrillation program to be funded with the grant and demonstrate how such program would make automated external defibrillation accessible and available to cardiac arrest victims in the community;

(B) contain procedures for implementing appropriate nationally recognized training courses in performing cardiopulmonary resuscitation and the use of automated external defibrillators;

(C) contain procedures for ensuring direct involvement of a licensed medical professional and coordination with the local emergency medical services system in the oversight of training and notification of incidents of the use of the automated external defibrillators;

(D) contain procedures for proper maintenance and testing of the automated external defibrillators, according to the labeling of the manufacturer;

(E) contain procedures for ensuring notification of local emergency medical services system personnel, including dispatchers, of the location and type of devices used in the public access defibrillation program; and

(F) provide for the collection of data regarding the effectiveness of the public access defibrillation program to be funded with the grant in affecting the out-of-hospital cardiac arrest survival rate.

(e) AUTHORIZATION OF APPROPRIATIONS.—~~For the purpose of carrying out this section, there are authorized to be appropriated \$25,000,000 for for each of fiscal years 2003 through 2014.~~ *For the purpose of carrying out this section and sections 312A, 312B, 312C, and 312D, there is authorized to be appropriated \$25,000,000 for each of fiscal years 2025 through 2029.* Not more than 10 percent of amounts received under a grant awarded under this section may be used for administrative expenses.

SEC. 312A. MATERIALS AND RESOURCES TO INCREASE EDUCATION AND AWARENESS OF CARDIOMYOPATHY AMONG SCHOOL ADMINISTRATORS, EDUCATORS, AND FAMILIES.

(a) *MATERIALS AND RESOURCES.*—*Not later than 18 months after the date of the enactment of the HEARTS Act of 2024, the Secretary, in consultation with the Director of the Centers for Disease Control and Prevention, shall develop public education materials and resources to be disseminated to school administrators, educators, school health professionals, coaches, families, guardians, caregivers, and other appropriate individuals. The materials and resources shall include—*

(1) *information on the signs, symptoms, and risk factors associated with high-risk cardiac conditions and genetic heart rhythm abnormalities that may cause sudden cardiac arrest in children, adolescents, and young adults, including—*

(A) *cardiomyopathy;*

(B) *long QT syndrome, Brugada syndrome, catecholaminergic polymorphic ventricular tachycardia, short QT syndrome, and Wolff-Parkinson-White syndrome; and*

(C) *other high-risk cardiac conditions, as determined by the Secretary;*

(2) *guidelines regarding the placement of automated external defibrillators in schools, early childhood education programs, and child care centers;*

(3) *training information on automated external defibrillators and cardiopulmonary resuscitation; and*

(4) *recommendations for how schools, early childhood education programs, and child care centers can develop and implement a cardiac emergency response plan.*

(b) *DISSEMINATION OF MATERIALS AND RESOURCES.*—*Not later than 30 months after the date of the enactment of the HEARTS Act of 2024, the Secretary shall disseminate the materials and resources developed under subsection (a) in accordance with the following:*

(1) *DISTRIBUTION BY STATE EDUCATIONAL AGENCIES.*—*The Secretary shall make available such materials and resources to State educational agencies to distribute—*

(A) *to school administrators, educators, school health professionals, coaches, families, guardians, caregivers, and other appropriate individuals, the information developed under subsection (a)(1);*

(B) *to parents, guardians, or other caregivers, the cardiomyopathy risk assessment developed pursuant to section 312B(b)(1); and*

(C) *to school administrators, educators, school health professionals, and coaches—*

(i) *the guidelines described in subsection (a)(2);*

(ii) *the training information described in subsection*

(a)(3); and

(iii) *the recommendations described in subsection (a)(4).*

(2) *DISSEMINATION TO HEALTH DEPARTMENTS AND PROFESSIONALS.*—*The Secretary shall make available the materials and resources developed under subsection (a) to State and local health departments, pediatricians, hospitals, and other health professionals, such as nurses and first responders.*

(3) *POSTING ON WEBSITE.*—

(A) *CDC.*—

(i) *IN GENERAL.*—*The Secretary, through the Director, shall post the materials and resources developed under subsection (a) on the public Internet website of the Centers for Disease Control and Prevention.*

(ii) *ADDITIONAL INFORMATION.*—*The Director is encouraged to maintain on such public Internet website such additional information regarding cardiomyopathy as deemed appropriate by the Director.*

(B) *STATE EDUCATIONAL AGENCIES.*—*State educational agencies are encouraged to create public Internet webpages dedicated to cardiomyopathy and post the materials and resources developed under subsection (a) on such webpages.*

(c) *DEFINITIONS.*—*In this section:*

(1) *The term “cardiomyopathy” means a heart disease that affects the heart’s muscle (myocardium)—*

(A) *the symptoms of which may vary from case to case, including—*

(i) *cases in which no symptoms are present (asymptomatic); and*

(ii) *cases in which there are symptoms of a progressive condition that may result from an impaired ability of the heart to pump blood, such as fatigue, irregular heartbeats (arrhythmia), heart failure, and, potentially, sudden cardiac death; and*

(B) *the recognized types of which include dilated, hypertrophic, restrictive, arrhythmogenic right ventricular dysplasia, and left ventricular non-compaction.*

(2) *The term “Director” means the Director of the Centers for Disease Control and Prevention.*

(3) *The terms “early childhood education program”, “elementary school”, and “secondary school” have the meanings given to*

those terms in section 8101 of the *Elementary and Secondary Education Act of 1965*.

(4) The term “school administrator” means a principal, director, manager, or other supervisor or leader within an elementary school, secondary school, State-based early childhood education program, or child care center.

(5) The term “school health professional” means a health professional serving at an elementary school, secondary school, State-based early childhood education program, or child care center.

SEC. 312B. ACTIVITIES RELATING TO CARDIOMYOPATHY.

(a) **REPORT ON CDC NATIONAL CARDIOMYOPATHY ACTIVITIES.**—

(1) **IN GENERAL.**—Not later than 18 months after the date of the enactment of the *HEARTS Act of 2024*, the Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall submit to Congress a report on findings generated from existing activities conducted by the Centers for Disease Control and Prevention to improve the understanding of the prevalence and epidemiology of cardiomyopathy across the lifespan, from birth to adulthood, with particular interest in the following:

(A) The natural history of individuals with cardiomyopathy, in both the pediatric and adult population.

(B) Estimates of cardiomyopathy-related emergency department visits and hospitalizations, in both the pediatric and adult population.

(2) **PUBLIC ACCESS.**—Subject to paragraph (3), the report submitted under this subsection shall be made available to the public.

(3) **PRIVACY PROTECTIONS.**—The Secretary shall ensure that this subsection is carried out in a manner that complies with all applicable privacy laws under Federal and State law.

(b) **IMPROVING RISK ASSESSMENTS FOR INDIVIDUALS WITH CARDIOMYOPATHY.**—

(1) **IN GENERAL.**—The Secretary shall develop and make publicly available a cardiomyopathy risk assessment for health care providers and individuals. Such risk assessment shall, at a minimum, include the following:

(A) Background information on the prevalence, incidence, and health impact of cardiomyopathy, including all forms of cardiomyopathy and their effects on pediatric, adolescent, and adult individuals.

(B) A worksheet with variables and conditions for an individual or health care provider to use in assessing whether an individual is at risk for cardiomyopathy.

(C) A worksheet with variables and stages of progression for an individual or health care provider to use in assessing whether and to what extent cardiomyopathy has progressed in an individual.

(D) Guidelines on cardiomyopathy screenings for individuals who are at risk for, or have a family history of, cardiomyopathy.

(2) **STAKEHOLDER INPUT.**—In carrying out paragraph (1), the Director of the Centers for Disease Control and Prevention shall seek input from external stakeholders including—

(A) representatives from national patient advocacy organizations expert in all forms of cardiomyopathy;

(B) representatives from medical professional societies that specialize in the care of adults and pediatrics with cardiomyopathy; and

(C) representatives from other relevant Federal agencies.

(c) *DEFINITION.*—In this section, the term “cardiomyopathy” has the meaning given to such term in section 312A.

SEC. 312C. CARDIOMYOPATHY RESEARCH.

(a) *IN GENERAL.*—The Secretary, in consultation with the Director of the National Institutes of Health, may expand and coordinate research and related activities of the National Institutes of Health with respect to cardiomyopathy, which may include research with respect to—

(1) causation of cardiomyopathy, including genetic causes and molecular biomarkers;

(2) long-term health outcomes in individuals with cardiomyopathy, including infants, children, teenagers, adults, and elderly individuals; and

(3) studies using longitudinal data and retrospective analysis to identify effective treatments and outcomes for individuals with cardiomyopathy.

(b) *NONDUPLICATION.*—The Secretary shall ensure that any research and activities related to cardiomyopathy under this section do not unnecessarily duplicate activities, programs, or efforts of other agencies and offices within the Department of Health and Human Services.

(c) *NIH REPORT.*—Not later than 18 months after the date of the enactment of the HEARTS Act of 2024, the Secretary, in consultation with the Director of the National Institutes of Health, shall submit to Congress a report—

(1) outlining the ongoing research efforts of the National Institutes of Health regarding cardiomyopathy; and

(2) identifying—

(A) a research agenda regarding adult forms of cardiomyopathy;

(B) plans for researching cardiomyopathy affecting the pediatric population; and

(C) the areas of greatest need for such research.

(d) *CARDIOMYOPATHY DEFINED.*—In this section, the term “cardiomyopathy” has the meaning given to such term in section 312A.

SEC. 312D. PROMOTING STUDENT ACCESS TO AEDS AND CPR.

(a) *IN GENERAL.*—The Secretary shall award grants to eligible entities to develop and implement a comprehensive program to promote student access to automated external defibrillators (in this section referred to as “AEDs”) and cardiopulmonary resuscitation (in this section referred to as “CPR”) in public elementary schools and secondary schools.

(b) *USE OF FUNDS.*—An eligible entity receiving a grant under subsection (a) may use funds received through such grant to carry out any of the following activities:

(1) Developing and providing comprehensive materials to establish AED and CPR programs in public elementary schools and secondary schools.

(2) *Providing support for CPR and AED training programs in such schools for students, staff, and related sports volunteers.*

(3) *Providing support for developing a cardiac emergency response plan within such schools.*

(4) *Purchasing AEDs that have been approved under section 515 of the Federal Food, Drug, and Cosmetic Act, cleared under section 510(k) of such Act, or classified under section 513(f)(2) of such Act.*

(5) *Purchasing necessary AED batteries and performing necessary AED maintenance (such as by replacing AED pads) in accordance with the labeling of the AED involved.*

(6) *Replacing old and outdated AED and CPR equipment, machinery, and educational materials.*

(c) **ELIGIBILITY; APPLICATION.**—*To be eligible for a grant under subsection (a), an entity shall—*

(1) *be a local educational agency (including a public charter school operating as a local educational agency under State law), in consultation with a qualified health care entity; and*

(2) *submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may reasonably require.*

(d) **DEFINITIONS.**—*In this section:*

(1) **ESEA TERMS.**—*The terms “elementary school”, “local educational agency”, and “secondary school” have the meanings given such terms in section 8101 of the Elementary and Secondary Education Act of 1965.*

(2) **QUALIFIED HEALTH CARE ENTITY.**—*The term “qualified health care entity” means a health care entity that—*

(A) *is—*

(i) *a public entity; or*

(ii) *an organization that is described in section 501(c) of the Internal Revenue Code of 1986 and exempt from taxation under section 501(a) of such Code;*

(B) *demonstrates an ability to develop, train, and implement a comprehensive program to promote student access to defibrillation in public elementary and secondary schools; and*

(C) *is qualified in providing technical assistance in AED and CPR training.*

* * * * *

