



**LEGISLATIVE FISCAL OFFICE
Fiscal Note**

Fiscal Note On: **SB 206** SLS 26RS 443
 Bill Text Version: **ENGROSSED**
 Opp. Chamb. Action:
 Proposed Amd.:
 Sub. Bill For.:

Date: April 13, 2026	7:32 PM	Author: MILLER, G.
Dept./Agy.: Education		
Subject: Requires blood pressure testing at public schools		Analyst: Julie Silva

HEALTH SERVICES EG INCREASE LF EX See Note Page 1 of 1
 Provides for blood pressure testing in schools. (8/1/26)

Proposed legislation requires public school boards, including charter schools, to conduct blood pressure screenings for students in accordance with the schedule established by the American Academy of Pediatrics, in addition to existing vision and hearing screenings. Requires school boards to maintain records of blood pressure screenings, provide written notification to parents or guardians of students with abnormal blood pressure results, and ensure appropriate follow-up within sixty days. Additionally requires that student athlete physical examinations include a cardiovascular prescreening conducted by a qualified healthcare professional in accordance with nationally recognized, evidence-based guidelines, mandates referral for students with positive findings, and requires distribution of educational materials on sudden cardiac arrest to parents or guardians.

EXPENDITURES	2026-27	2027-28	2028-29	2029-30	2030-31	5 -YEAR TOTAL
State Gen. Fd.	\$0	\$0	\$0	\$0	\$0	\$0
Agy. Self-Gen.	\$0	\$0	\$0	\$0	\$0	\$0
Ded./Other	\$0	\$0	\$0	\$0	\$0	\$0
Federal Funds	\$0	\$0	\$0	\$0	\$0	\$0
Local Funds	INCREASE	INCREASE	INCREASE	INCREASE	INCREASE	
Annual Total						
REVENUES	2026-27	2027-28	2028-29	2029-30	2030-31	5 -YEAR TOTAL
State Gen. Fd.	\$0	\$0	\$0	\$0	\$0	\$0
Agy. Self-Gen.	\$0	\$0	\$0	\$0	\$0	\$0
Ded./Other	\$0	\$0	\$0	\$0	\$0	\$0
Federal Funds	\$0	\$0	\$0	\$0	\$0	\$0
Local Funds	\$0	\$0	\$0	\$0	\$0	\$0
Annual Total	\$0	\$0	\$0	\$0	\$0	\$0

EXPENDITURE EXPLANATION

Proposed legislation may result in an indeterminable, though expected to be minimal, increase in local fund expenditures associated with one-time equipment purchases. An additional workload related to the administration of an additional screening may also be realized. However, to the extent blood pressure screenings can be conducted by existing school nurses or trained school personnel using currently available equipment, anticipated costs will be mitigated.

Present law does not require schools to maintain blood pressure monitoring equipment. Therefore, to the extent schools do not voluntarily do so, additional local expenditures are anticipated. For informational purposes, manual or automated cuffs appropriate for pediatric and adolescent populations can be purchased for as low as \$50, though some models are significantly more costly. If individual equipment was purchased for each of the estimated 1,327 public school campuses, the total one-time statewide costs would be approximately \$66,350.

LDOE policy concerning the conduction of health screenings requires that they be performed by a certified school nurse or by other school personnel after appropriate training by the school nurse. Additional responsibilities related to training, record maintenance, parental notification, and follow-up on identified abnormalities may increase workload for certified school nurses or school system administrators to an indeterminable, but anticipated to be minimal, degree.

Additionally, the requirement that student athlete physical examinations include a cardiovascular prescreening consistent with nationally recognized, evidence-based guidelines, along with referral requirements and the distribution of educational materials, is not anticipated to result in a material direct cost to local school systems, as such screenings are conducted by healthcare providers as part of existing physical examinations. To the extent local education agencies incur administrative responsibilities related to updating forms, disseminating materials, and ensuring compliance, any associated costs are expected to be minimal and absorbed within existing resources, while any costs associated with additional screening components or follow-up testing are expected to be borne by patients, insurers, or other healthcare payors.

REVENUE EXPLANATION

There is no anticipated direct material effect on governmental revenues as a result of this measure.

Senate
 13.5.1 >= \$100,000 Annual Fiscal Cost {S & H}
 13.5.2 >= \$500,000 Annual Tax or Fee Change {S & H}

House
 6.8(F)(1) >= \$100,000 SGF Fiscal Cost {H & S}
 6.8(G) >= \$500,000 Tax or Fee Increase or a Net Fee Decrease {S}


Patrice Thomas
Deputy Fiscal Officer