

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: CS/HB 301 Youth Athletes

SPONSOR(S): K-20 Innovation Subcommittee; Renuart and others

TIED BILLS: **IDEN./SIM. BILLS:**

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) K-20 Innovation Subcommittee	14 Y, 0 N, As CS	Valenstein	Sherry
2) Health & Human Services Access Subcommittee	11 Y, 1 N	Prater	Schoolfield
3) Education Committee			

SUMMARY ANALYSIS

The bill requires independent sanctioning authorities and the Florida High School Athletic Association (FHSAA) to adopt guidelines to educate athletic coaches, officials, administrators, athletes, and their parents or guardians relating to the nature and risk of concussions and head injuries. Independent sanctioning authorities and the FHSAA must also adopt bylaws or policies that require the parent or guardian of an athlete who is participating in an athletic competition or is a candidate for an athletic team to sign an informed consent that explains the nature and risk of concussions and head injuries. The bill requires the signed informed consent to be returned prior to the athlete participating in any practice, tryout, workout, athletic competition, or other physical activity associated with candidacy for an athletic team. Additionally, the bill requires the independent sanctioning authority and the FHSAA to adopt bylaws or policies that require an athlete who is suspected of sustaining a concussion or head injury to be removed from practice or competition until the athlete receives written clearance to return from a physician or osteopathic physician. The bill also authorizes a physician or osteopathic physician to delegate the performance of medical acts to certain health care practitioners and also allows the physician to consult with, and utilize testing and evaluations performed by, neuropsychologists.

This bill does not have a fiscal impact.

This bill provides an effective date of July 1, 2011.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Overview

Youth Athletics: Current law defines a youth athletic independent sanctioning authority as a private, nongovernmental entity that organizes, operates or coordinates a youth athletic team in Florida that includes one or more minors and is not affiliated with a private school. An independent sanctioning authority is currently required to: conduct background screenings on each current and prospective athletic coach; disqualify an athletic coach that fails the background screening; and provide written notice to a disqualified athletic coach.

High School Athletics: The Florida High School Athletic Association (FSHAA) is designated as the governing nonprofit organization of athletics in Florida public schools.¹ Currently, the FHSAA is required to adopt bylaws to:

- Establish eligibility requirements for all students;
- Prohibit recruiting students for athletic purposes; and
- Require students participating in athletics to satisfactorily pass an annual medical evaluation.

Eleven states² across the country have passed legislation that targets youth sports-related head injuries.³ In addition, the Committee on Education and Labor of the U.S. House of Representatives held a hearing to discuss protecting student athletes from concussions on September 23, 2010.⁴

The Centers for Disease Control and Prevention (CDC) define a concussion as a type of traumatic brain injury that is caused by a bump, blow, or jolt to the head that can change the way your brain normally works. Concussions may also occur from a blow to the body that causes the head to move rapidly back and forth. In an effort to raise awareness and provide education to coaches, athletes and parents of athletes, the CDC has created free tools that provide important information on preventing, recognizing, and responding to a concussion.⁵

Effect of Proposed Changes

Youth Athletics: The bill requires an independent sanctioning authority to adopt guidelines to educate athletic coaches, officials, administrators, youth athletes, and their parents or guardians relating to the nature and risk of concussions and head injuries. An independent sanctioning authority must also adopt bylaws or policies that require the parent or guardian of a youth athlete who is participating in an athletic competition, or is a candidate for an athletic team, to sign an informed consent that explains the nature and risk of concussions and head injuries. The bill requires the signed informed consent to be returned prior to the youth athlete participating in any practice, tryout, workout, athletic competition, or other physical activity associated with candidacy for an athletic team. Additionally, the bill requires the independent sanctioning authority to adopt bylaws or policies that require a youth athlete who is suspected of sustaining a concussion or head injury to be removed from practice or competition, until

¹ While high school is typically defined to include grades 9 through 12, for the purposes of athletics in public K-12 schools, high school is defined to include grades 6-12, s. 1006.20(1), F.S.

² The eleven states with laws that target youth sports-related head injuries are: Connecticut, Idaho, Maine, Massachusetts, New Jersey, New Mexico, Oklahoma, Oregon, Rhode Island, Virginia, and Washington.

³ Traumatic Brain Injury Legislation, National Conference of State Legislatures, Feb. 2011, available at www.ncsl.org/default.aspx?tabid=18687

⁴ Available at http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=111_house_hearings&docid=f:58256.pdf; see also Concussion in High School Sports: Overall Estimate of Occurrence is Not Available, but Key State Laws and Nationwide Guidelines Address Injury Management, United States Government Accountability Office, May 20, 2010, available at <http://www.gao.gov/new.items/d10569t.pdf>.

⁵ Concussion in Sports, Centers for Disease Control and Prevention, available at <http://www.cdc.gov/concussion/sports/index.html>.

the youth receives written clearance to return from a licensed physician or an osteopathic physician. The bill allows a physician or osteopathic physician to delegate the performance of medical acts to advanced registered nurse practitioners, physician assistants, osteopathic physician assistants, and athletic trainers with whom the physician maintains a formal supervisory relationship or established written protocol that identifies the medical acts or evaluations to be performed and the conditions for their performance, and attests to proficiency in the evaluation and management of concussions. The bill also allows physicians and osteopathic physicians to consult with, or utilize testing and evaluations performed by, neuropsychologists.

High School Athletics: The bill requires the FHSAA to adopt additional guidelines and bylaws or policies related to concussions and head injuries. The FHSAA must adopt guidelines to educate athletic coaches, officials, administrators, student athletes, and their parents relating to the nature and risk of concussions and head injuries. The FHSAA must also adopt either bylaws or policies that require the parent of a student athlete who is a candidate for an interscholastic athletic team or is participating in an interscholastic athletic competition to sign an informed consent that explains the nature and risk of concussions and head injuries. The bill requires the signed informed consent to be returned prior to the student athlete participating in any practice, tryout, workout, athletic competition, or other physical activity associated with candidacy for an athletic team. Additionally, the bill requires FHSAA to adopt bylaws or policies that require a student athlete who is suspected of sustaining a concussion or head injury to be removed from practice or competition, until the student receives written clearance to return from a licensed physician or an osteopathic physician. The bill allows a physician or osteopathic physician to delegate the performance of medical acts to advanced registered nurse practitioners, physician assistants, osteopathic physician assistants, and athletic trainers with whom the physician maintains a formal supervisory relationship or established written protocol that identifies the medical acts or evaluations to be performed and the conditions for their performance, and attests to proficiency in the evaluation and management of concussions. The bill also allows physicians and osteopathic physicians to consult with, or utilize testing and evaluations performed by, neuropsychologists.

The bill requires both independent sanctioning authorities and the FHSAA to adopt policies relating to concussions and head injuries. As the bill does not require the entities to develop the policies, the entities will likely be able to use policies and information made available through the CDC and other sources.

B. SECTION DIRECTORY:

Section 1. Amends s. 943.0438, F.S., requiring an independent sanctioning authority for youth athletic teams to adopt bylaws or policies relating to the nature and risk of concussions and head injuries in youth athletes; requiring informed consent for participation in practice or competition; requiring removal from practice or competition under certain circumstances and certain written clearance to return.

Section 2. Amends s. 1006.20, F.S., requiring the Florida High School Athletic Association to adopt guidelines, bylaws, or policies relating to the nature and risk of concussions and head injuries in youth athletes; requiring informed consent for participation in practice or competition; requiring removal from practice or competition under certain circumstances and certain written clearance to return.

Section 3. Provides an effective date of July 1, 2011.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

None.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

None.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

The bill does not appear to require a city or county to expend funds or to take any action requiring the expenditure of funds.

The bill does not appear to reduce the authority that municipalities or counties have to raise revenues in the aggregate.

The bill does not appear to reduce the percentage of state tax shared with counties or municipalities.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

None.

C. DRAFTING ISSUES OR OTHER COMMENTS:

- The bill requires the adoption of guidelines to educate “their parents.” It is unclear whose parents need to be educated.
- Consideration might be given to changing concussions and head injuries to traumatic brain injuries, because the Center for Disease Control and Prevention refers to them as such.
- The bill refers to a student’s candidacy on line 31. This should be changed to youth athlete’s candidacy because this section deals with youth athletes, not student athletes.
- The bill requires the FHSAA to adopt guidelines or policies; however, the section of law being amended is entitled “Adoption of Bylaws.” Change guidelines on line 56 to bylaws, and remove policies from line 60.

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES

On March 15, 2011, the K-20 Innovation Subcommittee adopted two amendments and the bill was reported favorably as a Committee Substitute. The amendments made the following changes to the bill:

Amendment 1 limits the health care practitioners eligible to provide the necessary written clearance for a youth athlete to return to play after a suspected head injury by authorizing only a physician or an osteopathic physician. The amendment allows a physician or an osteopathic physician to delegate the performance of medical acts to certain health care practitioners and also allows the physician to consult with, and utilize testing and evaluations performed by, neuropsychologists. The bill, prior to the amendment, required a student to obtain written clearance from physicians, physician assistants, anesthesiologist assistants, osteopathic physicians, osteopathic physician assistants, osteopathic anesthesiologist assistants, and advanced registered nurse practitioners prior to returning to practice or competition.

Amendment 2 limits the health care practitioners eligible to provide the necessary written clearance for a student athlete to return to play after a suspected head injury by authorizing only a physician or an osteopathic physician. The amendment allows a physician or an osteopathic physician to delegate the performance of medical acts to certain health care practitioners and also allows the physician to consult with, and utilize testing and evaluations performed by, neuropsychologists. The bill, prior to the amendment, required a student to obtain written clearance from physicians, physician assistants, anesthesiologist assistants, osteopathic physicians, osteopathic physician assistants, osteopathic anesthesiologist assistants, and advanced registered nurse practitioners prior to returning to practice or competition.

This analysis is drafted to the Committee Substitute.