

**HOUSE OF REPRESENTATIVES
FINAL BILL ANALYSIS**

BILL #:	CS/HB 291 (CS/CS/SB 256)	FINAL HOUSE FLOOR ACTION:	
SPONSOR(S):	Health & Human Services Access Subcommittee; Renuart and others (Budget, Budget Subcommittee on Education PreK-12 Appropriations; Flores and others)	116 Y's	0 N's
COMPANION BILLS:	CS/CS/SB 256	GOVERNOR'S ACTION:	Approved

SUMMARY ANALYSIS

CS/HB 291 passed the House on February 23, 2012, and subsequently passed the Senate on March 8, 2012. The bill requires independent sanctioning authorities and the Florida High School Athletic Association (FHSAA) to adopt guidelines to educate athletic coaches, officials, administrators, and athletes and their parents or guardians of 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 before the athlete participates 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 each athlete who is suspected of sustaining a concussion or head injury to be removed from practice or competition until the athlete receives written medical clearance to return from an appropriate health care practitioner trained in the diagnosis, evaluation, and management of concussions, as defined by the Sports Medicine Advisory Committee of the FHSAA. The FHSAA must also adopt bylaws for the establishment and duties of a sports medicine advisory committee, whose membership must represent a variety of health care practitioners.

The bill has no fiscal impact on state or local governments.

The bill was approved by the Governor on April 27, 2012, ch.2012-167, Laws of Florida. The effective date of the bill is July 1, 2012.

I. SUBSTANTIVE INFORMATION

A. EFFECT OF 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. As an example, Pop Warner is an independent sanctioning authority in Florida.¹ 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.²

Public High School Athletics: The Florida High School Athletic Association (FHSAA) is designated as the governing nonprofit organization of athletics in Florida public schools.³ 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.⁴

Over 30 states⁵ across the country have passed legislation that targets youth sports-related head injuries.⁶ Additionally, the “Protecting Student Athletes from Concussions Act of 2011” has been filed in the U.S. House of Representatives. This legislation requires each state educational agency to issue regulations establishing minimum requirements for the prevention and treatment of concussions, in order to be eligible to receive funds under the Elementary and Secondary Education Act. The bill is currently in the Subcommittee on Early Childhood, Elementary, and Secondary Education.⁷

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 the brain normally works. Concussions may also occur from a blow to the body that causes the head to move rapidly back and forth. Additional damage can occur from repeat concussions. A repeat concussion occurs when a person receives another concussion before the brain recovers from the first. Repeat concussions can slow recovery or increase the likelihood of having long-term problems, and in rare cases, can result in brain swelling, permanent brain damage, and even death.⁸ 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.⁹

As an example of one independent athletic sanctioning authority, Pop Warner adopted a rule related to concussions on September 30, 2010. The rule requires a player who is suspected of having a concussion to be removed from practice, play, or competition. Pursuant to the rule, a player may not return to Pop Warner activities until the player has been evaluated by a currently licensed medical professional trained in the

¹ See Pop Warner Little Scholars, Inc., <http://www.popwarner.com/aboutus/pop.asp> (last visited Feb. 6, 2012).

² Section 943.0438, F.S.

³ 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. Section 1006.20(1), F.S.

⁴ Section 1006.20(1) and (2), F.S.

⁵ The states with laws that target youth sports-related head injuries are: Alabama, Alaska, Arizona, California, Colorado, Connecticut, Delaware, Illinois, Indiana, Iowa, Kansas, Louisiana, Maryland, Massachusetts, Minnesota, Missouri, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Dakota, Texas, Utah, Vermont, Virginia, Washington, and Wyoming. National Conference of State Legislatures, *Traumatic Brain Injury Legislation*, Nov. 2011, available at, www.ncsl.org/default.aspx?tabid=18687 (last visited Feb. 6, 2012).

⁶ *Id.*

⁷ Protecting Student Athletes from Concussions Act of 2011, H.R. 469, 112th Cong. (2011).

⁸ Centers for Disease Control and Prevention, *Heads Up Concussion in Youth Sports, A Fact Sheet for Coaches*, available at http://www.cdc.gov/concussion/pdf/coaches_Engl.pdf.

⁹ Centers for Disease Control and Prevention, *Concussion in Sports, Centers for Disease Control and Prevention*, available at <http://www.cdc.gov/concussion/sports/index.html> (last visited Feb. 6, 2012).

evaluation and management of concussions and receives written clearance to return to play from that licensed practitioner.¹⁰

On June 14, 2011, the FHSAA Board of Directors addressed the issue of safety of student athletes by adopting the *FHSAA Concussion Action Plan*, which is incorporated into the *2011-12 FHSAA Handbook*; adding language to the *Consent and Release from Liability Certificate* about the potential dangers of concussions and head and neck injuries in interscholastic athletics; and adding a required course, *Concussion in Sports – What You Need to Know*, for all FHSAA-member school head coaches and paid coaches.¹¹ The FHSAA currently requires any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion, or balance problems) to be immediately removed from the contest or practice and not allowed to return to play until cleared by an appropriate health-care professional.¹² An appropriate health-care professional is defined as a “licensed physician (MD, as per Chapter 458, Florida Statutes), a licensed osteopathic physician (DO, as per Chapter 459, Florida Statutes), a licensed physicians assistant [sic] under the supervision of a MD/DO (as per Chapters [sic] 458.347 and 459.022, Florida Statutes) or a health care professional trained in the management of concussions.”¹³

Additionally, the FHSAA has established the following “Return to Play Criteria”:

- (1) No athlete should return to play or practice on the same day of a suspected concussion. “When in doubt, sit them out!”
- (2) Any athlete suspected of having a concussion should be evaluated by an appropriate health-care professional that day or within 24 hours.
- (3) Any athlete with a suspected concussion should be medically cleared by an appropriate health-care professional prior to resuming participation in any practice or competition.
- (4) After medical clearance, return to play should follow a step-wise protocol with provisions for delayed return to play based upon the return of any signs or symptoms.¹⁴

Effect of Proposed Changes

Youth Athletics: The bill requires an independent sanctioning authority to adopt guidelines to educate athletic coaches, officials, administrators, and 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 before the youth athlete participates in any practice, tryout, workout, athletic competition, or other physical activity associated with candidacy for an athletic team. By requiring those involved in athletics to receive information related to concussions and head injuries, the bill may reduce the long-term problems associated with repeat concussions.

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 the youth receives written medical clearance to return from an appropriate health care practitioner trained in the diagnosis, evaluation, and management of concussions, as defined by the Sports

¹⁰ Pop Warner Little Scholars Official Rules 2010, Part III, Art. 17, s. 2, available at <http://www.popwarner.com/admin/pdf/2010%20Concussion%20Rule%20Change.pdf>.

¹¹ Florida Department of Education Analysis of SB 256, Oct. 11, 2011, at 4; see also Official Minutes of Board of Directors Meeting, June 13-14, 2011, Florida High School Athletic Association, available at http://www.fhsaa.org/sites/default/files/orig_uploads/gov/board/2010-11/minutes/june.pdf.

¹² Administrative Procedure 1.2.1 Concussions, Florida High School Athletic Association, available at http://www.fhsaa.org/sites/default/files/attachments/2010/09/16/node-235/administrative_policies_77pgs.pdf.

¹³ Administrative Procedure 1.2.1 Appropriate Health-Care Professional Defined, Florida High School Athletic Association, available at http://www.fhsaa.org/sites/default/files/attachments/2010/09/16/node-235/administrative_procedures_126pgs.pdf.

¹⁴ Administrative Procedure 1.2.3 Return to Play Criteria, Florida High School Athletic Association, available at http://www.fhsaa.org/sites/default/files/attachments/2010/09/16/node-235/administrative_procedures_126pgs.pdf.

Medicine Advisory Committee of the FHSAA. The medical clearance must state that the youth athlete no longer exhibits signs, symptoms, or behaviors consistent with a concussion or other head injury. By requiring written medical clearance for a youth athlete to return to play, the bill will help prevent further injury by preventing a youth athlete from returning to play before his or her brain has recovered.

Public 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, and 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 before the student athlete participates in any practice, tryout, workout, athletic competition, or other physical activity associated with candidacy for an athletic team. By requiring those involved in athletics to receive information related to concussions and head injuries, the bill may reduce the number of concussions and long-term problems associated with repeat concussions.

Additionally, the bill requires the FHSAA to adopt bylaws or policies that require each student athlete who is suspected of sustaining a concussion or head injury to be removed from practice or competition, until the student athlete submits a written medical clearance to return from an appropriate health care practitioner trained in the diagnosis, evaluation, and management of concussions, as defined by the Sports Medicine Advisory Committee of the FHSAA to the school. The medical clearance must state that the student athlete no longer exhibits signs, symptoms, or behaviors consistent with a concussion or other head injury. By requiring written medical clearance for a student to return to play, the bill will help prevent further injury by preventing a student from returning to play before his or her brain has recovered.

The bill also requires the FHSAA to adopt bylaws for the establishment and duties of a sports medicine advisory committee. The bill establishes the membership as: eight physicians, one chiropractor, one podiatrist, one dentist, three athletic trainers, and one current or retired head coach of a high school in Florida. A sports medicine advisory committee, representing a variety of health care practitioners, will define an appropriate health care practitioner trained in the diagnosis, evaluation, and management of concussions.

The bill requires both independent sanctioning authorities and the FHSAA to adopt policies relating to concussions and head injuries. The FHSAA and some independent sanctioning authorities have already adopted policies that comply with the bill, but for those independent sanctioning authorities that have not yet adopted policies, the entities will be able to use policies and information made available through the CDC and other sources, as the bill only requires the entities to adopt policies, not develop them.

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.