

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Health Regulation Committee

BILL: SB 606

INTRODUCER: Senators Montford and Gaetz

SUBJECT: Youth Athletes

DATE: January 21, 2012 REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Wilson	Stovall	HR	Pre-meeting
2.			ED	
3.				
4.				
5.				
6.				

I. Summary:

This bill requires independent sanctioning authorities of youth athletic teams, and the Florida High School Athletic Association, to adopt guidelines and bylaws or policies for:

- Educating athletic coaches, officials, administrators, and youth athletes and their parents or guardians of the nature and risk of exertional heat stroke (EHS) and heat-related injury;
- Requiring the parent or guardian of a youth athlete to sign a consent form that explains the nature and risk of EHS and heat-related injury;
- Requiring a youth athlete who is suspected of suffering from an EHS or heat-related injury during a practice or competition to be removed from the activity; and
- Prohibiting a youth athlete who has been removed from a practice or competition from returning to practice or competition until the youth receives written clearance from an allopathic physician or an osteopathic physician.

At the direction of the physician, specified health care practitioners are authorized to provide medical examinations and treatment for purposes of the clearances.

This bill substantially amends sections 943.0438 and 1006.20 of the Florida Statutes:

II. Present Situation:

Independent Sanctioning Authorities

An independent sanctioning authority is defined in statute as a private, nongovernmental entity that organizes, operates, or coordinates a youth athletic team in Florida if the team includes one

or more minors and is not affiliated with a private school.¹ An independent sanctioning authority is currently required to screen each current and prospective athletic coach against state and federal registries of sexual predators and sexual offenders. The independent sanctioning authority must disqualify any person from acting as an athletic coach if he or she is identified on one of these registries.

The Florida High School Athletic Association

The Florida High School Athletic Association (FHSAA), established in s. 1006.20, F.S., is the governing body of Florida public school athletics. 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.

Unless otherwise specifically provided by statute, the bylaws are the rules by which high school athletic programs in its member schools, and the students who participate in them, are governed. The bylaws are published in a handbook that is available online.² Currently, the FHSAA governs almost 800 public and private member schools.³

On November 21, 2011, the Board of Directors of the FHSAA reviewed and discussed draft legislation for heat stroke and heat-related injuries. The draft legislation was very similar to this bill. The FHSAA will be adopting policies to be included in the FHSAA Handbook regarding safety issues relating to heat stroke and heat-related injuries.⁴ The FHSAA has already created a Health and Wellness webpage that includes information on heat stress and heat illness prevention.⁵

Exertional Heat Stroke

Heat illness is a continuum of illnesses relating to the body's inability to cope with heat. It progresses from minor illnesses, such as heat edema (swelling due to accumulation of fluid) and heat rash (ie, prickly heat), to heat cramps (usually in the stomach, arms or legs), to heat exhaustion (heavy sweating, nausea, headache, lightheadedness and feeling faint) to heat stroke. Heat stroke is the most severe form of the heat-related illnesses.

Heat stroke is defined as a body temperature higher than 40°C (104°F).⁶ Heat stroke symptoms include: high body temperature, a lack of sweating, nausea and vomiting, flushed skin, rapid breathing, racing heart rate, headache, confusion, unconsciousness, and muscle cramps or

¹ See s. 943.0438, F.S.

² Florida High School Athletic Association Handbook, 2011-2012 Edition. Found at: <http://www.fhsaa.org/sites/default/files/attachments/2010/09/16/node-235/complete_handbook_276pgs.pdf> (Last visited on January 21, 2012).

³ FHSAA, *About the FHSAA*. Found at: <<http://www.fhsaa.org/about>> (Last visited on January 21, 2012).

⁴ FHSAA, *Press Release*, November 21, 2011. Found at: <<http://www.fhsaa.org/news/2011/1121>> (Last visited on January 21, 2012).

⁵ FHSAA, *Health & Wellness*. Found at: <<http://www.fhsaa.org/departments/health>> (Last visited on January 21, 2012).

⁶ Mayo Clinic, *Heatstroke, Definition*. Found at: <<http://www.mayoclinic.com/health/heat-stroke/DS01025>> (Last visited on January 21, 2012).

weakness. In a period of hours, untreated heat stroke can cause damage to the brain, heart, kidneys and muscles. These injuries get worse the longer treatment is delayed, increasing the risk of serious complications or death.

Two forms of heatstroke exist. Exertional heatstroke (EHS) generally occurs in young individuals who engage in strenuous physical activity for a prolonged period of time in a hot environment. Classic nonexertional heatstroke (NEHS) more commonly affects sedentary elderly individuals, persons who are chronically ill, and very young persons.

All heat illnesses in student athletes are preventable with the proper precautions. Football is the sport associated with the most heat related illnesses and August is the most common month for them to occur.⁷ Since 1995, there have been 42 football players in the United States who have died from heat stroke (31 high school, 8 college, 2 professional, and one sandlot).⁸ The 2009 data indicate that there were three cases of heat stroke death at the high school level and one at the college level.⁹

Health Care Practitioners

Health care practitioners are regulated under the general provisions of ch. 456, F.S., and specific licensing statutes for each type of practitioner.

- Medical practice is governed by ch. 458, F.S., under the Board of Medicine within the Department of Health.
- The practice of osteopathic medicine is governed by ch. 459, F.S., under the Board of Osteopathic Medicine within the Department of Health
- Nursing practice is governed by ch. 464, F.S., under the Board of Nursing within the Department of Health. Section 464.012, F.S., provides for the certification of registered nurses as advanced registered nurse practitioners. A nurse practitioner may perform certain acts within the framework of an established protocol with a physician.
- Physician assistants are governed by sections 458.347 and 459.022, F.S., under the Board of Medicine and the Board of Osteopathic Medicine within the Department of Health. Physician assistants perform certain medical services delegated by a supervising physician.
- Athletic trainers are governed by part XIII, ch. 468, F.S., under the Board of Athletic Trainers within the Department of Health. Athletic trainers are licensed under s. 468.707, F.S., and practice within a written protocol established between the athletic trainer and a supervising physician licensed under ch. 458, ch. 459, or ch. 460 (chiropractic medicine), F.S.

Each of these health care practitioners must be licensed in order to practice in this state. They must practice only within their specific scope of practice as established in the applicable licensing law and rules adopted by the applicable board. A health care practitioner may seek a declaratory statement from the applicable board if the practitioner is unclear about whether a specific act is within his or her scope of practice.

⁷ Centers for Disease Control and Prevention, *Press Release*, August 19, 2010. Found at: http://www.cdc.gov/media/pressrel/2010/r100819a.htm?s_cid=mediarel_r100819a (Last visited on January 21, 2012).

⁸ Mueller, Frederick O. and Colgate, Bob; *Annual Survey of Football Injury Research – 1931-2009*, Submitted February 2010. Found at: <http://www.unc.edu/depts/nccsi/2009AnnualFootball.pdf> (Last visited on January 21, 2012).

⁹ *Id.*

III. Effect of Proposed Changes:

The bill requires independent sanctioning authorities for youth athletic teams and the FHSAA to adopt guidelines to educate athletic coaches, officials, administrators, and youth athletes and their parents or guardians of the nature and risk of EHS and heat-related injury.

In addition, the bill requires independent sanctioning authorities and the FHSAA to adopt bylaws or policies requiring:

- The parent or guardian of a youth who participates in an athletic competition or who is a candidate for an athletic team to sign and return an informed-consent form each year before the youth athlete participates in an athletic competition or engages in any practice, tryout, workout, or other physical activity associated with the youth's candidacy for an athletic team. The form must explain the nature and risk of EHS and heat-related injury, including the risk of continuing to play after suffering from an EHS or heat-related injury; and
- A youth athlete who is suspected of suffering an EHS or heat-related injury in a practice or competition to be removed from the activity and prohibiting the youth athlete from returning to practice or competition until the youth receives written clearance to return from an allopathic physician or an osteopathic physician.

The bill authorizes an allopathic physician or osteopathic physician to delegate the performance of medical care of a youth athlete who has suffered an EHS or heat-related injury to a nurse practitioner, physician assistant or athletic trainer with whom the physician maintains a formal supervisory relationship or established written protocol that:

- Identifies the medical acts or evaluations to be performed,
- Identifies the conditions for performing medical acts or evaluations, and
- Attests to proficiency in the evaluation and management of an EHS or heat-related injury.

The effective date of the bill is July 1, 2012.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

The provisions of this bill have no impact on municipalities and the counties under the requirements of Article VII, Section 18 of the Florida Constitution.

B. Public Records/Open Meetings Issues:

The provisions of the bill have no impact on public records or open meetings issues under the requirements of Article I, Section 24(a) and (b) of the Florida Constitution.

C. Trust Funds Restrictions:

The provisions of this bill have no impact on the trust fund restrictions under the requirements of Article III, Subsection 19(f) of the Florida Constitution.

V. Fiscal Impact Statement:**A. Tax/Fee Issues:**

None.

B. Private Sector Impact:

Independent sanctioning authorities and the FHSAA may have to expend resources developing guidelines and bylaws or policies, if they have not already adopted such guidelines, bylaws or policies.

Independent sanctioning authorities that fail to implement the law could be vulnerable to liability issues related to EHS and heat-related injury. Conversely, the provisions relating to informed consent and a prohibition on athletes returning to play until they are medically cleared, if implemented, may reduce liability for sports-related injuries.

Adoption of this legislation would hopefully lessen the severity of sports-related injuries to youth athletes, with a possible reduction of personal medical and other costs in the long term.

C. Government Sector Impact:

None.

VI. Technical Deficiencies:

None.

VII. Related Issues:

Chapter 943, F.S., relates to the organization and duties of the Florida Department of Law Enforcement (FDLE). The logical nexus for the placement in ch. 943, F.S., of provisions relevant to an athletic coach of a youth athletic team is that those provisions involve a search of the coach's name and other identifying information against the Florida and federal registries of sexual predators and sexual offenders. The FDLE operates the Florida registry. In comparison, the provisions of this bill do not require the FDLE to do anything or require an independent sanctioning authority to do something which requires FDLE's assistance or access to a service the FDLE provides. Since the bill is concerned with the health of youth athletes, it may be appropriate to transfer s. 943.0438, F.S., to ch. 381, F.S., the general public health provisions.

The bill does not contain any provision for sanctions or penalties if the independent sanctioning authority fails to comply with the requirements of the bill. However, current provisions of the statute do not include sanctions or penalties for failure of an independent sanctioning authority to comply with requirements of the statute.

The FHSAA requires member schools to maintain a record of the consent to participate forms for student athletes. It is not clear from the bill what the independent athletic sanctioning authorities will do with the informed consent forms for the athletes that participate in their programs.

VIII. Additional Information:

- A. **Committee Substitute – Statement of Substantial Changes:**
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

- B. **Amendments:**

None.

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.
