

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 Budget Committee

BILL: CS/CS/SB 256

INTRODUCER: Budget Committee, Budget Subcommittee on Education Pre-K-12 Appropriations, and Senator Flores

SUBJECT: Youth and Student Athletes

DATE: March 3, 2012

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Brown</u>	<u>Matthews</u>	<u>ED</u>	Favorable
2.	<u>Wilson</u>	<u>Stovall</u>	<u>HR</u>	Favorable
3.	<u>Armstrong</u>	<u>Hamon</u>	<u>BEA</u>	Fav/CS
4.	<u>Hamon</u>	<u>Rhodes</u>	<u>BC</u>	Fav/CS
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

I. Summary:

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

- Educating athletic coaches, officials, administrators, and student athletes and their parents on concussions and head injuries;
- Requiring parents or guardians to sign a consent form that explains the nature and risk of concussion and head injury;
- Requiring a youth or student athlete suspected of sustaining a concussion or head injury in a practice or competition to be immediately removed from the activity; and
- Prohibiting a youth or student athlete who has been removed from a practice or competition from returning to practice or competition until the youth submits to the athletic coach written medical clearance from the appropriate health care practitioner trained in the diagnosis, evaluation, and management of concussions.

The FHSAA is required to establish, through bylaw, a sports medicine advisory committee composed of medical doctors, a chiropractor, a podiatrist, a dentist, athletic trainers and a high school head coach.

The Sports Medicine Advisory Committee would define and determine which medical professionals would qualify as an appropriate health care practitioner, for purposes of the medical clearance.

This bill substantially amends sections 943.0438 and 1006.20, 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 June 14, 2011, the FHSAA Board of Directors adopted the *FHSAA Concussion Action Plan*, which is now Appendix B in the 2011-12 FHSAA Handbook; added language to the *Consent and Release from Liability Certificate* (FHSAA Form EL3) about the potential dangers of concussions and/or health and neck injuries in interscholastic athletics; and added a required course, *Concussion in Sports – What You Need to Know*, for all FHSAA-member school head coaches and paid/supplemental coaches.⁴

Sports-related Head Injury

The Centers for Disease Control and Prevention (CDC) defines a concussion as a traumatic brain injury caused by a bump, blow, or jolt to the head that can change the way the brain normally works. Concussions can also occur from a blow to the body that causes the head to move rapidly

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 November 29, 2011).

³ About the FHSAA. Found at: <<http://www.fhsaa.org/about>> (Last visited on November 29, 2011).

⁴ See 2012 Agency Legislative Bill Analysis for SB 256, Florida Department of Education, on file with the Florida Senate Health Regulation Committee.

back and forth. The risk of catastrophic injuries or death can be significant especially in youth athletes when a concussion or head injury is not properly evaluated or managed. 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

According to the CDC:

- Approximately 173,000 young people 19 years old or younger receive treatment in emergency department settings annually for nonfatal traumatic brain injuries resulting from sports and recreation activities;
- Researchers observed a considerable increase in the number of emergency department visits for traumatic brain injuries in the years studied (2001-2009), from 153,375 to 248,418 visits, most significantly among males aged 10-19 years; and
- From 2001-2009, the number of sports and recreation-related emergency department visits for traumatic brain injury among persons 19 years old or younger increased 62 percent and the rate of traumatic brain injury visits increased 57 percent.⁶

For persons suspected of incurring a traumatic brain injury during sports play, the CDC recommends immediate removal from play with a blanket prohibition on return the same day, and return to play only after evaluation and clearance by a health care provider with specific expertise in diagnosing and managing traumatic brain injury.⁷ The CDC provides the following information to help coaches recognize a possible concussion in an athlete.⁸ To help recognize a concussion, a coach should watch for two things:

- A forceful bump, blow, or jolt to the head or body that results in rapid movement of the head.
- Any change in the athlete’s behavior, thinking, or physical functioning.

The changes in the athlete’s behavior, thinking, or physical functioning include *any* of the following:

Signs Observed by Coaching Staff	Symptoms Reported by Athlete
Appears dazed or stunned	Headache or “pressure” in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balance problems or dizziness
Is unsure of game, score, or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light

⁵ CDC, Injury Prevention and Control: Traumatic Brain Injury, *Concussion in Sports*. Found at: <<http://www.cdc.gov/concussion/sports/index.html>> (Last visited on November 29, 2011).

⁶ *Nonfatal Traumatic Brain Injuries Related to Sports and Recreation Activities Among Persons Aged Less Than or Equal to 19 Years --- United States, 2001-2009*, CDC, Morbidity and Mortality Weekly Report (MMWR), October 7, 2011/60(39);1337-1342. Found at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6039a1.htm?s_cid=mm6039a1_w> (Last visited on November 29, 2011).

⁷ *Id.*

⁸ CDC, *Injury Prevention and Control: Traumatic Brain Injury, Concussion in Sports*. Found at: <<http://www.cdc.gov/concussion/sports/recognize.html>> (Last visited on November 29, 2011).

Signs Observed by Coaching Staff	Symptoms Reported by Athlete
Answers questions slowly	Sensitivity to noise
Loses consciousness (<i>even briefly</i>)	Feeling sluggish, hazy, foggy, or groggy
Shows mood, behavior or personality changes	Concentration or memory problems
Can't recall events <i>prior</i> to hit or fall	Confusion
Can't recall events <i>after</i> hit or fall	Does not "feel right" or is "feeling down"

The CDC has also developed online training for health care professionals that addresses concussion in sports among young athletes.⁹ The training includes a 5-step Return to Play progression for determining if an athlete should be cleared to return to athletic activities.

The "Zackery Lystedt Law"

Named for a young football player who sustained serious injury in 2006 after he returned to play too soon following a concussion, the "Zackery Lystedt Law" was enacted by the Washington State Legislature in 2009. The law took effect on July 26, 2009. The law provided for education on the dangers of concussions, removal of head-injured athletes from competition, and delayed return to play until a medical professional provides a clearance.

On May 21, 2010, Roger Goodell, Commissioner of the National Football League, sent a letter to state governors urging their support of legislation that would better protect young athletes by mandating a more formal and aggressive approach to treatment of concussions.¹⁰ The letter cites the Zackery Lystedt Law. As of November 2011, thirty-four states have enacted legislation that targets youth sports-related head injuries.¹¹ Most of these laws are similar in content to the Zackery Lystedt Law.

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.

⁹ CDC, *Heads Up to Clinicians: Addressing Concussion in Sports among Kids and Teens*. Found at: <<http://www.cdc.gov/concussion/headsup/clinicians.html>> (Last visited on November 29, 2011).

¹⁰ NFL Commissioner Goodell's Letter to New Jersey Governor Christie. Found at: <<http://nflhealthandsafety.files.wordpress.com/2011/01/njgovernorletterrg-508.pdf>> (Last visited on November 29, 2011).

¹¹ National Conference of State Legislatures, *State Laws on Traumatic Brain Injury: 2009-2011*. Found at: <<http://www.ncsl.org/default.aspx?tabid=18687>> (Last visited on November 29, 2011).

- 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 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.
- The practice of psychology is governed by ch. 490, F.S., under the Board of Psychology within the Department of Health.

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.

III. Effect of Proposed Changes:

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

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

- The parent or guardian of a minor, before the minor participates in a competition, practice, or other activity, to sign and return a consent form which explains the nature and risk of concussion and head injury, including the risk of continuing to play after a concussion or head injury has occurred; and
- A youth or student athlete who is suspected of sustaining a concussion or head injury in a practice or competition to be immediately removed from the activity and prohibiting the youth or student athlete from returning to practice or competition until the youth submits to the athletic coach written medical clearance to return from an appropriate health care practitioner trained in diagnosis, evaluation, and management of concussions.

The FHSAA is required to establish, through bylaw, a sports medicine advisory committee¹² composed of:

- Eight medical physicians or osteopathic physicians (at least one physician must be an osteopath);
- One chiropractor;
- One podiatrist;
- One dentist;

¹² The FHSAA already has in place a Sports Medicine Advisory Committee (SMAC). The SMAC has 13 members, including medical doctors, osteopaths, athletic trainers, and a former football head coach. Current members are listed at: <http://www.fhsaa.org/gov/sportsmed>.

- Three licensed athletic trainers; and
- One current or retired high school head coach.

The identification and scope of qualifying health care practitioners, for purposes of providing written medical clearance for a youth to return to play, is to be determined by the SMAC of the FHSAA.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

Independent sanctioning authorities and the FHSAA may have some cost in the development of guidelines and bylaws or policies, if they have not already adopted such guidelines, bylaws or policies.

The Department of Education indicates that on June 14, 2011, the FHSAA Board of Directors approved the following policies:

- Adopted the FHSAA Concussion Action Plan, incorporated into the 2011-12 FHSAA Handbook;
- Added language to the “Consent and Release from Liability Certificate” form regarding the potential dangers of concussions and head and neck injuries incurred in sports play; and
- Added the required course of “Concussion in Sports – What You Need to Know”, for all FHSAA-member school head coaches and paid/supplemental coaches.

Provisions of the bill relating to informed consent and a prohibition on athletes returning to play until they are medically cleared may reduce liability costs for sports-related injuries. In addition, the requirements in this bill may lessen the severity of sports-related

head injuries to children, with a possible reduction of long term personal medical and other related costs.

C. **Government Sector Impact:**

None.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Additional Information:

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

CS/CS by Budget on March 2, 2012:

The committee substitute:

- Requires that where a student athlete is immediately removed from play due to concussion or injury, the medical clearance required must be given by an appropriate health care practitioner;
- Requires the FHSAA to adopt bylaws which establish a sports medicine advisory committee, composed of:
 - Eight licensed physicians;
 - One chiropractor;
 - One podiatrist;
 - One dentist;
 - Three licensed athletic trainers; and
 - One former or current high school head coach; and
- Requires the Sports Medicine Advisory Committee to define and determine the scope of qualifying appropriate health care practitioners for purposes of the medical clearance.

CS by Budget Subcommittee on Education Pre K-12 on January 31, 2012:

The committee substitute:

- Provides that a student athlete who is suspected of sustaining a concussion or head injury in practice or competition and who has been removed from that activity may not return until the youth receives written clearance from an appropriately licensed and trained physician who is qualified in the field of neurology.

- Removes references to specific statutes relating to the licensing of certain physicians.
- Removes authority for a physician to delegate the performance of medical care of a student athlete who is suspected of sustaining a concussion or head injury in practice or competition and who has been removed from that activity.

B. Amendments:

None.

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