

HB2850



101ST GENERAL ASSEMBLY

State of Illinois

2019 and 2020

HB2850

by Rep. Thomas Morrison

SYNOPSIS AS INTRODUCED:

105 ILCS 5/22-80

Amends the School Code. With regard to the provision governing the concussion protocol during an interscholastic athletic activity, provides that the term "physician" includes a chiropractic physician licensed under the Medical Practice Act of 1987.

LRB101 07147 AXK 52185 b

A BILL FOR

1 AN ACT concerning education.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 5. The School Code is amended by changing Section
5 22-80 as follows:

6 (105 ILCS 5/22-80)

7 Sec. 22-80. Student athletes; concussions and head
8 injuries.

9 (a) The General Assembly recognizes all of the following:

10 (1) Concussions are one of the most commonly reported
11 injuries in children and adolescents who participate in
12 sports and recreational activities. The Centers for
13 Disease Control and Prevention estimates that as many as
14 3,900,000 sports-related and recreation-related
15 concussions occur in the United States each year. A
16 concussion is caused by a blow or motion to the head or
17 body that causes the brain to move rapidly inside the
18 skull. The risk of catastrophic injuries or death is ~~are~~
19 significant when a concussion or head injury is not
20 properly evaluated and managed.

21 (2) Concussions are a type of brain injury that can
22 range from mild to severe and can disrupt the way the brain
23 normally works. Concussions can occur in any organized or

1 unorganized sport or recreational activity and can result
2 from a fall or from players colliding with each other, the
3 ground, or with obstacles. Concussions occur with or
4 without loss of consciousness, but the vast majority of
5 concussions occur without loss of consciousness.

6 (3) Continuing to play with a concussion or symptoms of
7 a head injury leaves a young athlete especially vulnerable
8 to greater injury and even death. The General Assembly
9 recognizes that, despite having generally recognized
10 return-to-play standards for concussions and head
11 injuries, some affected youth athletes are prematurely
12 returned to play, resulting in actual or potential physical
13 injury or death to youth athletes in this State.

14 (4) Student athletes who have sustained a concussion
15 may need informal or formal accommodations, modifications
16 of curriculum, and monitoring by medical or academic staff
17 until the student is fully recovered. To that end, all
18 schools are encouraged to establish a return-to-learn
19 protocol that is based on peer-reviewed scientific
20 evidence consistent with Centers for Disease Control and
21 Prevention guidelines and conduct baseline testing for
22 student athletes.

23 (b) In this Section:

24 "Athletic trainer" means an athletic trainer licensed
25 under the Illinois Athletic Trainers Practice Act who is
26 working under the supervision of a physician.

1 "Coach" means any volunteer or employee of a school who is
2 responsible for organizing and supervising students to teach
3 them or train them in the fundamental skills of an
4 interscholastic athletic activity. "Coach" refers to both head
5 coaches and assistant coaches.

6 "Concussion" means a complex pathophysiological process
7 affecting the brain caused by a traumatic physical force or
8 impact to the head or body, which may include temporary or
9 prolonged altered brain function resulting in physical,
10 cognitive, or emotional symptoms or altered sleep patterns and
11 which may or may not involve a loss of consciousness.

12 "Department" means the Department of Financial and
13 Professional Regulation.

14 "Game official" means a person who officiates at an
15 interscholastic athletic activity, such as a referee or umpire,
16 including, but not limited to, persons enrolled as game
17 officials by the Illinois High School Association or Illinois
18 Elementary School Association.

19 "Interscholastic athletic activity" means any organized
20 school-sponsored or school-sanctioned activity for students,
21 generally outside of school instructional hours, under the
22 direction of a coach, athletic director, or band leader,
23 including, but not limited to, baseball, basketball,
24 cheerleading, cross country track, fencing, field hockey,
25 football, golf, gymnastics, ice hockey, lacrosse, marching
26 band, rugby, soccer, skating, softball, swimming and diving,

1 tennis, track (indoor and outdoor), ultimate Frisbee,
2 volleyball, water polo, and wrestling. All interscholastic
3 athletics are deemed to be interscholastic activities.

4 "Licensed healthcare professional" means a person who has
5 experience with concussion management and who is a nurse, a
6 psychologist who holds a license under the Clinical
7 Psychologist Licensing Act and specializes in the practice of
8 neuropsychology, a physical therapist licensed under the
9 Illinois Physical Therapy Act, an occupational therapist
10 licensed under the Illinois Occupational Therapy Practice Act,
11 a physician assistant, or an athletic trainer.

12 "Nurse" means a person who is employed by or volunteers at
13 a school and is licensed under the Nurse Practice Act as a
14 registered nurse, practical nurse, or advanced practice
15 registered nurse.

16 "Physician" means a physician licensed to practice
17 medicine in all of its branches under the Medical Practice Act
18 of 1987 or a chiropractic physician licensed under the Medical
19 Practice Act of 1987.

20 "Physician assistant" means a physician assistant licensed
21 under the Physician Assistant Practice Act of 1987.

22 "School" means any public or private elementary or
23 secondary school, including a charter school.

24 "Student" means an adolescent or child enrolled in a
25 school.

26 (c) This Section applies to any interscholastic athletic

1 activity, including practice and competition, sponsored or
2 sanctioned by a school, the Illinois Elementary School
3 Association, or the Illinois High School Association. This
4 Section applies beginning with the 2016-2017 school year.

5 (d) The governing body of each public or charter school and
6 the appropriate administrative officer of a private school with
7 students enrolled who participate in an interscholastic
8 athletic activity shall appoint or approve a concussion
9 oversight team. Each concussion oversight team shall establish
10 a return-to-play protocol, based on peer-reviewed scientific
11 evidence consistent with Centers for Disease Control and
12 Prevention guidelines, for a student's return to
13 interscholastic athletics practice or competition following a
14 force or impact believed to have caused a concussion. Each
15 concussion oversight team shall also establish a
16 return-to-learn protocol, based on peer-reviewed scientific
17 evidence consistent with Centers for Disease Control and
18 Prevention guidelines, for a student's return to the classroom
19 after that student is believed to have experienced a
20 concussion, whether or not the concussion took place while the
21 student was participating in an interscholastic athletic
22 activity.

23 Each concussion oversight team must include to the extent
24 practicable at least one physician. If a school employs an
25 athletic trainer, the athletic trainer must be a member of the
26 school concussion oversight team to the extent practicable. If

1 a school employs a nurse, the nurse must be a member of the
2 school concussion oversight team to the extent practicable. At
3 a minimum, a school shall appoint a person who is responsible
4 for implementing and complying with the return-to-play and
5 return-to-learn protocols adopted by the concussion oversight
6 team. At a minimum, a concussion oversight team may be composed
7 of only one person and this person need not be a licensed
8 healthcare professional, but it may not be a coach. A school
9 may appoint other licensed healthcare professionals to serve on
10 the concussion oversight team.

11 (e) A student may not participate in an interscholastic
12 athletic activity for a school year until the student and the
13 student's parent or guardian or another person with legal
14 authority to make medical decisions for the student have signed
15 a form for that school year that acknowledges receiving and
16 reading written information that explains concussion
17 prevention, symptoms, treatment, and oversight and that
18 includes guidelines for safely resuming participation in an
19 athletic activity following a concussion. The form must be
20 approved by the Illinois High School Association.

21 (f) A student must be removed from an interscholastic
22 athletics practice or competition immediately if one of the
23 following persons believes the student might have sustained a
24 concussion during the practice or competition:

25 (1) a coach;

26 (2) a physician;

1 (3) a game official;

2 (4) an athletic trainer;

3 (5) the student's parent or guardian or another person
4 with legal authority to make medical decisions for the
5 student;

6 (6) the student; or

7 (7) any other person deemed appropriate under the
8 school's return-to-play protocol.

9 (g) A student removed from an interscholastic athletics
10 practice or competition under this Section may not be permitted
11 to practice or compete again following the force or impact
12 believed to have caused the concussion until:

13 (1) the student has been evaluated, using established
14 medical protocols based on peer-reviewed scientific
15 evidence consistent with Centers for Disease Control and
16 Prevention guidelines, by a treating physician (chosen by
17 the student or the student's parent or guardian or another
18 person with legal authority to make medical decisions for
19 the student), an athletic trainer, an advanced practice
20 registered nurse, or a physician assistant;

21 (2) the student has successfully completed each
22 requirement of the return-to-play protocol established
23 under this Section necessary for the student to return to
24 play;

25 (3) the student has successfully completed each
26 requirement of the return-to-learn protocol established

1 under this Section necessary for the student to return to
2 learn;

3 (4) the treating physician, the athletic trainer, or
4 the physician assistant has provided a written statement
5 indicating that, in the physician's professional judgment,
6 it is safe for the student to return to play and return to
7 learn or the treating advanced practice registered nurse
8 has provided a written statement indicating that it is safe
9 for the student to return to play and return to learn; and

10 (5) the student and the student's parent or guardian or
11 another person with legal authority to make medical
12 decisions for the student:

13 (A) have acknowledged that the student has
14 completed the requirements of the return-to-play and
15 return-to-learn protocols necessary for the student to
16 return to play;

17 (B) have provided the treating physician's,
18 athletic trainer's, advanced practice registered
19 nurse's, or physician assistant's written statement
20 under subdivision (4) of this subsection (g) to the
21 person responsible for compliance with the
22 return-to-play and return-to-learn protocols under
23 this subsection (g) and the person who has supervisory
24 responsibilities under this subsection (g); and

25 (C) have signed a consent form indicating that the
26 person signing:

1 (i) has been informed concerning and consents
2 to the student participating in returning to play
3 in accordance with the return-to-play and
4 return-to-learn protocols;

5 (ii) understands the risks associated with the
6 student returning to play and returning to learn
7 and will comply with any ongoing requirements in
8 the return-to-play and return-to-learn protocols;
9 and

10 (iii) consents to the disclosure to
11 appropriate persons, consistent with the federal
12 Health Insurance Portability and Accountability
13 Act of 1996 (Public Law 104-191), of the treating
14 physician's, athletic trainer's, physician
15 assistant's, or advanced practice registered
16 nurse's written statement under subdivision (4) of
17 this subsection (g) and, if any, the
18 return-to-play and return-to-learn recommendations
19 of the treating physician, the athletic trainer,
20 the physician assistant, or the advanced practice
21 registered nurse, as the case may be.

22 A coach of an interscholastic athletics team may not
23 authorize a student's return to play or return to learn.

24 The district superintendent or the superintendent's
25 designee in the case of a public elementary or secondary
26 school, the chief school administrator or that person's

1 designee in the case of a charter school, or the appropriate
2 administrative officer or that person's designee in the case of
3 a private school shall supervise an athletic trainer or other
4 person responsible for compliance with the return-to-play
5 protocol and shall supervise the person responsible for
6 compliance with the return-to-learn protocol. The person who
7 has supervisory responsibilities under this paragraph may not
8 be a coach of an interscholastic athletics team.

9 (h) (1) The Illinois High School Association shall approve,
10 for coaches, game officials, and non-licensed healthcare
11 professionals, training courses that provide for not less than
12 2 hours of training in the subject matter of concussions,
13 including evaluation, prevention, symptoms, risks, and
14 long-term effects. The Association shall maintain an updated
15 list of individuals and organizations authorized by the
16 Association to provide the training.

17 (2) The following persons must take a training course in
18 accordance with paragraph (4) of this subsection (h) from an
19 authorized training provider at least once every 2 years:

20 (A) a coach of an interscholastic athletic activity;

21 (B) a nurse, licensed healthcare professional, or
22 non-licensed healthcare professional who serves as a
23 member of a concussion oversight team either on a volunteer
24 basis or in his or her capacity as an employee,
25 representative, or agent of a school; and

26 (C) a game official of an interscholastic athletic

1 activity.

2 (3) A physician who serves as a member of a concussion
3 oversight team shall, to the greatest extent practicable,
4 periodically take an appropriate continuing medical education
5 course in the subject matter of concussions.

6 (4) For purposes of paragraph (2) of this subsection (h):

7 (A) a coach, game official, or non-licensed healthcare
8 professional, as the case may be, must take a course
9 described in paragraph (1) of this subsection (h);

10 (B) an athletic trainer must take a concussion-related
11 continuing education course from an athletic trainer
12 continuing education sponsor approved by the Department;

13 (C) a nurse must take a concussion-related continuing
14 education course from a nurse continuing education sponsor
15 approved by the Department;

16 (D) a physical therapist must take a
17 concussion-related continuing education course from a
18 physical therapist continuing education sponsor approved
19 by the Department;

20 (E) a psychologist must take a concussion-related
21 continuing education course from a psychologist continuing
22 education sponsor approved by the Department;

23 (F) an occupational therapist must take a
24 concussion-related continuing education course from an
25 occupational therapist continuing education sponsor
26 approved by the Department; and

1 (G) a physician assistant must take a
2 concussion-related continuing education course from a
3 physician assistant continuing education sponsor approved
4 by the Department.

5 (5) Each person described in paragraph (2) of this
6 subsection (h) must submit proof of timely completion of an
7 approved course in compliance with paragraph (4) of this
8 subsection (h) to the district superintendent or the
9 superintendent's designee in the case of a public elementary or
10 secondary school, the chief school administrator or that
11 person's designee in the case of a charter school, or the
12 appropriate administrative officer or that person's designee
13 in the case of a private school.

14 (6) A physician, licensed healthcare professional, or
15 non-licensed healthcare professional who is not in compliance
16 with the training requirements under this subsection (h) may
17 not serve on a concussion oversight team in any capacity.

18 (7) A person required under this subsection (h) to take a
19 training course in the subject of concussions must complete the
20 training prior to serving on a concussion oversight team in any
21 capacity.

22 (i) The governing body of each public or charter school and
23 the appropriate administrative officer of a private school with
24 students enrolled who participate in an interscholastic
25 athletic activity shall develop a school-specific emergency
26 action plan for interscholastic athletic activities to address

1 the serious injuries and acute medical conditions in which the
2 condition of the student may deteriorate rapidly. The plan
3 shall include a delineation of roles, methods of communication,
4 available emergency equipment, and access to and a plan for
5 emergency transport. This emergency action plan must be:

6 (1) in writing;

7 (2) reviewed by the concussion oversight team;

8 (3) approved by the district superintendent or the
9 superintendent's designee in the case of a public
10 elementary or secondary school, the chief school
11 administrator or that person's designee in the case of a
12 charter school, or the appropriate administrative officer
13 or that person's designee in the case of a private school;

14 (4) distributed to all appropriate personnel;

15 (5) posted conspicuously at all venues utilized by the
16 school; and

17 (6) reviewed annually by all athletic trainers, first
18 responders, coaches, school nurses, athletic directors,
19 and volunteers for interscholastic athletic activities.

20 (j) The State Board of Education shall adopt rules as
21 necessary to administer this Section, including, but not
22 limited to, rules governing the informal or formal
23 accommodation of a student who may have sustained a concussion
24 during an interscholastic athletic activity.

25 (Source: P.A. 99-245, eff. 8-3-15; 99-486, eff. 11-20-15;
26 99-642, eff. 7-28-16; 100-309, eff. 9-1-17; 100-513, eff.

1 1-1-18; 100-747, eff. 1-1-19; 100-863, eff. 8-14-18; revised
2 9-28-18.)