



Sen. Kwame Raoul

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1 AMENDMENT TO SENATE BILL 7

2 AMENDMENT NO. _____. Amend Senate Bill 7 by replacing
3 everything after the enacting clause with the following:

4 "Section 1. Short title. This Act may be cited as the Youth
5 Sports Concussion Safety Act.

6 Section 5. Findings. The General Assembly recognizes all
7 of the following:

8 (1) Concussions are one of the most commonly reported
9 injuries in children and adolescents who participate in
10 sports and recreational activities. The Centers for
11 Disease Control and Prevention estimates that as many as
12 3,900,000 sports-related and recreation-related
13 concussions occur in the United States each year. A
14 concussion is caused by a blow or motion to the head or
15 body that causes the brain to move rapidly inside the
16 skull. The risks of catastrophic injuries or death are

1 significant when a concussion or head injury is not
2 properly evaluated and managed.

3 (2) Concussions are a type of brain injury that can
4 range from mild to severe and can disrupt the way the brain
5 normally works. Concussions can occur in any organized or
6 unorganized sport or recreational activity and can result
7 from a fall or from players colliding with each other, the
8 ground, or with obstacles. Concussions occur with or
9 without loss of consciousness, but the vast majority of
10 concussions occur without loss of consciousness.

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

19 Section 10. Definitions. In this Section:

20 "Athletic trainer" means an athletic trainer licensed
21 under the Illinois Athletic Trainers Practice Act.

22 "Coach" means any volunteer or employee of a youth sports
23 league who is responsible for organizing and supervising
24 players and teaching them or training them in the fundamental
25 skills of extracurricular athletic activities provided by the

1 youth sports league. "Coach" refers to both head coaches and
2 assistant coaches.

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

9 "Game official" means a person who officiates at a
10 sponsored youth sports activity, such as a referee or umpire,
11 including, but not limited to, persons enrolled as game
12 officials by the Illinois High School Association, the Illinois
13 Elementary School Association, or a youth sports league.

14 "Licensed healthcare professional" means a nurse who is
15 licensed under the Nurse Practice Act or a psychologist who
16 holds a license under the Clinical Psychologist Licensing Act
17 and specializes in the practice of neuropsychology.

18 "Player" means an adolescent or child participating in any
19 sponsored youth sports activity of a youth sports league.

20 "Physician" means a physician licensed to practice
21 medicine in all of its branches under the Medical Practice Act
22 of 1987.

23 "Sponsored youth sports activity" means any athletic
24 activity, including practice or competition, for players under
25 the direction of a coach, athletic director, or band leader of
26 a youth sports league, including, but not limited to, baseball,

1 basketball, cheerleading, cross country track, fencing, field
2 hockey, football, golf, gymnastics, ice hockey, lacrosse,
3 marching band, rugby, soccer, skating, softball, swimming and
4 diving, tennis, track (indoor and outdoor), ultimate Frisbee,
5 volleyball, water polo, wrestling, and any other sport offered
6 by a youth sports league. A sponsored youth sports activity
7 does not include an interscholastic athletic activity as that
8 term is defined in Section 22-80 of the School Code.

9 "Youth sports league" means any incorporated or
10 unincorporated, for-profit or not-for-profit entity that
11 organizes and provides sponsored youth sports activities,
12 including, but not limited to, any athletic association,
13 organization, or federation in this State that is owned,
14 operated, sanctioned, or sponsored by a unit of local
15 government or that is owned, operated, sanctioned, or sponsored
16 by a private person or entity, as well as any amateur athletic
17 organization or qualified amateur sports organization in this
18 State under the U.S. Internal Revenue Code (26 U.S.C. Sec.
19 501(c)(3) or Sec. 501(j)).

20 Section 15. Scope of Act. This Act applies to any
21 sponsored youth sports activity sponsored or sanctioned by a
22 youth sports league. This Act does not apply to an
23 interscholastic athletic activity as that term is defined in
24 Section 22-80 of the School Code. This Act applies to sponsored
25 youth sports activities beginning or continuing after January

1 1, 2016.

2 Section 20. Concussion oversight team.

3 (a) The governing body or appropriate administrative
4 officer of each youth sports league with players who
5 participate in any sponsored youth sports activity sponsored or
6 sanctioned by the youth sports league shall appoint or approve
7 a concussion oversight team. Each concussion oversight team
8 shall establish a return-to-play protocol, based on
9 peer-reviewed scientific evidence consistent with Centers for
10 Disease Control and Prevention guidelines, for a player's
11 return to the sponsored youth sports activity following a force
12 or impact believed to have caused a concussion.

13 (b) Each concussion oversight team must include to the
14 extent practicable at least one physician. If a youth sports
15 league employs an athletic trainer, the athletic trainer must
16 also be a member of the concussion oversight team. The
17 concussion oversight team may include additional licensed
18 healthcare professionals.

19 Section 25. Return-to-play restrictions and procedures.

20 (a) A player shall not participate in a sponsored youth
21 sports activity until the player and the player's parent or
22 guardian or another person with legal authority to make medical
23 decisions for the player have signed a form that acknowledges
24 receiving and reading written information that explains

1 concussion prevention, symptoms, treatment, and oversight and
2 that includes guidelines for safely resuming participation in
3 an athletic activity following a concussion. The form must be
4 approved by the youth sports league.

5 (b) A player shall be removed from a sponsored youth sports
6 activity immediately if one of the following persons believes
7 the player might have sustained a concussion during the
8 practice or competition:

9 (1) a coach;

10 (2) a physician;

11 (3) a game official;

12 (4) an athletic trainer;

13 (5) a licensed healthcare professional;

14 (6) the player's parent or guardian or another person
15 with legal authority to make medical decisions for the
16 player;

17 (7) the player; or

18 (8) any other person deemed appropriate under the youth
19 sports league's return-to-play protocol.

20 (c) A player removed from a sponsored youth sports activity
21 under this Section may not be permitted to practice or compete
22 again following the force or impact believed to have caused the
23 concussion until:

24 (1) the player has been evaluated, using established
25 medical protocols based on peer-reviewed scientific
26 evidence, by a treating physician (chosen by the player or

1 the player's parent or guardian or another person with
2 legal authority to make medical decisions for the player)
3 or an athletic trainer working under the supervision of a
4 physician;

5 (2) the player has successfully completed each
6 requirement of the return-to-play protocol established
7 under Section 20 of this Act necessary for the player to
8 return to play;

9 (3) the treating physician or athletic trainer has
10 provided a written statement indicating that, in the
11 physician's professional judgment, it is safe for the
12 player to return to play; and

13 (4) the player and the player's parent or guardian or
14 another person with legal authority to make medical
15 decisions for the player:

16 (A) have acknowledged that the player has
17 completed the requirements of the return-to-play
18 protocol necessary for the player to return to play;

19 (B) have provided the treating physician's or
20 athletic trainer's written statement under subdivision
21 (3) of this subsection (c) to the person responsible
22 for compliance with the return-to-play protocol under
23 this subsection (c); and

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

26 (i) has been informed concerning and consents

1 to the player participating in returning to play in
2 accordance with the return-to-play protocol;

3 (ii) consents to the disclosure to appropriate
4 persons, consistent with the federal Health
5 Insurance Portability and Accountability Act of
6 1996 (Public Law 104-191), of the treating
7 physician's written statement under subdivision
8 (3) of this subsection (c) and, if any, the
9 return-to-play recommendations of the treating
10 physician or the athletic trainer, as the case may
11 be; and

12 (iii) understands the immunity provisions
13 under subsection (g) of this Section.

14 (d) A coach or game official of a sponsored youth sports
15 activity may not authorize a player's return to play. The
16 governing body of the youth sports league or appropriate
17 administrative officer of the youth sports league shall
18 supervise an athletic trainer or other person responsible for
19 compliance with the return-to-play protocol.

20 The person who has supervisory responsibilities under this
21 subsection (d) may not be a coach of the sponsored youth sports
22 activity.

23 (e) (1) The youth sports league shall approve, for coaches
24 and game officials of sponsored youth sports activities,
25 training courses that provide for not less than 2 hours of
26 training in the subject matter of concussions, including

1 evaluation, prevention, symptoms, risks, and long-term
2 effects. The Association or youth sports league shall maintain
3 an updated list of individuals and organizations authorized by
4 the Association or youth sports league to provide the training.

5 (2) The Illinois Board of Athletic Trainers shall approve,
6 for athletic trainers, training courses in the subject matter
7 of concussions and shall maintain an updated list of
8 individuals and organizations authorized by the Board to
9 provide the training.

10 (3) The following persons must take a training course in
11 accordance with paragraph (5) of this subsection (e) from an
12 authorized training provider at least once every 2 years:

13 (A) a coach of a sponsored youth sports activity;

14 (B) a game official;

15 (C) a licensed healthcare professional who serves as a
16 member of a concussion oversight team and is an employee,
17 representative, or agent of a youth sports league; and

18 (D) a licensed healthcare professional who serves on a
19 volunteer basis as a member of a concussion oversight team
20 for a youth sports league.

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

25 (5) For purposes of paragraph (3) of this subsection (e):

26 (A) a coach or game official must take a course

1 described in paragraph (1) of this subsection (e);

2 (B) an athletic trainer must take (i) a course
3 described in paragraph (2) of this subsection (e) or (ii) a
4 course concerning the subject matter of concussions that
5 has been approved for continuing education credit by the
6 appropriate licensing authority for the profession; and

7 (C) a licensed healthcare professional, other than an
8 athletic trainer, must take a course concerning the subject
9 matter of concussions that has been approved for continuing
10 education credit by the appropriate licensing authority
11 for the profession.

12 (6) Each person described by paragraph (3) of this
13 subsection (e) must submit proof of timely completion of an
14 approved course in compliance with paragraph (5) of this
15 subsection (e) to the youth sports league, the appropriate
16 administrative officer of the youth sports league, or that
17 officer's designee.

18 (7) A physician, athletic trainer, or licensed healthcare
19 professional who is not in compliance with the training
20 requirements under this subsection (e) may not serve on a
21 concussion oversight team in any capacity.

22 (8) A person required under this subsection (e) to take a
23 training course in the subject of concussions must initially
24 complete the training not later than January 1, 2016.

25 (f) The governing body or appropriate administrative
26 officer of each youth sports league with players who

1 participate in sponsored youth sports activities shall develop
2 a venue-specific emergency action plan for such activities to
3 address the serious injuries and acute medical conditions in
4 which the condition of the player may deteriorate rapidly. The
5 plan shall include a delineation of roles, methods of
6 communication, available emergency equipment, and access to
7 and a plan for emergency transport. This emergency action plan
8 must be:

9 (1) in writing;

10 (2) reviewed by the concussion oversight team;

11 (3) approved by the governing body of the youth sports
12 league or the appropriate administrative officer of the
13 youth sports league;

14 (4) distributed to all appropriate personnel;

15 (5) posted conspicuously at all venues; and

16 (6) reviewed and rehearsed annually by all athletic
17 trainers, first responders, coaches, athletic directors,
18 and volunteers for sponsored youth sports activities.

19 (g) This Section does not:

20 (1) waive any immunity from liability of a youth sports
21 league or its officers or employees;

22 (2) create any liability for a cause of action against
23 a youth sports league or its officers or employees; or

24 (3) create any cause of action or liability for a
25 member of a concussion oversight team arising from the
26 injury or death of a player participating in a sponsored

1 youth sports activity based on service or participation on
2 the concussion oversight team.

3 Section 75. The Park District Code is amended by changing
4 Section 8-24 as follows:

5 (70 ILCS 1205/8-24)

6 Sec. 8-24. Concussion and head injury educational
7 materials.

8 (a) In addition to the other powers and authority now
9 possessed by it, any park district is authorized and encouraged
10 to make available to residents and users of park district
11 facilities, including youth athletic programs, electronically
12 or in written form, educational materials that describe the
13 nature and risk of concussion and head injuries, including the
14 advisability of removal of youth athletes that exhibit signs,
15 symptoms, or behaviors consistent with a concussion, such as a
16 loss of consciousness, headache, dizziness, confusion, or
17 balance problems, from a practice or game. These educational
18 materials may include materials produced or distributed by the
19 Illinois High School Association, those produced by the U.S.
20 Centers for Disease Control and Prevention, or other comparable
21 materials. The intent of these materials is to assist in
22 educating coaches, youth athletes, and parents and guardians of
23 youth athletes about the nature and risks of head injuries.

24 (b) Each park district is subject to and shall comply with

1 the requirements of the Youth Sports Concussion Safety Act if
2 the park district offers a sponsored youth sports activity as a
3 youth sports league as those terms are defined in the Youth
4 Sports Concussion Safety Act.

5 (Source: P.A. 97-204, eff. 7-28-11.)

6 Section 80. The School Code is amended by adding Section
7 22-80 and by changing Section 27A-5 as follows:

8 (105 ILCS 5/22-80 new)

9 Sec. 22-80. Student athletes; concussions and head
10 injuries.

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

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

23 (2) Concussions are a type of brain injury that can
24 range from mild to severe and can disrupt the way the brain

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

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

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

23 (b) In this Section:

24 "Athletic trainer" means an athletic trainer licensed
25 under the Illinois Athletic Trainers Practice Act.

26 "Coach" means any volunteer or employee of a school who is

1 responsible for organizing and supervising students to teach
2 them or train them in the fundamental skills of an
3 interscholastic athletic activity. "Coach" refers to both head
4 coaches and assistant coaches.

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

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

16 "Interscholastic athletic activity" means any organized
17 school-sponsored or school-sanctioned activity for students,
18 generally outside of school instructional hours, under the
19 direction of a coach, athletic director, or band leader,
20 including, but not limited to, baseball, basketball,
21 cheerleading, cross country track, fencing, field hockey,
22 football, golf, gymnastics, ice hockey, lacrosse, marching
23 band, rugby, soccer, skating, softball, swimming and diving,
24 tennis, track (indoor and outdoor), ultimate Frisbee,
25 volleyball, water polo, and wrestling. All interscholastic
26 athletics are deemed to be interscholastic activities.

1 "Nurse" means a person who is employed by or volunteers at
2 a school and is a nurse licensed under the Nurse Practice Act.

3 "Physician" means a physician licensed to practice
4 medicine in all of its branches under the Medical Practice Act
5 of 1987.

6 "School" means any public or private elementary or
7 secondary school, including a charter school.

8 "Student" means an adolescent or child enrolled in a
9 school.

10 (c) This Section applies to any interscholastic athletic
11 activity, including practice and competition, sponsored or
12 sanctioned by a school, the Illinois Elementary School
13 Association, or the Illinois High School Association. This
14 Section applies beginning with the 2015-2016 school year.

15 (d) The governing body of each public or charter school and
16 the appropriate administrative officer of a private school with
17 students enrolled who participate in an interscholastic
18 athletic activity shall appoint or approve a concussion
19 oversight team. Each concussion oversight team shall establish
20 a return-to-play protocol, based on peer-reviewed scientific
21 evidence consistent with Centers for Disease Control and
22 Prevention guidelines, for a student's return to
23 interscholastic athletics practice or competition following a
24 force or impact believed to have caused a concussion. Each
25 concussion oversight team shall also establish a
26 return-to-learn protocol, based on peer-reviewed scientific

1 evidence consistent with Centers for Disease Control and
2 Prevention guidelines, for a student's return to the classroom
3 after that student is believed to have experienced a
4 concussion, whether or not the concussion took place while the
5 student was participating in an interscholastic athletic
6 activity.

7 Each concussion oversight team must include to the extent
8 practicable at least one physician. If a school employs an
9 athletic trainer, the athletic trainer must be a member of the
10 school concussion oversight team. If a school employs a nurse,
11 the nurse must be a member of the school concussion oversight
12 team.

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

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

- 1 (1) a coach;
2 (2) a physician;
3 (3) a game official;
4 (4) an athletic trainer;
5 (5) the student's parent or guardian or another person
6 with legal authority to make medical decisions for the
7 student;
8 (6) the student; or
9 (7) any other person deemed appropriate under the
10 school's return-to-play protocol.

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

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

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

1 (3) the student has successfully completed each
2 requirement of the return-to-learn protocol established
3 under this Section necessary for the student to
4 return-to-learn;

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

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

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

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

23 (C) have signed a consent form indicating that the
24 person signing:

25 (i) has been informed concerning and consents
26 to the student participating in returning to play

1 in accordance with the return-to-play and
2 return-to-learn protocols;

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

7 (iii) consents to the disclosure to
8 appropriate persons, consistent with the federal
9 Health Insurance Portability and Accountability
10 Act of 1996 (Public Law 104-191), of the treating
11 physician's written statement under subdivision
12 (4) of this subsection (g) and, if any, the
13 return-to-play and return-to-learn recommendations
14 of the treating physician or the athletic trainer,
15 as the case may be; and

16 (iv) understands the immunity provisions under
17 subsection (j) of this Section.

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

20 The district superintendent or the superintendent's
21 designee in the case of a public elementary or secondary
22 school, the chief school administrator or that person's
23 designee in the case of a charter school, or the appropriate
24 administrative officer or that person's designee in the case of
25 a private school shall supervise an athletic trainer or other
26 person responsible for compliance with the return-to-play

1 protocol and shall supervise the person responsible for
2 compliance with the return-to-learn protocol. The person who
3 has supervisory responsibilities under this paragraph may not
4 be a coach of an interscholastic athletics team.

5 (h) (1) The Illinois High School Association shall approve,
6 for coaches and game officials of interscholastic athletic
7 activities, training courses that provide for not less than 2
8 hours of training in the subject matter of concussions,
9 including evaluation, prevention, symptoms, risks, and
10 long-term effects. The Association shall maintain an updated
11 list of individuals and organizations authorized by the
12 Association to provide the training.

13 (2) The Illinois Board of Athletic Trainers shall approve,
14 for athletic trainers, training courses in the subject matter
15 of concussions and shall maintain an updated list of
16 individuals and organizations authorized by the Board to
17 provide the training.

18 (3) The following persons must take a training course in
19 accordance with paragraph (5) of this subsection (h) from an
20 authorized training provider at least once every 2 years:

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

22 (B) a nurse who serves as a member of a concussion
23 oversight team and is an employee, representative, or agent
24 of a school;

25 (C) a game official of an interscholastic athletic
26 activity; and

1 (D) a nurse who serves on a volunteer basis as a member
2 of a concussion oversight team for a school.

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

7 (5) For purposes of paragraph (3) of this subsection (h):

8 (A) a coach or game officials, as the case may be, must
9 take a course described in paragraph (1) of this subsection
10 (h).

11 (B) an athletic trainer must take (i) a course
12 described in paragraph (2) of this subsection (h) or (ii) a
13 course concerning the subject matter of concussions that
14 has been approved for continuing education credit by the
15 appropriate licensing authority for the profession; and

16 (C) a nurse must take a course concerning the subject
17 matter of concussions that has been approved for continuing
18 education credit by the appropriate licensing authority
19 for the profession.

20 (6) Each person described in paragraph (3) of this
21 subsection (h) must submit proof of timely completion of an
22 approved course in compliance with paragraph (5) of this
23 subsection (h) to the district superintendent or the
24 superintendent's designee in the case of a public elementary or
25 secondary school, the chief school administrator or that
26 person's designee in the case of a charter school, or the

1 appropriate administrative officer or that person's designee
2 in the case of a private school.

3 (7) A physician, athletic trainer, or nurse who is not in
4 compliance with the training requirements under this
5 subsection (h) may not serve on a concussion oversight team in
6 any capacity.

7 (8) A person required under this subsection (h) to take a
8 training course in the subject of concussions must initially
9 complete the training not later than September 1, 2016.

10 (i) The governing body of each public or charter school and
11 the appropriate administrative officer of a private school with
12 students enrolled who participate in an interscholastic
13 athletic activity shall develop a venue-specific emergency
14 action plan for interscholastic athletic activities to address
15 the serious injuries and acute medical conditions in which the
16 condition of the student may deteriorate rapidly. The plan
17 shall include a delineation of roles, methods of communication,
18 available emergency equipment, and access to and a plan for
19 emergency transport. This emergency action plan must be:

20 (1) in writing;

21 (2) reviewed by the concussion oversight team;

22 (3) approved by the district superintendent or the
23 superintendent's designee in the case of a public
24 elementary or secondary school, the chief school
25 administrator or that person's designee in the case of a
26 charter school, or the appropriate administrative officer

1 or that person's designee in the case of a private school;

2 (4) distributed to all appropriate personnel;

3 (5) posted conspicuously at all venues; and

4 (6) reviewed and rehearsed annually by all athletic
5 trainers, first responders, coaches, school nurses,
6 athletic directors, and volunteers for interscholastic
7 athletic activities.

8 (j) This Section does not:

9 (1) waive any immunity from liability of a school or
10 its officers or employees;

11 (2) create any liability for a cause of action against
12 a school or its officers or employees; or

13 (3) create any cause of action or liability for a
14 member of a concussion oversight team arising from the
15 injury or death of a student participating in an
16 interscholastic athletics practice or competition, based
17 on service or participation on the concussion oversight
18 team.

19 (k) The State Board of Education may adopt rules as
20 necessary to administer this Section.

21 (105 ILCS 5/27A-5)

22 Sec. 27A-5. Charter school; legal entity; requirements.

23 (a) A charter school shall be a public, nonsectarian,
24 nonreligious, non-home based, and non-profit school. A charter
25 school shall be organized and operated as a nonprofit

1 corporation or other discrete, legal, nonprofit entity
2 authorized under the laws of the State of Illinois.

3 (b) A charter school may be established under this Article
4 by creating a new school or by converting an existing public
5 school or attendance center to charter school status. Beginning
6 on the effective date of this amendatory Act of the 93rd
7 General Assembly, in all new applications to establish a
8 charter school in a city having a population exceeding 500,000,
9 operation of the charter school shall be limited to one campus.
10 The changes made to this Section by this amendatory Act of the
11 93rd General Assembly do not apply to charter schools existing
12 or approved on or before the effective date of this amendatory
13 Act.

14 (b-5) In this subsection (b-5), "virtual-schooling" means
15 a cyber school where students engage in online curriculum and
16 instruction via the Internet and electronic communication with
17 their teachers at remote locations and with students
18 participating at different times.

19 From April 1, 2013 through December 31, 2016, there is a
20 moratorium on the establishment of charter schools with
21 virtual-schooling components in school districts other than a
22 school district organized under Article 34 of this Code. This
23 moratorium does not apply to a charter school with
24 virtual-schooling components existing or approved prior to
25 April 1, 2013 or to the renewal of the charter of a charter
26 school with virtual-schooling components already approved

1 prior to April 1, 2013.

2 On or before March 1, 2014, the Commission shall submit to
3 the General Assembly a report on the effect of
4 virtual-schooling, including without limitation the effect on
5 student performance, the costs associated with
6 virtual-schooling, and issues with oversight. The report shall
7 include policy recommendations for virtual-schooling.

8 (c) A charter school shall be administered and governed by
9 its board of directors or other governing body in the manner
10 provided in its charter. The governing body of a charter school
11 shall be subject to the Freedom of Information Act and the Open
12 Meetings Act.

13 (d) A charter school shall comply with all applicable
14 health and safety requirements applicable to public schools
15 under the laws of the State of Illinois.

16 (e) Except as otherwise provided in the School Code, a
17 charter school shall not charge tuition; provided that a
18 charter school may charge reasonable fees for textbooks,
19 instructional materials, and student activities.

20 (f) A charter school shall be responsible for the
21 management and operation of its fiscal affairs including, but
22 not limited to, the preparation of its budget. An audit of each
23 charter school's finances shall be conducted annually by an
24 outside, independent contractor retained by the charter
25 school. To ensure financial accountability for the use of
26 public funds, on or before December 1 of every year of

1 operation, each charter school shall submit to its authorizer
2 and the State Board a copy of its audit and a copy of the Form
3 990 the charter school filed that year with the federal
4 Internal Revenue Service. In addition, if deemed necessary for
5 proper financial oversight of the charter school, an authorizer
6 may require quarterly financial statements from each charter
7 school.

8 (g) A charter school shall comply with all provisions of
9 this Article; the Illinois Educational Labor Relations Act; all
10 federal and State laws and rules applicable to public schools
11 that pertain to special education and the instruction of
12 English language learners, referred to in this Code as
13 "children of limited English-speaking ability"; and its
14 charter. A charter school is exempt from all other State laws
15 and regulations in this Code governing public schools and local
16 school board policies, except the following:

17 (1) Sections 10-21.9 and 34-18.5 of this Code regarding
18 criminal history records checks and checks of the Statewide
19 Sex Offender Database and Statewide Murderer and Violent
20 Offender Against Youth Database of applicants for
21 employment;

22 (2) Sections 24-24 and 34-84A of this Code regarding
23 discipline of students;

24 (3) the Local Governmental and Governmental Employees
25 Tort Immunity Act;

26 (4) Section 108.75 of the General Not For Profit

1 Corporation Act of 1986 regarding indemnification of
2 officers, directors, employees, and agents;

3 (5) the Abused and Neglected Child Reporting Act;

4 (6) the Illinois School Student Records Act;

5 (7) Section 10-17a of this Code regarding school report
6 cards;

7 (8) the P-20 Longitudinal Education Data System Act;

8 ~~and~~

9 (9) Section 27-23.7 of this Code regarding bullying
10 prevention;~~;~~

11 (10) ~~(9)~~ Section 2-3.162 ~~2-3.160~~ of this ~~the School~~
12 Code regarding student discipline reporting; ~~and;~~

13 (11) Section 22-80 of this Code.

14 The change made by Public Act 96-104 to this subsection (g)
15 is declaratory of existing law.

16 (h) A charter school may negotiate and contract with a
17 school district, the governing body of a State college or
18 university or public community college, or any other public or
19 for-profit or nonprofit private entity for: (i) the use of a
20 school building and grounds or any other real property or
21 facilities that the charter school desires to use or convert
22 for use as a charter school site, (ii) the operation and
23 maintenance thereof, and (iii) the provision of any service,
24 activity, or undertaking that the charter school is required to
25 perform in order to carry out the terms of its charter.
26 However, a charter school that is established on or after the

1 effective date of this amendatory Act of the 93rd General
2 Assembly and that operates in a city having a population
3 exceeding 500,000 may not contract with a for-profit entity to
4 manage or operate the school during the period that commences
5 on the effective date of this amendatory Act of the 93rd
6 General Assembly and concludes at the end of the 2004-2005
7 school year. Except as provided in subsection (i) of this
8 Section, a school district may charge a charter school
9 reasonable rent for the use of the district's buildings,
10 grounds, and facilities. Any services for which a charter
11 school contracts with a school district shall be provided by
12 the district at cost. Any services for which a charter school
13 contracts with a local school board or with the governing body
14 of a State college or university or public community college
15 shall be provided by the public entity at cost.

16 (i) In no event shall a charter school that is established
17 by converting an existing school or attendance center to
18 charter school status be required to pay rent for space that is
19 deemed available, as negotiated and provided in the charter
20 agreement, in school district facilities. However, all other
21 costs for the operation and maintenance of school district
22 facilities that are used by the charter school shall be subject
23 to negotiation between the charter school and the local school
24 board and shall be set forth in the charter.

25 (j) A charter school may limit student enrollment by age or
26 grade level.

1 (k) If the charter school is approved by the Commission,
2 then the Commission charter school is its own local education
3 agency.

4 (Source: P.A. 97-152, eff. 7-20-11; 97-154, eff. 1-1-12;
5 97-813, eff. 7-13-12; 98-16, eff. 5-24-13; 98-639, eff. 6-9-14;
6 98-669, eff. 6-26-14; 98-739, eff. 7-16-14; 98-783, eff.
7 1-1-15; 98-1059, eff. 8-26-14; 98-1102, eff. 8-26-14; revised
8 10-14-14.)

9 (105 ILCS 5/10-20.54 rep.)

10 (105 ILCS 5/34-18.46 rep.)

11 Section 85. The School Code is amended by repealing
12 Sections 10-20.54 and 34-18.46.

13 Section 99. Effective date. This Act takes effect upon
14 becoming law."