



Sen. Kwame Raoul

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LRB099 03163 SXM 37958 a

1 AMENDMENT TO SENATE BILL 219

2 AMENDMENT NO. _____. Amend Senate Bill 219 by replacing
3 everything after the enacting clause with the following:

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

1 body that causes the brain to move rapidly inside the
2 skull. The risk of catastrophic injuries or death are
3 significant when a concussion or head injury is not
4 properly evaluated and managed.

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

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

21 (4) Student athletes who have sustained a concussion
22 may need informal or formal accommodations, modifications
23 of curriculum, and monitoring by medical or academic staff
24 until the student is fully recovered. To that end, all
25 schools are encouraged to establish a return-to-learn
26 protocol that is based on peer-reviewed scientific

1 evidence consistent with Centers for Disease Control and
2 Prevention guidelines and conduct baseline testing for
3 student athletes.

4 (b) In this Section:

5 "Athletic trainer" means an athletic trainer licensed
6 under the Illinois Athletic Trainers Practice Act.

7 "Coach" means any volunteer or employee of a school who is
8 responsible for organizing and supervising students to teach
9 them or train them in the fundamental skills of an
10 interscholastic athletic activity. "Coach" refers to both head
11 coaches and assistant coaches.

12 "Concussion" means a complex pathophysiological process
13 affecting the brain caused by a traumatic physical force or
14 impact to the head or body, which may include temporary or
15 prolonged altered brain function resulting in physical,
16 cognitive, or emotional symptoms or altered sleep patterns and
17 which may or may not involve a loss of consciousness.

18 "Department" means the Department of Financial and
19 Professional Regulation.

20 "Game official" means a person who officiates at an
21 interscholastic athletic activity, such as a referee or umpire,
22 including, but not limited to, persons enrolled as game
23 officials by the Illinois High School Association or Illinois
24 Elementary School Association.

25 "Interscholastic athletic activity" means any organized
26 school-sponsored or school-sanctioned activity for students,

1 generally outside of school instructional hours, under the
2 direction of a coach, athletic director, or band leader,
3 including, but not limited to, baseball, basketball,
4 cheerleading, cross country track, fencing, field hockey,
5 football, golf, gymnastics, ice hockey, lacrosse, marching
6 band, rugby, soccer, skating, softball, swimming and diving,
7 tennis, track (indoor and outdoor), ultimate Frisbee,
8 volleyball, water polo, and wrestling. All interscholastic
9 athletics are deemed to be interscholastic activities.

10 "Licensed healthcare professional" means a person who has
11 experience with concussion management and who is a nurse, a
12 psychologist who holds a license under the Clinical
13 Psychologist Licensing Act and specializes in the practice of
14 neuropsychology, a physical therapist licensed under the
15 Illinois Physical Therapy Act, an occupational therapist
16 licensed under the Illinois Occupational Therapy Practice Act.

17 "Nurse" means a person who is employed by or volunteers at
18 a school and is licensed under the Nurse Practice Act as a
19 registered nurse, practical nurse, or advanced practice nurse.

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

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

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

1 (c) This Section applies to any interscholastic athletic
2 activity, including practice and competition, sponsored or
3 sanctioned by a school, the Illinois Elementary School
4 Association, or the Illinois High School Association. This
5 Section applies beginning with the 2016-2017 ~~2015-2016~~ school
6 year.

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

25 Each concussion oversight team must include to the extent
26 practicable at least one physician. If a school employs an

1 athletic trainer, the athletic trainer must be a member of the
2 school concussion oversight team to the extent practicable. If
3 a school employs a nurse, the nurse must be a member of the
4 school concussion oversight team to the extent practicable. At
5 a minimum, a school shall appoint a person who is responsible
6 for implementing and complying with the return-to-play and
7 return-to-learn protocols ~~protocols~~ adopted by the concussion
8 oversight team. A school may appoint other licensed healthcare
9 professionals to serve on the concussion oversight team.

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

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

- 24 (1) a coach;
25 (2) a physician;
26 (3) a game official;

1 (4) an athletic trainer;

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

5 (6) the student; or

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

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

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

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

24 (3) the student has successfully completed each
25 requirement of the return-to-learn protocol established
26 under this Section necessary for the student to return to

1 learn;

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

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

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

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

21 (C) have signed a consent form indicating that the
22 person signing:

23 (i) has been informed concerning and consents
24 to the student participating in returning to play
25 in accordance with the return-to-play and
26 return-to-learn protocols;

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

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

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

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

1 has supervisory responsibilities under this paragraph may not
2 be a coach of an interscholastic athletics team.

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

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

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

15 (B) a nurse who serves as a member of a concussion
16 oversight team and is an employee, representative, or agent
17 of a school;

18 (C) a game official of an interscholastic athletic
19 activity; and

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

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

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

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

4 (B) an athletic trainer must take a concussion-related
5 continuing education course from an athletic trainer
6 continuing education sponsor approved by the Department;
7 and

8 (C) a nurse must take a course concerning the subject
9 matter of concussions that has been approved for continuing
10 education credit by the Department.

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

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

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

1 (i) The governing body of each public or charter school and
2 the appropriate administrative officer of a private school with
3 students enrolled who participate in an interscholastic
4 athletic activity shall develop a school-specific emergency
5 action plan for interscholastic athletic activities to address
6 the serious injuries and acute medical conditions in which the
7 condition of the student may deteriorate rapidly. The plan
8 shall include a delineation of roles, methods of communication,
9 available emergency equipment, and access to and a plan for
10 emergency transport. This emergency action plan must be:

11 (1) in writing;

12 (2) reviewed by the concussion oversight team;

13 (3) approved by the district superintendent or the
14 superintendent's designee in the case of a public
15 elementary or secondary school, the chief school
16 administrator or that person's designee in the case of a
17 charter school, or the appropriate administrative officer
18 or that person's designee in the case of a private school;

19 (4) distributed to all appropriate personnel;

20 (5) posted conspicuously at all venues utilized by the
21 school; and

22 (6) reviewed annually by all athletic trainers, first
23 responders, coaches, school nurses, athletic directors,
24 and volunteers for interscholastic athletic activities.

25 (j) The State Board of Education may adopt rules as
26 necessary to administer this Section.

1 (Source: P.A. 99-245, eff. 8-3-15.)

2 Section 99. Effective date. This Act takes effect upon
3 becoming law.".