



100TH GENERAL ASSEMBLY

State of Illinois

2017 and 2018

SB2489

Introduced 1/31/2018, by Sen. Michael Connelly

SYNOPSIS AS INTRODUCED:

20 ILCS 2310/2310-307 new
105 ILCS 5/22-80

Amends the Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois. Provides that the Department of Public Health shall develop, publish, and disseminate a brochure to educate the general public on the effects of concussion in children and discuss how to look for concussion warning signs in children. The brochure shall be distributed free of charge by schools to any child or the parent or guardian of a child who may have sustained a concussion, regardless of whether or not the concussion occurred while the child was participating in an interscholastic athletic activity. Amends the School Code. Provides that, amongst other duties, the regional office of education (rather than the district superintendent or chief school administrator) of a public elementary or secondary school or charter school shall supervise an athletic trainer or other person responsible for compliance with the return-to-play or return-to-learn concussion protocol established under the Code. Provides that the State Board of Education shall (rather than may) adopt rules governing concussion protocol under the Code, including, but not limited to, rules governing the informal or formal accommodation of a student who may have sustained a concussion during an interscholastic athletic activity.

LRB100 18030 AXK 33218 b

FISCAL NOTE ACT
MAY APPLY

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 Department of Public Health Powers and
5 Duties Law of the Civil Administrative Code of Illinois is
6 amended by adding Section 2310-307 as follows:

7 (20 ILCS 2310/2310-307 new)

8 Sec. 2310-307. Concussion brochure. In this Section,
9 "concussion" and "interscholastic athletic activity" have the
10 meaning given to those terms under Section 22-80 of the School
11 Code. The Department shall, subject to appropriation, develop,
12 publish, and disseminate a brochure to educate the general
13 public on the effects of concussions in children and discuss
14 how to look for concussion warning signs in children,
15 including, but not limited to, delays in the learning
16 development of children. The brochure shall be distributed free
17 of charge by schools to any child or the parent or guardian of
18 a child who may have sustained a concussion, regardless of
19 whether or not the concussion occurred while the child was
20 participating in an interscholastic athletic activity.

21 Section 10. The School Code is amended by changing Section
22 22-80 as follows:

1 (105 ILCS 5/22-80)

2 Sec. 22-80. Student athletes; concussions and head
3 injuries.

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

5 (1) Concussions are one of the most commonly reported
6 injuries in children and adolescents who participate in
7 sports and recreational activities. The Centers for
8 Disease Control and Prevention estimates that as many as
9 3,900,000 sports-related and recreation-related
10 concussions occur in the United States each year. A
11 concussion is caused by a blow or motion to the head or
12 body that causes the brain to move rapidly inside the
13 skull. The risk of catastrophic injuries or death are
14 significant when a concussion or head injury is not
15 properly evaluated and managed.

16 (2) Concussions are a type of brain injury that can
17 range from mild to severe and can disrupt the way the brain
18 normally works. Concussions can occur in any organized or
19 unorganized sport or recreational activity and can result
20 from a fall or from players colliding with each other, the
21 ground, or with obstacles. Concussions occur with or
22 without loss of consciousness, but the vast majority of
23 concussions occur without loss of consciousness.

24 (3) Continuing to play with a concussion or symptoms of
25 a head injury leaves a young athlete especially vulnerable

1 to greater injury and even death. The General Assembly
2 recognizes that, despite having generally recognized
3 return-to-play standards for concussions and head
4 injuries, some affected youth athletes are prematurely
5 returned to play, resulting in actual or potential physical
6 injury or death to youth athletes in this State.

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

16 (b) In this Section:

17 "Athletic trainer" means an athletic trainer licensed
18 under the Illinois Athletic Trainers Practice Act who is
19 working under the supervision of a physician.

20 "Coach" means any volunteer or employee of a school who is
21 responsible for organizing and supervising students to teach
22 them or train them in the fundamental skills of an
23 interscholastic athletic activity. "Coach" refers to both head
24 coaches and assistant coaches.

25 "Concussion" means a complex pathophysiological process
26 affecting the brain caused by a traumatic physical force or

1 impact to the head or body, which may include temporary or
2 prolonged altered brain function resulting in physical,
3 cognitive, or emotional symptoms or altered sleep patterns and
4 which may or may not involve a loss of consciousness.

5 "Department" means the Department of Financial and
6 Professional Regulation.

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

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

23 "Licensed healthcare professional" means a person who has
24 experience with concussion management and who is a nurse, a
25 psychologist who holds a license under the Clinical
26 Psychologist Licensing Act and specializes in the practice of

1 neuropsychology, a physical therapist licensed under the
2 Illinois Physical Therapy Act, an occupational therapist
3 licensed under the Illinois Occupational Therapy Practice Act,
4 a physician assistant, or an athletic trainer.

5 "Nurse" means a person who is employed by or volunteers at
6 a school and is licensed under the Nurse Practice Act as a
7 registered nurse, practical nurse, or advanced practice
8 registered nurse.

9 "Physician" means a physician licensed to practice
10 medicine in all of its branches under the Medical Practice Act
11 of 1987.

12 "Physician assistant" means a physician assistant licensed
13 under the Physician Assistant Practice Act of 1987.

14 "School" means any public or private elementary or
15 secondary school, including a charter school.

16 "Student" means an adolescent or child enrolled in a
17 school.

18 (c) This Section applies to any interscholastic athletic
19 activity, including practice and competition, sponsored or
20 sanctioned by a school, the Illinois Elementary School
21 Association, or the Illinois High School Association. This
22 Section applies beginning with the 2016-2017 school year.

23 (d) The governing body of each public or charter school and
24 the appropriate administrative officer of a private school with
25 students enrolled who participate in an interscholastic
26 athletic activity shall appoint or approve a concussion

1 oversight team. Each concussion oversight team shall establish
2 a return-to-play protocol, based on peer-reviewed scientific
3 evidence consistent with Centers for Disease Control and
4 Prevention guidelines, for a student's return to
5 interscholastic athletics practice or competition following a
6 force or impact believed to have caused a concussion. Each
7 concussion oversight team shall also establish a
8 return-to-learn protocol, based on peer-reviewed scientific
9 evidence consistent with Centers for Disease Control and
10 Prevention guidelines, for a student's return to the classroom
11 after that student is believed to have experienced a
12 concussion, whether or not the concussion took place while the
13 student was participating in an interscholastic athletic
14 activity.

15 Each concussion oversight team must include to the extent
16 practicable at least one physician. If a school employs an
17 athletic trainer, the athletic trainer must be a member of the
18 school concussion oversight team to the extent practicable. If
19 a school employs a nurse, the nurse must be a member of the
20 school concussion oversight team to the extent practicable. At
21 a minimum, a school shall appoint a person who is responsible
22 for implementing and complying with the return-to-play and
23 return-to-learn protocols adopted by the concussion oversight
24 team. At a minimum, a concussion oversight team may be composed
25 of only one person and this person need not be a licensed
26 healthcare professional, but it may not be a coach. A school

1 may appoint other licensed healthcare professionals to serve on
2 the concussion oversight team.

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

13 (f) A student must be removed from an interscholastic
14 athletics practice or competition immediately if one of the
15 following persons believes the student might have sustained a
16 concussion during the practice or competition:

17 (1) a coach;

18 (2) a physician;

19 (3) a game official;

20 (4) an athletic trainer;

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

24 (6) the student; or

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

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

5 (1) the student has been evaluated, using established
6 medical protocols based on peer-reviewed scientific
7 evidence consistent with Centers for Disease Control and
8 Prevention guidelines, by a treating physician (chosen by
9 the student or the student's parent or guardian or another
10 person with legal authority to make medical decisions for
11 the student), an athletic trainer, an advanced practice
12 registered nurse, or a physician assistant;

13 (2) the student has successfully completed each
14 requirement of the return-to-play protocol established
15 under this Section necessary for the student to return to
16 play;

17 (3) the student has successfully completed each
18 requirement of the return-to-learn protocol established
19 under this Section necessary for the student to return to
20 learn;

21 (4) the treating physician, the athletic trainer, or
22 the physician assistant has provided a written statement
23 indicating that, in the physician's professional judgment,
24 it is safe for the student to return to play and return to
25 learn or the treating advanced practice registered nurse
26 has provided a written statement indicating that it is safe

1 for the student to return to play and return to learn; and

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

5 (A) have acknowledged that the student has
6 completed the requirements of the return-to-play and
7 return-to-learn protocols necessary for the student to
8 return to play;

9 (B) have provided the treating physician's,
10 athletic trainer's, advanced practice registered
11 nurse's, or physician assistant's written statement
12 under subdivision (4) of this subsection (g) to the
13 person responsible for compliance with the
14 return-to-play and return-to-learn protocols under
15 this subsection (g) and the person who has supervisory
16 responsibilities under this subsection (g); and

17 (C) have signed a consent form indicating that the
18 person signing:

19 (i) has been informed concerning and consents
20 to the student participating in returning to play
21 in accordance with the return-to-play and
22 return-to-learn protocols;

23 (ii) understands the risks associated with the
24 student returning to play and returning to learn
25 and will comply with any ongoing requirements in
26 the return-to-play and return-to-learn protocols;

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

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

16 The regional office of education or its designee in the
17 case of a public elementary or secondary school or charter
18 school 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, game officials, and non-licensed healthcare
5 professionals, training courses that provide for not less than
6 2 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, licensed healthcare professional, or
16 non-licensed healthcare professional who serves as a
17 member of a concussion oversight team either on a volunteer
18 basis or in his or her capacity as an employee,
19 representative, or agent of a school; and

20 (C) a game official of an interscholastic athletic
21 activity.

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, game official, or non-licensed healthcare
2 professional, as the case may be, must take a course
3 described in paragraph (1) of this subsection (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 (C) a nurse must take a concussion-related continuing
8 education course from a nurse continuing education sponsor
9 approved by the Department;

10 (D) a physical therapist must take a
11 concussion-related continuing education course from a
12 physical therapist continuing education sponsor approved
13 by the Department;

14 (E) a psychologist must take a concussion-related
15 continuing education course from a psychologist continuing
16 education sponsor approved by the Department;

17 (F) an occupational therapist must take a
18 concussion-related continuing education course from an
19 occupational therapist continuing education sponsor
20 approved by the Department; and

21 (G) a physician assistant must take a
22 concussion-related continuing education course from a
23 physician assistant continuing education sponsor approved
24 by the Department.

25 (5) Each person described in paragraph (2) of this
26 subsection (h) must submit proof of timely completion of an

1 approved course in compliance with paragraph (4) of this
2 subsection (h) to the regional office of education or its
3 designee in the case of a public elementary or secondary school
4 or charter school ~~district superintendent or the~~
5 ~~superintendent's designee in the case of a public elementary or~~
6 ~~secondary school, the chief school administrator or that~~
7 ~~person's designee in the case of a charter school,~~ or the
8 appropriate administrative officer or that person's designee
9 in the case of a private school.

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

14 (7) A person required under this subsection (h) to take a
15 training course in the subject of concussions must complete the
16 training prior to serving on a concussion oversight team in any
17 capacity.

18 (i) The governing body of each public or charter school and
19 the appropriate administrative officer of a private school with
20 students enrolled who participate in an interscholastic
21 athletic activity shall develop a school-specific emergency
22 action plan for interscholastic athletic activities to address
23 the serious injuries and acute medical conditions in which the
24 condition of the student may deteriorate rapidly. The plan
25 shall include a delineation of roles, methods of communication,
26 available emergency equipment, and access to and a plan for

1 emergency transport. This emergency action plan must be:

2 (1) in writing;

3 (2) reviewed by the concussion oversight team;

4 (3) approved by the regional office of education or its
5 designee in the case of a public elementary or secondary
6 school or charter school ~~district superintendent or the~~
7 ~~superintendent's designee in the case of a public~~
8 ~~elementary or secondary school, the chief school~~
9 ~~administrator or that person's designee in the case of a~~
10 ~~charter school,~~ or the appropriate administrative officer
11 or that person's designee in the case of a private school;

12 (4) distributed to all appropriate personnel;

13 (5) posted conspicuously at all venues utilized by the
14 school; and

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

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

23 (Source: P.A. 99-245, eff. 8-3-15; 99-486, eff. 11-20-15;
24 99-642, eff. 7-28-16; 100-309, eff. 9-1-17; 100-513, eff.
25 1-1-18; revised 9-22-17.)