

## **100TH GENERAL ASSEMBLY**

## State of Illinois

## 2017 and 2018

### SB3397

Introduced 2/16/2018, by Sen. Pamela J. Althoff

## SYNOPSIS AS INTRODUCED:

5 ILCS 80/4.36 105 ILCS 5/22-80 105 ILCS 25/1.20 225 ILCS 5/Act rep. 730 ILCS 5/5-5-5

from Ch. 38, par. 1005-5-5

Repeals the Illinois Athletic Trainers Practice Act. Makes conforming changes in the Regulatory Sunset Act, the School Code, the Interscholastic Athletic Organization Act, and the Unified Code of Corrections. Effective immediately.

LRB100 16020 SMS 31139 b

FISCAL NOTE ACT MAY APPLY

A BILL FOR

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AN ACT concerning regulation.

# Be it enacted by the People of the State of Illinois, represented in the General Assembly:

Section 5. The Regulatory Sunset Act is amended by changing
Section 4.36 as follows:

Sec. 4.36. Acts repealed on January 1, 2026. The following
Acts are repealed on January 1, 2026:

- 9 The Barber, Cosmetology, Esthetics, Hair Braiding, and 10 Nail Technology Act of 1985.
- 11 The Collection Agency Act.

(5 ILCS 80/4.36)

12 The Hearing Instrument Consumer Protection Act.

- 13 The Illinois Athletic Trainers Practice Act.
- 14 The Illinois Dental Practice Act.
- 15 The Illinois Roofing Industry Licensing Act.
- 16 The Illinois Physical Therapy Act.
- 17 The Professional Geologist Licensing Act.
- 18 The Respiratory Care Practice Act.

19 (Source: P.A. 99-26, eff. 7-10-15; 99-204, eff. 7-30-15; 20 99-227, eff. 8-3-15; 99-229, eff. 8-3-15; 99-230, eff. 8-3-15; 21 99-427, eff. 8-21-15; 99-469, eff. 8-26-15; 99-492, eff. 22 12-31-15; 99-642, eff. 7-28-16.)

- Section 10. The School Code is amended by changing Section
   22-80 as follows:
- 3 (105 ILCS 5/22-80)

4 Sec. 22-80. Student athletes; concussions and head 5 injuries.

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

7 (1) Concussions are one of the most commonly reported injuries in children and adolescents who participate in 8 9 sports and recreational activities. The Centers for 10 Disease Control and Prevention estimates that as many as 11 3,900,000 sports-related and recreation-related 12 concussions occur in the United States each year. A 13 concussion is caused by a blow or motion to the head or 14 body that causes the brain to move rapidly inside the 15 skull. The risk of catastrophic injuries or death are 16 significant when a concussion or head injury is not properly evaluated and managed. 17

18 (2) Concussions are a type of brain injury that can 19 range from mild to severe and can disrupt the way the brain normally works. Concussions can occur in any organized or 20 21 unorganized sport or recreational activity and can result 22 from a fall or from players colliding with each other, the 23 ground, or with obstacles. Concussions occur with or without loss of consciousness, but the vast majority of 24 concussions occur without loss of consciousness. 25

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(3) Continuing to play with a concussion or symptoms of 1 2 a head injury leaves a young athlete especially vulnerable 3 to greater injury and even death. The General Assembly recognizes that, despite having generally recognized 4 return-to-play standards for concussions 5 and head 6 injuries, some affected youth athletes are prematurely 7 returned to play, resulting in actual or potential physical 8 injury or death to youth athletes in this State.

9 (4) Student athletes who have sustained a concussion 10 may need informal or formal accommodations, modifications 11 of curriculum, and monitoring by medical or academic staff 12 until the student is fully recovered. To that end, all 13 schools are encouraged to establish a return-to-learn 14 protocol that is based on peer-reviewed scientific evidence consistent with Centers for Disease Control and 15 16 Prevention guidelines and conduct baseline testing for 17 student athletes.

18 (b) In this Section:

"Athletic trainer" means a person who, upon the direction 19 20 of his or her team physician or consulting physician, carries out the practice of prevention/emergency care or physical 21 22 reconditioning of injuries incurred by athletes participating 23 in an athletic program conducted by an educational institution, 24 professional athletic organization, or sanctioned amateur 25 athletic organization employing the athletic trainer; or a person who, under the direction of a physician, carries out 26

<u>comparable functions for a health organization-based</u>
 <u>extramural program of athletic training services for athletes</u>
 an athletic trainer licensed under the Illinois Athletic
 <u>Trainers Practice Act who is working under the supervision of a</u>
 <del>physician</del>.

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

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

17 "Department" means the Department of Financial and18 Professional Regulation.

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

24 "Interscholastic athletic activity" means any organized 25 school-sponsored or school-sanctioned activity for students, 26 generally outside of school instructional hours, under the 1 direction of a coach, athletic director, or band leader, 2 limited to, baseball, basketball, including, but not cheerleading, cross country track, fencing, field hockey, 3 football, golf, gymnastics, ice hockey, lacrosse, marching 4 5 band, rugby, soccer, skating, softball, swimming and diving, 6 and outdoor), ultimate tennis, track (indoor Frisbee, 7 volleyball, water polo, and wrestling. All interscholastic athletics are deemed to be interscholastic activities. 8

"Licensed healthcare professional" means a person who has 9 10 experience with concussion management and who is a nurse, a 11 psychologist who holds а license under the Clinical 12 Psychologist Licensing Act and specializes in the practice of 13 neuropsychology, a physical therapist licensed under the Illinois Physical Therapy Act, an occupational therapist 14 15 licensed under the Illinois Occupational Therapy Practice Act, 16 a physician assistant, or an athletic trainer.

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 20 registered nurse.

21 "Physician" means a physician licensed to practice 22 medicine in all of its branches under the Medical Practice Act 23 of 1987.

24 "Physician assistant" means a physician assistant licensed25 under the Physician Assistant Practice Act of 1987.

26 "School" means any public or private elementary or

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1 secondary school, including a charter school.

2 "Student" means an adolescent or child enrolled in a 3 school.

4 (c) This Section applies to any interscholastic athletic 5 activity, including practice and competition, sponsored or 6 sanctioned by a school, the Illinois Elementary School 7 Association, or the Illinois High School Association. This 8 Section applies beginning with the 2016-2017 school year.

9 (d) The governing body of each public or charter school and 10 the appropriate administrative officer of a private school with 11 students enrolled who participate in an interscholastic 12 athletic activity shall appoint or approve a concussion oversight team. Each concussion oversight team shall establish 13 14 a return-to-play protocol, based on peer-reviewed scientific evidence consistent with Centers for Disease Control and 15 16 Prevention quidelines, for а student's return to 17 interscholastic athletics practice or competition following a force or impact believed to have caused a concussion. Each 18 19 concussion oversight team shall also establish а 20 return-to-learn protocol, based on peer-reviewed scientific evidence consistent with Centers for Disease Control and 21 22 Prevention guidelines, for a student's return to the classroom 23 after that student is believed to have experienced a 24 concussion, whether or not the concussion took place while the 25 student was participating in an interscholastic athletic 26 activity.

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Each concussion oversight team must include to the extent 1 2 practicable at least one physician. If a school employs an athletic trainer, the athletic trainer must be a member of the 3 school concussion oversight team to the extent practicable. If 4 5 a school employs a nurse, the nurse must be a member of the school concussion oversight team to the extent practicable. At 6 7 a minimum, a school shall appoint a person who is responsible 8 for implementing and complying with the return-to-play and 9 return-to-learn protocols adopted by the concussion oversight 10 team. At a minimum, a concussion oversight team may be composed 11 of only one person and this person need not be a licensed 12 healthcare professional, but it may not be a coach. A school may appoint other licensed healthcare professionals to serve on 13 14 the concussion oversight team.

15 (e) A student may not participate in an interscholastic 16 athletic activity for a school year until the student and the 17 student's parent or guardian or another person with legal authority to make medical decisions for the student have signed 18 a form for that school year that acknowledges receiving and 19 20 reading written information that explains concussion 21 prevention, symptoms, treatment, and oversight and that 22 includes guidelines for safely resuming participation in an 23 athletic activity following a concussion. The form must be approved by the Illinois High School Association. 24

25 (f) A student must be removed from an interscholastic 26 athletics practice or competition immediately if one of the

1 following persons believes the student might have sustained a
2 concussion during the practice or competition:

3 (1) a coach;

(2) a physician;

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(3) a game official;

6 (4) an athletic trainer;

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

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(6) the student; or

11 (7) any other person deemed appropriate under the 12 school's return-to-play protocol.

13 (g) A student removed from an interscholastic athletics 14 practice or competition under this Section may not be permitted 15 to practice or compete again following the force or impact 16 believed to have caused the concussion until:

17 (1) the student has been evaluated, using established based on peer-reviewed scientific 18 medical protocols evidence consistent with Centers for Disease Control and 19 20 Prevention guidelines, by a treating physician (chosen by 21 the student or the student's parent or guardian or another 22 person with legal authority to make medical decisions for 23 the student), an athletic trainer, an advanced practice 24 registered nurse, or a physician assistant;

(2) the student has successfully completed each
 requirement of the return-to-play protocol established

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

3 (3) the student has successfully completed each 4 requirement of the return-to-learn protocol established 5 under this Section necessary for the student to return to 6 learn;

7 (4) the treating physician, the athletic trainer, or 8 the physician assistant has provided a written statement 9 indicating that, in the physician's professional judgment, 10 it is safe for the student to return to play and return to 11 learn or the treating advanced practice <u>registered</u> nurse 12 has provided a written statement indicating that it is safe 13 for the student to return to play and return to learn; and

14 (5) the student and the student's parent or guardian or 15 another person with legal authority to make medical 16 decisions for the student:

17 (A) have acknowledged that the student has
18 completed the requirements of the return-to-play and
19 return-to-learn protocols necessary for the student to
20 return to play;

21 have provided the treating physician's, (B) 22 athletic trainer's, advanced practice registered 23 nurse's, or physician assistant's written statement 24 under subdivision (4) of this subsection (g) to the 25 compliance person responsible for with the 26 return-to-play and return-to-learn protocols under

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this subsection (g) and the person who has supervisory responsibilities under this subsection (g); and

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

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

9 (ii) understands the risks associated with the 10 student returning to play and returning to learn 11 and will comply with any ongoing requirements in 12 the return-to-play and return-to-learn protocols; 13 and

14 (iii) consents to the disclosure to 15 appropriate persons, consistent with the federal 16 Health Insurance Portability and Accountability 17 Act of 1996 (Public Law 104-191), of the treating physician's, athletic trainer's, physician 18 19 assistant's, or advanced practice registered 20 nurse's written statement under subdivision (4) of 21 this subsection (q) and, if any, the 22 return-to-play and return-to-learn recommendations 23 of the treating physician, the athletic trainer, 24 the physician assistant, or the advanced practice 25 registered nurse, as the case may be.

A coach of an interscholastic athletics team may not

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1 authorize a student's return to play or return to learn.

2 district superintendent or the superintendent's The 3 designee in the case of a public elementary or secondary school, the chief school administrator or that person's 4 5 designee in the case of a charter school, or the appropriate administrative officer or that person's designee in the case of 6 a private school shall supervise an athletic trainer or other 7 8 person responsible for compliance with the return-to-play 9 protocol and shall supervise the person responsible for 10 compliance with the return-to-learn protocol. The person who 11 has supervisory responsibilities under this paragraph may not 12 be a coach of an interscholastic athletics team.

13 (h) (1) The Illinois High School Association shall approve, for coaches, game officials, and non-licensed healthcare 14 15 professionals, training courses that provide for not less than 16 2 hours of training in the subject matter of concussions, 17 including evaluation, prevention, symptoms, risks, and long-term effects. The Association shall maintain an updated 18 list of individuals and organizations authorized by the 19 20 Association to provide the training.

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

(A) a coach of an interscholastic athletic activity;
(B) a nurse, licensed healthcare professional, or
non-licensed healthcare professional who serves as a

member of a concussion oversight team either on a volunteer basis or in his or her capacity as an employee, representative, or agent of a school; and

4 (C) a game official of an interscholastic athletic 5 activity.

6 (3) A physician who serves as a member of a concussion 7 oversight team shall, to the greatest extent practicable, 8 periodically take an appropriate continuing medical education 9 course in the subject matter of concussions.

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

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

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

17 (C) a nurse must take a concussion-related continuing
18 education course from a nurse continuing education sponsor
19 approved by the Department;

20 (D) a physical therapist must take a 21 concussion-related continuing education course from a 22 physical therapist continuing education sponsor approved 23 by the Department;

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

1 (F) an occupational therapist must take a 2 concussion-related continuing education course from an 3 occupational therapist continuing education sponsor 4 approved by the Department; and

5 (G) a physician assistant must take a 6 concussion-related continuing education course from a 7 physician assistant continuing education sponsor approved 8 by the Department.

9 (5) Each person described in paragraph (2) of this 10 subsection (h) must submit proof of timely completion of an 11 approved course in compliance with paragraph (4) of this 12 subsection (h) to the district superintendent or the 13 superintendent's designee in the case of a public elementary or 14 secondary school, the chief school administrator or that 15 person's designee in the case of a charter school, or the appropriate administrative officer or that person's designee 16 17 in the case of a private school.

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

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

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(i) The governing body of each public or charter school and

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

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(1) in writing;

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(2) reviewed by the concussion oversight team;

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

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(4) distributed to all appropriate personnel;

19 (5) posted conspicuously at all venues utilized by the20 school; and

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

(j) The State Board of Education may adopt rules asnecessary to administer this Section.

26 (Source: P.A. 99-245, eff. 8-3-15; 99-486, eff. 11-20-15;

SB3397 - 15 - LRB100 16020 SMS 31139 b 99-642, eff. 7-28-16; 100-309, eff. 9-1-17; 100-513, eff. 1-1-18; revised 9-22-17.)

3 Section 15. The Interscholastic Athletic Organization Act
4 is amended by changing Section 1.20 as follows:

5 (105 ILCS 25/1.20)

6 Sec. 1.20. Concussion reporting.

7 Beginning with the 2016-2017 school (a) year, an 8 association or other entity that has, as one of its purposes, 9 promoting, sponsoring, regulating, or in any manner providing 10 interscholastic athletics or any form of athletic for 11 competition among high schools and high school students within this State shall require all member schools that have <del>certified</del> 12 13 athletic trainers to complete а monthlv report on 14 student-athletes at the member school who have sustained a 15 concussion during a school-sponsored activity overseen by the 16 athletic trainer or when the athletic director is made aware of a concussion sustained by a student during a school-sponsored 17 18 event. All reporting must be anonymous as it relates to student 19 names.

20 (b) Beginning with the 2017-2018 school year, the 21 association or entity to which this Section applies shall 22 compile the data reported under subsection (a) of this Section 23 during the previous school year into an annual report and 24 submit copies of this report to the General Assembly, as 1 provided in Section 3.1 of the General Assembly Organization 2 Act.

With respect to reporting under this Section, an 3 (C) association or entity to which this Section applies and any 4 5 member school shall have immunity from any liability, whether 6 civil or criminal or that otherwise might result by reason of 7 such action, except for willful or wanton misconduct. The 8 association or entity has the authority to take action against 9 a member school if the member school fails to complete the 10 required reporting.

11 (Source: P.A. 99-831, eff. 8-19-16.)

12 (225 ILCS 5/Act rep.)

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Section 20. The Illinois Athletic Trainers Practice Act is repealed.

Section 25. The Unified Code of Corrections is amended by changing Section 5-5-5 as follows:

17 (730 ILCS 5/5-5-5) (from Ch. 38, par. 1005-5-5)

18 Sec. 5-5-5. Loss and Restoration of Rights.

(a) Conviction and disposition shall not entail the loss by the defendant of any civil rights, except under this Section and Sections 29-6 and 29-10 of The Election Code, as now or hereafter amended.

23 (b) A person convicted of a felony shall be ineligible to

- hold an office created by the Constitution of this State until
   the completion of his sentence.
- 3 (c) A person sentenced to imprisonment shall lose his right4 to vote until released from imprisonment.

5 (d) On completion of sentence of imprisonment or upon discharge from probation, conditional discharge or periodic 6 7 imprisonment, or at any time thereafter, all license rights and 8 privileges granted under the authority of this State which have 9 been revoked or suspended because of conviction of an offense 10 shall be restored unless the authority having jurisdiction of 11 such license rights finds after investigation and hearing that 12 restoration is not in the public interest. This paragraph (d) shall not apply to the suspension or revocation of a license to 13 14 operate a motor vehicle under the Illinois Vehicle Code.

15 (e) Upon a person's discharge from incarceration or parole, 16 or upon a person's discharge from probation or at any time 17 thereafter, the committing court may enter an order certifying that the sentence has been satisfactorily completed when the 18 court believes it would assist in the rehabilitation of the 19 20 person and be consistent with the public welfare. Such order 21 may be entered upon the motion of the defendant or the State or 22 upon the court's own motion.

(f) Upon entry of the order, the court shall issue to the person in whose favor the order has been entered a certificate stating that his behavior after conviction has warranted the issuance of the order.

(g) This Section shall not affect the right of a defendant
 to collaterally attack his conviction or to rely on it in bar
 of subsequent proceedings for the same offense.

(h) No application for any license specified in subsection 4 (i) of this Section granted under the authority of this State 5 shall be denied by reason of an eligible offender who has 6 7 obtained a certificate of relief from disabilities, as defined 8 in Article 5.5 of this Chapter, having been previously 9 convicted of one or more criminal offenses, or by reason of a 10 finding of lack of "good moral character" when the finding is 11 based upon the fact that the applicant has previously been 12 convicted of one or more criminal offenses, unless:

(1) there is a direct relationship between one or more
of the previous criminal offenses and the specific license
sought; or

16 (2) the issuance of the license would involve an
17 unreasonable risk to property or to the safety or welfare
18 of specific individuals or the general public.

19 In making such a determination, the licensing agency shall 20 consider the following factors:

(1) the public policy of this State, as expressed in Article 5.5 of this Chapter, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses;

(2) the specific duties and responsibilities
 necessarily related to the license being sought;

1 (3) the bearing, if any, the criminal offenses or 2 offenses for which the person was previously convicted will 3 have on his or her fitness or ability to perform one or 4 more such duties and responsibilities;

5 (4) the time which has elapsed since the occurrence of
6 the criminal offense or offenses;

7 (5) the age of the person at the time of occurrence of
8 the criminal offense or offenses;

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(6) the seriousness of the offense or offenses;

10 (7) any information produced by the person or produced 11 on his or her behalf in regard to his or her rehabilitation 12 and good conduct, including a certificate of relief from 13 disabilities issued to the applicant, which certificate 14 shall create a presumption of rehabilitation in regard to 15 the offense or offenses specified in the certificate; and

16 (8) the legitimate interest of the licensing agency in
17 protecting property, and the safety and welfare of specific
18 individuals or the general public.

19 (i) A certificate of relief from disabilities shall be 20 issued only for a license or certification issued under the 21 following Acts:

(1) the Animal Welfare Act; except that a certificate
of relief from disabilities may not be granted to provide
for the issuance or restoration of a license under the
Animal Welfare Act for any person convicted of violating
Section 3, 3.01, 3.02, 3.03, 3.03-1, or 4.01 of the Humane

1	Care for Animals Act or Section 26-5 or 48-1 of the
2	Criminal Code of 1961 or the Criminal Code of 2012;
3	(2) the <u>(blank);</u> <del>Illinois Athletic Trainers Practice</del>
4	Act;
5	(3) the Barber, Cosmetology, Esthetics, Hair Braiding,
6	and Nail Technology Act of 1985;
7	(4) the Boiler and Pressure Vessel Repairer Regulation
8	Act;
9	(5) the Boxing and Full-contact Martial Arts Act;
10	(6) the Illinois Certified Shorthand Reporters Act of
11	1984;
12	(7) the Illinois Farm Labor Contractor Certification
13	Act;
14	(8) the Interior Design Title Act;
15	(9) the Illinois Professional Land Surveyor Act of
16	1989;
17	(10) the Illinois Landscape Architecture Act of 1989;
18	(11) the Marriage and Family Therapy Licensing Act;
19	(12) the Private Employment Agency Act;
20	(13) the Professional Counselor and Clinical
21	Professional Counselor Licensing and Practice Act;
22	(14) the Real Estate License Act of 2000;
23	(15) the Illinois Roofing Industry Licensing Act;
24	(16) the Professional Engineering Practice Act of
25	1989;
26	(17) the Water Well and Pump Installation Contractor's

1	License Act;
2	(18) the Electrologist Licensing Act;
3	(19) the Auction License Act;
4	(20) the Illinois Architecture Practice Act of 1989;
5	(21) the Dietitian Nutritionist Practice Act;
6	(22) the Environmental Health Practitioner Licensing
7	Act;
8	(23) the Funeral Directors and Embalmers Licensing
9	Code;
10	(24) (blank);
11	(25) the Professional Geologist Licensing Act;
12	(26) the Illinois Public Accounting Act; and
13	(27) the Structural Engineering Practice Act of 1989.
14	(Source: P.A. 100-534, eff. 9-22-17.)
1.5	Section 99. Effective date. This Act takes effect upon

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