As February approaches and January draws to a close, the majority of legislatures across the country will have completed their first half-year in session.

Some legislatures reconvened mere days after adjourning from their 2018 sessions. For others, this has been the first time their legislative body has met regularly in over a year.

As we continue to make progress in 2019, we would like to look back at some of the many legislative accomplishments affecting the world of youth sports safety achieved in 2018, as well as provide a preview of some of the topics we hope to see addressed in 2019.

To kick off our list, we will examine some of the bills passed by Congress in 2018.

S. 534: Protecting Young Victims from Sexual Abuse and Safe Sport Authorization Act

S. 534, introduced by Sen. Feinstein (D-CA) and signed into law this past February, takes major steps to address the issue of sexual abuse in youth athletics. One important consequence of the passage of the bill is the extension of mandatory reporting requirements of abuse to national governing bodies and amateur sports organizations. Additionally, the bill extends the statutes of limitations for civil suits by minors against sex abuse perpetrators, and designates the Center for Safesport as the entity responsible for responding to reported cases of abuse and misconduct within the U.S. Olympic and Paralympic Movements. The passage of S. 534 is an outstanding step in the effort to protect young athletes from abuse and exploitation.

You probably do not hear it enough so want to say it again... and again, Thank you for your continued work to keep athletics and athletes safe.
H.R. 302: Sports Medicine Licensure Clarity Act

Tucked away in the FAA Reauthorization Act of 2018 was a bill that might have flown under the radar for many: the Sports Medicine Licensure Clarity Act. Introduced by Rep. Guthrie (R-KY), the bill enables sports medicine providers to treat injured athletes across state lines with the protection of professional liability insurance and without fear of incurring great professional harm, such as monetary fines or loss of license to practice. The law preserves athletes’ and athletic teams’ access to sports medicine professionals who provide consistent and high-quality health care services, including injury prevention and injury assessment. Passage of H.R. 302 removed one of the most significant hurdles to providing young athletes effective and proper medical care.

H.R. 6: SUPPORT for Patients and Communities Act

The SUPPORT for Patients and Communities Act, introduced by Rep. Walden (R-OR) and passed by Congress last October with bipartisan support, is one of the most comprehensive efforts to address the opioid epidemic to date. The legislative package includes numerous provisions aimed at combating the crisis, including increased accessibility to addiction treatment options, promotion of research on non-opioid pain treatments, and increased penalties for manufacturers and distributors related to the overprescribing of opioids, amongst others. Passed just two days before the one-year anniversary of the declaration of the opioid crisis as a national Public Health Emergency, the SUPPORT for Patients and Communities Act makes great strides in combating addiction and abuse in some of the most vulnerable demographics, including young athletes.

As evidence suggests with these three acts being passed significant progress was made at the national level in making youth sports safer.

The bills listed to the left and on the first page brought direct attention to issues such as sexual abuse and access to proper medical care, while other bills that might not necessarily have made it past committee or the floor still brought necessary attention to remaining areas of concern, including traumatic brain injuries.

Congress was not the only legislative body to make significant changes to youth sports safety legislation. Advocacy at the state level saw similar, if not greater, levels of success than advocacy at the federal level in 2018. In fact, due to the substantial volume of bills passed at the state level this past year, our list of highlights had to be significantly pared down.

The bills listed on the next pages are thus just a sampling of the many that passed, intended to highlight the various issues of youth sports safety tackled by the states this past year.

California’s A.B. 2009, signed into law in September, made great strides in addressing treatment of sudden cardiac arrests in youth sports. As mandated by the law, school districts or charter schools that offer any interscholastic athletic programs are required to have a written emergency action plan in place, as well acquire and maintain at least one automated external defibrillator, or AED, in every school.

The bill also increases protections for employees of a district or charter school from civil damages resulting from the use/nonuse of an AED. A.B. 2009 places California within the growing ranks of states with legislation mandating access to an AED on campus.


H.B. 9, which was also passed and signed into law this past September, addresses the issue of youth sports safety by updating an existing law mandating that coaches of youth sports organizations complete a course providing them with information on actions and measures that may be used to decrease the risk of serious injury.

Updates to the existing law include the inclusion of heart defects and cardiac arrests in the educational curriculum, and the recognition that the training is supposed to be an addition to, not a substitute, for the involvement of trained health professionals at youth athletic events. California (A.B. 2800) and Indiana (H.B. 1024) made similar updates to their coaching education laws this year, both adding heat illness recognition and prevention training to their curriculums.

H.B. 1530 (NH): Requiring criminal history records checks for applicants for allied health professional licensure or certification.

As the title indicates, H.B. 1530 out of New Hampshire mandates that all allied health professionals applying for or renewing their licensure or certification undergo a thorough criminal background check.

The passage of this bill means that health professionals (such as a physical therapist or athletic trainers) whom a youth athlete would interact with in the routine prevention or treatment of injuries will now undergo more thorough vetting. H.B. 1530 takes one of the major and necessary steps in protecting young athletes from abuse and exploitation.
H.F. 2442 (IA): Extracurricular Interscholastic Activities – Concussion and Brain Injury Policies

H.F. 2442, signed in late April, took major steps in updating and modernizing Iowa’s concussion policies. Perhaps the most important change introduced in H.F. 2442 is the creation of stringent return-to-play and return-to-learn policies within the state. Additionally, the act mandates the development and distribution of concussion education materials to students, requires that coaches and sports officials receive regular training on concussions and brain injuries, and mandates that students suspected of receiving a concussion immediately be removed from participating in the sport and prohibited from returning without written clearance from a licensed health provider.

A. 542 (NJ): An act concerning the emergency administration of opioid antidotes in schools

New Jersey was just one of the many states who made a concerted effort to address the growing opioid crisis this past year. The reason we chose to highlight A. 542 instead of the many other similar bills is that it applies more specifically to young athletes. As the title of the bill indicates, A. 542 requires that opioid antidotes must be accessible in schools both during regular school hours and during school-sponsored functions that occur either in the school or on school grounds. The bill also requires that school nurses and any other employees who volunteer to administer the antidote undergo specialized training, and protects them from liability resulting from the administering of the antidote. A. 542 makes significant progress in protecting young athletes from opioid related deaths through a common-sense policy that we hope to see adopted nation-wide.

Iowa was not the only state to make impressive overhauls to its concussion legislation in 2018. H.B. 2088, signed in May, updated Arizona’s concussion policy by requiring the notification of a student’s parents or guardians in the event of a suspected concussion. Illinois also updated its concussion legislation in 2018 with H.B. 4226, which mandates that schools provide parents or guardians with educational material in the event of a suspected concussion, regardless of whether the suspected concussion was sustained in an interscholastic athletic event.

Additionally, the bill stipulates that schools supervise an athletic trainer or other health professional responsible for the state’s return-to-play and return-to-school policies. All three of these bills make significant progress in improving the recognition and treatment of concussions, as well as educating parents, coaches, and students about the dangers and symptoms of mild traumatic brain injuries.

As all of the bills listed above indicate, 2018 was a busy year for youth sports safety legislation at both the state and federal levels. Important changes were implemented at the national level to protect young athletes and ensure that they receive proper care from trained medical professionals, and a large number of states made major overhauls and updates to their existing sports safety legislation.

Celebration is absolutely in order. However, as we celebrate, it is also important to carry on this momentum through 2019.

Excluding New Jersey and Virginia, every legislature began with a fresh start. Legislation introduced in 2018 did not carry-over to 2019, providing bills that might have been stuck in committee or left lingering on the floor the opportunity to start anew.
As indicated in our highlight of state legislation, 2018 saw considerable progress made at state level in implementing and updating legislation concerning sudden cardiac arrest and heat related illness. California mandated that schools that offer interscholastic activities must have an AED present on the campus, and a number of states updated their coach safety education policies to include education on recognizing and responding to the symptoms of heat related illness. While these updates are undoubtedly steps in the right direction, a considerable amount of work remains. As shown in the map below, a substantial number of states have yet to implement policies that establish heat acclimatization guidelines, mandate access to AEDs on school campuses, or a combination of both.

Similar to the issues of heat related illness and sudden cardiac arrest, mild traumatic brain injuries, otherwise known as concussions, received considerable attention at the state level. Iowa made major overhauls to their state concussion policies, while other states such as Illinois and Arizona further improved upon their existing legislation. While this level of success at the state level is significant, considerably less progress was made at the federal level.

**Concussion**

Two bills addressing concussions were introduced in Congress; however, both bills unfortunately were unable to move beyond committee.

*See next page for more information*
The Opioid Crisis

Both in the context of youth sports and in society more generally, was one of the most widely legislated topics in 2018. Numerous states enacted policies aimed at preventing opioid abuse and addiction through the distribution of educational materials, while others mandated access to opioid antidotes in areas with particularly vulnerable groups, such as schools. Similar levels of success were achieved in Congress, most notably with the passage of the SUPPORT For Patients and Communities Act. However, even with the level of attention the issue received this past year, a considerable amount of work remains in ending opioid related deaths in young athletes.

H.R. 6615, the Traumatic Brain Injury Program Reauthorization Act, introduced by Rep. Pascrell (D-NJ), sought to reauthorize the Traumatic Brain Injury program prior to its expiration date of fiscal year 2019. Services provided by the Traumatic Brain Injury program include providing grants to states fund efforts to educate the public about the causes, symptoms, and treatment of traumatic brain injury, as well as maintaining the National Concussion Surveillance System, which tracks the prevalence and incidence of concussions across the country. Recognizing the importance of the services provided by the Traumatic Brain Injury program, we at the YSSA hope to see a similar reauthorization bill introduced and passed in 2019.

H.R. 3580, the Protecting Student Athletes From Concussions Act, introduced by Rep. DeSaulnier (D-CA), unfortunately met a similar fate as H.R. 6615. H.R. 3580 attempted to address the issue of concussions in multiple ways, including a mandate that local education agencies develop and implement a standard plan for concussion safety and management. Additionally, the bill directed public schools to provide educational information about concussions both on school grounds and on their school website, and ordered that any student suspected of having suffered a concussion immediately be pulled from participation in any school-sponsored athletic activity until a health care professional provided a written release form. Perhaps the most interesting part of the bill is the introduction of return-to-play and return-to-learn policies, which are severely lacking (or even nonexistent) in many states. H.R. 3580 takes significant steps to address concussions at the national level, and thus we hope to see it reintroduced and passed in 2019.
Bill H.R. 5992/S.786, the Student and Student Athlete Opioid Misuse Prevention Act. Introduced by Rep. Esty (D-CT) in the House and Sen. Shaheen (D-NH) in the Senate, the bill authorized the Substance Abuse and Mental Health Services Administration (SAMHSA) to develop a grant program for the purpose of supporting programs for schools, athletic programs, and other communities to prevent misuse and addiction related to opioids and other medications prescribed for pain and injury recovery. Additionally, the programs would train coaches, school administrators, teachers, athletic trainers, and many other individuals a student might interact with on a regular basis on recognizing the signs of misuse and addiction to opioids, and the options for treatment of that misuse. Unfortunately, the bill was not able to advance very far after introduction, ultimately remaining stuck in committee in both chambers. H.R. 5992/S. 786 offer some valuable solutions to the opioid crisis, particularly as it relates to youth sports, and we therefore hope to see the bill reintroduced and passed in 2019.

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Success

This past year was undoubtedly one of the most successful in recent memory for youth sport safety advocacy. Both Houses of Congress made considerable effort in addressing some of the most pressing safety concerns in the world of youth sports, access to proper medical care and opioid related overdoses.

Likewise, many states took the initiative to make updates to their youth sports safety policies, or in some cases completely overhaul them. For example, California joined the ranks of states with laws mandating access to an AED on school grounds, while Iowa left the shrinking list of states without return-to-play and return-to-learn policies.

Some bills that we hoped to see passed were not, and some issues might not have received the attention they deserved. However, as mentioned earlier, 2019 brings with it an almost entirely fresh start and a clean slate. As legislatures across the country reconvene, we at the Youth Sports Safety Alliance look forward to carrying on the momentum from 2018 and working with all of the organizations that make up the Alliance to bring about significant and meaningful change to the world of youth sports safety.