

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

22 Section 10. The School Code is amended by changing Section

1 22-80 as follows:

2 (105 ILCS 5/22-80)

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

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

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

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

25 (3) Continuing to play with a concussion or symptoms of

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

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

17 (b) In this Section:

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

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

26 "Concussion" means a complex pathophysiological process

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

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

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

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

24 "Licensed healthcare professional" means a person who has
25 experience with concussion management and who is a nurse, a
26 psychologist who holds a license under the Clinical

1 Psychologist Licensing Act and specializes in the practice of
2 neuropsychology, a physical therapist licensed under the
3 Illinois Physical Therapy Act, an occupational therapist
4 licensed under the Illinois Occupational Therapy Practice Act,
5 a physician assistant, or an athletic trainer.

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

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

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

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

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

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

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

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

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

1 healthcare professional, but it may not be a coach. A school
2 may appoint other licensed healthcare professionals to serve on
3 the concussion oversight team.

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

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

18 (1) a coach;

19 (2) a physician;

20 (3) a game official;

21 (4) an athletic trainer;

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

25 (6) the student; or

26 (7) any other person deemed appropriate under the

1 school's return-to-play protocol.

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

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

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

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

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

1 has provided a written statement indicating that it is safe
2 for the student to return to play and return to learn; and

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

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

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

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

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

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

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

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

17 The district superintendent or the superintendent's
18 designee in the case of a public elementary or secondary
19 school, the chief school administrator or that person's
20 designee in the case of a charter school, or the appropriate
21 administrative officer or that person's designee in the case of
22 a private school shall supervise an athletic trainer or other
23 person responsible for compliance with the return-to-play
24 protocol and shall supervise the person responsible for
25 compliance with the return-to-learn protocol. The person who
26 has supervisory responsibilities under this paragraph may not

1 be a coach of an interscholastic athletics team.

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

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

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

14 (B) a nurse, licensed healthcare professional, or
15 non-licensed healthcare professional who serves as a
16 member of a concussion oversight team either on a volunteer
17 basis or in his or her capacity as an employee,
18 representative, or agent of a school; and

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

21 (3) 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 (4) For purposes of paragraph (2) of this subsection (h):

26 (A) a coach, game official, or non-licensed healthcare

1 professional, as the case may be, must take a course
2 described in paragraph (1) of this subsection (h);

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

6 (C) a nurse must take a concussion-related continuing
7 education course from a nurse continuing education sponsor
8 approved by the Department;

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

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

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

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

24 (5) Each person described in paragraph (2) of this
25 subsection (h) must submit proof of timely completion of an
26 approved course in compliance with paragraph (4) of this

1 subsection (h) to the district superintendent or the
2 superintendent's designee in the case of a public elementary or
3 secondary school, the chief school administrator or that
4 person's designee in the case of a charter school, or the
5 appropriate administrative officer or that person's designee
6 in the case of a private school.

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

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

15 (i) 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 develop a school-specific emergency
19 action plan for interscholastic athletic activities to address
20 the serious injuries and acute medical conditions in which the
21 condition of the student may deteriorate rapidly. The plan
22 shall include a delineation of roles, methods of communication,
23 available emergency equipment, and access to and a plan for
24 emergency transport. This emergency action plan must be:

25 (1) in writing;

26 (2) reviewed by the concussion oversight team;

1 (3) approved by the district superintendent or the
2 superintendent's designee in the case of a public
3 elementary or secondary school, the chief school
4 administrator or that person's designee in the case of a
5 charter school, or the appropriate administrative officer
6 or that person's designee in the case of a private school;

7 (4) distributed to all appropriate personnel;

8 (5) posted conspicuously at all venues utilized by the
9 school; and

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

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

18 (Source: P.A. 99-245, eff. 8-3-15; 99-486, eff. 11-20-15;
19 99-642, eff. 7-28-16; 100-309, eff. 9-1-17; 100-513, eff.
20 1-1-18; revised 9-22-17.)