

Date of Hearing: May 1, 2019

ASSEMBLY COMMITTEE ON ARTS, ENTERTAINMENT, SPORTS, TOURISM, AND
INTERNET MEDIA

Kansen Chu, Chair

AB 1 (Cooper) – As Amended April 10, 2019

SUBJECT: Youth athletics: California Youth Football Act.

SUMMARY: Beginning January 1, 2021, establishes a comprehensive safety scheme for youth tackle football. Specifically, **this bill:**

- 1) Provides that, on and after January 1, 2021, a youth sports organization that conducts a tackle football program shall comply with all of the following requirements.
- 2) Establish youth tackle football participant divisions that are organized by relative age or weight or by both age and weight.
- 3) Provides that a tackle football team shall not conduct more than two full-contact practices per week during the preseason and regular season or hold a full-contact practice during the off-season.
- 4) Limits the full-contact portion of a practice to not exceed 30 minutes in any single day.
- 5) Declares that each youth tackle football participant shall complete a minimum of 10 hours of noncontact practice at the beginning of each season for the purpose of conditioning, acclimating to safety equipment, and progressing to the introduction of full-contact practice.

States that during this noncontact practice, the youth tackle football participants shall not wear any pads, and shall only wear helmets if required to do so by the coaches

- 6) Requires a coach to annually receive a tackling and blocking certification from a nationally recognized program, as specified, and first aid, cardiopulmonary resuscitation, and automated external defibrillator certification.
- 7) Further requires that each youth tackle football administrator, coach, and referee shall annually complete all of the following:
 - a) The concussion and head injury education, as specified.
 - b) The Opioid Factsheet for Patients, as specified.
 - c) Training in heat-related illness prevention and treatment, as specified.
- 8) States that each parent or guardian of a youth tackle football participant shall receive concussion head injury information and the Opioid Factsheet for Patients, as provided.
- 9) Requires a minimum of one state-licensed emergency medical technician, paramedic, or higher-level licensed medical professional to be present during all games.

10) Provides that the medical professional shall have the authority to evaluate and remove any youth tackle football participant from the game who exhibits an injury, including, but not necessarily limited to, symptoms of a concussion or other head injury.

11) Requires least one independent non-rostered individual, appointed by the youth sports organization, shall be present at all practice locations.

The individual shall hold current and active certification in first aid, cardiopulmonary resuscitation, automated external defibrillator, and concussion protocols.

The individual shall have the authority to evaluate and remove any youth tackle football participant from practice who exhibits an injury, including, but not limited to, symptoms of a concussion or other head injury.

12) States that safety equipment shall be inspected before every full-contact practice or game to ensure that all youth tackle football participants are properly equipped.

13) Requires each football helmet to be reconditioned and recertified every other year, unless stated otherwise by the manufacturer, as specified.

14) Provides that each youth tackle football participant removed pursuant to this section shall comply with Section 124235 (Youth Sports Return to Play Protocol) and the injury shall be reported to the youth tackle football league.

15) Further provides that each youth tackle football league must retain specified injury information from which the names of individuals shall not be identified for the tracking of youth sports injuries.

16) States that youth sports organization shall annually provide a declaration to its youth tackle football league stating that it is in compliance with this article, as specified.

17) Clarifies that nothing in this article shall prohibit any youth sports organization or youth tackle football league from adopting and enforcing rules intended to provide a higher standard of safety for youth tackle football participants.

18) Contains the following definitions:

a) “Coach” means a person appointed by a youth sports organization to supervise or instruct a participant in the sport of youth tackle football.

b) “Full-contact portion” of practice is defined as the period of time in drills or live action that involves contact at game speed.

c) “Full-contact practice” means a session where one or more drills or live action is conducted that involves contact at game speed, as in an actual tackle football game or scrimmage. This includes simulations or drills that involve any number of players.

d) “Heat-related illness” includes, but is not necessarily limited to, heat cramps, heat syncope, heat exhaustion, and exertional heat stroke.

- e) “Off-season” means a period extending from the end of the regular season until 30 days before the commencement of the next regular season.
- f) “Play” includes participation in a youth tackle football game, scrimmage, or practice.
- g) “Preseason” means a period of 30 days before the commencement of the regular season.
- h) “Regular season” means the period from the first league football game or scrimmage until the completion of the final football game of that season.
- i) “Safety equipment” includes, but is not necessarily limited to, all of the following: a helmet and its associated parts, including, but not necessarily limited to, a face mask and mouth guard, hip, knee, shoulder pads, jersey, tailbone protector, pants, thigh guards, and shoes, including cleats.
- j) “Youth sports organization” means an organization, business, or nonprofit entity that sponsors or conducts amateur sports competition, training, camps, clinics, practices, or clubs.
- k) “Youth tackle football league” means the organization that groups together youth sports organizations that conduct youth tackle football, administers rules, and sets game schedules. It may or may not be associated with a national organization.
- l) Makes various findings and declarations.

EXISTING LAW:

Requires a youth sports organization that elects to offer an athletic program to comply with all of the following:

- 1) Require an athlete who is suspected of sustaining a concussion or other head injury in an athletic activity to be immediately removed from the athletic activity for the remainder of the day, and not permitted to return to any athletic activity until he or she is evaluated by a licensed health care provider;
- 2) Prohibit the athlete from returning to athletic activity until he or she receives written clearance to return to athletic activity from a licensed health care provider;
- 3) Require, if the licensed health care provider determines that the athlete sustained a concussion or other head injury, the athlete to also complete a graduated return-to-play protocol of no less than seven days in duration under the supervision of a licensed health care provider;
- 4) Require if an athlete who is 17 years of age or younger has been removed from athletic activity due to a suspected concussion, the youth sports organization to notify a parent or guardian of that athlete of the time and date of the injury, the symptoms observed, and any treatment provided to that athlete for the injury;

- 5) Require on a yearly basis, the youth sports organization to give a concussion and head injury information sheet to each athlete;
- 6) Require the information sheet to be signed and returned by the athlete and, if the athlete is 17 years of age or younger, to also be signed by the athlete's parent or guardian, before the athlete initiates practice or competition;
- 7) Permit the information sheet to be sent and returned through an electronic medium including, but not necessarily limited to, fax or electronic mail;
- 8) Require each coach and administrator to be required to successfully complete the concussion and head injury education offered at least once, either online or in person, before supervising an athlete in an activity of the youth sports organization;
- 9) Require on a yearly basis, the youth sports organization to offer concussion and head injury education, or related educational materials, or both, to each coach and administrator of the youth sports organization; and,
- 10) Require the youth sports organization to identify both of the following:
 - a) An individual within the organization who is responsible for ensuring compliance by the organization with the requirements for providing concussion and head injury education contained in paragraph 8 above; and,
 - b) Procedures to ensure compliance with the athlete removal provisions and the return-to-play protocol required pursuant to paragraphs 1-3 above.
- 11) Establishes definitions including that a "youth sports organization" means an organization, business, nonprofit entity, or a local governmental agency that sponsors or conducts amateur sports competitions, training, camps, or clubs in which persons 17 years of age or younger participate in any of the following sports:

Baseball; Basketball; Bicycle motocross; Boxing; Competitive cheerleading; Full Contact Martial Arts; Diving; Equestrian activities; Field hockey; Football; Gymnastics; Ice hockey; Lacrosse; Parkour; Rodeo; Roller derby; Rugby; Skateboarding; Skiing; Soccer; Softball; Surfing; Volleyball; Water polo; and, Wrestling.
- 12) Defines "licensed health care provider" as a licensed health care provider who is trained in the evaluation and management of concussions and is acting within the scope of his or her practice.
- 13) Requires this bill to apply to all persons participating in the activities of a youth sports organization, irrespective of their ages. Prohibits anything in this bill from being construed to prohibit a youth sports organization, or any other appropriate entity, from adopting and enforcing rules intended to provide a higher standard of safety for athletes than the standard established under this bill.

FISCAL EFFECT: None. This measure has been keyed non-fiscal by the Legislative Counsel.

COMMENTS:

- 1) *Author's statement of need: to improve youth tackle football safety.* According to the author, "Across the nation, over 2.5 million players, coaches, cheerleaders, and parent volunteers participate in youth football. Youth football promotes the values of teamwork, self-discipline, diversity, academics, nutrition, and leadership and promotes an active lifestyle. Football is one of the Nation's and California's most popular sports, and the health and safety of the players is and should continue to be youth football's top priority. A variety of scholarly journals and medical research have studied the benefits of youth tackle football. The American Academy of Pediatrics, Council on Sports Medicine and Fitness, published "Tackling in Youth Football" (October 15, 2015) which includes recommendations to enhance the safety of football including improved teaching of proper tackling techniques, better enforcement of existing safety rules and changing practice regimens.

"AB 1 defines additional requirements to create the best possible environment for youth tackle football based on previous legislation, current best practices, and medical research. This bill limits contact and requires concussion education, coach training, injury tracking, independent observation of practice, and medical personnel at games for all youth tackle football leagues and teams with a self-governing approach. Americans love football and kids love playing football. However, we must ensure our children are safe while playing contact sports. I am proud to author AB 1 the California Youth Football Act to ensure kids will be able to play football in a safer environment."

- 2) *Supporters: AB 1 is a nationwide model for best practices in youth football safety.* California Youth Football Alliance (CAYFA), sponsors of AB 1 write the committee in support saying "Our Alliance applauds the legislature for their historical efforts to improve the level of safety in the game of tackle football via multiple laws passed in the recent decade. AB-1 builds on this historical effort by proposing a comprehensive set of tackle football safety standards, tailored for our youth community in California, backed by pioneering new practices that enhance current local and national level requirements.

"As sponsors of AB-1, the CAYFA continues to research and uncover leading medical insight that impacts the youth tackle football community. Our scientific understanding of the brain is rapidly evolving with respect to head impacts and concussions. There is no way to eliminate head impacts of concussions due to general life conditions and the biological makeup of the human body. ...Much like we approach natural disasters with a risk management and preparedness mindset, we must be prepared and do what is necessary to minimize the risks of head impacts and concussions while closely following the evolution of the science of the brain.

"We are confident that AB-1 proposes ground-breaking legislation for our country that creates the opportunity to unify the youth football community and create meaningful behavior change. AB-1 is written with the intention to accelerate the evolution of youth tackle football in a medically informed manner. We are calling all stakeholders - including players, parents, coaches, league representatives, medical experts, and legislators - together, to provide the safest possible environment for our youth and continue the long tradition of youth tackle football in California."

- 3) *Background:* The movie *Concussion* focused attention on the possible nexus between CTE and Football. This committee hosted a screening of the film, *Concussion*, and a dialogue on the topic of concussion in sports with Dr. Bennet Omalu, who is portrayed in the film, and representatives of the California Athletic Trainers Association in 2016. Many of the issues raised in that film and subsequent policy discussions of this committee regarding athlete safety have seen their way into law.
- a) *Chronic Traumatic Encephalopathy (CTE).* CTE is degenerative brain disease and is caused by a build-up of a protein called Tau in the brain. It was first recognized in the modern medical literature as the condition of being, "punch drunk," an allusion to its association with disabled boxers. This tau protein can form barriers in the brain which impede neuro pathways. There is no known cause for why some people develop CTE, but not others. To date, there is no proven association with the number of head injuries, the severity of head injury, or in the case of athletes, and the duration of time a player is exposed to potential head injury. CTE has been found in teenagers, young adults, and middle aged persons. CTE symptoms are similar to Alzheimer's Syndrome and dementia, and may include: difficulty thinking, impulsive behavior, depression or apathy, short-term memory loss, emotional instability, substance abuse, suicidal thoughts or behavior, difficulty planning and carrying out tasks.
- b) *Desire to avoid brain injuries has brought about change in the sport of football.* The NFL was sued by retired players who claimed their physical, mental and behavioral problems were caused by CTE, which in turn they claimed was caused by playing football. Numerous studies were presented by each side which was unable to definitively prove either claim. The NFL eventually settled the case. Research is ongoing.

The NFL has since changed many rules in order to make the game safer and lessen the chances of head contact. Tackling rules include no "spearing" style or hitting the helmet of another player, no hitting a defenseless player, fewer high impact plays such as run-backs of punts and kick offs, etc. The NCAA, other collegiate athletic governing bodies as well as the CIF have also established safe tackling protocols and limited full contact practices.

In addition, California has instituted laws which require concussion prevention and coaches training in both schools and in youth sports, including requirements that schools must have concussion and return to play protocols for all sports; 27 Youth Sports must have concussion, heat exhaustion and return to play protocols, and; practice and full-contact limits for schools which elect to have a football team (See comment 5 below).

- 4) *AB 1 closely resembles proposed Committee amendments to AB 2108 of last session (discussed above and below), which in turn followed "American Academy of Pediatrics Council on Sports Medicine and Fitness Policy Statement: Tackling in Youth Football" guidelines.*

The American Academy of Pediatrics, (AAP) Council on Sports Medicine and Fitness, recently issued a policy paper on "Tackling in Youth Football" wherein they reviewed the literature regarding the sport of tackle football and its health impacts upon children. The study introduction sets out the rationale for the study, to place conflicting information in context and make recommendations. "The purpose of this statement is to review the literature regarding injuries in football, particularly those of the head and neck, the relationship between tackling

and football-related injuries, and the potential effects of limiting or delaying tackling on injury risk."

After looking at the incidents of injuries in youth football - with a focus on injuries associated with tackling, the effect of decreasing contact practices, delay of tackling until a certain age, rule changes, training in proper tackling technique and protective equipment, the AAP came to the following conclusions and recommendations. First, regarding injuries, the AAP found, "Most injuries sustained during participation in youth football are minor, including injuries to the head and neck. The incidences of severe injuries, catastrophic injuries, and concussion, however, are higher in football than most other team sports and appear to increase with age."

As to the issue of whether younger children should be prohibited from engaging in tackle football, the AAP stated that no studies had examined this question in football, but shared studies which seemed to show increased likelihood of greater and more frequent injuries for those children who entered into the contact form of the sport (hockey) at a later age, versus children who had played full contact hockey from a younger age. The logic is, "eliminating contact at a young age would prevent young athletes from learning the skills required to tackle, absorb a tackle, and fall to the ground safely. Then, when contact is later introduced, athletes will be ill prepared and forced to learn these skills at an age where they are bigger, faster, stronger, more coordinated, and capable of delivering more forceful blows."

The AAP made several recommendations, including:

- a) Improve the teaching of proper tackling technique and enforce existing rules prohibiting the use of improper technique such as spearing.
- b) For younger players, limiting full contact practices while simultaneously teaching fundamental skills required for proper tackling and properly absorbing tackles may reduce the overall exposure to head impacts and high magnitude impacts.
- c) Athletes participating in football should wear undamaged, properly fitted helmets with secured chin straps.
- d) Neck muscle strengthening is recommended.
- e) Efforts should be made by football teams to have athletic trainers at the sidelines during organized football games and practices.

(American Academy of Pediatrics, Council on Sports Medicine and Fitness, Tackling in Youth Football [Journal of Pediatrics, Volume 136, number 5, November 2015].)

- 5) *Committee comment: The intent of AB 1 is to "improve youth tackle football's safety" and not create or promise an injury free version of football.* Football is a contact sport and with that comes risk of injury; from sprained ankles rolled on uneven sod, to arms broken when landing poorly in a scrum, to concussions occasioned by bodies colliding with each other at high velocity. Some worry that if AB 1 is adopted, parents may interpret this to mean tackle football is "safe." As the bill language itself notes in the findings and declarations, "The awareness of the possible injury risks associated with football are now widely known and accepted by parents, players, coaches, officials, medical professionals, and the general

public.” But even supporters agree, “The well-being of our children should not be sacrificed in the name of entertainment.” (California Taxpayers for Improving Public Safety - Support of AB 1). Thus, AB 1 seeks to mitigate harm and prevent injury where possible.

It should be noted that these types of injuries happen in other sports too, and often at higher rates than in tackle football. In researching this and prior measures, the committee staff learned that the US Consumer Product Safety Commission, NEISS, found, "Pop Warner football has 12% fewer injuries per capita among 5-15 year olds than organized soccer in the same age ranges." And in a recent comparison between flag football, the frequently proffered "safer" replacement, and tackle football, the University of Iowa found just the opposite result: "Our first objective was to determine whether flag football had lower injury rates than youth tackle football. The injury rate found in the youth flag league is significantly higher than the injury rate in youth tackle football (P ¼ .0065). Therefore, we reject our initial hypothesis."

The Author and sponsors state they are continuing to monitor “research and uncover leading medical insight that impacts the youth tackle football community.” And assert that, “we must be prepared and do what is necessary to minimize risks of head impacts and concussions while closely following the evolution of the science of the brain.” The Legislative intent in passing the measure, should we chose to, states the goal to “improve youth tackle football’s safety with new standards...” The committee urges the sponsors to make this an ongoing goal and update the standards as is warranted by new information and best practices.

6) *Prior and related legislation.*

- a) AB 379 (Maienschein), of this session, would add similar protocols relating to sudden cardiac arrest prevention to the concussion protocols imposed on youth sports organizations under existing law, and would delete designation of 27 covered sports from the definition of youth sports organization for purposes of this provision, thus expanding the scope of covered youth sports organizations. Status: passed out of this committee 7-0 and is currently pending on the Assembly floor.
- b) AB 2108 (McCarty), of 2018, this bill would have prohibited any person who is not at least 12 years of age from playing tackle football with a youth sports organization, as specified. Status: Withdrawn by the author prior to hearing in this committee.
- c) AB 2800 (Chu), Chapter 21, Statutes of 2017, requires high school coaches to be trained with a basic understanding of the signs and symptoms of heat illness, as defined, and the appropriate response to heat illness.
- d) AB 2007 (McCarty), Chapter 516, Statutes of 2016, requires a concussion and head injury information sheet to be signed and returned by the athlete and athlete’s parent or guardian before an athlete begins practice or competition in one of 27 sports offered by youth sports organizations, and proscribes return to play protocols for concussed athletes.
- e) AB 2127 (Cooley), Chapter 165, Statutes on 2014, limits full-contact football practices, as provided, and requires a student-athlete who has suffered a concussion or head injury to complete a graduated return-to-play protocol of at least seven days, as specified.

REGISTERED SUPPORT / OPPOSITION:

Support

California Youth Football Alliance
Taxpayers for Improving Public Safety (TIPS)

Opposition

There is no opposition on file.

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