

Date of Hearing: April 23, 2019

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

Kansen Chu, Chair

AB 379 (Maienschein) – As Amended April 1, 2019

SUBJECT: Youth athletics: concussion and sudden cardiac arrest prevention protocols.

SUMMARY: The bill 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.

Specifically, **this bill:**

- 1) States that an athlete who is suspected of sustaining a concussion or other head injury, or who has passed out or fainted, in an athletic activity shall be immediately removed from the athletic activity for the remainder of the day, and shall not be permitted to return to any athletic activity until the athlete is evaluated by a licensed healthcare provider.
- 2) Further provides that the athlete shall not be permitted to return to athletic activity until the athlete receives written clearance to return to athletic activity from a licensed healthcare provider.
 - a) If the licensed healthcare provider determines that the athlete sustained a concussion or other head injury, the athlete shall also complete a graduated return-to-play protocol of no less than seven days in duration under the supervision of a licensed healthcare provider.
 - b) If the licensed healthcare provider suspects that the athlete has a cardiac condition that puts the athlete at risk for sudden cardiac arrest or other heart-related issues, the athlete shall remain under the care of the licensed healthcare provider to pursue follow up testing until the athlete is cleared to play.
- 3) Requires, on a yearly basis, the youth sports organization shall give both a concussion and head injury and a sudden cardiac arrest information sheet to each athlete. The information sheet shall be signed and returned by the athlete and, if the athlete is 17 years of age or younger, shall also be signed by the athlete's parent or guardian, before the athlete initiates practice or competition, except athletes under six years of age who need not sign in addition to their parents.
- 4) Provides that on a yearly basis, the youth sports organization shall offer concussion and head injury and sudden cardiac arrest prevention education, or related educational materials, or both, to each coach, administrator, and referee, umpire, or other game official of the youth sports organization.
- 5) Additionally provides that the youth sports organization shall require each coach, administrator, and referee, umpire, or other game official of the youth sports organization to successfully complete the concussion and head injury and sudden cardiac arrest prevention

education, as specified, at least once, either online or in person, before supervising an athlete in an activity of the youth sports organization, and post related information, as specified, or provide educational materials to athletes and parents, or both.

- 6) In addition the youth sports organization shall identify procedures to ensure compliance with the requirements for providing concussion and head injury and sudden cardiac arrest prevention education and a concussion and head injury and sudden cardiac arrest prevention information sheet, as specified.
- 7) Expands the definition of “Licensed healthcare provider” to mean either of the following:
 - a) A licensed healthcare provider who is trained in the evaluation and management of concussions and is acting within the scope of the provider’s practice for evaluation and management of concussions or other head injuries.
 - b) A licensed healthcare provider who is trained in the evaluation and management of cardiac conditions and is acting within the scope of that provider’s practice for evaluation and management of sudden cardiac arrest, fainting, and shortness of breath.
- 8) Declares “Sudden cardiac arrest prevention education and educational materials” and a “sudden cardiac arrest information sheet” shall, at a minimum, include information relating to all of the following:
 - a) Cardiac conditions and their potential consequences.
 - b) The signs and symptoms of sudden cardiac arrest.
 - c) Best practices for removal of an athlete from an athletic activity after fainting or a suspected cardiac condition is observed.
 - d) Steps for returning an athlete to an athletic activity after the athlete faints or experiences a cardiac condition.
 - e) What to do in the event of a cardiac emergency: this shall include calling 911, performing hands-only CPR, and using an automated external defibrillator (AED) if it is available.
- 9) Defines “Youth sports organization” to mean 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 and deletes the list of sports covered under current law.
- 10) Contains technical and conforming provisions.

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: This bill has been keyed as non-fiscal by the Legislative Counsel.

COMMENTS:

- 1) *Author and supporters stated need for legislation: recreational sports account for the majority of youth athletics and are deserving of SCA health and safety protection.* According to the Author, “The statistics around Sudden Cardiac Arrest (SCA) in youth are astounding. SCA is the number one killer of student athletes and contributes to the number two medical cause of death among youth under 25. The National Center for Catastrophic Sport Injury Research stated that more athletes die from a cardiac arrest than from incurring injuries while playing sports. One in 300 youth has an undetected condition that puts them at risk. The American Heart Association has reported up to 16,000 youth stricken annually. An American Board of Family Medicine Study noted that 72% of youth who suffered from SCA were reported by their parents to have had at least one symptom before the event—they just didn’t recognize it as life threatening. Once SCA strikes, survival is less than 10% because bystanders are not prepared to respond to a cardiac emergency, which is critical given every minute delayed in treating an SCA victim decreases their change of survival by 10%, and the average for EMS to arrive on scene is seven to 14 minutes.

“AB 1639 – The Eric Paredes Sudden Cardiac Arrest Prevention Act — was California’s first legislation attempting to mitigate this gap in youth heart safety by focusing on school-sponsored athletic activities (because SCA is also the leading cause of death on school campuses.) But consider the number of youth who participate in sports programs outside of school. National studies from the Sports and Fitness Industry Association (SFIA) and the D’Youville’s Center for Research on Physical Activity, Sport & Health (CRPASH) show between 21.47 million kids (ages 6 to 17) and 28.7 million kids (ages 8 to 17) respectively participate in youth sports. Meanwhile, the National Federation of High Schools reports 7,980,886 high school student athletes, with 10% in California (808,557). Extrapolating 10% of the national statistics above, there are between 2.1 and 2.8 million California youth age 6 to 17 playing sports. That means that the current SCA prevention protocol now mandated in school-sponsored athletic activities is missing the majority of young athletes in our state. Given the precedent set by current law mandating concussion protocol in both school and

community sports programs, although SCA is the number one killer of student athletes, AB 379 pays necessary attention to a missing standard in youth sports safety.”

The LA Galaxy San Diego add in their support, “Youth participating in sports are particularly susceptible to SCA, making SCA the #1 killer of student athletes. The National Center for Catastrophic Sport Injury Research cites that more athletes die from sudden cardiac arrest than from any other sport-related trauma. Further, coaches, parents, referees and players are oftentimes unprepared to act when SCA strikes. 92% of SCA victims will die if not treated within minutes. Thus, it is vital for an SCA victim to be in the presence of people who are prepared to respond to a cardiac emergency. Knowing the Cardiac Chain of Survival—call 911, start hands-only CPR, use the nearest automated external defibrillator (AED)—can mean the difference between life and death.”

Finally, the Sudden Cardiac Arrest Foundation note, Current law and regulations require youth sports organizations to remove an athlete from an athletic activity who is suspected of sustaining a concussion or head injury. Parents and youth annually review information about the dangers of concussion and head injury, and coaches complete a concussion and head injury course. AB 379 would require the same protocols used for concussions in youth and high school sports to be used when a youth or high school athlete appears to be suffering from SCA related symptoms.”

2) *Prior related legislation*

- a) AB 2007 (McCarty), Chapter 516, Statutes of 2016, requires amateur youth sports organizations to adopt concussion treatment and recognition protocols similar to those in existing law for student athletes in 27 designated sports, as specified. Would also require youth sports organizations to develop return-to-play protocols, and provide yearly concussion and head injury information sheets and education, as provided.
- b) AB 1639 (Mainschein), Chapter 792, Statutes of 2016, established the Eric Paredes Sudden Cardiac Arrest Prevention Act that requires the California Department of Education (CDE) to make available specified guidelines and materials on sudden cardiac arrest (SCA): pupils and parents to sign informational materials before athletic participation; training of coaches; and set requirements for action in the event a pupil experiences specified symptoms.
- c) AB 2182 (Mullin) of 2016, would create a baseline neurocognitive testing pilot program for concussion and head injury, as defined, applying to students playing interscholastic sports, as provided, and requires specified schools to collect, maintain and report on traumatic brain injuries sustained by any pupil during athletic competition. Status: Vetoed
- d) AB 2127 (Cooley), Chapter 165, Statutes of 2014, among other things, limits full-contact practices for high school and middle school football teams for concussion and head injury prevention, and requires that a return-to-play protocol after concussion or head injury be no less than seven days in duration.
- e) AB 588 (Fox), Chapter 423, Statutes of 2013, applies existing law relating to students who sustain, or are suspecting of sustaining, a concussion during a school-sponsored athletic activity to charter schools and private schools.

- f) AB 1451 (Hayashi), Chapter 173, Statutes of 2012, includes a basic understanding of the signs and symptoms of concussions and the appropriate response to concussions within the HSCET, administered by school districts.
- g) AB 1449 (Hayashi) of 2012, would have required the SPI to develop and make available a sample concussion and head injury information sheet for use by school districts. That measure was held in the Assembly Education Committee.
- h) AB 25 (Hayashi), Chapter 465, Statutes of 2011, requires a school district that elects to offer athletic programs to immediately remove an athlete who is suspected of sustaining a concussion or head injury during that activity; prohibits the return of the athlete to that activity until he or she is evaluated by, and receives written clearance from, a licensed health care provider; requires, on a yearly basis, a concussion and head injury information sheet to be signed and returned by the athlete and the athlete's parent or guardian before the athlete's initiating practice or competition.
- i) AB 1646 (Hayashi) of 2010, would have required training for coaches to be able to identify symptoms of head and neck injury. That measure was held in the Assembly Appropriations Committee Suspense file.
- j) AB 1893 (Hayashi) of 2010, would have required all high school spirit activities coaches to have valid certification in CPR and first aid, including an understanding of signs, symptoms, and appropriate emergency action steps regarding potentially catastrophic injury, including but not limited to, head and neck injury and concussion. Pupils participating in this activity who experience or show signs of trauma or other injury must obtain a release from the treating provider before resuming these activities. That measure was held in the Assembly Education Committee
- k) AB 533 (Hayashi) of 2009, would have required training for coaches to be able to identify symptoms of head and neck injury. That measure was held in the Assembly Appropriations Committee Suspense file.

REGISTERED SUPPORT / OPPOSITION:

Support

Association of California School Administrators
 Bear Valley Middle School
 Boys and Girls Clubs of San Dieguito
 California Association for Health, Physical Education, Recreation & Dance
 California Athletic Trainers Association
 California Orthopedic Association
 California State PTA
 Cardiac Science Corporation
 Children's Cardiomyopathy Foundation
 City of Beverly Hills, Council Member Lili Bosse
 City of Culver City
 Consumer Attorneys of California

Council President Pro Tem Barbara Bry, City of San Diego
County of San Diego Second District Supervisor Dianne Jacob
Coyote Valley Band of Pomo Indians
Eric Paredes Save A Life Foundation
Habematolel Pomo of Upper Lake
Heartbeat of Champions Foundation
Institute for Public Health
La Galaxy San Diego
Los Angeles Unified School District
Mayor Eric Garcetti, City of Los Angeles
Mechoopda Indian Tribe of Chico Rancheria
Middletown Rancheria
Olivia's Heart Project
Parent Heart Watch
Revive Solutions Inc.
Saving Hearts Foundation
Sudden Cardiac Arrest Association - San Diego
Sudden Cardiac Arrest Foundation
Travis R. Roy Sudden Cardiac Arrest Fund
Via Heart Project
11 individuals

Opposition

There is no opposition on file.

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