

119TH CONGRESS  
1ST SESSION

# H. R. 4517

To amend section 485 of the Higher Education Act of 1965 to require certain institutions of higher education to develop and implement a venue-specific heat-related illnesses emergency action plan, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

JULY 17, 2025

Mr. MFUME (for himself, Ms. NORTON, Ms. ELFRETH, and Mr. DAVID SCOTT of Georgia) introduced the following bill; which was referred to the Committee on Education and Workforce

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## A BILL

To amend section 485 of the Higher Education Act of 1965 to require certain institutions of higher education to develop and implement a venue-specific heat-related illnesses emergency action plan, and for other purposes.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*

3       **SECTION 1. SHORT TITLE.**

4       This Act may be cited as the “Jordan McNair Stu-  
5       dent Athlete Heat Fatality Prevention Act”.

6       **SEC. 2. FINDINGS.**

7       Congress finds the following:

1           (1) Heat-related illnesses are a serious medical  
2           condition that result from the body's inability to cool  
3           itself down in extremely hot environments. Heat-re-  
4           lated illnesses include heat stroke, heat exhaustion,  
5           heat cramps, heat syncope, heat rash, and muscle  
6           breakdown. When experiencing heat illness, patients  
7           may exhibit an array of symptoms including but not  
8           limited to confusion, slurred speech, unconscious-  
9           ness, vomiting, seizures, fatigue, elevated body tem-  
10          perature, fainting, dizziness, or muscle pain.

11          (2) The Centers for Disease Control and Pre-  
12          vention reported over 700 heat-related deaths in the  
13          United States from 2004 to 2018. Heat is the lead-  
14          ing climate-related cause of deaths, and rising tem-  
15          peratures pose a serious risk to student athletes par-  
16          ticipating in outdoor sports.

17          (3) Jordan McNair, a highly accomplished high  
18          school football player from Maryland, received schol-  
19          arship offers from many competitive university foot-  
20          ball programs. He chose to continue his athletic and  
21          academic career at the University of Maryland.

22          (4) On May 29, 2018, Jordan McNair collapsed  
23          during a workout on the University of Maryland's  
24          football field in the 81 degrees Fahrenheit heat.  
25          McNair was suffering from exertional heatstroke

1 and was unable to remain in an upright position  
2 without assistance from his teammates, medical  
3 staff, or coaching staff.

4 (5) Despite being a student athlete at a well-  
5 funded division I university, Jordan McNair received  
6 inadequate heat-related illness treatment once he  
7 was escorted off the field and into the athletic train-  
8 ing room. Because medical staff were unable to re-  
9 verse McNair's core body temperature, the illness es-  
10 calated to a seizure and respiratory distress.

11 (6) Most medical professionals advise patients  
12 to receive treatment within 30 minutes of initial heat  
13 illness symptoms. Over 90 minutes passed from the  
14 time McNair displayed initial symptoms of exertional  
15 heatstroke to the time he finally received adequate  
16 care from the nearest hospital.

17 (7) By the time Jordan McNair arrived at the  
18 hospital, his core body temperature had reached a  
19 life-threatening temperature of 106 degrees Fahr-  
20 enheit.

21 (8) On June 13, 2018, two weeks after col-  
22 lapsing on the football field at practice, Jordan  
23 McNair died from symptoms of exertional heat-  
24 stroke.

1           (9) Two extensive external investigations of the  
2           University of Maryland’s football program concluded  
3           that the program’s medical staff failed to promptly  
4           intervene, diagnose, and treat Jordan McNair’s exer-  
5           tional heatstroke symptoms.

6           (10) According to an independent medical re-  
7           port, University staff failed to assess Jordan  
8           McNair’s vitals, recognize and monitor heat-related  
9           illness symptoms, provide adequate cooling devices  
10          and respiratory aids, and generate an emergency  
11          plan to coordinate with emergency responders.

12          (11) The University of Maryland has taken sig-  
13          nificant steps to prevent and treat heat-related inju-  
14          ries among their student athletes, making cold water  
15          immersion tubs available at every practice and game,  
16          installing and maintaining readily accessible auto-  
17          matic defibrillators at every venue, increasing the  
18          training and reporting structure of athletic trainers,  
19          among other reforms in line with the priorities of  
20          this Act.

21          (12) The McNair family is devoted to honoring  
22          Jordan’s legacy and founded the Jordan McNair  
23          Foundation, which provides an educational tool to  
24          help coaches, student athletes, and parents identify  
25          symptoms of heatstroke and heat-related illnesses.

1           (13) Heat-related illnesses and fatalities are  
2       preventable if caught early. Medical staff, coaches,  
3       and athletes must be knowledgeable of the warning  
4       signs for heat-related illness in order to protect stu-  
5       dent athletes from injury, and even death.

6   **SEC. 3. VENUE-SPECIFIC HEAT-RELATED ILLNESSES EMER-**  
7                           **GENCY ACTION PLAN REQUIREMENT FOR IN-**  
8                           **STITUTIONS OF HIGHER EDUCATION.**

9       Section 485 of the Higher Education Act of 1965 (20  
10   U.S.C. 1092) is amended by inserting at the end the fol-  
11   lowing new subsection:

12       “(n) VENUE-SPECIFIC HEAT-RELATED ILLNESSES  
13   EMERGENCY ACTION PLAN.—

14           “(1) IN GENERAL.—Each institution of higher  
15       education that is participating in any program under  
16       this title and that is a member of an athletic asso-  
17       ciation or athletic conference shall—

18           “(A) not later than 1 year after the date  
19       of enactment of this subsection and in consulta-  
20       tion with local emergency responders, develop  
21       and implement a venue-specific heat-related ill-  
22       nesses emergency action plan, which shall in-  
23       clude a plan for the operation and use of auto-  
24       matic external defibrillators and cold water im-  
25       mersion equipment; and

1 “(B) not later than 1 year after the date  
2 that such emergency action plan is first imple-  
3 mented, and on an annual basis thereafter, sub-  
4 mit to the Secretary and authorizing commit-  
5 tees a report that demonstrates compliance with  
6 the requirements of this subsection with respect  
7 to the preceding year.

8 “(2) REQUIREMENTS.—An emergency action  
9 plan developed and implemented under paragraph  
10 (1), with respect to an institution of higher edu-  
11 cation, shall—

12 “(A) include a symptom identification  
13 structure and a coordination of care plan for  
14 student athletes exhibiting signs of heat-related  
15 illness, and be visibly posted in each—

16 “(i) locker room;

17 “(ii) athletic training facility;

18 “(iii) weight room; and

19 “(iv) outdoor sports complex and sta-  
20 dium;

21 “(B) be made available on the athletic pro-  
22 gram website or public website of the institution  
23 of higher education at the beginning of each  
24 academic year;

1           “(C) be distributed to local emergency re-  
2 sponders; and

3           “(D) before the start of practical training  
4 for each academic year, be distributed to, and  
5 practiced in-person by all of the following indi-  
6 viduals at the institution of higher education:

7                   “(i) Student athletes.

8                   “(ii) Certified athletic trainers.

9                   “(iii) Team physicians.

10                  “(iv) Athletic training students.

11                  “(v) Athletic administrators.

12                  “(vi) Coaches.

13                  “(vii) Institutional safety personnel.

14                  “(viii) Legal counsel.

15           “(3) RECOMMENDATIONS.—In developing an  
16 emergency action plan under paragraph (1), an in-  
17 stitution of higher education shall consider—

18                   “(A) including guidelines by the Wet-Bulb  
19 Globe Temperature index to assess environ-  
20 mental condition and heat stress prevention for  
21 student athletes;

22                   “(B) having a readily accessible and prop-  
23 erly maintained automatic external defibrillator  
24 within 3 minutes of each sporting venue; and

1 “(C) including the locations of each auto-  
 2 matic external defibrillator in such plan.

3 “(4) AUTHORIZED ADJUSTMENTS.—In the case  
 4 of a facility described in paragraph (2)(A) that is  
 5 undergoing a major physical alteration that would  
 6 affect the implementation of a requirement of para-  
 7 graph (2), such requirement may be adjusted with  
 8 respect to such facility.”.

9 **SEC. 4. VENUE-SPECIFIC HEAT-RELATED ILLNESSES EMER-**  
 10 **GENCY ACTION PLAN REQUIREMENT FOR**  
 11 **SECONDARY SCHOOLS.**

12 Subpart 2 of part F of title VIII of the Elementary  
 13 and Secondary Education Act of 1965 (20 U.S.C. 7901  
 14 et seq.) is amended by adding at the end the following:

15 **“SEC. 8549D. VENUE-SPECIFIC HEAT-RELATED ILLNESSES**  
 16 **EMERGENCY ACTION PLAN REQUIREMENT**  
 17 **FOR SECONDARY SCHOOLS.**

18 “(a) IN GENERAL.—As a condition of receipt of  
 19 funds under this Act, each secondary school that has a  
 20 student athletics program shall—

21 “(1) not later than 1 year after the date of en-  
 22 actment of this subsection and in consultation with  
 23 local emergency responders, develop and implement  
 24 a venue-specific heat-related illnesses emergency ac-  
 25 tion plan, which shall include a plan for the oper-



1        ation and use of automatic external defibrillators  
2        and cold water immersion equipment; and

3            “(2) not later than 1 year after the date that  
4        such emergency action plan is first implemented,  
5        and on an annual basis thereafter, submit to the  
6        Secretary and authorizing committees a report that  
7        demonstrates compliance with the requirements of  
8        this subsection with respect to the preceding year.

9        “(b) REQUIREMENTS.—An emergency action plan de-  
10        veloped and implemented under subsection (a), with re-  
11        spect to a secondary school, shall—

12            “(1) include a symptom identification structure  
13        and a coordination of care plan for student athletes  
14        exhibiting signs of heat-related illness, and be visibly  
15        posted in each—

16            “(A) locker room;

17            “(B) athletic training facility;

18            “(C) weight room; and

19            “(D) outdoor sports complex and stadium;

20            “(2) be made available on the athletic program  
21        website or public website of the secondary school at  
22        the beginning of each academic year;

23            “(3) be distributed to local emergency respond-  
24        ers; and

1           “(4) before the start of practical training for  
2           each academic year, be distributed to, and practiced  
3           in-person by all of the following individuals at the  
4           secondary school:

5                   “(A) Student athletes.

6                   “(B) Certified athletic trainers.

7                   “(C) Team physicians.

8                   “(D) Athletic training students.

9                   “(E) Athletic administrators.

10                  “(F) Coaches.

11                  “(G) Institutional safety personnel.

12                  “(H) Legal counsel.

13                  “(I) Any other individuals determined to  
14                  be relevant by the secondary school.

15           “(c) RECOMMENDATIONS.—In developing an emer-  
16           gency action plan under subsection (a), a secondary school  
17           shall consider—

18                   “(1) including guidelines by the Wet-Bulb  
19           Globe Temperature index to assess environmental  
20           condition and heat stress prevention for student ath-  
21           letes;

22                   “(2) having a readily accessible and properly  
23           maintained automatic external defibrillator within 3  
24           minutes of each sporting venue; and

1 “(3) including the locations of each automatic  
2 external defibrillator in such plan.

3 “(d) AUTHORIZED ADJUSTMENTS.—In the case of a  
4 facility described in subsection (b)(1) that is undergoing  
5 a major physical alteration that would affect the imple-  
6 mentation of a requirement of subsection (b), such re-  
7 quirement may be adjusted with respect to such facility.”.

8 **SEC. 5. PROMOTION OF FEDERAL GRANTS RELATED TO**  
9 **HEAT-RELATED ILLNESSES PREVENTION.**

10 (a) IN GENERAL.—The Secretary of Education shall  
11 inform secondary schools, local educational agencies, State  
12 educational agencies, and institutions of higher education  
13 about Federal funds available—

14 (1) to assist with preventing students and fac-  
15 ulty from suffering from heat-related illnesses;

16 (2) to develop heat-related illness prevention  
17 training; and

18 (3) to acquire equipment for treating heat-re-  
19 lated illnesses for students and faculty.

20 (b) ESEA TERMS.—In this section, the terms “insti-  
21 tution of higher education”, “local educational agency”,  
22 “secondary school”, and “State educational agency” have  
23 the meanings given those terms in section 8101 of the Ele-

1   mentary and Secondary Education Act of 1965 (20 U.S.C.  
2   7801).

