

114TH CONGRESS
1ST SESSION

S. 436

To promote youth athletic safety and for other purposes.

IN THE SENATE OF THE UNITED STATES

FEBRUARY 10, 2015

Mr. MENENDEZ introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To promote youth athletic safety 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 “Supporting Athletes,
5 Families and Educators to Protect the Lives of Athletic
6 Youth Act” or the “SAFE PLAY Act”.

1 **SEC. 2. EDUCATION, AWARENESS, AND TRAINING ABOUT**
 2 **CHILDREN'S CARDIAC CONDITIONS TO IN-**
 3 **CREASE EARLY DIAGNOSIS AND PREVENT**
 4 **DEATH.**

5 Part P of title III of the Public Health Service Act
 6 (42 U.S.C. 280g et seq.) is amended by adding at the end
 7 the following:

8 **“SEC. 399V-6. MATERIALS AND EDUCATIONAL RESOURCES**
 9 **TO INCREASE AWARENESS OF CARDIO-**
 10 **MYOPATHY AND OTHER HIGHER RISK CHILD-**
 11 **HOOD CARDIAC CONDITIONS AMONG**
 12 **SCHOOL ADMINISTRATORS, EDUCATORS,**
 13 **COACHES, STUDENTS AND FAMILIES.**

14 “(a) MATERIALS AND RESOURCES.—Not later than
 15 18 months after the date of enactment of the SAFE
 16 PLAY Act, the Secretary, acting through the Director of
 17 the Centers for Disease Control and Prevention (referred
 18 to in this section as the ‘Director’) and in consultation
 19 with national patient advocacy and health professional or-
 20 ganizations experts in cardiac health, including all forms
 21 of cardiomyopathy, shall develop public education and
 22 awareness materials and resources to be disseminated to
 23 school administrators, educators, school health profes-
 24 sionals, coaches, families, and other appropriate individ-
 25 uals. The materials and resources shall include—

1 “(1) information to increase education and
 2 awareness of high risk cardiac conditions and ge-
 3 netic heart rhythm abnormalities that may cause
 4 sudden cardiac arrest in children, adolescents, and
 5 young adults, including—

6 “(A) cardiomyopathy;

7 “(B) conditions such as long QT syn-
 8 drome, Brugada syndrome, catecholaminergic
 9 polymorphic ventricular tachycardia, short QT
 10 syndrome, Wolff-Parkinson-White syndrome;
 11 and

12 “(C) other cardiac conditions, as deter-
 13 mined by the Secretary;

14 “(2) sudden cardiac arrest and cardiomyopathy
 15 risk assessment worksheets to increase awareness of
 16 warning signs and symptoms of life-threatening car-
 17 diac conditions in order to prevent acute cardiac epi-
 18 sodes and increase the likelihood of early detection
 19 and treatment;

20 “(3) information and training materials for
 21 emergency interventions such as cardiopulmonary re-
 22 suscitation (referred to in this section and in section
 23 399V–7 as ‘CPR’) and ways to obtain certification
 24 in CPR delivery;

1 “(4) guidelines and training materials for the
2 proper placement and use of life-saving emergency
3 equipment such as automatic external defibrillators
4 (referred to in this section and section 399V–7 as
5 ‘AED’) and ways to obtain certification on AED
6 usage; and

7 “(5) recommendations for how schools,
8 childeare centers, and local youth athletic organiza-
9 tions can develop and implement cardiac emergency
10 response plans, including recommendations about
11 how a local educational agency (as defined in section
12 9101 of the Elementary and Secondary Education
13 Act of 1965 (20 U.S.C. 7801)) can apply such re-
14 sponse plans to all students enrolled in the public
15 schools served by such local educational agency.

16 “(b) DEVELOPMENT OF MATERIALS AND RE-
17 SOURCES.—The Secretary, acting through the Director,
18 shall develop and update, as necessary and appropriate,
19 the materials and resources described in subsection (a)
20 and, in support of such effort, the Secretary is encouraged
21 to establish an advisory panel that includes the following
22 members:

23 “(1) Representatives from national patient ad-
24 vocacy organizations, including—

1 “(A) not less than 1 organization dedicated
2 to pediatrics;

3 “(B) not less than 1 organization dedi-
4 cated to school-based wellness;

5 “(C) not less than 1 organization dedicated
6 to cardiac research, health, and awareness; and

7 “(D) not less than 1 organization dedi-
8 cated to advocacy and support for individuals
9 with cognitive impairments or developmental
10 disabilities.

11 “(2) Representatives of medical professional so-
12 cieties, including pediatrics, cardiology, emergency
13 medicine, and sports medicine.

14 “(3) A representative of the Centers for Disease
15 Control and Prevention.

16 “(4) Representatives of other relevant Federal
17 agencies.

18 “(5) Representatives of schools, such as admin-
19 istrators, educators, sports coaches, and nurses.

20 “(c) DISSEMINATION OF MATERIALS AND RE-
21 SOURCES.—Not later than 30 months after the date of
22 enactment of the SAFE PLAY Act, the Secretary, acting
23 through the Director, shall disseminate the materials and
24 resources described in subsection (a) in accordance with
25 the following:

1 “(1) DISTRIBUTION BY STATE EDUCATIONAL
2 AGENCIES.—The Secretary shall make available such
3 written materials and resources to State educational
4 agencies (as defined in section 9101 of the Elemen-
5 tary and Secondary Education Act of 1965 (20
6 U.S.C. 7801)) to distribute—

7 “(A) to school administrators, educators,
8 school health professionals, coaches, and par-
9 ents, guardians, or other caregivers, the cardio-
10 myopathy education and awareness materials
11 and resources described in subsection (a);

12 “(B) to parents, guardians, or other care-
13 givers, the cardiomyopathy and sudden cardiac
14 arrest risk assessment worksheets described in
15 subsection (a)(2);

16 “(C) to school administrators, school
17 health professionals, and coaches—

18 “(i) the information and training ma-
19 terials described in subsection (a)(3); and

20 “(ii) the guidelines and training mate-
21 rials described in subsection (a)(4); and

22 “(D) to school administrators, educators,
23 coaches, and youth sports organizations, the
24 recommendations described in subsection (a)(5).

1 “(2) DISSEMINATION TO HEALTH DEPART-
 2 MENTS AND PROFESSIONALS.—The Secretary shall
 3 make available such materials and resources to State
 4 and local health departments, pediatricians, hos-
 5 pitals, and other health professionals, such as nurses
 6 and first responders.

7 “(3) DISSEMINATION OF INFORMATION
 8 THROUGH THE INTERNET.—

9 “(A) CDC.—

10 “(i) IN GENERAL.—The Secretary,
 11 acting through the Director, shall post the
 12 materials and resources developed under
 13 subsection (a) on the public Internet
 14 website of the Centers for Disease Control
 15 and Prevention.

16 “(ii) MAINTENANCE OF INFORMA-
 17 TION.—The Director shall maintain on
 18 such Internet website such additional and
 19 updated information regarding the re-
 20 sources and materials under subsection (a)
 21 as necessary to ensure such information
 22 reflects the latest standards.

23 “(B) STATE EDUCATIONAL AGENCIES.—
 24 State educational agencies are encouraged to
 25 create Internet webpages dedicated to dissemi-

1 nating the information and resources developed
 2 under subsection (a) to the general public, with
 3 an emphasis on targeting dissemination to fam-
 4 ilies of students and students.

5 “(4) ACCESSIBILITY OF INFORMATION.—The
 6 information regarding the resources and materials
 7 under subsection (a) shall be made available in a
 8 format and in a manner that is readily accessible to
 9 individuals with cognitive and sensory impairments.

10 “(d) REPORT TO CONGRESS.—Not later than 3 years
 11 after the date of the enactment of this section, and annu-
 12 ally thereafter, the Secretary shall submit to Congress a
 13 report identifying the steps taken to increase public edu-
 14 cation and awareness of higher risk cardiac conditions
 15 that may lead to sudden cardiac arrest.

16 “(e) DEFINITIONS.—In this section:

17 “(1) SCHOOL ADMINISTRATORS.—The term
 18 ‘school administrator’ means a principal, director,
 19 manager, or other supervisor or leader within an ele-
 20 mentary school or secondary school (as such terms
 21 are defined under section 9101 of the Elementary
 22 and Secondary Education Act of 1965 (20 U.S.C.
 23 7801)), State-based early education program, or
 24 childcare center.

1 “(2) SCHOOLS.—The term ‘school’ means an
 2 early education program, childcare center, or ele-
 3 mentary school or secondary school (as such terms
 4 are so defined) that is not an Internet- or computer-
 5 based community school.

6 “(f) AUTHORIZATION OF APPROPRIATIONS.—There
 7 are authorized to be appropriated to carry out this section
 8 such sums as may be necessary for fiscal years 2016
 9 through 2021.

10 **“SEC. 399V-7. GRANTS TO PROVIDE FOR CARDIAC TRAIN-**
 11 **ING AND EQUIPMENT IN PUBLIC ELEMEN-**
 12 **TARY, MIDDLE, AND SECONDARY SCHOOLS.**

13 “(a) AUTHORITY TO MAKE GRANTS.—The Sec-
 14 retary, in consultation with the Secretary of Education,
 15 shall award grants to eligible local educational agencies—

16 “(1) to enable such local educational agencies
 17 to purchase AEDs and implement nationally recog-
 18 nized CPR and AED training courses; or

19 “(2) to enable such local educational agencies
 20 to award funding to eligible schools that are served
 21 by the local educational agency to purchase AEDs
 22 and implement nationally recognized CPR and AED
 23 training courses.

24 “(b) USE OF FUNDS.—An eligible local educational
 25 agency receiving a grant under this section, or an eligible

1 school receiving grant funds under this section through
2 an eligible local educational agency, shall use the grant
3 funds—

4 “(1) to pay a nationally recognized training or-
5 ganization, such as the American Heart Association,
6 the American Red Cross, or the National Safety
7 Council, for instructional, material, and equipment
8 expenses associated with the training necessary to
9 receive CPR and AED certification in accordance
10 with the materials and resources developed under
11 section 399V–6(a)(3); or

12 “(2) if the local educational agency or an eligi-
13 ble school served by such agency meets the condi-
14 tions described under subsection (c)(2), to purchase
15 AED devices for eligible schools and pay the costs
16 associated with obtaining the certifications necessary
17 to meet the guidelines established in section 399V–
18 6(a)(4).

19 “(c) GRANT ELIGIBILITY.—

20 “(1) APPLICATION.—To be eligible to receive a
21 grant under this section, a local educational agency
22 shall submit an application to the Secretary at such
23 time, in such manner, and containing such informa-
24 tion and certifications as such Secretary may rea-
25 sonably require.

1 “(2) AED TRAINING AND ALLOCATION.—To be
2 eligible to use grant funds to purchase AED devices
3 as described in subsection (b)(2), an eligible local
4 educational agency shall demonstrate to the Sec-
5 retary that such local educational agency or an eligi-
6 ble school served by such agency has or intends to
7 implement an AED training program in conjunction
8 with a CPR training program and has or intends to
9 implement an emergency cardiac response plan as of
10 the date of the submission of the grant application.

11 “(d) PRIORITY OF AWARD.—The Secretary shall
12 award grants under this section to eligible local edu-
13 cational agencies based on 1 or more of the following pri-
14 orities:

15 “(1) A demonstrated need for initiating a CPR
16 or AED training program in an eligible school or a
17 community served by an eligible school, which may
18 include—

19 “(A) schools that do not already have an
20 automated AED on school grounds;

21 “(B) schools in which there are a signifi-
22 cant number of students on school grounds dur-
23 ing a typical day, as determined by the Sec-
24 retary;

1 “(C) schools for which the average time re-
2 quired for emergency medical services (as de-
3 fined in section 330J(f)) to reach the school is
4 greater than the average time required for
5 emergency medical services to reach other pub-
6 lic facilities in the community; and

7 “(D) schools that have not received funds
8 under the Rural Access to Emergency Devices
9 Act (42 U.S.C. 254c note).

10 “(2) A demonstrated need for continued sup-
11 port of an existing CPR or AED training program
12 in an eligible school or a community served by an el-
13 igible school.

14 “(3) A demonstrated need for expanding an ex-
15 isting CPR or AED training program by adding
16 training in the use of an AED.

17 “(4) Previously identified opportunities to en-
18 courage and foster partnerships with and among
19 community organizations, including emergency med-
20 ical service providers, fire and police departments,
21 nonprofit organizations, public health organizations,
22 parent-teacher associations, and local and regional
23 youth sports organizations to aid in providing train-
24 ing in both CPR and AED usage and in obtaining
25 AED equipment.

1 “(5) Recognized opportunities to maximize the
2 use of funds provided under this section.

3 “(e) MATCHING FUNDS REQUIRED.—

4 “(1) IN GENERAL.—To be eligible to receive a
5 grant under this section, an eligible local educational
6 agency shall provide matching funds from non-Fed-
7 eral sources in an amount equal to not less than 25
8 percent of the total grant amount.

9 “(2) WAIVER.—The Secretary may waive the
10 requirement of paragraph (1) for an eligible local
11 educational agency if the number of children counted
12 under section 1124(c)(1)(A) of the Elementary and
13 Secondary Education Act of 1965 for the local edu-
14 cational agency is 20 percent or more of the total
15 number of children aged 5 to 17, inclusive, served by
16 the eligible local educational agency.

17 “(f) DEFINITIONS.—In this section:

18 “(1) ELIGIBLE LOCAL EDUCATIONAL AGEN-
19 CY.—The term ‘eligible local educational agency’
20 means a local educational agency, as defined in sec-
21 tion 9101 of the Elementary and Secondary Edu-
22 cation Act of 1965, that has established a plan to
23 follow the guidelines and carry out the recommenda-
24 tions described under section 399V–6(a) regarding
25 cardiac emergencies.

1 “(2) ELIGIBLE SCHOOL.—The term ‘eligible
 2 school’ means a public elementary, middle, or sec-
 3 ondary school, including any public charter school
 4 that is considered a local educational agency under
 5 State law, and which is not an Internet- or com-
 6 puter-based community school.

7 “(g) AUTHORIZATION OF APPROPRIATIONS.—There
 8 are authorized to be appropriated to carry out this section
 9 such sums as may be necessary for each of the fiscal years
 10 2016 through 2021.

11 **“SEC. 399V-8. REQUIREMENT TO INCLUDE CARDIAC CONDI-**
 12 **TIONS IN EXISTING RESEARCH AND INVES-**
 13 **TIGATIONS.**

14 “The Director of the Centers for Disease Control and
 15 Prevention shall develop data collection methods, to be in-
 16 cluded in the School Health Policies and Practices Survey
 17 authorized under section 301, that are being carried out
 18 as of the date of enactment of the SAFE PLAY Act, to
 19 determine the degree to which school administrators, edu-
 20 cators, school health professionals, coaches, families, and
 21 other appropriate individuals have an understanding of
 22 cardiac issues. Such data collection methods shall be de-
 23 signed to collect information about—

1 “(a) the ability to accurately identify early symptoms
2 of a cardiac condition, such as cardiomyopathy, cardiac
3 arrest, and sudden cardiac death;

4 “(b) the dissemination of training described in section
5 399V–6(a)(3) regarding the proper performance of
6 cardiopulmonary resuscitation; and

7 “(c) the dissemination of guidelines and training de-
8 scribed in section 399V–6(a)(4) regarding the placement
9 and use of automatic external defibrillators.”.

10 **SEC. 3. PREVENTION AND TREATMENT OF YOUTH ATHLETE**
11 **CONCUSSIONS.**

12 Part E of title IX of the Elementary and Secondary
13 Education Act of 1965 (20 U.S.C. 7881 et seq.) is amend-
14 ed—

15 (1) by striking the heading relating to subpart
16 2 and inserting the following: “**Subpart 3—**
17 **Other Provisions**”; and

18 (2) by inserting after subpart 1, the following
19 new subpart:

20 **“Subpart 2—State Requirements for the Prevention**
21 **and Treatment of Concussions**

22 **“SEC. 9511. MINIMUM STATE REQUIREMENTS.**

23 “(a) IN GENERAL.—Beginning for fiscal year 2016,
24 as a condition of receiving funds under this Act for a fiscal
25 year, a State shall, not later than July 1 of the preceding

1 fiscal year, certify to the Secretary in accordance with sub-
 2 section (b) that the State has in effect and is enforcing
 3 a law or regulation that, at a minimum, establishes the
 4 following requirements:

5 “(1) LOCAL EDUCATIONAL AGENCY CONCUS-
 6 SION SAFETY AND MANAGEMENT PLAN.—Each local
 7 educational agency in the State (including each pub-
 8 lic charter school that is considered a local edu-
 9 cational agency under State law), in consultation
 10 with members of the community in which the local
 11 educational agency is located, and taking into con-
 12 sideration the guidelines of the Centers for Disease
 13 Control and Prevention’s Pediatric Mild Traumatic
 14 Brain Injury Guideline Workgroup, shall develop
 15 and implement a standard plan for concussion safety
 16 and management for public schools served by the
 17 local educational agency that includes—

18 “(A) the education of students, school ad-
 19 ministrators, educators, coaches, youth sports
 20 organizations, parents, and school personnel
 21 about concussions, including—

22 “(i) training of school personnel on
 23 evidence-based concussion safety and man-
 24 agement, including prevention, recognition,
 25 risk, academic consequences, and response

1 for both initial and any subsequent concus-
2 sions; and

3 “(ii) using, maintaining, and dissemi-
4 nating to students and parents release
5 forms, treatment plans, observation, moni-
6 toring, and reporting forms, recordkeeping
7 forms, and post-injury and prevention fact
8 sheets about concussions;

9 “(B) supports for each student recovering
10 from a concussion, including—

11 “(i) guiding the student in resuming
12 participation in school-sponsored athletic
13 activities and academic activities with the
14 help of a multidisciplinary concussion man-
15 agement team, which shall include—

16 “(I) a health care professional,
17 the parents of such student, and other
18 relevant school personnel; and

19 “(II) an individual who is as-
20 signed by the public school in which
21 the student is enrolled to oversee and
22 manage the recovery of the student;

23 “(ii) providing appropriate academic
24 accommodations aimed at progressively re-

1 introducing cognitive demands on such stu-
2 dent; and

3 “(iii) if the student’s symptoms of
4 concussion persist for a substantial period
5 of time—

6 “(I) evaluating the student in ac-
7 cordance with section 614 of the Indi-
8 viduals with Disabilities Education
9 Act (20 U.S.C. 1414) to determine
10 whether the student is eligible for
11 services under part B of such Act (20
12 U.S.C. 1411 et seq.); or

13 “(II) evaluating whether the stu-
14 dent is eligible for services under sec-
15 tion 504 of the Rehabilitation Act of
16 1973 (29 U.S.C. 794); and

17 “(C) best practices, as defined by national
18 neurological medical specialty and sports health
19 organizations, designed to ensure, with respect
20 to concussions, the uniformity of safety stand-
21 ards, treatment, and management, including—

22 “(i) disseminating information on con-
23 cussion safety and management to the
24 public; and

1 “(ii) applying best practice and uni-
 2 form standards for concussion safety and
 3 management to all students enrolled in the
 4 public schools served by the local edu-
 5 cational agency.

6 “(2) POSTING OF INFORMATION ON CONCUS-
 7 SIONS.—Each public school in the State shall post
 8 on school grounds, in a manner that is visible to stu-
 9 dents and school personnel, and make publicly avail-
 10 able on the school website, information on concus-
 11 sions that—

12 “(A) is based on peer-reviewed scientific
 13 evidence or consensus (such as information
 14 made available by the Centers for Disease Con-
 15 trol and Prevention);

16 “(B) shall include—

17 “(i) the risks posed by sustaining a
 18 concussion or multiple concussions;

19 “(ii) the actions a student should take
 20 in response to sustaining a concussion, in-
 21 cluding the notification of school personnel;
 22 and

23 “(iii) the signs and symptoms of a
 24 concussion; and

25 “(C) may include—

1 “(i) the definition of a concussion
2 under section 9512(1);

3 “(ii) the means available to the stu-
4 dent to reduce the incidence or recurrence
5 of a concussion; and

6 “(iii) the effects of a concussion on
7 academic learning and performance.

8 “(3) RESPONSE TO A CONCUSSION.—If any
9 school personnel of a public school in the State sus-
10 pect that a student has sustained a concussion dur-
11 ing a school-sponsored athletic activity or other
12 school-sponsored activity—

13 “(A) the student shall be—

14 “(i) immediately removed from par-
15 ticipation in such activity; and

16 “(ii) prohibited from resuming partici-
17 pation in school-sponsored athletic activi-
18 ties—

19 “(I) on the day the student sus-
20 tained the concussion; and

21 “(II) until the day the student is
22 capable of resuming such participa-
23 tion, according to the student’s writ-
24 ten release, as described in para-
25 graphs (4) and (5);

1 “(B) the school personnel shall report to
2 the concussion management team described
3 under paragraph (1)(B)(i)—

4 “(i) that the student may have sus-
5 tained a concussion; and

6 “(ii) all available information with re-
7 spect to the student’s injury; and

8 “(C) the concussion management team
9 shall confirm and report to the parents of the
10 student—

11 “(i) the type of injury, and the date
12 and time of the injury, suffered by the stu-
13 dent; and

14 “(ii) any actions that have been taken
15 to treat the student.

16 “(4) RETURN TO ATHLETICS.—If a student en-
17 rolled in a public school in the State sustains a con-
18 cussion, before the student resumes participation in
19 school-sponsored athletic activities, the relevant
20 school personnel shall receive a written release from
21 a health care professional, that—

22 “(A) may require the student to follow a
23 plan designed to aid the student in recovering
24 and resuming participation in such activities in
25 a manner that—

1 “(i) is coordinated, as appropriate,
 2 with periods of cognitive and physical rest
 3 while symptoms of a concussion persist;
 4 and

5 “(ii) reintroduces cognitive and phys-
 6 ical demands on the student on a progres-
 7 sive basis so long as such increases in exer-
 8 tion do not cause the re-emergence or
 9 worsening of symptoms of a concussion;
 10 and

11 “(B) states that the student is capable of
 12 resuming participation in such activities once
 13 the student is asymptomatic.

14 “(5) RETURN TO ACADEMICS.—If a student en-
 15 rolled in a public school in the State has sustained
 16 a concussion, the concussion management team (as
 17 described under paragraph (1)(B)(i)) of the school
 18 shall consult with and make recommendations to rel-
 19 evant school personnel and the student to ensure
 20 that the student is receiving the appropriate aca-
 21 demic supports, including—

22 “(A) providing for periods of cognitive rest
 23 over the course of the school day;

24 “(B) providing modified academic assign-
 25 ments;

1 “(C) allowing for gradual reintroduction to
2 cognitive demands; and

3 “(D) other appropriate academic accom-
4 modations or adjustments.

5 “(b) CERTIFICATION REQUIREMENT.—The certifi-
6 cation required under subsection (a) shall be in writing
7 and include a description of the law or regulation that
8 meets the requirements of subsection (a).

9 **“SEC. 9512. DEFINITIONS.**

10 “In this subpart:

11 “(1) CONCUSSION.—The term ‘concussion’
12 means a type of mild traumatic brain injury that—

13 “(A) is caused by a blow, jolt, or motion
14 to the head or body that causes the brain to
15 move rapidly in the skull;

16 “(B) disrupts normal brain functioning
17 and alters the physiological state of the indi-
18 vidual, causing the individual to experience—

19 “(i) any period of observed or self-re-
20 ported—

21 “(I) transient confusion, dis-
22 orientation, or altered consciousness;

23 “(II) dysfunction of memory
24 around the time of injury; or

1 “(III) disruptions in gait or bal-
 2 ance; and

3 “(ii) symptoms that may include—

4 “(I) physical symptoms, such as
 5 headache, fatigue, or dizziness;

6 “(II) cognitive symptoms, such
 7 as memory disturbance or slowed
 8 thinking;

9 “(III) emotional symptoms, such
 10 as irritability or sadness; or

11 “(IV) difficulty sleeping; and

12 “(C) occurs—

13 “(i) with or without the loss of con-
 14 sciousness; and

15 “(ii) during participation—

16 “(I) in a school-sponsored ath-
 17 letic activity; or

18 “(II) in any other activity with-
 19 out regard to whether the activity
 20 takes place on school property or dur-
 21 ing the school day.

22 “(2) HEALTH CARE PROFESSIONAL.—The term
 23 ‘health care professional’ means a physician (includ-
 24 ing a medical doctor or doctor of osteopathic medi-
 25 cine), registered nurse, athletic trainer, physical

1 therapist, neuropsychologist, or other qualified indi-
 2 vidual—

3 “(A) who is registered, licensed, certified,
 4 or otherwise statutorily recognized by the State
 5 to provide medical treatment; and

6 “(B) whose scope of practice and experi-
 7 ence includes the diagnosis and management of
 8 traumatic brain injury among a pediatric popu-
 9 lation.

10 “(3) PARENT.—The term ‘parent’ means bio-
 11 logical or adoptive parents or legal guardians, as de-
 12 termined by applicable State law.

13 “(4) PUBLIC SCHOOL.—The term ‘public
 14 school’ means an elementary school or secondary
 15 school (as such terms are so defined), including any
 16 public charter school that is considered a local edu-
 17 cational agency under State law, and which is not an
 18 Internet- or computer-based community school.

19 “(5) SCHOOL PERSONNEL.—The term ‘school
 20 personnel’ has the meaning given such term in sec-
 21 tion 4151, except that such term includes coaches
 22 and athletic trainers.

23 “(6) SCHOOL-SPONSORED ATHLETIC ACTIV-
 24 ITY.—The term ‘school-sponsored athletic activity’
 25 means—

1 “(A) any physical education class or pro-
2 gram of a public school;

3 “(B) any athletic activity authorized by a
4 public school that takes place during the school
5 day on the school’s property;

6 “(C) any activity of an extracurricular
7 sports team, club, or league organized by a pub-
8 lic school; and

9 “(D) any recess activity of a public
10 school.”.

11 **SEC. 4. HEAT ADVISORY AND HEAT ACCLIMATIZATION**
12 **GUIDELINES FOR SECONDARY SCHOOL ATH-**
13 **LETICS.**

14 Part E of Title IX of the Elementary and Secondary
15 Education Act of 1965 (20 U.S.C. 7881 et seq.) is amend-
16 ed by adding at the end the following:

17 **“SEC. 9537. HEAT ADVISORY AND HEAT ACCLIMATIZATION**
18 **PROCEDURES.**

19 “(a) MATERIALS AND RESOURCES.—The Secretary,
20 in consultation with the Secretary of Health and Human
21 Services and the Secretary of Commerce, acting through
22 the Administrator of the National Oceanic and Atmos-
23 pheric Administration, shall develop public education and
24 awareness materials and resources to be disseminated to
25 school administrators, school health professionals, coach-

1 es, families, and other appropriate individuals. The mate-
 2 rials and resources shall include—

3 “(1) information regarding the health risks as-
 4 sociated with exposure to excessive heat and exces-
 5 sive humidity, as defined by the National Weather
 6 Service;

7 “(2) tips and recommendations on how to avoid
 8 heat-related illness, including proper hydration and
 9 access to the indoors or cooling stations; and

10 “(3) strategies for ‘heat-acclimatization’ that
 11 address the types and duration of athletic activities
 12 considered to be generally safe during periods of ex-
 13 cessive heat.

14 “(b) IMPLANTATION OF EXCESSIVE HEAT ACTION
 15 PLAN.—Public schools shall develop an ‘excessive heat ac-
 16 tion plan’ to be used during all school-sponsored athletic
 17 activities that occur during periods of excessive heat and
 18 humidity. Such plan shall—

19 “(1) be in effect prior to full scale athletic par-
 20 ticipation by students, including any practices or
 21 scrimmages prior to the beginning of the school’s
 22 academic year; and

23 “(2) apply to days when an Excessive Heat
 24 Watch or Excessive Heat Warning or Advisory has

1 been issued by the National Weather Service for the
2 area in which the athletic event is to take place.”.

3 **SEC. 5. GUIDELINES FOR EMERGENCY ACTION PLANS FOR**
4 **ATHLETICS.**

5 The Secretary of Health and Human Services, acting
6 through the Director of the Centers for Disease Control
7 and Prevention, and in consultation with the Secretary of
8 Education, shall work with stakeholder organizations to
9 develop recommended guidelines for the development of
10 emergency action plans for youth athletics. Such plans
11 shall include the following:

12 (1) Identifying the characteristics of an athletic,
13 medical, or health emergency.

14 (2) Procedures for accessing emergency commu-
15 nication equipment and contacting emergency per-
16 sonnel, including providing directions to the specific
17 location of the athletic venue that is used by the
18 youth athletic group or organization.

19 (3) Instructions for accessing and utilizing ap-
20 propriate first-aid, CPR techniques, and emergency
21 equipment, such as an automatic external
22 defibrillator.

1 **SEC. 6. GUIDELINES FOR SAFE ENERGY DRINK USE BY**
2 **YOUTH ATHLETES.**

3 (a) DEVELOPMENT OF GUIDELINES.—Not later than
4 2 years after the date of enactment of this Act, the Sec-
5 retary of Health and Human Services, acting through the
6 Commissioner of Food and Drugs, in collaboration with
7 the Director of the Centers for Disease Control and Pre-
8 vention and other related Federal agencies, may—

9 (1) develop information about the ingredients
10 used in energy drinks and the potential side effects
11 of energy drink consumption; and

12 (2) recommend guidelines for the safe use of
13 energy drink consumption by youth, including youth
14 participating in athletic activities.

15 (b) DISSEMINATION OF GUIDELINES.—Not later
16 than 6 months after any information or guidelines are de-
17 veloped under subsection (a), the Secretary of Education,
18 in coordination with the Commissioner of Food and
19 Drugs, shall disseminate such information and guidelines
20 to school administrators, educators, school health profes-
21 sionals, coaches, families, and other appropriate individ-
22 uals.

23 (c) ENERGY DRINK DEFINED.—In this section the
24 term “energy drink” means a class of products in liquid
25 form, marketed as either a dietary supplement or conven-
26 tional food under the Federal Food, Drug, and Cosmetic

1 Act (21 U.S.C. 301 et seq.), for the stated purpose of pro-
 2 viding the consumer with added physical or mental energy,
 3 and that contains each of the following:

4 (1) Caffeine.

5 (2) At least 1 of the following ingredients:

6 (A) Taurine.

7 (B) Guarana.

8 (C) Ginseng.

9 (D) B vitamins such as cobalamin, folic
 10 acid, pyridoxine, or niacin.

11 (E) Any other ingredient added for the ex-
 12 press purpose of providing physical or mental
 13 energy, as determined during the development
 14 of guidelines in accordance with subsection (a).

15 (d) PROHIBITION ON RESTRICTION OF MARKETING
 16 AND SALES OF ENERGY DRINKS.—Nothing in this section
 17 shall be construed to provide the Commissioner of Food
 18 and Drugs with authority to regulate the marketing and
 19 sale of energy drinks, beyond such authority as such Com-
 20 missioner has as of the date of enactment of this Act.

21 **SEC. 7. RESEARCH RELATING TO YOUTH ATHLETIC SAFE-**
 22 **TY.**

23 (a) EXPANSION OF CDC RESEARCH.—Section 301 of
 24 the Public Health Service Act (42 U.S.C. 241) is amended
 25 by adding at the end the following:

1 “(f) The Secretary, acting through the Director of
 2 the Centers for Disease Control and Prevention, shall, to
 3 the extent practicable, expand, intensify, and coordinate
 4 the activities of the Centers for Disease Control and Pre-
 5 vention with respect to cardiac conditions, concussions,
 6 and heat-related illnesses among youth athletes.”.

7 (b) REPORT TO CONGRESS.—Not later than 6 years
 8 after the enactment of this Act, the Director of the Cen-
 9 ters for Disease Control and Prevention and the Secretary
 10 of Education shall prepare and submit a joint report to
 11 Congress that includes information, with respect to the 5-
 12 year period beginning after the date of enactment of this
 13 Act, about—

14 (1) the number of youth fatalities that occur
 15 while a youth is participating in an athletic activity,
 16 and the cause of each of those deaths; and

17 (2) the number of catastrophic injuries sus-
 18 tained by a youth while the youth is participating in
 19 an athletic activity, and the cause of such injury.

20 **SEC. 8. CONFORMING AMENDMENTS.**

21 The table of contents in section 2 of the Elementary
 22 and Secondary Education Act of 1965 is amended—

23 (1) by striking the item relating to the heading
 24 of subpart 2 of part E of title IX and inserting the
 25 following new item:

“Subpart 3—Other Provisions”;

- 1 and
- 2 (2) by inserting after the item relating to sec-
- 3 tion 9506, the following new items:

“Subpart 2—State Requirements for the Prevention and Treatment of
Concussions

“Sec. 9511. Minimum State requirements.

“Sec. 9512. Definitions.”.

