

Assembly Bill No. 2127

CHAPTER 165

An act to amend Section 49475 of, and to add Section 35179.5 to, the Education Code, relating to interscholastic sports.

[Approved by Governor July 21, 2014. Filed with
Secretary of State July 21, 2014.]

LEGISLATIVE COUNSEL'S DIGEST

AB 2127, Cooley. Interscholastic sports: full-contact football practices: concussions and head injuries.

(1) Existing law establishes a system of public elementary and secondary schools operated by local educational agencies throughout this state. Under existing law, public and private secondary schools participate in interscholastic sports, and are authorized to enter into associations or consortia to enact and enforce rules relating to eligibility for, and participation in, these activities. Existing law acknowledges the role of the California Interscholastic Federation in the regulation of interscholastic sports in this state.

This bill would express legislative findings and declarations relating to head injuries sustained by high school pupil-athletes, particularly those who play football. The bill would prohibit high school and middle school football teams of school districts, charter schools, or private schools that elect to offer an athletic program from conducting more than 2 full-contact practices, as defined, per week during the preseason and regular season, as defined. The bill would also prohibit the full-contact portion of a practice from exceeding 90 minutes in any single day, and completely prohibit full-contact practice during the off-season, as defined. The bill would urge the California Interscholastic Federation to develop and adopt rules to implement this provision.

The bill would provide that these provisions do not prohibit the California Interscholastic Federation, an interscholastic athletic league, a school, a school district, 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 the bill.

(2) Existing law requires a school district, charter school, or private school, if it offers an athletic program, to immediately remove an athlete from an athletic activity for the remainder of the day if the athlete is suspected of sustaining a concussion or head injury, and prohibits the athlete from returning to the athletic activity until the athlete is evaluated by a licensed health care provider, trained in the management of concussions and acting within the scope of his or her practice, and the athlete receives written clearance from the licensed health care provider to return to the

athletic activity. Existing law also requires, on a yearly basis, a concussion and head injury information sheet to be signed and returned by the athlete and athlete's parent or guardian before the athlete initiates practice or competition.

This bill would provide that an athlete suspected of sustaining a concussion or head injury is prohibited from returning to the athletic activity until the athlete is evaluated by a licensed health care provider, as defined to mean a licensed health care provider trained in the management of concussions and acting within the scope of his or her practice, and the athlete receives written clearance from a licensed health care provider. The bill would further provide that, if a licensed health care provider determines that the athlete sustained a concussion or a head injury, the athlete is required to complete a graduated return-to-play protocol of no less than 7 days in duration under the supervision of a licensed health care provider. The bill would urge the California Interscholastic Federation to develop and adopt rules and protocols to implement this provision.

The people of the State of California do enact as follows:

SECTION 1. The Legislature finds and declares all of the following:

(a) Concussions and other mild traumatic brain injuries affect thousands of California's high school pupil-athletes each year. Many concussions or head injuries go undetected due to a lack of recognition of symptoms or intentional underreporting of symptoms.

(b) Most concussions do not involve a loss of consciousness, according to the federal Centers for Disease Control and Prevention.

(c) The symptoms of concussions vary, and most symptoms are not necessarily specific to concussion. Symptoms may include dizziness, sensitivity to light, and loss of consciousness.

(d) Pupil-athletes who suffer a concussion are more likely to suffer an additional concussion than someone who has never been concussed.

(e) Children and adolescents are skeletally immature, and are thus more likely to be concussed or suffer a brain injury than adults.

(f) Many athletes want to keep playing despite a concussion or head injury. In a study published by the American Academy of Pediatrics in October 2012, 32 percent of high school football players reported that they had experienced symptoms of concussion but did not pursue medical attention.

(g) Many high schools lack the standard of care afforded to college and professional players. At the collegiate and professional level, neurologists and other physicians are available. High schools cannot afford this. In California, coaches or athletic trainers are required to remove any player from practice or competition if that player is exhibiting signs or symptoms of a concussion or head injury.

(h) Medical experts recommend that the recovery and rehabilitation process from a concussion proceed conservatively. Experts suggest that the

recovery and rehabilitation process should have six stages, which should be supervised and should last at least 24 hours each, and that athletes should be prohibited from proceeding until they are asymptomatic. According to the American Academy of Pediatrics, adolescents suffer from post-concussive symptoms longer than adults or college students.

(i) Researchers agree that there is no way to “condition” the brain for hits to the head. Researchers strongly contend that hits to the brain should be minimized as much as possible.

(j) Several academic and scientific studies have asserted that the cumulative effects of sub-concussive blows to the brain due to football may contribute to long-term brain damage and early-onset dementia, including chronic traumatic encephalopathy (CTE).

(k) A Boston University study in 2012 studied the brains of 85 deceased athletes and military veterans with histories of repeated mild traumatic brain injuries. Eighty percent of those studied had CTE. Six of the deceased were football players who had not played past high school.

(l) In 2010, a 21-year-old University of Pennsylvania football player committed suicide. After a subsequent brain study, he was found to have early stages of CTE. The athlete had never been diagnosed with a concussion, and had never even complained of a headache. Doctors contend that his CTE must have developed from concussions he dismissed or from the thousands of sub-concussive collisions he endured while playing football, most of which occurred while his brain was still developing.

(m) Nineteen states have banned off-season full-contact high school football practices. California allows each of its 10 sections to make its own determination. Several of those sections still allow full-contact summer and spring practices.

(n) Several states have limited full-contact practices during the preseason and regular season.

(o) Maryland and Connecticut require that a supervised return-to-play protocol be followed in the event of a concussion or head injury.

SEC. 2. Section 35179.5 is added to the Education Code, to read:

35179.5. (a) (1) If a school district, charter school, or private school elects to offer an athletic program, it shall comply with all of the following:

(A) A high school or middle school football team shall not conduct more than two full-contact practices per week during the preseason and regular season.

(B) The full-contact portion of a practice shall not exceed 90 minutes in any single day.

(C) A high school or middle school football team shall not hold a full-contact practice during the off-season.

(2) For purposes of this section, a team camp session shall be deemed to be a practice.

(b) The California Interscholastic Federation is urged to develop and adopt rules to implement this section.

(c) As used in this section:

(1) “Full-contact practice” means a practice where drills or live action is conducted that involves collisions at game speed, where players execute tackles and other activity that is typical of an actual tackle football game.

(2) “Off-season” means a period extending from the end of the regular season until 30 days before the commencement of the next regular season.

(3) “Preseason” means a period of 30 days before the commencement of the regular season.

(4) “Regular season” means the period from the first interscholastic football game or scrimmage until the completion of the final interscholastic football game of that season.

(d) This section shall not prohibit the California Interscholastic Federation, an interscholastic athletic league, a school, a school district, 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 section.

SEC. 3. Section 49475 of the Education Code is amended to read:

49475. (a) If a school district, charter school, or private school elects to offer an athletic program, the school district, charter school, or private school shall comply with both of the following:

(1) An athlete who is suspected of sustaining a concussion or head injury 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 the athletic activity until he or she is evaluated by a licensed health care provider. The athlete shall not be permitted to return to the athletic activity until he or she receives written clearance to return to the athletic activity from a licensed health care provider. If the licensed health care provider determines that the athlete sustained a concussion or a 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 health care provider. The California Interscholastic Federation is urged to work in consultation with the American Academy of Pediatrics and the American Medical Society for Sports Medicine to develop and adopt rules and protocols to implement this paragraph.

(2) On a yearly basis, a concussion and head injury information sheet shall be signed and returned by the athlete and the athlete’s parent or guardian before the athlete initiates practice or competition.

(b) As used in this section, “licensed health care provider” means a licensed health care provider who is trained in the management of concussions and is acting within the scope of his or her practice.

(c) This section does not apply to an athlete engaging in an athletic activity during the regular schoolday or as part of a physical education course required pursuant to subdivision (d) of Section 51220.