

116TH CONGRESS
2D SESSION

S. 3347

To promote youth athletic safety, and for other purposes.

IN THE SENATE OF THE UNITED STATES

FEBRUARY 27, 2020

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 FOR PEDI-**
2 **ATRIC CARDIAC CONDITIONS TO INCREASE**
3 **EARLIER DIAGNOSIS AND PREVENT SUDDEN**
4 **CARDIAC 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-7. MATERIALS AND EDUCATIONAL RESOURCES**
9 **TO INCREASE AWARENESS OF CARDIO-**
10 **MYOPATHY AND OTHER HIGH-RISK CHILD-**
11 **HOOD CARDIAC CONDITIONS AMONG**
12 **SCHOOL ADMINISTRATORS, EDUCATORS,**
13 **SCHOOL HEALTH PROFESSIONALS, COACHES,**
14 **STUDENTS, AND FAMILIES.**

15 “(a) MATERIALS AND RESOURCES.—Not later than
16 12 months after the date of enactment of the SAFE
17 PLAY Act, the Secretary, acting through the Director of
18 the Centers for Disease Control and Prevention (referred
19 to in this section as the ‘Director’) and in consultation
20 with national patient advocacy and health organizations
21 with expertise in cardiac health and all forms of pediatric
22 cardiomyopathy, shall develop educational materials and
23 resources to be disseminated to school administrators,
24 educators, school health professionals, coaches, students,
25 families, and other appropriate individuals. The materials
26 and resources shall include—

1 “(1) information on the signs, symptoms, and
2 risk factors associated with high risk cardiac condi-
3 tions and genetic heart rhythm abnormalities that
4 may cause sudden cardiac arrest in children, adoles-
5 cents, and young adults, including—

6 “(A) cardiomyopathy;

7 “(B) long QT syndrome, Brugada syn-
8 drome, catecholaminergic polymorphic ventric-
9 ular tachycardia, short QT syndrome, Wolff-
10 Parkinson-White syndrome; and

11 “(C) other high-risk cardiac conditions, as
12 determined by the Secretary;

13 “(2) sudden cardiac arrest risk assessment
14 worksheets to help identify higher risk children and
15 adolescents with possible life-threatening cardiac
16 conditions who may need additional medical screen-
17 ing and treatment;

18 “(3) guidelines and training materials for
19 schools, childcare centers, and local youth athletic
20 organizations to handle cardiac emergencies, cov-
21 ering cardiopulmonary resuscitation (referred to in
22 this section and section 399V–8 as ‘CPR’) and ways
23 to obtain certification on CPR delivery;

24 “(4) guidelines and training materials for
25 schools, childcare centers, and local youth athletic

1 organizations to handle cardiac emergencies, on the
2 proper placement, usage, and maintenance of auto-
3 matic external defibrillators (referred to in this sec-
4 tion and section 399V–8 as ‘AED’) and ways to ob-
5 tain certification on AED usage; and

6 “(5) recommendations on developing and imple-
7 menting a cardiac emergency response plan at
8 schools, childcare centers, and local youth athletic
9 organizations, including recommendations on how
10 local educational agencies (as defined in section
11 8101 of the Elementary and Secondary Education
12 Act of 1965 (20 U.S.C. 7801)) can apply such re-
13 sponse plans to students enrolled in public schools
14 served by such local educational agencies.

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

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

24 “(A) not less than 1 organization dedicated
25 to promoting research, education, and aware-

1 ness of all forms of pediatric cardiac cardio-
2 myopathy;

3 “(B) not less than 1 organization dedi-
4 cated to research, and education, and awareness
5 of high-risk cardiac conditions and genetic
6 heart rhythm abnormalities;

7 “(C) not less than 1 organization dedicated
8 to school-based wellness;

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

13 “(E) not less than 1 organization dedi-
14 cated to addressing minority health disparities.

15 “(2) Representatives of medical and health care
16 professional societies, including pediatrics, cardi-
17 ology, emergency medicine, and sports medicine.

18 “(3) A representative of the Centers for Disease
19 Control and Prevention.

20 “(4) Representatives of other relevant Federal
21 agencies, including the Department of Education
22 and the National Institutes of Health.

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

1 “(c) DISSEMINATION OF MATERIALS AND RE-
2 SOURCES.—Not later than 24 months after the date of
3 enactment of the SAFE PLAY Act, the Secretary, acting
4 through the Director, shall disseminate the materials and
5 resources described in subsection (a) in accordance with
6 the following:

7 “(1) DISTRIBUTION BY LOCAL EDUCATIONAL
8 AGENCIES.—The Secretary shall make available such
9 materials and resources to local educational agencies
10 (as defined in section 8101 of the Elementary and
11 Secondary Education Act of 1965 (20 U.S.C. 7801))
12 to distribute—

13 “(A) to school administrators, educators,
14 school health professionals, coaches, students,
15 and parents, guardians, or other caregivers, in-
16 formation on the signs, symptoms, and risk fac-
17 tors of high-risk cardiac conditions;

18 “(B) to parents, guardians, or other care-
19 givers, the cardiomyopathy and sudden cardiac
20 arrest risk assessment worksheets described in
21 subsection (a)(2);

22 “(C) to school administrators, school
23 health professionals, and coaches—

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

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

3 “(D) to school administrators, educators,
4 school health professionals, coaches, and youth
5 sports organizations, the recommendations de-
6 scribed in subsection (a)(5).

7 “(2) DISSEMINATION TO HEALTH DEPART-
8 MENTS AND PROFESSIONALS.—The Secretary shall
9 make available such materials and resources to State
10 and local health departments.

11 “(3) DISSEMINATION OF INFORMATION
12 THROUGH THE INTERNET.—

13 “(A) CDC.—

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

20 “(ii) MAINTENANCE OF INFORMA-
21 TION.—The Director shall maintain and
22 update when necessary such materials and
23 resources developed under subsection (a)
24 on the public Internet website to ensure

1 such information reflects the latest stand-
2 ards.

3 “(B) STATE EDUCATIONAL AGENCIES.—
4 State educational agencies are encouraged to
5 work with State Health Departments to create
6 Internet webpages to disseminate the materials
7 and resources developed under subsection (a) to
8 the general public, with an emphasis on tar-
9 geting students and their families.

10 “(4) ACCESSIBILITY OF INFORMATION.—The
11 information regarding the materials and resources
12 developed under subsection (a) shall be made avail-
13 able in a format and in a manner that is readily ac-
14 cessible to individuals with cognitive and sensory im-
15 pairments.

16 “(d) 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 8101 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 “(e) 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 2021
9 through 2026.

10 **“SEC. 399V-8. GRANTS TO PROVIDE FOR CPR AND AED**
11 **TRAINING AND PURCHASE OF AED EQUIP-**
12 **MENT FOR PUBLIC CHILDCARE CENTERS, EL-**
13 **EMENTARY, MIDDLE, AND SECONDARY**
14 **SCHOOLS.**

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

18 “(1) to enable such local educational agencies
19 to purchase AEDs and offer CPR and AED training
20 courses that are nationally certified; or

21 “(2) to enable such local educational agencies
22 to award funding to eligible schools that are served
23 by the local educational agency to purchase and
24 maintain AEDs and offer CPR and AED training
25 courses that are nationally certified.

1 “(b) USE OF FUNDS.—An eligible local educational
2 agency receiving a grant under this section, or an eligible
3 school receiving grant funds under this section through
4 an eligible local educational agency, shall use the grant
5 funds—

6 “(1) to pay a nationally recognized training or-
7 ganization, such as the American Heart Association,
8 the American Red Cross, or the National Safety
9 Council, for instruction, materials, and equipment
10 expenses associated with CPR and AED training in
11 accordance with the materials and resources devel-
12 oped under section 399V-7(a)(3); or

13 “(2) if the local educational agency or an eligi-
14 ble school served by such agency meets the condi-
15 tions described under subsection (c)(2), to purchase
16 AED devices for eligible schools and pay the costs
17 associated with obtaining the certifications necessary
18 to meet the guidelines established in section 399V-
19 7(a)(4).

20 “(c) GRANT ELIGIBILITY.—

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

1 tion and certifications as such Secretary may rea-
2 sonably require.

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

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

17 “(1) A demonstrated need for a CPR or AED
18 training program in an eligible school or a commu-
19 nity served by an eligible school, which may in-
20 clude—

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

23 “(B) schools in which there are a signifi-
24 cant number of students on school grounds dur-

1 ing a typical day, as determined by the Sec-
2 retary;

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

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

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

16 “(3) A demonstrated need for expanding an ex-
17 isting CPR or AED training program by adding
18 training in the implementation of an emergency car-
19 diac response plan.

20 “(4) Previously identified opportunities to en-
21 courage and foster partnerships with and among
22 community organizations, including emergency med-
23 ical service providers, fire and police departments,
24 nonprofit organizations, public health organizations,
25 parent-teacher associations, and local and regional

1 youth sports organizations to aid in providing train-
2 ing in both CPR and AED usage and in obtaining
3 AED equipment.

4 “(e) MATCHING FUNDS REQUIRED.—

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

10 “(2) WAIVER.—The Secretary may waive the
11 requirement of paragraph (1) for an eligible local
12 educational agency if the number of children counted
13 under section 1124(c)(1)(A) of the Elementary and
14 Secondary Education Act of 1965 (20 U.S.C.
15 6333(c)(1)(A)) for the local educational agency is 20
16 percent or more of the total number of children aged
17 5 to 17, inclusive, served by the eligible local edu-
18 cational agency.

19 “(f) DEFINITIONS.—In this section:

20 “(1) ELIGIBLE LOCAL EDUCATIONAL AGEN-
21 CY.—The term ‘eligible local educational agency’
22 means a local educational agency, as defined in sec-
23 tion 8101 of the Elementary and Secondary Edu-
24 cation Act of 1965 (20 U.S.C. 7801), that has es-
25 tablished a plan to follow the guidelines and carry

1 out the recommendations described under section
2 399V-7(a) regarding cardiac emergencies.

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

9 “(g) AUTHORIZATION OF APPROPRIATIONS.—There
10 are authorized to be appropriated to carry out this section
11 such sums as may be necessary for each of the fiscal years
12 2021 through 2026.

13 **“SEC. 399V-9. REQUIREMENT TO INCLUDE CARDIAC CONDI-**
14 **TIONS IN EXISTING RESEARCH AND INVES-**
15 **TIGATIONS.**

16 “The Director of the Centers for Disease Control and
17 Prevention shall develop data collection methods, to be in-
18 cluded in the School Health Policies and Practices Survey,
19 to determine the degree to which school administrators,
20 educators, school health professionals, coaches, students,
21 families, and other appropriate individuals have an under-
22 standing of cardiac issues described in section 399V-7.
23 Such data collection methods shall be designed to collect
24 information about—

1 “(1) the ability to accurately identify early
2 symptoms of a cardiac condition, such as cardio-
3 myopathy leading to cardiac arrest, and sudden car-
4 diac death;

5 “(2) the dissemination of training described in
6 section 399V–7(a)(3) regarding the proper perform-
7 ance of cardiopulmonary resuscitation; and

8 “(3) the dissemination of guidelines and train-
9 ing described in section 399V–7(a)(4) regarding the
10 placement and use of automatic external
11 defibrillators.”.

12 **SEC. 3. PREVENTION AND TREATMENT OF YOUTH ATHLETE**
13 **CONCUSSIONS.**

14 Title VIII of the Elementary and Secondary Edu-
15 cation Act of 1965 (20 U.S.C. 7801 et seq.) is amended
16 by adding at the end the following:

17 **“PART H—YOUTH ATHLETIC SAFETY**

18 **“Subpart 1—State Requirements for the Prevention**
19 **and Treatment of Concussions**

20 **“SEC. 8701. MINIMUM STATE REQUIREMENTS.**

21 “(a) IN GENERAL.—Beginning for fiscal year 2022,
22 as a condition of receiving funds under this Act for a fiscal
23 year, a State shall, not later than July 1 of the preceding
24 fiscal year, certify to the Secretary in accordance with sub-
25 section (b) that the State has in effect and is enforcing

1 a law or regulation that, at a minimum, establishes the
2 following requirements:

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

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

20 “(i) training of school personnel on
21 evidence-based concussion safety and man-
22 agement, including prevention, recognition,
23 risk, academic consequences, and response
24 for both initial and any subsequent concus-
25 sions; and

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

7 “(B) supports for each student recovering
8 from a concussion, including—

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

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

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

21 “(ii) providing appropriate academic
22 accommodations aimed at progressively re-
23 introducing cognitive demands on such stu-
24 dent; and

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

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

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

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

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

23 “(ii) applying best practice and uni-
24 form standards for concussion safety and
25 management to all students enrolled in the

1 public schools served by the local edu-
2 cational agency.

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

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

13 “(B) shall include—

14 “(i) the risks posed by sustaining a
15 concussion or multiple concussions;

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

20 “(iii) the signs and symptoms of a
21 concussion; and

22 “(C) may include—

23 “(i) the definition of a concussion
24 under section 8702(1);

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

4 “(iii) the effects of a concussion on
5 academic learning and performance.

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

11 “(A) the student shall be—

12 “(i) immediately removed from par-
13 ticipation in such activity; and

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

17 “(I) on the day the student sus-
18 tained the concussion; and

19 “(II) until the day the student is
20 capable of resuming such participa-
21 tion, according to the student’s writ-
22 ten release, as described in para-
23 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. 8702. DEFINITIONS.**

10 “In this part:

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’ includes teachers, principals, administra-
21 tors, counselors, social workers, psychologists,
22 nurses, librarians, coaches and athletic trainers, and
23 other support staff who are employed by a school or
24 who perform services for the school on a contractual
25 basis.

1 “(6) SCHOOL-SPONSORED ATHLETIC ACTIV-
2 ITY.—The term ‘school-sponsored athletic activity’
3 means—

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

6 “(B) any athletic activity authorized by a
7 public school that takes place during the school
8 day on the school’s property;

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

12 “(D) any recess activity of a public
13 school.”.

14 **SEC. 4. HEAT ADVISORY AND HEAT ACCLIMATIZATION**
15 **GUIDELINES FOR SECONDARY SCHOOL ATH-**
16 **LETICS.**

17 Part H of title VIII of the Elementary and Secondary
18 Education Act of 1965, as added by this Act, is amended
19 by adding at the end the following:

20 **“Subpart 2—Heat Advisory and Heat Acclimatization**
21 **Procedures**

22 **“SEC. 8711. HEAT ADVISORY AND HEAT ACCLIMATIZATION**
23 **PROCEDURES.**

24 “(a) MATERIALS AND RESOURCES.—The Secretary,
25 in consultation with the Secretary of Health and Human

1 Services and the Secretary of Commerce, acting through
2 the Administrator of the National Oceanic and Atmos-
3 pheric Administration, shall develop public education and
4 awareness materials and resources to be disseminated to
5 school administrators, school health professionals, coach-
6 es, families, and other appropriate individuals. The mate-
7 rials and resources shall include—

8 “(1) information regarding the health risks as-
9 sociated with exposure to excessive heat and exces-
10 sive humidity, as defined by the National Weather
11 Service;

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

15 “(3) strategies for ‘heat-acclimatization’ that
16 address the types and duration of athletic activities
17 considered to be generally safe during periods of ex-
18 cessive heat.

19 “(b) **IMPLANTATION OF EXCESSIVE HEAT ACTION**
20 **PLAN.**—Public schools shall develop an ‘excessive heat ac-
21 tion plan’ to be used during all school-sponsored athletic
22 activities that occur during periods of excessive heat and
23 humidity. Such plan shall—

24 “(1) be in effect prior to full scale athletic par-
25 ticipation by students, including any practices or

1 scrimmages prior to the beginning of the school's
2 academic year; and

3 “(2) apply to days when an Excessive Heat
4 Watch or Excessive Heat Warning or Advisory has
5 been issued by the National Weather Service for the
6 area in which the athletic event is to take place.”.

7 **SEC. 5. GUIDELINES FOR EMERGENCY ACTION PLANS FOR**
8 **ATHLETICS.**

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

16 (1) Identifying the characteristics of an athletic,
17 medical, or health emergency.

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

23 (3) Instructions for accessing and utilizing ap-
24 propriate first-aid, CPR techniques, and emergency

1 equipment, such as an automatic external
2 defibrillator.

3 **SEC. 6. GUIDELINES FOR SAFE ENERGY DRINK USE BY**
4 **YOUTH ATHLETES.**

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

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

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

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

1 (c) ENERGY DRINK DEFINED.—In this section, the
2 term “energy drink” means a class of products in liquid
3 form, marketed as either a dietary supplement or conven-
4 tional food under the Federal Food, Drug, and Cosmetic
5 Act (21 U.S.C. 301 et seq.), for the stated purpose of pro-
6 viding the consumer with added physical or mental energy,
7 and that contains each of the following:

8 (1) Caffeine.

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

10 (A) Taurine.

11 (B) Guarana.

12 (C) Ginseng.

13 (D) B vitamins such as cobalamin, folic
14 acid, pyridoxine, or niacin.

15 (E) Any other ingredient added for the ex-
16 press purpose of providing physical or mental
17 energy, as determined during the development
18 of guidelines in accordance with subsection (a).

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

1 **SEC. 7. RESEARCH RELATING TO YOUTH ATHLETIC SAFE-**
2 **TY.**

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

6 “(i) The Secretary, acting through the Director of the
7 Centers for Disease Control and Prevention, shall expand,
8 intensify, and coordinate surveillance activities with re-
9 spect to cardiac conditions, concussions, and heat-related
10 illnesses among youth athletes.”

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

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

21 (2) the number of catastrophic injuries sus-
22 tained by a youth while the youth is participating in
23 an athletic activity, and the cause of such injury;

24 (3) demographic information on youth fatalities
25 and catastrophic injury;

1 (4) national surveillance data on the incidence
2 and prevalence of cardiomyopathy and other cardiac
3 conditions, concussions, and heat-related illnesses
4 among youth athletes; and

5 (5) effectiveness of CPR and AED usage in
6 cardiac emergency situations among young athletes.

7 **SEC. 8. CONFORMING AMENDMENTS.**

8 The table of contents in section 2 of the Elementary
9 and Secondary Education Act of 1965 is amended by in-
10 serting after the item relating to section 8601 the fol-
11 lowing new items:

“PART H—YOUTH ATHLETIC SAFETY

“SUBPART 1—STATE REQUIREMENTS FOR THE PREVENTION AND TREATMENT
OF CONCUSSIONS

“Sec. 8701. Minimum State requirements.

“Sec. 8702. Definitions.

“SUBPART 2—HEAT ADVISORY AND HEAT ACCLIMATIZATION PROCEDURES

“Sec. 8711. Heat advisory and heat acclimatization procedures.”.

