

SUBJECT: Establishing a University Interscholastic League athletic medical board

COMMITTEE: Public Education — committee substitute recommended

VOTE: 6 ayes — Sadler, Dutton, Dunnam, Hardcastle, Hochberg, Olivo

0 nays

3 absent — Grusendorf, Oliveira, Smith

WITNESSES: For — Dave Burton; Bill Craig; Karen Craig; Lane Phelan; Jason Terk,  
Texas Medical Association and Texas Pediatric Society

Against — None

On — Bill Carpenter, Houston Independent School District

BACKGROUND: The University Interscholastic League (UIL) is part of The University of Texas at Austin and was created to organize interschool competition for extracurricular activities in public elementary and secondary schools. The UIL sets guidelines and procedures for participation in academics, drama, and athletic competitions and events.

The UIL has suggested protocols that encourage schools to have medical emergency procedures at athletic events, but these are only guidelines rather than mandates. In the absence of a standard medical procedures policy, some students may return to competitive play before they are fully recovered from an injury.

Education Code, sec. 33.086 requires that a school district employee who serves as a head coach or chief sponsor for a school-sponsored or UIL sanctioned athletic activity must be certified in first aid and cardiopulmonary resuscitation (CPR).

DIGEST: CSHB 2452 would establish the UIL Medical Board and require it to adopt by rule a uniform medical policy for participation in UIL athletic competitions by June 1, 2002. The rules would have to include minimum

requirements for physical exams and medical screenings conducted to determine student eligibility for UIL athletic competitions and criteria designed to ensure that any student who was injured was medically fit to resume training or participation in a competition. The rules would have to include procedures designed to ensure that the parent or guardian of any student who was injured had all the medical information necessary to make an informed decision as to whether the student could return to play or training. The education commissioner would have to approve the rules before they became effective and could consult with the board in approving such rules.

The State Executive Committee of the UIL would have to disqualify a school from UIL athletic competition if the school permitted an ineligible student to participate in the competition in violation of the rules set forth in this bill. The commissioner would determine the length of time of disqualification.

The medical board would consist of eight members to be appointed by the governor as follows:

- ! one physician specializing in sports medicine;
- ! one physician specializing in general pediatric medicine;
- ! one physician specializing in orthopedic medicine and working with children or adolescents as an athletic team physician;
- ! one pediatric neurologist or pediatric neurosurgeon;
- ! one physician specializing in family medicine;
- ! one representative of the UIL;
- ! one athletic team coach working in a high school; and
- ! one appropriately-licensed athletic trainer working in a high school.

To be eligible for service on the medical board, a physician would have to be licensed and practicing medicine in good standing in Texas. Members would serve staggered two-year terms, with half of the terms expiring on February 1 of each odd-numbered year and the other half on February 1 of each even-numbered year. Members could serve more than one term. The governor would have to appoint the board members as soon as possible after the effective date of this bill and also would select the chair of the board.

Board members could not receive compensation but would be entitled to receive reimbursement from the UIL for travel expenses incurred while conducting medical board business.

The provisions of CSHB 2452 would apply beginning with the 2002-2003 school year. The bill would take immediate effect if finally passed by a two-thirds record vote of the membership of each house. Otherwise, it would take effect September 1, 2001.

**SUPPORTERS  
SAY:**

The intent of CSHB 2452 is to design medical policies that would help ensure the health and safety of Texas school children who participate in UIL athletic events by establishing minimum medical playing guidelines, return-to-play guidelines, and injury evaluation guidelines. It would help ensure that students were prepared to play, while having necessary, mandated safeguards for safe return-to-play. The bill would give parents the authority concerning when and if a student could return to play, which is proper. It would not undermine local control of school districts or the authority of coaches.

CSHB 2452 would keep children safe who participate in extracurricular activities. Unfortunately, some children participating in sports do not have current physical examination release forms on file with the school because schools are not required to adopt medical policies, though many do. Also, some children return to play who are not medically fit to do so. Schools like to win; coaches like to win. Coaches control the playing time, and kids want to play. There is great pressure on some of these kids, many of whom are trying for athletic scholarships, to succeed and demonstrate they can play when hurt. Students should not be the ones to decide if they are okay to play.

Many schools do not have athletic trainers; the only medical professional on campus is the school nurse, who very often is available only during the school day and not during after-school athletic competitions. If a student is injured during competition but does not immediately exhibit serious symptoms, having clear guidelines to follow could keep children from being seriously injured.

CSHB 2452 would be a proactive step in addressing a return to play policy in order to avoid lawsuits. Other states have been forced to deal with this

problem because of lawsuits from parents of injured children. In California for example, parents of a child injured during competition sued a school district and won. The child suffered a permanent brain injury from which he will never recover. In Washington D.C., after a lawsuit brought by parents of an injured child, the federal government enacted a law for Washington, D.C. schools that required an athletic trainer or physician to be present for all practices and games.

The 76th Legislative session approved SB 4 by Bivins, relating to public school finance and public education, which requires that a head coach or chief sponsor for an extracurricular athletic activity sponsored or sanctioned by the school district or the UIL be certified in CPR and first aid. That was a good first step, but there is more to be done to ensure the health and safety of Texas school athletes.

OPPONENTS  
SAY:

The UIL already has suggested first aid guidelines for injured students. Coaches take their student athletes' health and interests very seriously and are not going to allow an injured student to play if that student is not medically fit. Besides, parents always have the ultimate authority on whether or not a child can return to play. This bill would take away local control from schools and their coaches.

OTHER  
OPPONENTS  
SAY:

The bill should require physicians and athletic trainers to report known violations to the education commissioner. Also, the physician board members who specialize in sports medicine, general pediatric medicine, orthopedic medicine, and pediatric neurology or neurosurgery also should be required to have a certification of added quality, or CAQ, which is a national qualification in sports and academic medicine.

NOTES:

The committee substitute modified the original bill by expanding the membership of the UIL Medical Board. The substitute also authorized the commissioner of education to consult with the board in approving a medical policy rule and removed the provision that a rule adopted by UIL or a school district policy that affected students' health would not be effective unless approved by the board. The substitute required that board rules include certain criteria, including requiring procedures be designed to ensure that parents or guardians have all necessary medical information necessary to make informed decisions regarding the student's return to play.

