CHAPTER 1131
EXTRACURRICULAR INTERSCHOLASTIC ACTIVITIES — CONCUSSION AND BRAIN INJURY POLICIES
H.F. 2442

AN ACT providing for brain injury policies for certain extracurricular interscholastic activities, and including applicability provisions.

Be It Enacted by the General Assembly of the State of Iowa:

Section 1. Section 280.13C, Code 2018, is amended by striking the section and inserting in lieu thereof the following:

280.13C Concussion and brain injury policies.

1. Legislative findings. The general assembly finds and declares all of the following:
   a. Concussions are one of the most commonly reported injuries in children and adolescents who participate in sports and recreational activities. A concussion is caused by a blow or motion to the head or body that causes the brain to move rapidly inside the skull. The risk of catastrophic injuries or death is significant when a concussion or head injury is not properly evaluated and managed.
   b. Concussions are a type of brain injury that can range from mild to severe and can disrupt the way the brain normally works. Concussions can occur in any organized or unorganized sport or recreational activity and can result from a fall or from players colliding with each other, the ground, or with obstacles. Concussions can occur with or without loss of consciousness, but the vast majority of concussions occur without loss of consciousness.
   c. Continuing to play with a concussion or symptoms of a brain injury leaves a young athlete especially vulnerable to greater injury and even death. The general assembly recognizes that, despite having generally recognized return-to-play standards for concussions and head injuries, some affected youth athletes are prematurely returned to play or expected to learn at full capability, resulting in prolonged symptoms, actual or potential physical injury, or death to youth athletes in this state.
   d. A concussion can impair not only the physical abilities of a student athlete, but can also affect how a student athlete thinks, acts, feels, and learns. A student athlete who has sustained a concussion may need informal or formal adjustments, accommodations, modifications of curriculum, and monitoring by medical or educational staff until the student is fully recovered.
   2. Definitions. For the purposes of this section:
      a. “Contest” means an interscholastic athletic game or competition.
      b. “Contest official” means a referee, umpire, judge, or other official in an athletic contest who is registered with the Iowa high school athletic association or the Iowa girls high school athletic union.
      c. “Emergency medical care provider” means the same as defined in section 147A.1.
      d. “Extracurricular interscholastic activity” means any dance or cheerleading activity or extracurricular interscholastic activity, contest, or practice governed by the Iowa high school athletic association or the Iowa girls high school athletic union that is a contact or limited contact activity as identified by the American academy of pediatrics.
      e. “Licensed health care provider” means a physician, physician assistant, chiropractor, advanced registered nurse practitioner, nurse, physical therapist, or athletic trainer licensed by a board designated under section 147.13.
   3. Training.
      a. The department of public health, Iowa high school athletic association, and the Iowa girls high school athletic union shall work together to develop training materials and courses regarding concussions and brain injuries, including training regarding evaluation, prevention, symptoms, risks, and long-term effects of concussions and brain injuries. Each coach or contest official shall complete such training at least every two years.
      b. Individuals required to complete training pursuant to this subsection shall submit proof of such completion to the Iowa high school athletic association or the Iowa girls high school athletic union, as applicable.
   a. The department of public health, Iowa high school athletic association, and the
      Iowa girls high school athletic union shall work together to distribute the centers for
      disease control and prevention guidelines and other pertinent information to inform and
      educate coaches, students, and the parents and guardians of students of the risks, signs,
      symptoms, and behaviors consistent with a concussion or brain injury, including the danger
      of continuing to participate in extracurricular interscholastic activities after suffering a
      concussion or brain injury and their responsibility to report such signs, symptoms, and
      behaviors if they occur.¹
   b. For school years beginning on or after July 1, 2018, each school district and nonpublic
      school shall provide to the parent or guardian of each student in grades seven through twelve
      a concussion and brain injury information sheet, as provided by the department of public
      health, the Iowa high school athletic association, and the Iowa girls high school athletic
      union. The student and the student’s parent or guardian shall sign and return a copy of the
      concussion and brain injury information sheet to the student’s school prior to the student’s
      participation in any extracurricular interscholastic activity.

5. Removal from participation.
   a. If a student’s coach, contest official, or licensed health care provider or an emergency
      medical care provider observes signs, symptoms, or behaviors consistent with a concussion
      or brain injury in an extracurricular interscholastic activity, the student shall be immediately
      removed from participation.
   b. A student who has been removed from participation shall not recommence such
      participation or participate in any dance or cheerleading activity or activity, contest, or
      practice governed by the Iowa high school athletic association or the Iowa girls high school
      athletic union until the student has been evaluated by a licensed health care provider trained
      in the evaluation and management of concussions and other brain injuries and the student
      has received written clearance to return to or commence participation from a licensed health
      care provider.

6. Return-to-play protocol and return-to-learn plans.
   a. The department of public health, in cooperation with the Iowa high school athletic
      association and the Iowa girls high school athletic union, shall develop a return-to-play
      protocol based on peer-reviewed scientific evidence consistent with the guidelines of the
      centers for disease control and prevention of the United States department of health and
      human services, for a student’s return to participation in any extracurricular interscholastic
      activity after showing signs, symptoms, or behaviors consistent with a concussion or brain
      injury. The department of public health shall adopt the return-to-play protocol by rule
      pursuant to chapter 17A. The board of directors of each school district and the authorities
      in charge of each accredited nonpublic school with enrolled students who participate in an
      extracurricular interscholastic activity which is a contest in grades seven through twelve
      shall adopt such protocol by July 1, 2019.
   b. Personnel of a school district or accredited nonpublic school with enrolled students who
      participate in an extracurricular interscholastic activity which is a contest in grades seven
      through twelve shall develop a return-to-learn plan based on guidance developed by the brain
      injury association of America in cooperation with a student removed from participation in an
      extracurricular interscholastic activity and diagnosed with a concussion or brain injury, the
      student’s parent or guardian, and the student’s licensed health care provider to accommodate
      the student as the student returns to the classroom.

7. Protective gear. For school budget years beginning on or after July 1, 2018, the board of
   directors of each school district and the authorities in charge of each accredited nonpublic
   school with enrolled students who participate in an extracurricular interscholastic activity
   which is a contest in grades seven through twelve shall provide students participating in
   such contests with any protective gear, including but not limited to helmets and pads
   required for the activity by law, by the rules for such contests, or by Iowa high school athletic
   association or Iowa girls high school athletic union guidelines. However, an individual

¹ See chapter 1172, §25 herein
student is responsible for other protective gear that the individual student needs but that is not required for participation in the contest as provided in this subsection.

8. Liability.

a. A school district or accredited nonpublic school that adopts and follows the protocol required by this section and provides an emergency medical care provider or a licensed health care provider at a contest that is a contact or limited contact activity as identified by the American academy of pediatrics shall not be liable for any claim for injuries or damages based upon the actions or inactions of the emergency medical care provider or the licensed health care provider present at the contest at the request of the school district or accredited nonpublic school so long as the emergency medical care provider or the licensed health care provider acts reasonably and in good faith and in the best interest of the student athlete and without undue influence of the school district or accredited nonpublic school or coaching staff employed by the school district or accredited nonpublic school. A school district or accredited nonpublic school shall not be liable for any claim for injuries or damages if an emergency medical care provider or a licensed health care provider who was in accordance with a prearranged agreement with the school district or accredited nonpublic school to be present and available at a contest is not able to be present and available due to documentable, unforeseen circumstances and the school district or accredited nonpublic school otherwise followed the protocol.

b. An emergency medical care provider or a licensed health care provider providing care without compensation for a school district or accredited nonpublic school under this section shall not be liable for any claim for injuries or damages arising out of such care so long as the emergency medical care provider or the licensed health care provider acts reasonably and in good faith and in the best interest of the student athlete and without undue influence of the school district or accredited nonpublic school or coaching staff employed by the school district or accredited nonpublic school.

Sec. 2. IMPLEMENTATION OF RULES. If the rules required to be adopted by the department of public health pursuant to section 280.13C, subsection 6, as enacted by this Act, have not become effective as of July 1, 2019, the board of directors of each school district and the authorities in charge of each accredited nonpublic school with enrolled students who participate in an extracurricular interscholastic activity which is a contest in grades seven through twelve shall adopt the return-to-play protocol as soon as practicable after such rules become effective.

Sec. 3. APPLICABILITY. A person required to complete training pursuant to section 280.13C, subsection 3, as enacted by this Act, has until July 1, 2019, to initially complete such training.

Sec. 4. STATE MANDATE FUNDING SPECIFIED. In accordance with section 25B.2, subsection 3, the state cost of requiring compliance with any state mandate included in this division of this Act shall be paid by a school district from state school foundation aid received by the school district under section 257.16. This specification of the payment of the state cost shall be deemed to meet all of the state funding-related requirements of section 25B.2, subsection 3, and no additional state funding shall be necessary for the full implementation of this Act by and enforcement of this Act against all affected school districts.

Approved April 26, 2018

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2 See chapter 1172, §26 herein
3 See chapter 1172, §38 herein