

FLOOR AMENDMENT
HOUSE OF REPRESENTATIVES
State of Oklahoma

SPEAKER:

CHAIR:

I move to amend HB1349
Page 1-4 Section 1 and 2 Lines Of the printed Bill
Of the Engrossed Bill

By deleting all of Section 1 and 2 and by inserting in lieu thereof the attached Section 1 and 2

AMEND TITLE TO CONFORM TO AMENDMENTS

Adopted: _____

Amendment submitted by: Mike Shelton

Reading Clerk

1 "SECTION 1. NEW LAW A new section of law to be codified
2 in the Oklahoma Statutes as Section 1-281 of Title 63, unless there
3 is created a duplication in numbering, reads as follows:

4 As used in this act:

5 1. "Asthma" means a chronic respiratory disease, often arising
6 from allergies, that is characterized by sudden recurring attacks of
7 labored breathing, chest constriction and coughing;

8 2. "Concussion" means an injury to an organ, especially the
9 brain, produced by a violent blow and followed by a temporary or
10 prolonged loss of function;

11 3. "Heat illness" means exercise-associated muscle (heat)
12 cramps, heat syncope, exercise (heat) exhaustion, external heat
13 stroke, or exertional hyponatremia. These conditions vary in
14 severity and include, but are not limited to, the symptoms of
15 involuntary muscle contraction, dehydration, neuromuscular fatigue,
16 dizziness, fainting, headache, nausea, vomiting, increased body
17 temperature, disorientation, mood change, aggression, cardiac arrest
18 and death; and

19 4. "Youth sport organization" means any sport organization
20 which consists of an activity involving physical exertion and skill
21 in which an individual or team competes against another or others
22 and which consists of participants who are under the age of eighteen
23 (18) years and who require the consent of a parent or guardian prior
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1 to participation and who are not participating as a requirement for
2 scholarship or academic credit.

3 SECTION 2. NEW LAW A new section of law to be codified
4 in the Oklahoma Statutes as Section 1-281.1 of Title 63, unless
5 there is created a duplication in numbering, reads as follows:

6 A. Each youth sport organization in this state shall develop
7 policies and procedures relating to asthma, heat illness, and
8 concussions. Policies shall reflect current scientifically based
9 research and well-established national standards. Policies and
10 procedures shall specifically include:

11 1. Temperature guidelines for outside activity including but
12 not limited to physical activity and athletic participation;

13 2. Uniform regulations based on temperature and humidity;

14 3. Guidelines for heat acclimatization;

15 4. Requirements that youth with asthma have a rescue inhaler
16 available during games and practices;

17 5. Guidelines which encourage alternative practice sites for
18 youth with asthma triggered by airborne allergies when practical;

19 6. Guidelines which encourage practices to be scheduled at
20 times at which pollen counts are lowest;

21 7. Regulations concerning the teaching and practice of safe
22 playing techniques; and

23 8. Regulations requiring youth to wear the right protective
24 equipment for their activity.

1 B. Each youth sport organization shall develop venue-specific
2 emergency action plans based on well-established national standards
3 to be used in the event of an asthma attack, heat illness, or a
4 concussion and/or medical emergency. The emergency action plans
5 shall include:

- 6 1. Facility location;
- 7 2. Personnel duties;
- 8 3. Emergency vehicle route/entrance;
- 9 4. Emergency equipment needed;
- 10 5. Roles of first responders;
- 11 6. Immediate detection and care; and
- 12 7. Postemergency action plans.

13 C. Youth sport organizations shall be required to provide
14 training to coaches relating to the signs of asthma, heat illness,
15 and concussions and their symptoms.

16 D. A participant who is suspected of having an asthma attack,
17 heat illness, or a concussion during a youth sport organization
18 practice or game shall be removed from participation at that time.
19 Such participant may not rejoin the practice or game until he or she
20 is evaluated by an individual who is trained in the detection and
21 care of such condition. If the case appears severe, such
22 participant may not rejoin the practice or game until he or she is
23 evaluated by a licensed healthcare provider trained in the
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1 evaluation and management of that condition and receives written
2 approval from such provider.”

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