

## **HB935 amended bill testimony.pdf**

Uploaded by: Robert Phillips

Position: FAV

# MARYLAND STATE FIREFIGHTERS ASSOCIATION

*Representing the Volunteer Fire, Rescue and Emergency Medical Services Personnel  
-a 501(c)3 Organization*



## **Legislative Committee**

17 State Circle  
Annapolis MD, 21401  
Chair: Robert Phillips  
Email: rfcchief48@gmail.com  
Cell: 443-205-5030  
Office: 410-974-2222

## **HB935: Venue-Specific Emergency Action Plans - High School Football Games - Requirements**

(James "Jimmy" Malone Act)

My name is Chief Robert Phillips and I am the Chair of the Maryland State Firefighters Association (MSFA) Legislative Committee

I wish to present testimony in favor of HB935 **Venue-Specific Emergency Action Plans - High School Football Games - Requirements**

The MSFA supports this bill completely. The bill would require that medically trained personnel would be available for all high school football games in the future. The bill also requires that a "venue specific emergency action plan" will be written up , made available for everyones knowledge and the plan will be practiced or drilled with so should if there is an issue or emergency the patients will be given the best chance to recover fully.

The fire/EMS community first responders work with incident action plans all the times and we understand that having them and drilling with them is the best way to pre-determine the positive outcome for and emergency.

We all know that the pan is a living document and grows and improves as time goes on and that any action plan that is written up and used by any "high school" will also be the same and looked at for improvement each year going forward.

The MSFA asks that you return a FAVORABLE vote on HB935

Thank you and I would be glad to answer any questions you might have.

# **McClean EEE Written Testimony HB 935.pdf**

Uploaded by: Jane Miraglia

Position: FWA



**Bill:** HB 0935 Public High Schools – Venue Specific Emergency Action Plans – High School Football Games – Requirements

**Date:** March 27<sup>th</sup>, 2025

**Position:** Favorable with Amendments

**Contact:** Jane McClean, [MATAGovernmentAffairs@gmail.com](mailto:MATAGovernmentAffairs@gmail.com)

Chair Feldman, Vice Chair Kagan, and the Education, Energy, and the Environment Committee,

As an athletic trainer, I have dedicated my life to sport safety. And as the Government Affairs Committee Chair for the Maryland Athletic Trainers' Association, I volunteer my time to make sure Athletic Trainers are properly represented and protected in Maryland legislation and regulations. I was very excited to see Delegate Roberts' initial version of this bill; however, as amended, we respectfully request amendments.

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The MATA propose amendments to page 4: strike lines 18-21 and page 7: strike lines 15-18 which removes “2. AN INDIVIDUAL LICENSED OR CERTIFIED TO PROVIDE EMERGENCY MEDICAL SERVICES IN ACCORDANCE WITH § 13–516 OF THIS ARTICLE; 3. A NURSE LICENSED UNDER TITLE 8 OF THE HEALTH 18 OCCUPATIONS ARTICLE”.

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COMAR 30.02.03.01. “An individual licensed or certified emergency medical services” can only do so under “the oversight of an EMS operational program”.

The intent of HB 935 is to strengthen access to emergency treatment for football athletes in Maryland, but amendments are needed to ensure we achieve that goal. Thank you in advance for the time you will spend discussing how to improve youth safety in Maryland!

I am always happy to any questions that may arise.

Jane (Miraglia) McClean, MSHA LAT, ATC, CEIS  
MATA Government Affairs Committee Chair



# **Reduce Your Risk.pdf**

Uploaded by: Jane Miraglia

Position: FWA



# REDUCE YOUR RISK



## AVOID INJURY – STAY ACTIVE:

in order for any athlete to be at his or her very best, injury prevention and physical activity must go hand in hand.

Injury prevention is critical because previous injury is **A RISK FACTOR FOR FUTURE INJURY.**<sup>7</sup>



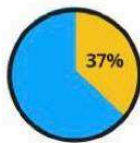
Players with one or more previous injuries have **2 TO 3 TIMES GREATER RISK OF INJURY** compared to those without previous injury.<sup>7</sup>

Approximately **1/4 OF COACHES, ATHLETES AND PARENTS** don't do anything to prevent injuries.<sup>43</sup>

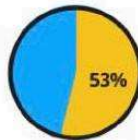


**KNOW THE SIGNS AND SYMPTOMS OF INJURIES, AND COMMUNICATE ANY CONCERN YOU HAVE WITH YOUR ATHLETIC TRAINER, COACH, TEACHER OR PARENT.**

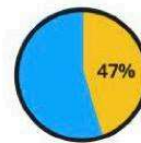
Athletes at secondary schools with proper medical teams that include an athletic trainer **SUSTAIN A LOWER INCIDENCE OF INJURIES** (both acute and recurring) than athletes at schools without athletic trainers. Athletes at secondary schools with athletic trainers **INCUR MORE DIAGNOSED CONCUSSIONS**, demonstrating better identification of these injuries.



**ONLY 37 PERCENT** OF PUBLIC HIGH SCHOOLS HAVE A FULL-TIME ATHLETIC TRAINER.<sup>8</sup>



**53 PERCENT** OF COACHES SAY THEY HAVE FELT PRESSURE FROM A PARENT OR PLAYER TO PUT AN ATHLETE BACK INTO A GAME AFTER A CHILD HAS BEEN INJURED.<sup>43</sup>



**ONLY 47 PERCENT** OF SCHOOLS HAVE AN ATHLETIC TRAINER PRESENT DURING AFTERNOON PRACTICE.<sup>8</sup>

The American Academy of Pediatrics recommends that **AN ATHLETIC TRAINER SHOULD BE PRESENT AT ALL FOOTBALL GAMES AND PRACTICES.**<sup>93</sup>



According to the CDC, **MANY SPORTS-RELATED INJURIES ARE PREDICTABLE AND PREVENTABLE.**<sup>66</sup>

A study from the American Academy of Pediatrics showed that the presence of athletic trainers can have a significant positive impact on student athlete health,

**RESULTING IN LOWER INJURY RATES, IMPROVED DIAGNOSIS AND RETURN-TO-PLAY DECISIONS FOR INJURIES SUCH AS CONCUSSION AND FEWER RECURRENT INJURIES.**<sup>93</sup>

For a list of full references, visit [atyourownrisk.org](http://atyourownrisk.org).

**AT** YOUR OWN **RISK**

**NATA**  
NATIONAL ATHLETIC TRAINERS ASSOCIATION  
HEALTH. RISK. AWARENESS. GROWTH.

## **What is an AT.pdf**

Uploaded by: Jane Miraglia

Position: FWA










# WHAT IS AN ATHLETIC TRAINER?

Athletic trainers (ATs) are health care professionals who provide a safer approach to work, life and sport. ATs are unique health care providers specifically trained in the prevention of injury and illness.



## ATHLETIC TRAINERS:

-  Are diverse and unique health care professionals. ATs follow a medical-based education model.
-  Must graduate from an accredited educational program and pass a comprehensive certification exam.
-  Are licensed and otherwise regulated in 49 states and the District of Columbia. Efforts continue to gain regulation in California.
-  Must keep their knowledge and skills current by participating in continuing education.
-  Work in elementary schools, middle schools and high schools; colleges and universities; professional and amateur sports organizations; hospitals and clinics; corporate workplaces; the armed forces; police and fire departments; performing arts; and private practice.



## HEALTH TOPICS:

Some of the health topics that ATs are educated in include\*:

- Orthopedic Injuries
- Concussion
- Heat Stroke and other Heat Illnesses
- Sudden Cardiac Arrest and other Cardiac Emergencies
- Eating Disorders
- Infectious Diseases
- Diabetic Episodes
- Exertional Sickling
- Early Onset Osteoarthritis
- Substance Abuse
- Mental Health
- Weight Management
- Environmental and Weather-Related Health Conditions
- Dental and Oral Injuries

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# AT: CORE COMPETENCIES

ATs master essential skills to fulfill their role as health care providers and render services in a safe and efficient manner. These core competencies, known as domains, define the areas of patient care and professional responsibility for the AT. State regulation provides the framework by which ATs can practice.

## Risk Reduction, Wellness and Health Literacy



ATs promote healthy lifestyle behaviors through education to enhance individual and community wellness. ATs use risk mitigation strategies to reduce the risk of injury and illnesses in their patients.

## Assessment, Evaluation and Diagnosis



ATs implement evidence-based practice to assess, evaluate and diagnose an injury or illness. ATs integrate their robust knowledge of injury pathology and patient history to determine a diagnosis and/or refer for any additional testing.

## Critical Incident Management



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## Healthcare Administration and Professional Responsibility



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# **Who is Caring For Your Athletes.pdf**

Uploaded by: Jane Miraglia

Position: FWA

# WHO IS TAKING CARE OF YOUR ATHLETES?



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Emergency injuries and illnesses that ATs are trained to treat include:



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## ATs Reduce Risk

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**AT** YOUR OWN  
**RISK**

## **Ed Strapp.pdf**

Uploaded by: Sarah Peters

Position: FWA



## Testimony in Support of HB 935 with Amendments

Venue-Specific Emergency Action Plans – High School Football Games – Requirements

### Presented to the Education, Energy, and the Environment Committee

3/27/25

### Chair Feldman, Vice Chair Kagan , and Members of the Committee,

My name is Ed Strapp, I am a Licensed Athletic Trainer in the State of Maryland and also a Nationally Registered Paramedic and Certified Flight Paramedic working in Maryland; and I am testifying today in **support of HB 935 with amendments** to ensure that the legislation effectively enhances student-athlete safety. While this bill is an important step in requiring venue-specific emergency action plans (EAPs) for high school football games, it is critical to clarify **the role, qualifications, and legal scope of mandated sideline healthcare providers (HCPs)** to avoid unintended consequences and ensure proper medical care.

### Clarifying the Goal of Sideline Healthcare Coverage

The bill originally mandated the presence of **either a licensed athletic trainer (AT) or an ambulance with emergency medical services (EMS) personnel** at high school football games. It now includes physicians, nurses, and individuals licensed or certified to provide emergency medical services. However, it does not clearly define the **intended role** of these medical professionals. This lack of clarity raises critical questions:

- Is the primary objective to provide **emergency sideline care**?
- Should HCPs be authorized to **make return-to-play decisions**?
- Is the main goal to ensure **rapid transport to an appropriate hospital**?

Each of these objectives requires **different expertise**. Only **athletic trainers and sports medicine physicians** are specifically trained in **acute sports injury management, concussion protocols, and return-to-play decisions**. EMS personnel, while essential for emergency transport and stabilization, do not have the specialized training required to **assess injuries and determine whether an athlete is fit to return to play**. Nurses do not have the **specialized training for on the field emergency transport, stabilization, assess football specific injuries and determine whether an athlete is fit to return to play**.

### Addressing Legal and Liability Concerns

Additionally, the bill lists several categories of healthcare providers who **may not have the legal authority to provide independent sideline coverage** without an overseeing employer or supervisory medical structure. This creates potential **liability risks** for providers who may be placed in situations beyond their legally defined scope of practice. To mitigate this risk:

1. The bill should **clearly define the legal responsibilities** of each healthcare provider type.
2. The legislation should **align scope of practice with state medical board regulations** to avoid legal conflicts.

## **Expanding Coverage to Other High-Risk Sports**

Football is not the only high school sport with a significant risk of injury. **Lacrosse, wrestling, and basketball** also pose serious risks, including **concussions, orthopedic injuries, and cardiac emergencies**. Limiting these safety requirements to **football alone** fails to protect thousands of student-athletes who participate in other high-impact sports. **To ensure equitable safety standards, the bill should be expanded to cover all high-risk sports.**

## **Proposed Amendments to Strengthen HB 935**

1. **Clarify the goal of sideline healthcare coverage** – Is the intent **emergency response, return-to-play decision-making, or injury transport**? The bill should specify this to avoid confusion and improper medical care.
2. **Limit return-to-play authority to licensed athletic trainers and physicians** – Other HCPs, including EMS personnel, nurses, and other licensed providers, should not be responsible for making return-to-play decisions.
3. **Define the legal scope and liability protections** for mandated sideline HCPs to ensure compliance with state laws governing medical practice.
4. **Expand the bill to include other high-risk sports** beyond football to ensure comprehensive athlete safety.

HB 935 is a significant step forward, but **these amendments are necessary to ensure its effectiveness** in protecting student-athletes. I urge this committee to adopt these changes and advance the bill in a way that fully addresses emergency preparedness and sideline medical care.

Thank you for your time and consideration. I welcome any questions.

**Respectfully submitted,**

Ed Strapp

Co-Owner, Sports Medicine Emergency Management

ed@smematc.com

# **MATA HB 935.pdf**

Uploaded by: Sarah Peters

Position: FWA





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