

Bill Title: Youth athletics: California Youth ACL Injury Prevention and Education Act

California Youth ACL Injury Prevention and Education Act

SECTION 1.

This article shall be known, and may be cited, as the California Youth ACL Injury Prevention and Education Act.

SECTION 2. Legislative Findings and Declarations

(a) The Legislature finds and declares all of the following:

- (1) A youth sports organization's highest priority is the safety and well-being of its participants. California children should be protected with safe sport standards and practices empowering parents to make informed choices regarding the elected activities of their children.
- (2) Youth athletes participating in sports that involve cutting, pivoting, jumping, or rapid deceleration face a heightened risk of ACL injury, with female athletes experiencing ACL injuries at a rate up to 8 times higher than male athletes in comparable sports due to a combination of biomechanical, neuromuscular, and developmental factors.
- (3) Anterior cruciate ligament (ACL) injuries are among the most common and severe injuries sustained by youth athletes and frequently result in surgery, extended rehabilitation, reinjury, and long-term musculoskeletal conditions, including early-onset osteoarthritis.
- (4) Epidemiological studies indicate that the incidence of anterior cruciate ligament (ACL) injuries has risen steadily over the past two decades, particularly among adolescents and young adults, and that youth athletes now experience some of the highest rates of growth in ACL injuries of any age group.
- (5) Peer-reviewed research demonstrates that structured neuromuscular training programs incorporating strength training, agility, balance, and plyometric exercises can reduce the risk of ACL injury from 50 up to 80 percent when implemented consistently and correctly, while providing coaches, athletes, and parents with clear guidance to promote safe participation and recovery.
- (6) Research further demonstrates that early intervention, beginning between approximately 8 years of age and continuing through early adolescence, can correct neuromuscular imbalances prior to and during puberty, a period associated with increased injury risk due to rapid growth and biomechanical change.
- (7) Despite the availability of effective, free to medium-cost prevention strategies, many youth sports programs lack standardized requirements for ACL education, screening, and prevention programming.

- (8) It is the intent of the Legislature to build upon similar injury education and prevention legislation, including Assembly Bill 2007 (Chapter 516 of the Statutes of 2016), Assembly Bill 379 (Chapter 379 of the Statutes of 2019), and Assembly Bill 1 (Chapter 158 of the Statutes of 2019); to establish minimum, statewide standards for ACL and lower limb injury education, prevention, medical oversight, and injury tracking across youth sports, while preserving the authority of youth sport organizations to adopt more protective measures to enhance the safety and well-being of young athletes.

SECTION 3. Definitions

For purposes of this article, the following definitions apply:

- (1) “**ACL**” means the anterior cruciate ligament of the knee.
- (2) “**ACL injury prevention program**” means an evidence-based neuromuscular training program designed to reduce the risk of ACL injury through instruction in proper movement mechanics, including strength, balance, agility, coordination, and plyometric exercises.
- (3) “**Athletic Trainer**” means an individual who has completed an accredited athletic training education program and meets the certification requirements established by the Board of Certification for the Athletic Trainer or its successor, as further defined pursuant to Section 2529.8.1
- (4) “**Coach**” means a person appointed or engaged by a youth sports organization to supervise or instruct youth athletes.
- (5) “**De-identified injury data**” means injury information that does not include youth athlete names or personal identifiers, in order to facilitate injury tracking while protecting privacy.
- (6) “**Game**” means an organized competitive athletic event conducted by a youth sports organization.
- (7) “**Heat-related illness**” includes heat cramps, heat syncope, heat exhaustion, and exertional heat stroke, as defined in Cal/OSHA regulations.
- (8) “**high-risk sport**” means a sport in which cutting, pivoting, sudden deceleration, or landing from a jump are integral and recurring components of play, including, but not limited to, soccer, basketball, volleyball, lacrosse, and field hockey. Additional sports may be designated as high-risk by the youth sports organization or its governing league based on evidence-based injury risk, peer-reviewed studies.
- (9) “**Practice**” means an organized athletic training session conducted by a youth sports organization to prepare youth athletes for competition, including drills, conditioning, and skill development.

(10) **“Season”** means the period of organized sport activities designated by a youth sports organization for a high-risk sport. A season may include:

(A) Preseason activities, including conditioning, skill development, and evaluation sessions prior to the start of competition;

(B) Regular competition, including games, tournaments, and league matches;

(C) Post-season or championship activities, including playoff or tournament participation.

A youth sports organization may determine the start and end dates of each season based on the age group, skill level, and sport-specific guidelines, provided that preseason and regular season activities are separated to allow adequate rest and training for youth athletes.

(11) **“Safety equipment”** includes, but is not limited to, all of the following as applicable to the sport, and also as defined by the respective youth sport leagues:

(A) Footwear appropriate for the playing surface, including cleats, court shoes, or turf shoes, to reduce risk of slips, pivots, or knee injuries.

(B) Lower-extremity protective gear, such as knee braces, sleeves, or supports, if used by the youth athlete.

(C) Shin guards or leg protection, as required in soccer, field hockey, or similar sports.

(D) Properly fitted uniforms or jerseys that allow safe movement and do not interfere with movement patterns.

(E) Other sport-specific protective equipment that contributes to safe participation and injury prevention.

(12) **“Youth athlete”** means an individual 17 years of age and under participating in organized youth sports.

(13) **“Youth sports league”** means an organization that groups together youth sports organizations to administer rules, and set competition or practice schedules. A youth sports league may or may not be affiliated with a regional or national governing body.

(14) **“Youth sports organization”** means any public or private nonprofit, for-profit organization, club, or association, other than a public school or school district, that sponsors, organizes, or conducts youth sports activities for youth athletes.

SECTION 4. Applicability

This article shall apply to all youth sports organizations offering high-risk sports, excluding public schools, school districts, or other governmental entities acting in their governmental capacity.

SECTION 5. Coach, Referee, and Administrator Education Requirements

Commencing January 1, 2027, a youth sports organization that elects to offer a high-risk sport shall comply with all of the following requirements:

- (a) Each coach, referee and youth sports organization shall annually complete all of the following:
 - (1) Concussion and head injury education pursuant to Section 124235.
 - (2) Opioid Factsheet for Patients pursuant to Section 124236.
 - (3) ACL injury signs and symptoms, risk factors and prevention strategies education.
 - (4) Training in the basic understanding of the signs, symptoms, and appropriate responses to heat-related illness.
- (b) Education required under this section shall be consistent with current medical guidance, via in-person or online modules provided by the regional or national governing league of a youth sports organization, or by a nationally recognized medical provider.
- (c) Shall maintain records of completed training for coaches, referees, and administrators and make them available for review upon request by the governing league.

SECTION 6. Required ACL Injury Prevention Programming

Commencing January 1, 2027, a youth sports organization to offer a high-risk sport shall:

- (a) Implement an ACL injury prevention program from a nationally recognized program and integrate it in consultation with an Athletic Trainer, Physical Therapist or sports medicine physician.
 - (1) The ACL injury prevention program shall include all of the following components:
 - (A) **Strength training**, with an emphasis on lower-extremity and core musculature.
 - (B) **Neuromuscular training**, including balance, coordination, and stability exercises.
 - (C) **Plyometric training**, including jumping and landing mechanics emphasizing proper alignment and control.
 - (2) The ACL Injury prevention program shall:
 - 1. Have a duration of approximately 15 to 20 minutes per session.
 - 2. Be conducted no fewer than two times and no more than three times per week, including at least once prior to training sessions or games, and shall not be performed more than once per day.
 - 3. Be made available to youth athletes beginning at approximately 8 years of age, starting at the commencement of the preseason and continuing throughout the regular season,

and shall be developmentally appropriate for the age and skill level of the youth athlete.

SECTION 7. Information Sharing Protocol on ACL / Lower Extremity Injury Education and Prevention for Parents, Guardians and Youth Athletes

(a) Commencing January 1, 2027, a youth sports organization that elects to offer a high-risk sport shall do all of the following:

(1) Education and information sheet requirement:

(A) Provide each youth athlete and the athlete's parent or guardian with "ACL and lower extremity education and educational materials" and an "ACL and lower extremity injury information sheet"

(B) The "ACL and lower extremity education and educational materials" and an "ACL and lower extremity injury information sheet" shall, at a minimum, include information relating to all of the following:

- (1) ACL and lower extremity injuries and their potential consequences.
- (2) The signs and symptoms of ACL and lower extremity injury.
- (3) Best practices for removal of an athlete from an athletic activity after a suspected ACL or lower extremity injury.
- (4) Steps for returning an athlete to school and athletic activity after an ACL or lower extremity injury.
- (5) Information advising youth athletes and their parents or guardians of locally available providers that offer ACL injury prevention screening, and that participation in any such screening is voluntary and not required as a condition of participation.

(C) The information sheet shall be signed and returned by the youth athlete and, if the youth athlete is 17 years of age or younger, shall also be signed by the athlete's parent or guardian, before the youth athlete initiates practice or competition.

(D) The information sheet may be sent and returned through an electronic medium including, but not necessarily limited to, fax or electronic mail.

(E) The youth sports organization shall post related information, as referenced in paragraph (7), online, or provide educational materials to athletes and parents, or both.

(2) Professional Disclosure Requirement: A youth sports organization shall provide each youth athlete's parent or guardian with the following information for each Athletic Trainer, Physical Therapist, or other licensed sports medicine professional who interacts with youth athletes under the organization's authority:

(A) Full legal name of the professional;

(B) License type and registration or certification identifier, if applicable;

(C) The issuing licensing or credentialing entity; and

(D) Instructions for a parent or guardian to file a complaint regarding the conduct or performance of an Athletic Trainer, Physical Therapist, or other licensed sports medicine professional with the professional's licensing or oversight authority, the [Department/Agency], the youth sports organization, and the applicable youth sports league or governing body, including relevant contact information and timelines.

(3) The ACL and lower extremity injury education and prevention materials and information sheet shall, at a minimum, include information relating to all of the following:

(A) The nature of anterior cruciate ligament and other common lower extremity injuries in youth athletes and their potential short- and long-term consequences.

(B) Common risk factors for ACL and lower extremity injuries, including biomechanical, neuromuscular, and sport-specific risk factors.

(C) Evidence-based injury prevention strategies, including neuromuscular training and movement-based exercises designed to reduce the risk of ACL and lower extremity injuries.

(D) Recommendations that youth athletes perform injury prevention exercises on a year-round basis to promote proper movement patterns and reduce biomechanical decline.

(E) Information advising youth athletes and their parents or guardians of locally available providers that offer ACL injury prevention screening, and that participation in any such screening is voluntary and not required as a condition of participation.

(4) The provision of this information shall not be construed to require a youth sports organization to provide medical advice or to arrange or pay for screening services.

SECTION 8. Medical Coverage and Emergency Authority

(a) A youth sports organization shall ensure that at least one Athletic Trainer, licensed Physical Therapist or sports medicine physician is present during all regular season games and tournaments, when reasonably available.

(b) An Athletic Trainer, licensed Physical Therapist, or sports medicine physician present pursuant to subdivision (a) shall have the independent authority to remove a youth athlete from

participation if the youth athlete is reasonably suspected of sustaining an ACL injury or other lower extremity injury.

(c) The ratio of youth athletes to medical professionals shall be determined by an Athletic Trainer or licensed Physical Therapist, based on completion of a site evaluation of the venue at which games or tournaments are conducted, using guidance provided by the National Athletic Trainers' Association.

SECTION 9. Facilities and Safety Inspections

(a) A youth sports organization shall make reasonable efforts, when reasonably available and within its control, to ensure that youth athletes have access to at least one fixed or mobile restroom during games and tournaments it sponsors.

(b) Safety equipment and playing conditions shall be inspected to ensure that all youth athletes are properly equipped and to identify obvious hazardous conditions within the area of play that may increase the risk of injury.

(c) Compliance with recognized safety guidelines or model policies adopted by a national or state youth sports governing body, or guidance issued by the department, shall be deemed compliance with this section.

(d) Nothing in this section shall be construed to:

- (1) Require a youth sports organization to own, operate, construct, or modify a facility;
- (2) Impose requirements on a city, county, school district, or other governmental entity acting in its governmental capacity; or
- (3) Create a private right of action or expand civil liability..

SECTION 10. Injury Removal, Reporting, Injury Tracking, and Return to Play

(a) Commencing January 1, 2027, a youth sports organization that elects to offer a high-risk sport shall comply with all of the following:

(1) (a) Removal and return-to-play. An athlete who is suspected of sustaining an anterior cruciate ligament injury or other lower extremity injury during an athletic activity shall be immediately removed from the activity for the remainder of the day and shall not be permitted to return to athletic activity until evaluated by a licensed health care provider. If the licensed health care provider determines that the athlete sustained an anterior cruciate ligament injury or other lower extremity injury, the athlete shall not return to athletic activity until the athlete receives written clearance and completes a graduated return-to-play protocol of not less than seven days under the supervision of a licensed health care provider.

(b) Mandatory injury reporting to the league and/or governing body.

A youth sports organization shall report each injury resulting in removal pursuant to subdivision (a) to the applicable youth sports league or governing body in accordance with the injury reporting procedure established by the organization.

(c) Parent or guardian notification.

If an athlete who is 17 years of age or younger is removed from athletic activity pursuant to subdivision (a), the youth sports organization shall notify the athlete's parent or guardian of the time and date of the injury, the symptoms observed, and any treatment provided by the organization at the time of the injury.

(2) Commencing January 1, 2027, a youth sports league or governing body that receives injury reports pursuant to subdivision (b) shall comply with all of the following:

(a) Mandatory retention of injury information.

The youth sports league or governing body shall retain injury information received from youth sports organizations for the purpose of tracking youth athlete injuries.

(b) Mandatory de-identified aggregation.

The youth sports league or governing body shall annually compile aggregated, de-identified injury data derived from injury information received pursuant to this section. The aggregated data shall include, at a minimum: the type of injury, including anterior cruciate ligament injuries and other lower extremity injuries; the body part injured; the general category of medical treatment received; and the return-to-play protocols followed.

(c) Mandatory annual injury data reporting.

The youth sports league or governing body shall annually report the aggregated, de-identified injury data compiled pursuant to subdivision (e). The report shall include injury incidence by type, including anterior cruciate ligament injuries, other lower extremity injuries, and other injuries associated with high-risk athletic movement.

(d) Data retention and permissible sharing.

Aggregated, de-identified injury data shall be retained for a minimum of 5 years and may be shared in summary form with member youth sports organizations, parents or guardians, and any designated state agency for purposes of youth athlete injury prevention and education.

SECTION 11. Youth Sports Organization Annual Declaration of Compliance

(a) Youth sports organization declaration.

Commencing January 1, 2027, a youth sports organization that elects to offer a high-risk sport shall annually provide a declaration of compliance to its respective youth sports league or governing body. The organization shall make the declaration available to youth athletes by posting it on the organization's internet website, if the organization maintains one, or by otherwise distributing it to the parents or guardians of youth athletes.

(b) Youth sports league or governing body duties. Commencing January 1, 2027, a youth sports league or governing body that receives declarations pursuant to subdivision (a) shall:

- (1) Retain the declarations for purposes of compliance monitoring.
- (2) Compile aggregated, de-identified injury data derived from injury reports submitted by youth sports organizations pursuant to Section 10.
- (3) Publish an annual report on the league or governing body's internet website, which includes:
 - (a) Aggregated, de-identified injury data pursuant to Section 10 by sport and injury type, including anterior cruciate ligament injuries and other lower extremity injuries.
 - (b) Historical (archival) injury data from prior years, to the extent retained pursuant to Section 10(g) for purposes of injury tracking, education, and prevention.

SECTION 13. Higher Safety Standards Permitted

Nothing in this article shall prohibit any youth sports organization from adopting and enforcing rules that provide a higher standard of safety than required by this article.