

118TH CONGRESS
1ST SESSION

H. R. 4256

To amend section 485 of the Higher Education Act of 1965 to require venue-specific heat illness emergency action plans for any institution of higher education that is a member of an athletic association or athletic conference, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JUNE 21, 2023

Mr. MFUME (for himself and Mr. TRONE) introduced the following bill; which was referred to the Committee on Education and the Workforce

A BILL

To amend section 485 of the Higher Education Act of 1965 to require venue-specific heat illness emergency action plans for any institution of higher education that is a member of an athletic association or athletic conference, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Jordan McNair Stu-
5 dent Athlete Heat Fatality Prevention Act”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

1 (1) Heat-related illnesses are a serious medical
2 condition that result from the body’s inability to cool
3 itself down in extremely hot environments. Heat-re-
4 lated illnesses include heatstroke, heat exhaustion,
5 heat cramps, heat syncope, heat rash, and muscle
6 breakdown. When experiencing heat illness, patients
7 may exhibit an array of symptoms including but not
8 limited to confusion, slurred speech, unconscious-
9 ness, vomiting, seizures, fatigue, elevated body tem-
10 perature, fainting, dizziness, or muscle pain.

11 (2) The Centers for Disease Control and Pre-
12 vention reported over 700 heat-related deaths in the
13 United States from 2004 to 2018. Heat is the lead-
14 ing climate-related cause of deaths, and rising tem-
15 peratures pose a serious risk to student athletes par-
16 ticipating in outdoor sports.

17 (3) Jordan McNair, a highly accomplished high
18 school football player from Maryland, received schol-
19 arship offers from many competitive university foot-
20 ball programs. He chose to continue his athletic and
21 academic career at the University of Maryland.

22 (4) On May 29, 2018, Jordan McNair collapsed
23 during a workout on the University of Maryland’s
24 football field in the 81 degrees Fahrenheit heat.
25 McNair was suffering from exertional heatstroke

1 and was unable to remain in an upright position
2 without assistance from his teammates, medical
3 staff, or coaching staff.

4 (5) Despite being a student athlete at a well-
5 funded division I university, Jordan McNair received
6 inadequate heat-related illness treatment once he
7 was escorted off the field and into the athletic train-
8 ing room. Because medical staff were unable to re-
9 verse McNair's core body temperature, the illness es-
10 calated to a seizure and respiratory distress.

11 (6) Most medical professionals advise patients
12 to receive treatment within 30 minutes of initial heat
13 illness symptoms. Over 90 minutes passed from the
14 time McNair displayed initial symptoms of exertional
15 heatstroke to the time he finally received adequate
16 care from the nearest hospital.

17 (7) By the time Jordan McNair arrived at the
18 hospital, his core body temperature had reached a
19 life-threatening temperature of 106 degrees Fahr-
20 enheit.

21 (8) On June 13, 2018, two weeks after col-
22 lapsing on the football field at practice, Jordan
23 McNair died from symptoms of exertional heat-
24 stroke.

1 (9) Two extensive external investigations of the
2 University of Maryland’s football program concluded
3 that the program’s medical staff failed to promptly
4 intervene, diagnose, and treat Jordan McNair’s exer-
5 tional heatstroke symptoms.

6 (10) According to an independent medical re-
7 port, University staff failed to assess Jordan
8 McNair’s vitals, recognize and monitor heat-related
9 illness symptoms, provide adequate cooling devices
10 and respiratory aids, and generate an emergency
11 plan to coordinate with emergency responders.

12 (11) The University of Maryland has taken sig-
13 nificant steps to prevent and treat heat-related inju-
14 ries among their student athletes, making cold water
15 immersion tubs available at every practice and game,
16 installing and maintaining readily accessible auto-
17 matic defibrillators at every venue, and increasing
18 the training and reporting structure of athletic
19 trainers, among other reforms in line with the prior-
20 ities of this Act.

21 (12) The McNair family is devoted to honoring
22 Jordan’s legacy and founded the Jordan McNair
23 Foundation, which provides an educational tool to
24 help coaches, student athletes, and parents identify
25 symptoms of heatstroke and heat-related illnesses.

1 (13) Heat-related illnesses and fatalities are
2 preventable if caught early. Medical staff, coaches,
3 and athletes must be knowledgeable of the warning
4 signs for heat-related illness in order to protect stu-
5 dent athletes from injury, and even death.

6 **SEC. 3. VENUE-SPECIFIC HEAT ILLNESS EMERGENCY AC-**
7 **TION PLAN REQUIREMENTS.**

8 Section 485 of the Higher Education Act of 1965 (20
9 U.S.C. 1092) is amended by inserting at the end the fol-
10 lowing new subsection:

11 “(n) VENUE-SPECIFIC HEAT ILLNESS EMERGENCY
12 ACTION PLAN REQUIREMENT.—

13 “(1) IN GENERAL.—Each institution of higher
14 education that is participating in any program under
15 this title and that is a member of an athletic asso-
16 ciation or athletic conference, shall—

17 “(A) not later than 1 year after the date
18 of the enactment of this subsection and in con-
19 sultation with local emergency responders, de-
20 velop and implement a venue-specific heat ill-
21 ness emergency action plan, which shall include
22 a plan for the operation and use of automatic
23 external defibrillators and cold water immersion
24 equipment; and

1 “(B) not later than 1 year after the date
2 that such a plan is first implemented, and on
3 an annual basis thereafter, submit to the Sec-
4 retary and authorizing committees a report that
5 demonstrates compliance with the requirements
6 of this subsection with respect to the preceding
7 year.

8 “(2) REQUIREMENTS.—A plan developed and
9 implemented under paragraph (1), with respect to
10 an institution of higher education, shall—

11 “(A) include a symptom identification
12 structure and a coordination of care plan for
13 student athletes exhibiting signs of heat illness,
14 and be visibly posted in each—

15 “(i) locker room;

16 “(ii) athletic training facility;

17 “(iii) weight room; and

18 “(iv) outdoor sports complex and sta-
19 dium;

20 “(B) be made available on the athletic pro-
21 gram website or public website of the institution
22 of higher education at the beginning of each
23 academic year;

24 “(C) be distributed to local emergency re-
25 sponders; and

1 “(D) before the start of in-person training
2 for each academic year, be distributed to, and
3 rehearsed in person by all of the following indi-
4 viduals at the institution of higher education:

5 “(i) Student athletes.

6 “(ii) Certified athletic trainers.

7 “(iii) Team physicians.

8 “(iv) Athletic training students.

9 “(v) Athletic administrators.

10 “(vi) Coaches.

11 “(vii) Institutional safety personnel.

12 “(viii) Legal counsel.

13 “(3) RECOMMENDATIONS.—In developing a
14 plan under paragraph (1), an institution of higher
15 education shall consider—

16 “(A) including guidelines by the Wet-Bulb
17 Globe Temperature index to assess environ-
18 mental condition and heat stress prevention for
19 student athletes;

20 “(B) having a readily accessible and prop-
21 erly maintained automatic external defibrillator
22 within three minutes of each sporting venue;
23 and

24 “(C) including the locations of each auto-
25 matic external defibrillator in such plan.

1 “(4) AUTHORIZED ADJUSTMENTS.—In the case
2 of a facility described in paragraph (2)(A) that is
3 undergoing a major physical alteration that would
4 affect the implementation of a requirement of para-
5 graph (2), such requirement may be adjusted with
6 respect to the facility.”.

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