

118TH CONGRESS  
1ST SESSION

**S.** \_\_\_\_\_

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 SENATE OF THE UNITED STATES

---

Mr. CARDIN (for himself and Mr. VAN HOLLEN) introduced the following bill;  
which was read twice and referred to the Committee on

---

**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 exertional heat stroke, heat  
5           exhaustion, heat cramps, heat syncope, heat rash,  
6           and muscle breakdown. When experiencing heat ill-  
7           ness, patients may exhibit an array of symptoms, in-  
8           cluding, but not limited to, confusion, slurred  
9           speech, unconsciousness, vomiting, seizures, fatigue,  
10          elevated body temperature, fainting, dizziness, or  
11          muscle pain.

12          (2) The Centers for Disease Control and Pre-  
13          vention reported more than 700 heat-related deaths  
14          in the United States from 2004 to 2018. Heat is the  
15          leading climate-related cause of deaths, and rising  
16          temperatures pose a serious risk to student athletes  
17          participating in outdoor sports.

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

23          (4) On May 29, 2018, Jordan McNair collapsed  
24          during a workout on the University of Maryland's  
25          football field in the 81 degrees Fahrenheit heat.

1        McNair was suffering from exertional heat stroke  
2        and was unable to remain in an upright position  
3        without assistance from his teammates, medical  
4        staff, or coaching staff.

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

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

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

22            (8) On June 13, 2018, two weeks after col-  
23        lapsing on the football field at practice, Jordan  
24        McNair died from symptoms of exertional heat  
25        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 heat stroke 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 in every venue, increasing the  
18          number of doctors and trainers at practices and  
19          games, providing more recovery breaks, and increas-  
20          ing the training and reporting structure of athletic  
21          trainers, among other reforms in line with the prior-  
22          ities of this legislation.

23          (12) The McNair family is devoted to honoring  
24          Jordan’s legacy and founded the Jordan McNair  
25          Foundation, which provides an educational tool to

1 help coaches, student athletes, and parents identify  
2 symptoms of exertional heat stroke and heat-related  
3 illnesses.

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

9 **SEC. 3. VENUE-SPECIFIC HEAT ILLNESS EMERGENCY AC-**  
10 **TION PLAN REQUIREMENTS.**

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

14 “(n) VENUE-SPECIFIC HEAT ILLNESS EMERGENCY  
15 ACTION PLAN REQUIREMENT.—

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

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

1 external defibrillators and cold water immersion  
2 equipment; and

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

10 “(2) REQUIREMENTS.—A venue-specific heat  
11 illness emergency action plan developed and imple-  
12 mented under paragraph (1), with respect to an in-  
13 stitution of higher education, shall—

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

18 “(i) locker room;

19 “(ii) athletic training facility;

20 “(iii) weight room; and

21 “(iv) outdoor sports complex and sta-  
22 dium;

23 “(B) be made available on the athletic pro-  
24 gram website or public website of the institution

1 of higher education at the beginning of each  
2 academic year;

3 “(C) before the start of in-person training  
4 for each academic year, be distributed to, and  
5 rehearsed in-person by all student athletes, cer-  
6 tified athletic trainers, team physicians, athletic  
7 training students, athletic administrators,  
8 coaches, institutional safety personnel, and legal  
9 counsel at the institution; and

10 “(D) be distributed to local emergency re-  
11 sponders.

12 “(3) RECOMMENDATIONS.—In developing a  
13 venue-specific heat illness emergency action plan  
14 under paragraph (1), an institution of higher edu-  
15 cation shall consider—

16 “(A) including guidelines formulated by  
17 the Wet-Bulb Globe Temperature index to as-  
18 sess environmental conditions and heat stress  
19 prevention for student athletes;

20 “(B) locating a readily accessible and  
21 properly maintained automatic external  
22 defibrillator within three minutes of each sport-  
23 ing venue; and

1                   “(C) including the location of each auto-  
2                   matic external defibrillator in the heat illness  
3                   emergency action plan.

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