

# From the Locked Medicine Cabinet to Locker Rooms: The Sports Playbook for Medication Compliance; Assessing the Risks and Realities

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Health Care Partner Kate Hardey, Real Estate Partner Jason Gorczynski, and Sports and Sports Facilities Partner and Co-Chair Daniel Render contributed an article in the January 22 edition of the *Sports Litigation Alert* about health care and medication compliance in the professional and collegiate sports industry sectors. Compliance in these sectors involves "a myriad of federal and state requirements for physicians, clinical staff, and athletic trainers, all of whom play a crucial role in ensuring player health both at home and during team travel," as stated by the authors.

The authors reference the alleged facts from the Tyler Skaggs civil wrongful death lawsuit to illustrate how failures in medication oversight, especially on the road, can create acute legal, clinical and reputational risks. The article emphasizes that compliance spans federal law, a patchwork of state scope-of-practice rules, and league or institutional policies, and that licensure portability for sports medicine clinicians does not equal portability of pharmacy or controlled-substance permissions. The authors note that while the Sports Medicine Licensure Clarity Act helps clinicians practice across state lines, it does not authorize carrying or dispensing medications contrary to the Controlled Substances Act, nor does it displace host-state pharmacy and prescribing rules. Programs must therefore align team practices with federal drug laws, state supervision and delegation limits, and sport-governing policies to ensure compliant storage, access, administration and documentation at home facilities and during travel.

The article goes on to outline practical governance steps for tightening medication compliance, including establishing formal policies covering storage, labeling, counseling, access controls and inventory reconciliation under an accountable clinical provider; verifying both home- and host-state

requirements before stocking or transporting medications; and implementing travel protocols that limit what can be carried, ensure chain-of-custody, separate athletes' personal medications from team stock and require pre- and post-trip inventory tracking. Programs should train all medical and nonmedical personnel involved in the process, including physicians, physician assistants and nurse practitioners, athletic trainers, travel coordinators and coaching staff, on Drug Enforcement Administration (DEA) compliance, secure storage and transport, scope-of-practice boundaries, inventory controls, red-flag behaviors and reporting duties. The authors highlight league guidance, such as the National Football League (NFL) collective bargaining agreement's (CBA) emergency coordination and prescription monitoring and the National Collegiate Athletic Association (NCAA) Sports Medicine Handbook's directives on lawful storage, inventory and travel compliance, recommending "tabletop drills" and post-travel "bring-downs" to pressure-test policies and close gaps revealed by real-world scenarios. These measures will help reduce the risk of DEA scrutiny and state board discipline for out-of-scope practice or improper delegation, as well as institutional liability or reputational harm.

["From the Locked Medicine Cabinet to Locker Rooms: The Sports Playbook for Medication Compliance; Assessing the Risks and Realities," Sports Litigation Alert, Volume 23, Issue 2, January 22, 2026](#)

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