Sports Litigation Alert

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

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Healthcare and medication compliance in the professional and collegiate sports industry 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. Events such as the tragic July 2019 death of professional baseball pitcher Tyler Skaggs highlight the significant risks if medication access and medication compliance oversight break down during team travel.

The allegations in the Tyler Skaggs civil wrongful death lawsuit (the "Skaggs Case")[1] focus on how he was allegedly provided with an oxycodone pill laced with fentanyl for pain management during an away game. These allegations go to the heart of sports medicine compliance, but it's not just about the use of medication for pain; it captures longstanding compliance concerns related to who is authorized to handle player medications, how those medications are stored and tracked, and how medication access is controlled, especially on the road.

Athletic departments, team physicians, athletic trainers, and sports facility administrators face a rapidly evolving risk landscape at the intersection of healthcare delivery, compliant medication handling, and athlete privacy. Medication compliance requirements encompass federal law, a patchwork of state scope-of-practice rules, federal and state prescription drug compliance regulations, and league or institutional policies.

This article highlights key legal compliance considerations and practical steps to tighten medication compliance governance for professional and collegiate athletic programs.

Federal Compliance: Practitioner License Portability and Medication Compliance

Prescription and over-the-counter ("OTC") medication compliance applies everywhere—training rooms, buses, hotels, and at home or away venues, whether within the United States or internationally. The Sports Medicine Licensure Clarity Act[2] enables licensed team physicians, clinicians, and athletic trainers to practice under their home state license when traveling, but it does not explicitly authorize them to carry or dispense medication or controlled substances contrary to federal law, such as the Controlled Substances Act,[3] or host-state law.

The Skaggs Case asserts that a nonclinical team employee distributed oxycodone that was unknowingly laced with fentanyl in a team hotel room during an away trip. This incident exposes critical gaps in medication oversight. It underscores that the portability of medical or clinical practice licensure (including supervision of nonclinical employees) does not equate to the portability of medication administration and pharmacy compliance. All professional and collegiate teams must ensure medication compliance, including in any "travel kit,"

1 *See Skaggs v. Angels Baseball LP,* No. 21STCV24121 (Cal. Super. Ct. L.A. Cnty. filed June 29, 2021). As of November 20, 2025, trial proceedings are ongoing.

2 *See* 15 U.S.C. § 8601. Several states have enacted similar state laws. For example, Florida laws explicitly exempt out-of-state professionals from regulations if the professional (i) holds an active license and practices in the home state and (ii) is employed or designated in that professional capacity by a sports entity visiting the state for a specific sporting event. *See* Fla. Stat. Ann. § 455.2185 (West). Texas law exempts sports team physicians from state licensure laws and allows such physicians to "engage in practice of medicine in the state" if the physician (i) is employed or designated as a team physician by a sports team visiting the state for an event, (ii) is licensed to practice medicine in the team's home state, and (iii) limits the practice of medicine in the state to "treating [members, coaches and staff of the team], during the period on the date the team arrives in the state for the event and ending on the date the team leaves [the] state." *See* Tex. Occ. Code Ann. § 151.0521 (West).

3 *See* 21 U.S.C. § 801, et. seq.

"doctor bag," or "stat kit" that travels with the team. To mitigate the risks of traveling with medications, many organizations have significant limitations or coordinate closely with host-site medical partners or local pharmacies.[4]

State Law: Scope of Practice Limitations and Home Facility Protocols

State law scope-of-practice rules tightly limit the type of licensed professional that can "administer" or "dispense" medications and under what kind of supervision or delegation.[5] Even among neighboring states, there are meaningful differences in:

- A physician's ability to delegate tasks to athletic trainers, nurse practitioners, or other clinical staff, including whether and how standing orders may authorize medication administration.
- Athletic trainer authority to administer any medications with or without supervision by other healthcare practitioners (for example, therapeutic modalities, splinting/bracing, oxygen, epinephrine, naloxone, and topical anesthetics).

Beyond the scope-of-practice rules and delegation requirements, each state also maintains specific laws governing prescribing and medication management that can significantly impact day-to-day operations at the home venue. For example, these rules may prohibit athletic trainers or other nonphysician staff from accessing or administering any medication to team players or may require specific supervision requirements, such as having a physician, physician assistant, or nurse practitioner on site to directly supervise athletic trainers who may assist with medication handling.

Further, state laws may dictate requirements for the storage of both prescription and OTC medications, including how they are labeled, logged, and secured, as well as which personnel are authorized to access them. Professional and college athletic programs should verify both home- and host-state requirements before stocking or transporting any medication inventory and reflect those requirements in written policies, access controls, and staff training.

Travel Medication: Rules for the Road

Team travel amplifies the risk of medication noncompliance because hotels, buses, and planes can quickly become de facto treatment sites. Professional and collegiate teams should review policies and procedures to ensure that: (1) any medication that travels with the team is permitted by federal law, such as the Controlled Substances Act,[6] which limits transporting these medications across state lines for administration or distribution, and state laws, which do not have the same cross-state travel restrictions as controlled substances, but may have restrictions related to prescribing and dispensing within the state;[7] (2) all medications are properly logged, and secured for transport; (3) any medication administration is provided or supervised by the appropriate clinical provider (e.g., licensed physicians, physician assistants, or nurse practitioners) and pre- and post-trip inventories are appropriately tracked and documented; and (4) athletes maintain responsibility for personal medications separate from team stock.

To ensure a comprehensive culture of compliance, teams should provide training for all providers and staff who interact with players, including physician assistants, nurse practitioners, and athletic trainers, as well as travel coordinators and coaching support staff. Training should consist of broad topic areas, such as (1)

4 For example, the 2020 NFL Collective Bargaining Agreement ("NFL CBA"), which is the governing document between the National Football League and the NFL Players Association, requires each club to maintain an emergency action plan for medical emergencies, which includes coordinating with visiting teams. The plan must list the visiting team's medical liaison physician ("VTML") in the host city to help coordinate medical care and prescriptions if necessary for visiting players. *See* NFL CBA Article 30, Section 4. The NFL CBA requires club-level monitoring of prescriptions and pain management but does not mandate any travel-specific requirements. *See* NFL CBA Article 39, Section 20. The NCAA Sports Medicine Handbook similarly addresses requirements to (i) comply with federal and state laws governing prescription and over-the-counter medications, (ii) properly store and inventory medications, and (iii) ensure compliance with federal and state law when traveling with medications. *See* NCAA Sports Medicine Handbook, Guideline 1H (twenty-sixth edition).

5 In general, medication "administration" means a single dose or limited supply (e.g., 72 hours) at the direction, or in the presence, of a practitioner licensed to administer medication. Medication "dispensing" involves the preparing, packaging, labeling, and delivery of medication pursuant to a prescription for a specified period (e.g., a 10-day course of antibiotics).

6 The Controlled Substances Act does not recognize reciprocity for carrying controlled substances across state lines. House bill H.R. 7259—Medical Controlled Substances Transportation Act of 2022 was introduced in March 2002 by Rep. Pete Sessions (R-TX-17) to amend the Controlled Substances Act to allow practitioners to register to transport controlled substances in schedules II, III, IV and V in a state where the practitioner does not hold a DEA Registration for the purpose of administering controlled substances at locations other than principal places of business for a period of not more than 72 consecutive hours.

7 *See, e.g.*, *Supra*, FN 1, many states have adopted reciprocity laws for providers in the state for specific sporting events that may authorize time-limited prescribing during team travel.

Drug Enforcement Administration ("DEA") compliance, (2) secure medication storage and transportation protocols, (3) clinical and nonclinical provider authority to access or distribute medication, (4) medication inventory tracking, (5) understanding and recognizing warning signs of potential misuse of medication, and (6) reporting procedures when a concern arises.

The risk of medication noncompliance cannot be overstated. These risks include:

- Federal scrutiny by agencies, such as the DEA, for improper storage, recordkeeping, or medication dispensing.
- Investigations by state licensing boards for practicing beyond the authorized licensure scope of practice, or unauthorized delegation, which could result in disciplinary action against the physicians, clinical providers, or athletic trainers.
- Institutional liability and significant reputational harm.

Best Practices for Home and Travel Medication Compliance

Ensuring medication compliance is crucial for safeguarding athlete health, minimizing legal risks, and maintaining efficiency both at home facilities and when on the road. Key best practices include:

Policies and Procedures: Formalize policies and procedures for all home facility medication practices, including compliance with all storage, labeling, counseling, and inventory requirements.

Medication Access Control: Ensure there is (1) appropriate restricted access to medication cabinets and (2) an accountable clinical provider in charge of inventory, reconciling stock on a fixed cadence, and ensuring all medication and prescribing is documented appropriately.

Implement Clear Travel Protocols: Review all medications included in all travel kits and stat bags, ensure there is a designated process for medication chain of custody and control during travel, and educate and train athletes to comply with personal medication during team travel.

The tragic circumstances alleged in the Skaggs Case highlight a core reality in sports medicine: medication compliance can significantly falter in the gaps created by challenging travel schedules, late flights, hotel rooms, and when nonclinical staff have unsupervised or uncontrolled access to player medications.

It is essential to continually review and pressure-test team medication policies against real-world scenarios in the home facility and in travel situations. Compliance reviews, such as tabletop drills and post-travel compliance bring-downs can be a helpful process to ensure teams evaluate policies and processes to maintain compliance and minimize exposure for physicians, trainers, and players. Tabletop drills involve creating discussion-based travel scenarios for physicians, trainers, and staff to walk through various hypothetical scenarios and potential compliance gaps. Post-travel compliance bring-downs involve debriefing sessions or immediate post-trip audits to assess compliance, lessons learned for future compliance and any unexpected scenarios that come up during the trip such as instances where a player develops a sudden flare-up of an ongoing chronic condition during team travel, but the player forgot to bring their personal medications for the condition.

Lessons from past tragedies underscore the critical need to skillfully navigate the diverse federal and state regulations that shape the intricacies of medication compliance in professional and collegiate sports, while cultivating a comprehensive, top-down commitment to athlete well-being and safety both at home team facilities and on the road.

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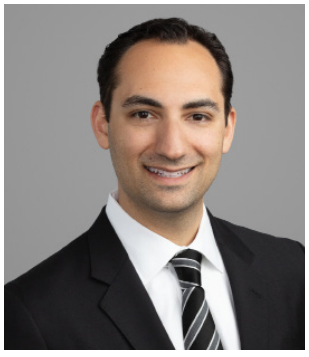

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