H. R. 469

To promote minimum State requirements for the prevention and treatment of concussions caused by participation in school sports, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JANUARY 26, 2011

Mr. Bishop of New York (for himself, Mr. George Miller of California, Mr. Kucinich, Mr. Andrews, Mr. Holt, Mr. Loebsack, Mrs. McCarthy of New York, Ms. Woolsey, Mr. Polis, Ms. Hirono, and Mr. Grijalva) introduced the following bill; which was referred to the Committee on Education and the Workforce

A BILL

To promote minimum State requirements for the prevention and treatment of concussions caused by participation in school sports, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Protecting Student Athletes from Concussions Act of 2011”.

SECTION 2. FINDINGS.

The Congress finds the following:
(1) Involvement in sports can have tremendous benefits for the physical, social, emotional, and cognitive development of students.

(2) All students have the right to know the risks of concussions because concussions, though a mild traumatic brain injury, present such a significant risk to not only the physical well-being of a developing student, but also the academic performance of the student.

(3) Mild traumatic brain injuries, including concussions, represent 80 to 90 percent of all traumatic brain injuries.

(4) Children and adolescents are more vulnerable to brain injury than adults because their brains are still developing.

(5) Surveys suggest that the prevalence of sport-related concussions is much higher than reported and the occurrence of concussions is higher at the high school level than at the collegiate level. According to recent research, 400,000 students sustained a concussion while participating in five different sports in a high school athletics program during the 2005–2008 school years. Few statistics are available for the 41 million children participating in non-scholastic youth sports, but schools report that
concussions are occurring on the playground and
during physical education classes.

(6) A recent study estimated that more than 40
percent of high school athletes return to participate
in school athletics before they have fully recovered
from concussions, which increases the susceptibility
of the student athlete to greater injury or death.

(7) The failure to recognize brain injuries and
the mismanagement of such injuries increases the
vulnerability of a student athlete to successive in-
jury, cumulative negative health consequences, or
chronic impairment.

(8) Timely recognition and response to concus-
sions aids recovery and helps prevent successive in-
jury, chronic impairment, or death. Only 42 percent
of schools have access to an athletic trainer and only
53 percent of schools meet the nurse-to-student ratio
recommended by the Federal Government.

(9) Concussion treatment and management is
sporadic in schools and often neglects the athlete’s
role as a student.

(10) Medical care from hospitalization and
emergency room visits due to a concussion is costly,
and treatment is often arbitrary.
(11) Students should gradually return to physical activity and academic activities only as the symptoms of a concussion permit because research suggests that overexertion from physical activity and academic activities exacerbates symptoms and protracts recovery time for student athletes.

(12) Instituting best practices offers a reasonable means for protecting student athletes from the risks and consequences of concussions.

SEC. 3. MINIMUM STATE REQUIREMENTS.

Beginning with fiscal year 2013, in order to be eligible to receive funds for such year or a subsequent fiscal year under the Elementary and Secondary Education Act of 1965 (20 U.S.C. 6301 et seq.) each State educational agency shall issue regulations establishing the following minimum requirements:

(1) LOCAL EDUCATIONAL AGENCY CONCUSSION SAFETY AND MANAGEMENT PLAN.—Each local educational agency in the State, in consultation with members of the community in which such agency is located, shall develop and implement a standard plan for concussion safety and management that includes—

(A) the education of students, parents, and school personnel about concussions, such as—
(i) the training and certification of school personnel, including coaches, athletic trainers, and school nurses, on concussion safety and management; and

(ii) using and maintaining standardized release forms, treatment plans, observation, monitoring and reporting forms, recordkeeping forms, and post-injury fact sheets;

(B) supports for students recovering from a concussion, such as—

(i) guiding such student in resuming participation in athletic activity and academic activities with the help of a multi-disciplinary team, which may include—

(I) a health care professional, the parents of such student, a school nurse, or other relevant school personnel; and

(II) an individual who is assigned by a public school to oversee and manage the recovery of such student;

(ii) providing appropriate academic accommodations; and
(iii) referring students whose symptoms of concussion reemerge or persist upon the reintroduction of cognitive and physical demands for evaluation of the eligibility of such students for services under the Individual with Disabilities Education Act (20 U.S.C. 1400 et seq.) and the Rehabilitation Act of 1973 (29 U.S.C. 701 note et seq.); and

(C) best practices designed to ensure, with respect to concussions, the uniformity of safety standards, treatment, and management, such as—

(i) disseminating information on concussion management safety and management to the public; and

(ii) applying uniform standards for concussion safety and management to all students enrolled in public schools.

(2) Posting of Information on Concussions.—Each public elementary school and each secondary school shall post on school grounds, in a manner that is visible to students and school personnel, and make publicly available on the school website, information on concussions that—
(A) is based on peer-reviewed scientific evidence (such as information made available by the Centers for Disease Control and Prevention);

(B) shall include—

(i) the risks posed by sustaining a concussion;

(ii) the actions a student should take in response to sustaining a concussion, including the notification of school personnel; and

(iii) the signs and symptoms of a concussion; and

(C) may include—

(i) the definition of a concussion;

(ii) the means available to the student to reduce the incidence or recurrence of a concussion; and

(iii) the effects of a concussion on academic learning and performance.

(3) Response to Concussion.—If any school personnel, including coaches and athletic trainers, of a public school suspects that a student has sustained a concussion during a school-sponsored athletic activity—
(A) the student shall be—

(i) immediately removed from participation in such activity; and

(ii) prohibited from returning to participate in school-sponsored athletic activities—

(I) on the day such student sustained a concussion; and

(II) until such student submits a written release from a health care professional stating that the student is capable of resuming participation in school-sponsored athletic activities;

and

(B) such personnel shall report to the parent or guardian of such student—

(i) the date, time, and extent of the injury suffered by such student; and

(ii) any actions taken to treat such student.

(4) **RETURN TO ATHLETICS AND ACADEMICS.**—Before a student who has sustained a concussion in a school-sponsored athletic activity resumes participation in school-sponsored athletic activities or aca-
demic activities, the school shall receive a written re-
lease from a health care professional, that—

(A) states that the student is capable of
resuming participation in such activities; and

(B) may require the student to follow a
plan designed to aid the student in recovering
and resuming participation in such activities in
a manner that—

(i) is coordinated, as appropriate, with
periods of cognitive and physical rest while
symptoms of a concussion persist; and

(ii) reintroduces cognitive and phys-
ical demands on such student on a pro-
gressive basis only as such increases in ex-
ertion do not cause the reemergence or
worsening of symptoms of a concussion.

SEC. 4. REPORT TO SECRETARY OF EDUCATION.

Not later than 6 months after promulgating regula-
tions pursuant to section 3 in order to be eligible to receive
funds under the Elementary and Secondary Education Act
of 1965 (20 U.S.C. 6301 et seq.), each State educational
agency shall submit to the Secretary of Education a report
that contains—

(1) a description of the State regulations pro-
mulgated pursuant to section 3; and
(2) an assurance that the State has implemented such regulations.

SEC. 5. RULE OF CONSTRUCTION.

Nothing in this Act shall be construed to alter or supersede State law with respect to education standards or procedures or civil liability.

SEC. 6. DEFINITIONS.

In this Act:

(1) CONCUSSION.—The term “concussion” means a type of traumatic brain injury that—

(A) is caused by a blow, jolt, or motion to the head or body that causes the brain to move rapidly in the skull;

(B) disrupts normal brain functioning and alters the mental state of the individual, causing the individual to experience—

(i) any period of observed or self-reported —

(I) transient confusion, disorientation, or impaired consciousness;

(II) dysfunction of memory around the time of injury; and

(III) loss of consciousness lasting less than 30 minutes;
(ii) any one of four types of symptoms of a headache, including—

(I) physical symptoms, such as headache, fatigue, or dizziness;

(II) cognitive symptoms, such as memory disturbance or slowed thinking;

(III) emotional symptoms, such as irritability or sadness; and

(IV) difficulty sleeping; and

(C) can occur—

(i) with or without the loss of consciousness; and

(ii) during participation in any organized sport or recreational activity.

(2) Health care professional.—The term “health care professional” means a physician, nurse, certified athletic trainer, physical therapist, neuropsychologist or other qualified individual who—

(A) is a registered, licensed, certified, or otherwise statutorily recognized by the State to provide medical treatment;
(B) is experienced in the diagnosis and management of traumatic brain injury among a pediatric population; and

(C) may be a volunteer.

(3) LOCAL EDUCATIONAL AGENCY; STATE EDUCATIONAL AGENCY.—The terms “local educational agency” and “State educational agency” have the meanings given such terms in section 9101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7801).

(4) SCHOOL PERSONNEL.—The term “school personnel” has the meaning given such term in section 4151 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7161).

(5) SCHOOL-SPONSORED ATHLETIC ACTIVITY.—The term “school-sponsored athletic activity” means—

(A) any physical education class or program of a school;

(B) any athletic activity authorized during the school day on school grounds that is not an instructional activity; and
(C) any extracurricular sports team, club, or league organized by a school on or off school grounds.