111TH CONGRESS 2D SESSION

H. R. 6172

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

September 22, 2010

Mr. BISHOP of New York (for himself, Mr. George Miller of California, Mr. Holt, Mr. Courtney, Mr. Loebsack, Mr. Hare, Ms. Woolsey, Mr. Polis of Colorado, Mr. Andrews, Mrs. McCarthy of New York, Mr. Grijalva, and Ms. Fudge) introduced the following bill; which was referred to the Committee on Education and Labor

A BILL

To promote minimum State requirements for the prevention and treatment of concussions caused by participation in school sports, 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 "Protecting Student
- 5 Athletes from Concussions Act of 2010".
- 6 SEC. 2. FINDINGS.
- 7 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

- 1 concussions are occurring on the playground and 2 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 injury, cumulative negative health consequences, or chronic impairment.
 - (8) Timely recognition and response to concussions aids recovery and helps prevent successive injury, 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.

- 1 (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.
- 7 (12) Instituting best practices offers a reason-8 able means for protecting student athletes from the 9 risks and consequences of concussions.

10 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—
- 24 (A) the education of students, parents, and 25 school personnel about concussions, such as—

17

18

19

20

21

22

23

1	(i) the training and certification of
2	school personnel, including coaches, ath-
3	letic trainers, and school nurses, on con-
4	cussion safety and management; and
5	(ii) using and maintaining standard-
6	ized release forms, treatment plans, obser-
7	vation, monitoring and reporting forms,
8	recordkeeping forms, and post-injury fact
9	sheets;
10	(B) supports for students recovering from
11	a concussion, such as—
12	(i) guiding such student in resuming
13	participation in athletic activity and aca-
14	demic activities with the help of a multi-
15	disciplinary team, which may include—
16	(I) a health care professional, the
17	parents of such student, a school
18	nurse, or other relevant school per-
19	sonnel; and
20	(II) an individual who is assigned
21	by a public school to oversee and
22	manage the recovery of such student;
23	(ii) providing appropriate academic
24	accommodations; and

1	(iii) referring students whose symp-
2	toms of concussion reemerge or persist
3	upon the reintroduction of cognitive and
4	physical demands for evaluation of the eli-
5	gibility of such students for services under
6	the Individual with Disabilities Education
7	Act (20 U.S.C. 1400 et seq.) and the Re-
8	habilitation Act of 1973 (29 U.S.C. 701
9	note et seq.); and
10	(C) best practices designed to ensure, with
11	respect to concussions, the uniformity of safety
12	standards, treatment, and management, such
13	as—
14	(i) disseminating information on con-
15	cussion management safety and manage-
16	ment to the public; and
17	(ii) applying uniform standards for
18	concussion safety and management to all
19	students enrolled in public schools.
20	(2) Posting of Information on Concus-
21	SIONS.—Each public elementary school and each
22	secondary school shall post on school grounds, in a
23	manner that is visible to students and school per-
24	sonnel, and make publicly available on the school
25	website, information on concussions that—

1	(A) is based on peer-reviewed scientific evi-
2	dence (such as information made available by
3	the Centers for Disease Control and Preven-
4	tion);
5	(B) shall include—
6	(i) the risks posed by sustaining a
7	concussion;
8	(ii) the actions a student should take
9	in response to sustaining a concussion, in-
10	cluding the notification of school personnel;
11	and
12	(iii) the signs and symptoms of a con-
13	cussion; and
14	(C) may include—
15	(i) the definition of a concussion;
16	(ii) the means available to the student
17	to reduce the incidence or recurrence of a
18	concussion; and
19	(iii) the effects of a concussion on
20	academic learning and performance.
21	(3) Response to concussion.—If any school
22	personnel, including coaches and athletic trainers, of
23	a public school suspects that a student has sustained
24	a concussion during a school-sponsored athletic ac-
25	tivity—

1	(A) the student shall be—
2	(i) immediately removed from partici-
3	pation in such activity; and
4	(ii) prohibited from returning to par-
5	ticipate in school-sponsored athletic activi-
6	ties—
7	(I) on the day such student sus-
8	tained a concussion; and
9	(II) until such student submits a
10	written release from a health care
11	professional stating that the student
12	is capable of resuming participation in
13	school-sponsored athletic activities;
14	and
15	(B) such personnel shall report to the par-
16	ent or guardian of such student—
17	(i) the date, time, and extent of the
18	injury suffered by such student; and
19	(ii) any actions taken to treat such
20	student.
21	(4) Return to athletics and academics.—
22	Before a student who has sustained a concussion in
23	a school-sponsored athletic activity resumes partici-
24	pation in school-sponsored athletic activities or aca-

1	demic activities, the school shall receive a written re-
2	lease from a health care professional, that—
3	(A) states that the student is capable of
4	resuming participation in such activities; and
5	(B) may require the student to follow a
6	plan designed to aid the student in recovering
7	and resuming participation in such activities in
8	a manner that—
9	(i) is coordinated, as appropriate, with
10	periods of cognitive and physical rest while
11	symptoms of a concussion persist; and
12	(ii) reintroduces cognitive and phys-
13	ical demands on such student on a pro-
14	gressive basis only as such increases in ex-
15	ertion do not cause the reemergence or
16	worsening of symptoms of a concussion.
17	SEC. 4. REPORT TO SECRETARY OF EDUCATION.
18	Not later than 6 months after promulgating regula-
19	tions pursuant to section 3 in order to be eligible to receive
20	funds under the Elementary and Secondary Education Act
21	of 1965 (20 U.S.C. 6301 et seq.), each State educational
22	agency shall submit to the Secretary of Education a report
23	that contains—
24	(1) a description of the State regulations pro-
25	mulgated pursuant to section 3; and

1	(2) an assurance that the State has imple-
2	mented such regulations.
3	SEC. 5. RULE OF CONSTRUCTION.
4	Nothing in this Act shall be construed to alter or su-
5	persede State law with respect to education standards or
6	procedures or civil liability.
7	SEC. 6. DEFINITIONS.
8	In this Act:
9	(1) Concussion.—The term "concussion"
10	means a type of traumatic brain injury that—
11	(A) is caused by a blow, jolt, or motion to
12	the head or body that causes the brain to move
13	rapidly in the skull;
14	(B) disrupts normal brain functioning and
15	alters the mental state of the individual, caus-
16	ing the individual to experience—
17	(i) any period of observed or self-re-
18	ported —
19	(I) transient confusion, dis-
20	orientation, or impaired consciousness;
21	(II) dysfunction of memory
22	around the time of injury; and
23	(III) loss of consciousness lasting
24	less than 30 minutes;

1	(ii) any one of four types of symptoms
2	of a headache, including—
3	(I) physical symptoms, such as
4	headache, fatigue, or dizziness;
5	(II) cognitive symptoms, such as
6	memory disturbance or slowed think-
7	ing;
8	(III) emotional symptoms, such
9	as irritability or sadness; and
10	(IV) difficulty sleeping; and
11	(C) can occur—
12	(i) with or without the loss of con-
13	sciousness; and
14	(ii) during participation in any orga-
15	nized sport or recreational activity.
16	(2) HEALTH CARE PROFESSIONAL.—The term
17	"health care professional" means a physician, nurse,
18	certified athletic trainer, physical therapist,
19	neuropsychologist or other qualified individual
20	who—
21	(A) is a registered, licensed, certified, or
22	otherwise statutorily recognized by the State to
23	provide medical treatment;

1	(B) is experienced in the diagnosis and
2	management of traumatic brain injury among a
3	pediatric population; and
4	(C) may be a volunteer.
5	(3) Local educational agency; state edu-
6	CATIONAL AGENCY.—The terms "local educational
7	agency" and "State educational agency" have the
8	meanings given such terms in section 9101 of the
9	Elementary and Secondary Education Act of 1965
10	(20 U.S.C. 7801).
11	(4) SCHOOL PERSONNEL.—The term "school
12	personnel" has the meaning given such term in sec-
13	tion 4151 of the Elementary and Secondary Edu-
14	cation Act of 1965 (20 U.S.C. 7161).
15	(5) School-sponsored athletic activity.—
16	The term "school-sponsored athletic activity"
17	means—
18	(A) any physical education class or pro-
19	gram of a school;
20	(B) any athletic activity authorized during
21	the school day on school grounds that is not an
22	instructional activity; and

1 (C) any extra curricular sports team, club, 2 or league organized by a school on or off school 3 grounds.

 \bigcirc