



IOWA HOUSE DEMOCRATS

BILL SUMMARY

Concussion Reporting and Return to Play HF 2442

Status of Bill: On House Floor

Committee: Education (21-2)

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Background

The Iowa House passed a concussions and coach's licensure requirements bill in 2017. HF 563 has been assigned to the Senate Education Committee. That bill included CPR and Automated External Defibrillator (AED) training for coaches, which has not been included in HF 2442. This bill concentrates on concussion reporting, return to play protocols and coaches training.

Over the interim, a study published in the Journal of the American Medical Association showed researches have detected Chronic Traumatic Encephalopathy, or CTE, in 99% or 110 of 111 brains of former NFL player's brains. CTE is degenerative disease caused by repeated blows to the head, and is the largest of its kind so far. CTE can only be diagnosed posthumously, and symptoms include memory loss, confusion, difficulty with balance, depression anxiety and dementia, according to the Brain Injury Research Institute.

After the report was released, the Department of Public Health (DPH) and the Department of Education (DE) released a statement encouraging the use of guidelines to manage concussions that can be used by health care providers, coaches, teachers and parents. The voluntary guidelines include information and resources Iowa schools can utilize when forming their multi-disciplinary concussion management teams and implementing concussion management protocols.

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Legislative Findings

HF 2442 contains intent language that the Iowa Legislature finds that concussions are one of the most commonly reported injuries in children who participate in sports and recreational activities with risk of catastrophic injuries or death if not properly evaluated and managed. Continuing to play with a concussion or symptoms of a head injury leaves a young athlete especially vulnerable to greater injury and even death. The bill states that the General Assembly recognizes that, despite having generally recognized return-to-play standards for concussions and head injuries, some affected youth athletes are prematurely returned to play, expected to learn at full capability, resulting in prolonged symptoms, actual or potential physical injury, or death to youth athletes.

Public Health, Girls and Boys Athletic Unions Directive and Coaching Requirements

The bill places the following requirements on DPH, and the Girls and Boys Iowa High School Athletic Unions:

1. Work together to develop training materials and courses regarding concussions and brain injuries. The training will include evaluation, prevention, symptoms, risks, and long term effects of concussions and brain injuries. The bill requires each coach or contest official to complete the

training developed by the DPH, and the Girls and Boys Iowa High School Athletic Unions. Individuals required to complete such training are to submit proof of the training completion to the school board or authorities in charge of nonpublic schools within 30 days of completion. A person required to complete such training has until July 1, 2019 to initially complete the training.

2. Work together to distribute the Centers for Disease Control and Prevention guidelines and other pertinent information to coaches, students, and parents and guardians on the risks, signs, symptoms, and behaviors consistent with concussion or brain injuries including the danger of continuing with to participate in extracurricular interscholastic activities after suffering such an injury, and their responsibility to report such signs, symptoms, and behaviors if they occur.
3. Annually provide to the school districts and nonpublic schools a parent or guardian the information sheet. The student and the student's parent or guardian is required to sign and return the concussion and brain injury information sheet to the student's school prior to the student's participation in any extracurricular interscholastic activity.
4. Develop return-to-play protocol based on peer-reviewed scientific evidence consistent with guidelines of the Centers for Disease Control and Prevention of the United States Department of Health and Human Services guidelines for a student's return to participation in an extra-curricular interscholastic activity after showing signs, symptoms, or behaviors consistent with a concussion or brain injury.

Removal from Activity and Return to Play Protocol

If a student's coach, contest official, or licensed health care provider observes signs, symptoms, or behaviors consistent with a concussion or brain injury during an extracurricular interscholastic activity, the student is required to be removed immediately from participation. A student who has been removed from participation is not allowed to recommence participation until the student has been evaluated by a licensed health care provider trained in the evaluation and management of concussions and other brain injuries and the student has received written clearance to return to participation from the licensed health care provider.

The board of directors of each school district and the authorities in charge of each accredited nonpublic school with enrolled students who participate in an extracurricular interscholastic activity which is a contest in grades seven through twelve shall adopt the protocols from the DPH, and the Girls and Boys Iowa High School Athletic Unions and DE.

Protective Gear

A school district and the authorities in charge of each accredited nonpublic school with enrolled students who participate in an extracurricular interscholastic activity in grades 7-12 are required to provide students with any protective gear. This would include, but not be limited to helmets and pads required for the activity by law, by the rules for such contests, or by Iowa high school athletic association or Iowa girls high school athletic union guidelines. However, an individual student is responsible for other protective gear that the individual student needs but that is not required for participation.

Liability of a School District, and Health Care Provider

The bill allows a school district or accredited nonpublic school that requests a licensed health care provider be at an extracurricular interscholastic activity to not be liable for any claim for injuries or damages based upon the actions or inactions of the licensed health care provider at the sports activity so long as the licensed health care provider acts reasonably and in good faith and in the best interest of the student athlete and without undue influence of the school district or accredited nonpublic school or coaching staff. A licensed health care provider providing care without compensation for a school district or accredited nonpublic school cannot be liable for any claim for injuries or damages arising out of such care so long as the licensed health care provider acts reasonably and in good faith and in the best interest of the student athlete and without undue influence of the school district or accredited nonpublic school or coaching staff.

Advisory Council Directive

The bill directs that advisory council on brain injuries under the DPH to make recommendations to the Governor on the prevention, diagnosis, and treatment of brain injuries in student athletes. This would include baseline and post-concussion testing and diagnosis of student athletes, return-to-play and return-to-learn guidelines, training for school educators, coaches, athletic directors, and athletic trainers, delivery of post-concussive management services, and ways to integrate education, training, and diagnostic programs into school programs.

Fiscal Impact:

The fiscal note states that the DPH has developed protocols, training materials, and courses that are required by the Board of Educational Examiners and are already in use. Expenses associated with collaboration between the DPH, the Department of Education, and the athletic associations would be minimal. The bill does not mandate the presence of a licensed health care provider at extracurricular interscholastic activities, but specifically limits the liability related to the actions of such a provider if the district chooses to have on present. Overall, the fiscal note states that the bill's impact on local school districts cannot be estimated, but it is likely minimal.