



**Connecticut State Medical Society Testimony in Support of
House Bill 5113 An Act Concerning Youth Athletics and Concussions
Committee on Children
February 27, 2014**

Senator Bartolommeo, Representative Urban and members of the Committee on Children, on behalf of the physicians and physicians in training of the Connecticut State Medical Society (CSMS) thank you for the opportunity to present this testimony to you today on House Bill 5113 An Act Concerning Youth Athletics and Concussions.

CSMS fully supports the intent of the language and the concepts which it contains to strengthen our current head injury statutes and expand their protections for as many of our youth athletes as possible.

The original statute that took effect in 2010 required education and training on head injuries for trainers, coaches and officials, as well as the need for involvement and sign off by a trained medical professional prior to student athletes returning to play. This 2010 statute was developed through a comprehensive and inclusive process which resulted in the strongest possible language acknowledging the seriousness of youth head injuries, and our collective responsibilities to address the issue. This year, House Bill 5113 provides the opportunity to strengthen our current statute with the experience of that earlier legislation, as well as an increasing national focus on head injuries, and growing involvement and concern about youth sports safety issues here in Connecticut.

Again, CSMS supports the intent and concepts of the bill. As physicians, our main goal is to protect our patients. However, in the interest of ensuring the most accurate language and the best approach to moving forward, we would like to raise several concerns regarding the clinically-related aspects of the bill:

- Several sections of the bill change underlying statute from “concussion and head injuries” and replace “head injuries” with “other brain injuries.” The term “other brain injuries” is unclear from the standpoint of medical professionals. In addition, it raises the question about how a non-medical professional, even with training in recognizing head injuries and concussion symptoms, would be able to identify an injury to the brain. Furthermore, it remains unclear when used in conjunction with training courses, whether revision of existing educational material is required. Similar questions are raised by the addition of the term “current best practice.” Again, the term is unclear. The definition of “best current practices” could be subjective and lead to confusion and a lack of consistency in interpretation.

- Several sections of the legislation are not supported by current research. Section 2(a)(2) would require that “*at least twenty-four hours have elapsed since such student athlete has exhibited signs, symptoms or behaviors consistent with a concussion or other brain injury or has been diagnosed with a concussion or other brain injury*” before a youth athlete can return to any activity involving physical exertion. This runs counter to current research. Current research encourages exercise in the subacute phase to facilitate resolution of symptoms. In addition, it would remove a youth athlete from participation whom might have incidental symptoms during the period after a physician has already given clearance.
- Section 3 would limit “full contact” activities to ninety minutes a week. First, no sport is specified. While we assume it applies to football, we are not certain of the spectrum of sports that would be included. Second, while a discussion on the possible need to place a time limit on full contact activities, there is no data or research to support the restriction of ninety minutes.

In addition, there are non-clinical aspects of the bill that should also be addressed.

- A significant number of youth participate in sports at private institutions and in private programs. Yet, the bill’s language does not extend to private schools or private programs, leaving a large number of children unprotected.
- Many sections intended to capture organized youth sports activities, while well-intentioned, may actually serve as an impediment to their operation and simply be unattainable. While establishing appropriate protections related to concussions and head injuries must be a priority, an adverse impact that reduces opportunities for our children to participate in organized physical activities is also not beneficial to their overall health and well-being.
- CSMS also supported the establishment of a surveillance program for concussion injuries. Additionally, we have been working with Connecticut Interscholastic Athletic Conference (CIAC) to implement an injury surveillance system in Connecticut High Schools as suggested by PA 13-234 sec 152. Our organizations will report to the Commissioner of the Department of Education (DOE) upon the completion of this year’s data collection. However, for all concussions to be reported at all schools in the state of Connecticut, both accurately, numerically and diagnostically, all schools would need to employ school nurses and school athletic trainers. For that reason alone, we support the provision of funding to all schools for the purpose of employing nurses and athletic trainers to help protect the health and safety of our children. Without the ability of every school to appropriately report to the injury surveillance system, reporting will be inaccurate, incomplete and imprecise which will lead to inappropriate data collection.

As previously mentioned, the original statute related to concussions and head injuries was the outcome of a comprehensive, inclusive and thoughtful process. Learning from that successful endeavor, and in light of the concerns we have raised, we recommend the same approach be taken by the committee. We continue to ardently support extending protections of our current laws to all children participating in organized athletics. However, the language before you is ambiguous in many areas and in some instances runs counter to recent research findings.

We strongly recommend that prior to the passage of any legislation, a comprehensive Task Force be established that includes all stake holders and concerned organizations. Such an action would allow us to collectively develop the best possible legislation to accomplish our goals.

We feel that these clinical and non-clinical concerns can be addressed collectively as we work to accomplish our shared goal of protecting the health and safety of youth athletes.

Thank you again for the opportunity to present this testimony today.