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To: Representative Diana Urban, Senator Bartolomeo, Representative Betts and Senator Linares and the distinguished members of the Children's Committee

From: Hosea H. Harvey, Assistant Professor of Law and Political Science, Temple University

Re: Testimony on Merits of HB 5113, An Act Concerning Youth Athletics and Concussions

Thank you for receiving this written testimony in advance of today's public hearing. For the last several years, researching youth sports traumatic brain injury (TBI) laws has been my life's work, and thus I am pleased to provide additional context for some provisions in HB 5113.

By way of background, in 2013, I authored two peer-reviewed articles on the subject of youth sports TBI laws. One appeared in the American Journal of Public Health and the other is forthcoming in the Yale Journal of Health Policy, Law, and Ethics. In addition, I am the curator for the youth sports law section of an online public-health law database and portal called LawAtlas (lawatlas.org), which comprehensively tracks a variety of public health-related laws. Although my work has been grant-supported, I am appearing here as myself and not as the representative of any organization.

The thrust of my research focuses on the scientific basis for key provisions in youth sports TBI laws and whether evidence from public-health and medicine can be used by legislatures to optimize and improve public health through lawmaking. With respect to youth TBIs, most experts now agree that the law can and should be used to impact the public health by focusing on some key provisions, such as: (1) educating students, parents, coaches, schools, and health professionals about recognizing concussions

and minimizing their short and long-term consequences and (2) implementing safeguards to prevent those who might have concussions from aggravating the injury. But states differ upon how to accomplish those goals. Since Connecticut passed its pioneering youth sports TBI law, evidence based lawmaking in this area has been transformed by other states that have expanded the reach and scope of youth sports TBI laws. As a result, by comparison, Connecticut's original law is now no longer aligned with what scientists and policy-makers know about optimal concussion reduction strategies.

It is clear that Connecticut was among the first states to think broadly about the scope of the problem, and to enact a concussion law. Connecticut is still a leader in its expansive coach-training component. Likewise, Connecticut led the way in requiring that the health professional providing return to play clearance be trained in TBI management. But while Connecticut's early law set several evidence-based standards, important aspects of its law now lag behind the evidence-based norm set by other states.

In December of 2013, at the request of the PCC, I undertook an evaluation of Connecticut's existing youth sports TBI law and compared it to the provisions of the laws of 50 other jurisdictions. I found that, with respect to existing science and policy, Connecticut's law no longer represented the public-health consensus as determined by a majority of other states, for a variety of reasons.

This Committee's bill, HB 5113, directly addresses much of what was previously missing from Connecticut's existing law. For example, HB 5113 updates the Connecticut law to explicitly require annual completion of a concussion education plan by student athletes and their parent or guardian, and distribution of an informed consent form to parents and legal guardians of student athletes. This is consistent with all but a few states, which have similar (almost identical) requirements. That having been said, most states require informed consent on an annual basis from parents and students, and thus this new provision still does not conform to most state laws. Connecticut's existing youth sports TBI law

did not require parental notification of a suspected concussion, which would be a scientific best-practice. HB 5113 responds by updating Connecticut law to require parental notification of a suspected or actual TBI.

In other areas, HB 5113 may allow Connecticut to resume its original position as a leader in public health innovations with respect to youth sports TBIs. For example, the CDC and a host of other organizations have long suggested that optimal practice with respect to youth concussions requires more and better data. Most states have not yet moved to gather such data, although a few state laws and public-health departments (such as in Massachusetts) are moving in that direction. HB 5113 updates the Connecticut law to include provisions for tracking TBIs and requiring analysis of this data to evaluate trends and inform best practices. This is an innovative public-health measure, which is supported by ample public-health law and evidence-based policy-making research. Additional provisions, such as directly regulating conduct (and contact) within particular sports, are path breaking. Doctors familiar with the impact of such provisions will likely positively testify regarding their proposed impact on the public health of Connecticut youth.

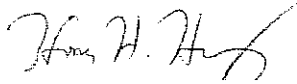
Conclusion

HB 5113 updates Connecticut law in a variety of ways to conform to existing national best practices adopted by the vast majority of states. Further, HB 5113 innovates in key ways that are squarely situated in evidence-based policy-making and public-health law legislative principles. These innovations, including the tracking and parental notification provisions, will allow for additional information gathering, which will in turn help all Connecticut stakeholders further understand the scope and consequence of youth TBIs. The committee may want to revisit a few points of ambiguity in HB 5113, such as the training requirement provisions. Further, there are other policy solutions that are

not addressed in HB 5113 that may also be best practices, including broadening the power to remove students from play.

I applaud this Committee's effort to follow sound evidence based public-health lawmaking principles, which will serve as a model to other states looking to improve their own youth sports TBI laws. Thank you for the opportunity to speak at the hearing and for receiving this written testimony.

Best Regards,

A handwritten signature in black ink, appearing to read "Hosea H. Harvey". The signature is stylized with a large, sweeping initial "H" and a long, horizontal stroke extending to the right.

Hosea H. Harvey