



TESTIMONY OF THE
CONNECTICUT PARENT TEACHER STUDENT ASSOCIATION
BEFORE THE LEGISLATURE'S COMMITTEE ON CHILDREN
THURSDAY, FEBRUARY 27, 2014

Good Afternoon. My name is Don Romoser. I am the President of the Connecticut Parent Teacher Student Association ("PTA") which represents over 40,000 members in Connecticut. I am here today to testify on behalf of the PTA on **HB 5113 AAC Youth Athletes And Concussion.**

The PTA has been a leading advocate for responsible safety rules around sports and recreation participation, education of all stakeholders in the signs, symptoms and treatment of traumatic head injury and the overall safety of children in their schools, sports and the community. Our organization believes it is important to protect children with regards to concussions.

The PTA has reviewed and analyzed HB 5113 and despite our strong support for its intent HB 5113, we believe that, as drafted, the bill raises so many concerns that we cannot support it at this time.

The PTA recognizes and supports the need for education and awareness and commits to working with policy makers to keep Connecticut in the forefront of preventing head injuries among young athletes.

The following are some of our concerns regarding the bill as drafted:

Sections 1-3, Interscholastic.

1. Section 1(a)(1) amends "head" to "other brain" injuries. No definition of "other brain" is included.
 - a. **This is not only of a legal concern, but also very vague when considering potential training of parents, volunteers, coaches and athletes.**
2. Section 1(b)(1) adds the *Commissioner of DPH* to those charged with developing and approving a training course and changes "continuing to play" to "continuing to engage in athletic activity." The intent seems to be to broaden the prohibition of the scope of continuing.
 - a. **The term "continuing to engage in athletic activity" is not clear. For example, some athletes may begin to work on cardiovascular training to maintain fitness prior to actual "play" time. This is for the protection of the athlete to maintain proper fitness and flexibility which helps prevent injuries.**

3. Section 1(b)(3)(c) is a new subsection. It describes what the concussion and other brain injury education plan (due on or before 1/1/15) may include at a minimum:

“(1) The recognition of signs or symptoms of concussion or other brain injury, (2) the means of obtaining proper medical treatment for a person suspected of sustaining a concussion or other brain injury, (3) the nature and risks of concussions and other brain injuries, including the danger of continuing to engage in athletic activity after sustaining a concussion or other brain injury, (4) the proper procedures for allowing a student athlete who has sustained a concussion or other brain injury to return to athletic activity, and (5) current best practices in the prevention and treatment of concussions and other brain injuries.”

- a. **We question whether this allows for a reasonable time to develop a reasonable course. Inputs are required from many sources. Six months may be insufficient time. We have to get it right.**

4. Section 1(b)(3)(e)(1) requires, by 7/1/15, the State Board of Education with the other organizations to develop an “informed consent form” for parents and legal guardians regarding at a minimum:

“(A) a summary of the concussion and other brain injury education plan described in subsection (c) of this section, and (B) a summary of the applicable local or regional board of education's policies regarding concussions and other brain injuries.”

- a. **Why is the State Board of Education added to the organizations already charged with this responsibility? Will this additional mandate add anything to the present informed consent form, and will it unnecessarily lengthen the process?**

5. Section 2(a)(1) requires:

“Not later than twenty-four hours after such removal the coach shall inform the student athlete's parent or legal guardian that the student athlete has exhibited such signs, symptoms or behaviors consistent with a concussion or other brain injury or has been diagnosed with a concussion or other brain injury.”

- a. **This section is both vague and legally onerous for coaches and volunteers. Although we believe the parents should be notified as soon as possible, how should and will that communication take place?**

6. Section 3 is new in its entirety. Beginning with the 7/1/15 school year, full contact practice is limited to 90 minutes per week. Full contact is defined as:

“any drill, scrimmage or live game simulation that includes activities that may include, but not be limited to, student athletes tackling, striking or colliding with one another at full speed.”

- a. **From consultation with medical and sports experts, we believe that proper training is essential to reducing athlete injuries. The phrase “activities that *may include*...” is troubling because many sports and activities “*may include*” the possibility of collision, even if in random manner. Will this tremendously vague language reduce instruction time which teaches young athletes how to properly compete and reduce injuries?**

Section 4, Youth Sports.

7. Section 4(a)(2) defines operator as:

“any municipality, business or nonprofit organization that conducts, coordinates, organizes or otherwise oversees any youth athletic activity.”

- a. **This concerns PTAs directly. Many PTAs and other non-affiliated groups help children increase their fitness through charitable and volunteer efforts. The requirements of leader training, the potential legal and financial liability and the reporting and record-keeping requirements may keep some organizations from offering activities and reduce the opportunities for children participate in athletic activities. We are concerned that the unintended consequence of this section may be to reduce the opportunities for youth fitness activities.**
8. Section 4(h) provides civil liability for violations by the operator or coach. Aggrieved individuals may request that the Attorney General investigate alleged violations and bring civil suit.
- a. **Does this supersede any “Good Samaritan” or volunteer protection laws? Again, our concern is if this begins to hinder coaches from volunteering, it may also hinder children from participating in needed physical activity.**

Section 5. Referees.

9. Section 5(a)(1) defines referee as:

“a person who volunteers or is paid to act as a referee, official, umpire or judge, or in a similar supervisory position, for events involving intramural or interscholastic athletics or youth athletic activity.”

- a. **Please reference concern stated above in 8 (a). Many youth activities depend on volunteer officials. Although we believe**

training and information should be available and used, to place potential civil liability on officials may hinder some from participating. This may reduce the opportunities for children to participate in needed physical activity.

Section 6. Data Collection and Reporting.

19. Section 6(a) is new and mandates that the State Board of Education require all school districts to collect and report all occurrences not less than twice each school year. Each report shall contain, if known:

“1) The nature and extent of the concussion or other brain injury, and (2) the circumstances in which the student sustained the concussion or other brain injury.”

20. Sections 6(b) and (c) require that each year, the State Board of Education must report on the data to the Department of Public Health. Then DPH must report on the data to the Legislature’s Committees on Children and Public Health.

a. This entire section appears to be the height of bureaucratic nightmare. Only schools are required to report to an agency that is probably not equipped (in knowledge nor funding) to understand the reporting. That first agency must then report to another agency that is also struggling. Then that second agency must report to two Legislative Committees. The number of questions about this section are many. Reporting may be needed, but the resources required as proposed would be much better spent in education and prevention.

In addition to the analysis of the Bill as presented, Connecticut PTA has additional concerns not addressed in the HB 5113. They include, but are not limited to:

- There is no guideline or mention of any “return to school” protocol. Let’s remember that these are “student-athletes” and the primary concern is for the children’s health – whether it be physical, mental or emotional health. We should address the whole child.
- From our research, most concussions occur outside of organized athletic activities. From playgrounds to school hallways to icy sidewalks, concussions happen every day. Further education of parents and school personnel, beyond those involved in athletics is important. HB 5113 as drafted does not address return to school issues.
- There already exist a plethora of information, educational materials and resources in the public domain, on head injuries. There are also agencies outside of government regulating these activities in a safe and responsible manner. All of these existing resources should be utilized before reinventing the wheel and wasting limited resources.

In conclusion, the Connecticut PTA commends the Committee for raising this issue. We strongly believe in the intent and purpose of this Bill – to protect the health and welfare of our most valuable resource, our children. Nevertheless, there are so many unanswered questions raised by the draft, that we also are concerned about the unintended consequences of HB 5113. Consequently, we cannot support HB 5113 at this time. CT PTA again commits to work with you to make this bill protect our children while encouraging health and fitness at all levels.

