



**FINAL REPORT OF THE
VIRGINIA COMMISSION ON YOUTH**

**TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA**

**IMPLEMENTATION OF SCHOOL
DIVISIONS' STUDENT-ATHLETE
CONCUSSION POLICIES**

REPORT DOCUMENT NO. 82

**COMMONWEALTH OF VIRGINIA
RICHMOND
2016**



COMMONWEALTH of VIRGINIA
Commission on Youth

Delegate Christopher K. Peace, *Chair*
Senator Barbara A. Favola, *Vice Chair*

General Assembly Building
201 N. 9th Street, Suite 269
Richmond, Virginia 23219-0406

Executive Director
Amy M. Atkinson

804-371-2481
FAX 804-371-0574
<http://vcoy.virginia.gov>

February 2, 2016

TO: The Honorable Terry R. McAuliffe, Governor of Virginia

and

Members of the Virginia General Assembly

During the 2015 General Assembly Session legislation was introduced by Delegate Luke Torian (House Bill 2006) and Senator Richard Stuart (Senate Bill 998). The legislation as introduced would have required each local school division to establish a management plan for implementation of and compliance with its policies and procedures on the identification and handling of suspected concussions in student-athletes. The Senate Education and Health Committee and the House Education Committee members reviewed these bills and determined that further study of this issue would be appropriate. The members of the Committees requested the Commission on Youth to study the provisions set forth in the legislation.

At its December 8, 2015 meeting, the Commission on Youth approved the recommendations for this study. Those recommendations are included in this report, which is provided for your consideration. This report represents the work of many government and private agencies and individuals who provided input to the study. The Commission on Youth gratefully acknowledges their support to this effort.

Respectfully submitted,

A handwritten signature in cursive script that reads "Christopher K. Peace".

Christopher K. Peace

MEMBERS OF THE VIRGINIA COMMISSION ON YOUTH

House of Delegates

The Honorable Christopher K. Peace, Chair
The Honorable Richard L. Anderson
The Honorable Mamye E. BaCote (*Vacant as of January 13, 2016*)
The Honorable Richard P. "Dickie" Bell
The Honorable Peter F. Farrell
The Honorable Mark Keam

Senate of Virginia

The Honorable Barbara A. Favola, Vice Chair
The Honorable Dave W. Marsden
The Honorable Stephen H. Martin (*Vacant as of January 13, 2016*)

**Gubernatorial Appointments
from the Commonwealth at Large**

Deirdre S. Goldsmith
Frank S. Royal, Jr., M.D.
Charles H. Slemper, III, Esq.

Commission Staff

Amy M. Atkinson, Executive Director
Will Egen, Legal Policy Analyst
Leah Mills, Senior Policy Analyst

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I. Authority for Study

Section 30-174 of the Code of Virginia establishes the Commission on Youth and directs it to "...study and provide recommendations addressing the needs of and services to the Commonwealth's youth and their families." This section also directs the Commission to "...encourage the development of uniform policies and services to youth across the Commonwealth and provide a forum for continuing review and study of such services."

Section 30-175 of the Code of Virginia outlines the powers and duties of the Commission on Youth and directs it to "[u]ndertake studies and to gather information and data...and to formulate and report its recommendations to the General Assembly and the Governor."

During the 2015 General Assembly Session legislation was introduced by Delegate Luke Torian (House Bill 2006) and Senator Richard Stuart (Senate Bill 998). The legislation as introduced would have required each local school division to establish a management plan for implementation of and compliance with its policies and procedures on the identification and handling of suspected concussions in student-athletes. The Senate Education and Health Committee and the House Education Committee members reviewed these bills and determined that further study of this issue would be appropriate. The members of the Committees requested the Commission on Youth to study the provisions set forth in the legislation. A copy of the legislation is included as Appendix A.

II. Members Appointed to Serve

The Commission on Youth is a standing legislative commission of the Virginia General Assembly. It is comprised of twelve members: six Delegates, three Senators, and three citizens appointed by the Governor.

Members of the Virginia Commission on Youth during the 2015 Study Year are listed below.

- Delegate Christopher K. Peace, Mechanicsville, Chair
- Delegate Richard L. Anderson, Prince William
- Delegate Mamy E. BaCote, Newport News
- Delegate Richard P. "Dickie" Bell, Staunton
- Delegate Peter F. Farrell, Richmond
- Delegate Mark Keam, Vienna
- Senator Barbara A. Favola, Arlington, Vice Chair
- Senator David W. Marsden, Burke
- Senator Stephen H. Martin, Chesterfield
- Deirdre S. Goldsmith, Abingdon
- Frank S. Royal, Jr., M.D., Richmond
- Charles H. Slemph, III, Esq., Norton

III. Executive Summary

During the 2015 General Assembly Session legislation was introduced by Delegate Luke Torian (House Bill 2006) and Senator Richard Stuart (Senate Bill 998). The legislation as introduced would have required each local school division to establish a management plan for implementation of and compliance with its policies and procedures on the identification and handling of suspected concussions in student-athletes. The Senate Education and Health Committee and the House Education Committee members reviewed these bills and determined that further study of this issue would be appropriate. The members of the Committees requested the Commission on Youth to study the provisions set forth in the legislation.

The Commission on Youth adopted a student-athlete study plan at its May 5, 2015 meeting. After presentations of the findings and recommendations at the Commission's October 20 and December 8 meetings, and receipt of public comment, the Commission on Youth approved the following recommendations:

Recommendation 1

Request the Virginia Department of Health (VDH) and the Virginia Department of Education (VDOE) to assess the feasibility of conducting regional information training sessions on updated concussion guidelines and concussion awareness. VDH previously conducted these trainings after the adoption of the 2011 *Guidelines for Policies on Concussions in Student-Athletes*.

The Departments are encouraged to use materials from the U.S. Centers for Disease Control and Prevention (CDC) and other nationally recognized resources as a guideline for presenting information to communities. Information presented should focus on identification of concussions, the use of smart phone applications, short-term and long-term health effects of concussions, and safety precautions.

Recommendation 2

Request the VDOE to develop additional guidance for the Return-to-Learn protocols that may be included in the Board of Education's *Guidelines for Policies on Concussions in Student-Athletes*. Guidance should include case management procedures for return to learn, minimum standards for return to learn, and practical strategies for teachers to implement in the classroom. In addition, the Guidelines should include template communication consent forms that school divisions may use to help assist with the sharing of information between schools, families, and the medical community. School divisions should be encouraged to identify a person within school/school division to ensure that the Return-to-Learn protocol is being followed.

Recommendation 3

Amend § 22.1-271.6 of the Code of Virginia to require local school divisions develop policies and procedures regarding "Return-to-Learn Protocol" by July 1, 2016, consistent with either the local school division's policies and procedures or the Board's *Guidelines for Policies on Concussions in Student-Athletes*.

Recommendation 4

Amend § 22.1-271.6 of the Code of Virginia to change the group covered by the statute from student-athlete to student.

Recommendation 5

Request the Virginia Department of Education convene a stakeholder team to provide best practices resources for school divisions to use which outlines what other school divisions are doing with their policies on student-athlete concussions. Such resources shall help connect schools that do it well with schools that are having difficulty either developing policies or implementing them.

Recommendation 6

Introduce a budget amendment to provide funding for low population density/poverty areas for additional supports in assisting students with concussions to return to the classroom successfully. Funding may be used for a licensed school nurse position employed by the school division, a licensed nurse contracted by the local school division, or a certified athletic trainer. Funding shall be used to support the Return-to-Learn protocol as defined by the Board of Education's *Guidelines for Policies on Concussions in Student-Athletes*.

Recommendation 7

Request VDOE contact school divisions identified by the Virginia Commission on Youth as either not having a policy regarding the identification and handling of suspected concussions in student-athletes or that have missing components, such as annual parental review of the division's concussion policies. VDOE will work with these school divisions to provide technical assistance and resources so that these divisions expeditiously adopt policies that fulfill the requirements set forth in the Board of Education's *Guidelines for Policies on Concussions in Student-Athletes*.

Recommendation 8

Introduce legislation requiring a Pre-Participation Physical Examination (PPE) for athletes participating in school-sponsored athletics in middle school.

Recommendation 9

Request the Virginia Recreational Sports Association, the Virginia Youth Football and Cheering League, and the Virginia Youth Soccer Association to investigate ways to encourage concussion education including: providing strategies in concussion prevention, the development of a youth league report card for meeting safety standards for their members; and the establishment of policies and procedures regarding the identification and handling of suspected concussions in student-athletes, consistent with either local school division's policies and procedures or the Board of Education's *Guidelines for Policies on Concussions in Student-Athletes*.

Recommendation 10

Request the Virginia Council for Private Education to investigate ways to encourage concussion education, to provide strategies in concussion prevention, and to establish policies and procedures regarding the identification and handling of suspected concussions in student-athletes, consistent with either the local school division's policies and procedures or the Board of Education's *Guidelines for Policies on Concussions in Student-Athletes*.

IV. Study Goals and Objectives

At the Commission's meeting on May 5, 2015, the Commission approved the study plan for Implementation of School Divisions' Student-Athlete Concussion Policies.

The following study goals were approved by the Commission:

- Review Virginia laws, policies and procedures
- Analyze local practices
 - Conduct a survey of school superintendents, school principals and athletic directors
- Analyze other states' practices and procedures
 - National Conference of State Legislatures (NCSL)
- Convene a round table of stakeholders
 - Invite representatives from the impacted groups including:

American Academy of Pediatrics –
Virginia Chapter
Brain Injury Association of Virginia
Brain Injury and Sports Concussion
Institute
Children's Hospitals
Children's National Medical Center
Local Recreation Clubs
Medical Society of Virginia
Members of the Commission on
Youth/General Assembly
Neuropsychologists
Parents
Universities
Virginia Academy of Family Physicians
Virginia Academy of School
Psychologists
Virginia Association for Health, Physical
Education, Recreation and Dance
Virginia Association of Secondary
School Principals

Virginia Association of School Nurses
Virginia Association of School
Superintendents
Virginia Athletic Trainers' Association
Virginia College Emergency Physicians
Virginia Counselors Associations
Virginia Department of Conservation and
Recreation
Virginia Department of Education
Virginia Department of Health
Virginia High School Coaches Association
Virginia High School League
Virginia Interscholastic Athletic
Administrators Association
Virginia School Board Association
Virginia Physical Therapy Association
Virginia Medical Society for Sports Medicine
Virginia Recreation and Park Society

- Develop recommendations
 - Synthesize findings
- Solicit feedback to recommendations
- Refine findings and recommendations
- Present findings and recommendations to the Commission on Youth
- Prepare final report

V. Methodology and Objectives

The findings of this study based on several distinct research activities conducted by the Commission on Youth.

A. RESEARCH AND ANALYSIS

Commission staff conducted a literature review of state law and guidelines dealing with student-athlete concussions. The Commission also reviewed other states policies on student-athlete concussions.

B. STAKEHOLDER INTERVIEWS

Stakeholder interviews were conducted by Commission staff in order to receive input and information on student-athlete concussions. Stakeholders provided valuable information for the formulation of study findings and recommendations. Interviews were conducted with the Virginia Department of Education, local school divisions, doctors, and members of the brain injury community.

C. ROUND TABLE

On September 22, 2015, the Commission on Youth, in conjunction with the Virginia Department of Education, hosted a Round Table on Student-Athlete Concussions. The Round Table had over 50 participants/subject-matter experts including university professors, neurologists, school officials, athletic trainers, sports medicine representatives, and parents. The Round Table agenda included an overview of the Virginia Department of Education's work on student-athlete concussions, other states' initiatives on student-athlete concussions, an update on the Virginia High School League's Frank C. McCue Sports Medicine Advisory Committee, and a local perspective provided by representatives from Prince William County Public School. Time was also set aside for breakout groups to develop draft recommendations that were then reported to all Round Table participants for the purpose of reaching consensus. The draft Round Table Findings and Recommendations were shared on the Commission's website. At the October 20 Commission on Youth meeting, the Commission staff received a presentation on the Round Table activities and distributed the Round Table Findings and Recommendations for public comment. On December 8, 2015, the Commission met to receive public comment and took final action on the study recommendations. A complete listing of the Round Table participants is provided as Appendix B.

D. SURVEY OF SCHOOL DIVISIONS' POLICIES

On August 14, 2015, in cooperation with the Virginia Department of Education, the Commission surveyed Virginia's 132 school divisions requesting information on their student-athlete concussion policies through a Superintendent's Memo. Commission staff requested school divisions submit the following information:

1. School division's policies/procedures on the identification and handling of suspected concussions in student-athletes;
2. A description of how the school division's concussion policies are provided to student-athletes' parents/guardians as well as the methods used for collecting information from parents/guardians acknowledging receipt, review and understandings of your policies;
3. The methods utilized by the school division to ensure compliance with your division's concussion policies; and
4. The name and title of each school division's representative responsible for overseeing student-athlete concussion policies and their contact information.

The Commission received 73 responses from local school divisions and acquired 20 local policies through internet searches. The results from the survey are outlined in Section F of the Background Section of this report.

VI. Background

This section summarizes the results of the research and analysis conducted by Commission staff.

A. CONCUSSIONS IN STUDENT-ATHLETES

According to the 4th International Conference on Concussion in Sports, a concussion is a traumatic brain injury characterized by complex pathophysiological processes affecting the brain and induced by biomedical forces. A concussion may be caused by either a direct blow to the head, face, neck, or other area of the body. The blow, coupled with an increasingly powerful force transmitted to the head, causes the brain to suddenly move back and forth at a significantly rapid pace. This sudden movement may cause the brain to bounce around or twist in the skull, stretching and damaging the brain cells and creating chemical changes in the brain. It is important to note that a person does not have to be unconscious to have a concussion.

Approximately 300,000 sports related concussions and traumatic brain injuries occur annually among high school student-athletes.¹ When a child sustains or is suspected to have sustained a concussion from a sports injury, motor-related vehicle crash, fall, or other cause, the resulting impairments can be multi-dimensional and result in various cognitive, behavioral, and physical complications. Therefore, it is of extreme importance that education and healthcare professionals, as well as parents and student-athletes, are aware of the pivotal issues regarding brain injuries and concussions, and how these traumatic brain injuries may affect the student-athlete's ability to adequately flourish.

Several key factors in the facilitation and management of concussions among student-athletes include awareness of current symptoms, the pre-injury status of physical and cognitive functioning, and the student's sensitivity to physical and cognitive exertion following a confirmed or suspected concussion. It is important that those student-athletes who have sustained a concussion are promptly diagnosed, treated, provided adequate time to heal, and receive comprehensive medical and educational support until they are symptom free.

A concussion may drastically interfere with a student's ability to exhibit basic cognitive activities, such as the ability to focus, concentrate, memorize, and recall or process basic information. The inability to exert basic cognitive abilities can lead to intense frustration, nervousness, anxiety, and irritability, which may further impede the academic and learning pursuits of students. For student-athletes with a concussion, it is critical that school divisions implement safeguards to protect the gradual return to academic learning, and eventually the student's return to athletic play and practice.

The Return-to-Learn protocol following a suspected or confirmed concussion includes stepwise processes in which student-athletes will gradually increase cognitive activities through the progression of several phases. Key emphasis is placed upon cognitive and physical rest, modified academic instruction, resolution of symptoms, and the continued collaboration among licensed healthcare professionals, school and athletic administrators, and the student athlete's

¹ Marar, M., McIlvain, N.M., Fields, S.K., Comstock, R.D. (2012). Epidemiology of concussion among United States high school athletes in 20 sports. *American Journal of Sports Medicine*, 40:747–755.

family, as a means of increasing opportunities for academic learning without worsening or potentially delaying healing. The decision to progress from one phase to another should reflect the absence of any relevant signs or symptoms, and should be based on the recommendation of an appropriate licensed healthcare provider in collaboration with necessary school staff, as determined by the division's concussion policy.

Further, those student-athletes who have sustained a concussion are particularly vulnerable for re-injury, due to brain sensitivity. Local school divisions and athletic programs should adequately enlist safeguards to protect student-athletes during their return to athletic games and practices. The "Return-to-Play" protocols following a concussion are also a stepwise process. Student-athletes will progress through various phases and levels of physical exertion. If any post-concussion symptoms reoccur while the student transitions thorough the "return-to-play" protocol, the student-athlete will revert back to the previous level, participate in physical rest, and attempt the progression again.

It is important to note that most student-athletes who sustain a concussion can recover completely, as long as they do not "return-to-learn" or "return-to-play" prematurely. If a second concussion is sustained during the healing process, the risk of prolonged symptoms increases significantly, and the consequences of a seemingly mild second concussion may pose potentially catastrophic detriments.

B. VIRGINIA STUDENT-ATHLETE CONCUSSION BACKGROUND

During the 2010 General Assembly Session, Senator Ralph Northam introduced Senate Bill 652 that required the Board of Education to develop and distribute to local school divisions by July 1, 2011, guidelines for policies dealing with concussions in student-athletes. The bill also required each local school division to develop policies and procedures:

- To inform and educate coaches, student-athletes and their parents or guardians on the risks, and short- and long-term health effects of concussions, criteria for removal from and return to play, and the risks for not reporting the injury and continuing to play; and
- For the identification and handling of suspected concussions in student-athletes allowing adequate time to heal, and providing comprehensive support until the student-athlete is symptom free.

The legislation passed unanimously by both houses of the General Assembly and was signed by the Governor on April 11, 2010.

The Department of Education formed a stakeholder group to assist the Board of Education in drafting guidelines for policies dealing with student-athlete concussions. Members of the stakeholder group included: the Virginia High School League, the Virginia Department of Health, the Virginia Athletic Trainers Association, Children's Hospital of the King's Daughters, Children's National Medical Center, the Brain Injury Association of Virginia, the American Academy of Pediatrics, the Virginia College of Emergency Physicians, and other interested parties. On November 18, 2010, the Board of Education accepted for first review the proposed *Guidelines for Policies on Concussions in Student-Athletes*. After the public comment period, the Board of Education adopted the proposed *Guidelines for Policies on Concussions in Student-Athletes*, which included five key components:

- Training of coaches/adults;
- Educating parents/students;
- Removing from play;
- Returning to play; and
- Keeping records.

The Virginia Board of Education's *Guidelines for Policies on Concussions in Student-Athletes* went in effect for local school divisions on July 1, 2011.

During the 2014 General Assembly Session, Delegate Richard Anderson and Senator Richard Stuart introduced legislation (House Bill 410, Senate Bill 172) to require each non-interscholastic youth sports program utilizing public school property to (i) establish policies and procedures regarding the identification and handling of suspected concussions in student-athletes, consistent with either the local school division's policies and procedures or the *Board's Guidelines for Policies on Concussions in Student-Athletes*, or (ii) follow the local school division's policies and procedures regarding the identification and handling of suspected concussions in student-athletes. The bill required additional information to be included on the effects of concussions on academic performance to the *Board's Guidelines for Policies on Concussions in Student-Athletes*. The legislation passed both houses and was signed by the Governor on April 7, 2014. The law went into effect on July 1, 2014.

Additional legislation was also introduced during the 2014 General Assembly Session on student-athlete concussions. Delegate Eileen Filler-Corn introduced House Bill 1096 which required the Board of Education to amend its Board of Education's *Guidelines for Policies on Concussions in Student-Athletes* to include a "Return-to-Learn protocol" with requirements that school personnel (i) be alert to cognitive and academic issues that may be experienced by a student-athlete who has suffered a concussion or other head injury and (ii) accommodate the gradual return to full participation in academic activities by a student-athlete who has suffered a concussion or other head injury. The legislation passed both houses and was signed by the Governor on March 27, 2014. The law went into effect on July 1, 2014.

As a result of the legislation (House Bill 1096), the Board of Education adopted revisions to the *Guidelines for Policies on Concussions in Student-Athletes* on January 22, 2015. The Department of Education sent a Superintendent's Memo to local school divisions on February 20, 2015, requesting that the information on the new Guidelines be shared with school boards, athletic departments, and other members of the education community.

During the 2015 General Assembly Session legislation was introduced by Delegate Luke Torian (House Bill 2006) and Senator Richard Stuart (Senate Bill 998). The legislation as introduced would have required each local school division to establish a management plan for implementation of and compliance with its policies and procedures on the identification and handling of suspected concussions in student-athletes. The Senate Education and Health Committee and the House Education Committee members reviewed these bills and determined that further study of this issue would be appropriate. The members of the Committees requested the Commission on Youth to study the provisions set forth in the legislation.

C. SUMMARY OF VIRGINIA LAW

As noted previously, Virginia law requires that the Board of Education develop and distribute *Guidelines for Policies on Concussions in Student-Athletes* to each school division. Each school division must develop policies and procedures for the handling of suspected concussions in student athletes. In addition, Virginia youth sports programs using public school property are now subject to Virginia's concussion law. These requirements will be discussed in the paragraphs that follow.

Board of Education Requirements

Va. Code § 22.1-271.5 – The Board of Education shall develop and distribute to each local school division guidelines on policies to inform and educate coaches, student-athletes, and their

parents or guardians of the nature and risk of concussions, criteria for removal from and return to play, risks of not reporting the injury and continuing to play, and the effects of concussions on student-athletes' academic performance.

Va. Code § 22.1-271.6 – The Board of Education shall amend its guidelines for school division policies and procedures on concussions in student-athletes to include a "Return-to-Learn protocol" with the following requirements:

- School personnel shall be alert to cognitive and academic issues that may be experienced by a student-athlete who has suffered a concussion or other head injury, including (i) difficulty with concentration, organization, and long-term and short-term memory; (ii) sensitivity to bright lights and sounds; and (iii) short-term problems with speech and language, reasoning, planning, and problem solving.
- School personnel shall accommodate the gradual return to full participation in academic activities by a student-athlete who has suffered a concussion or other head injury as appropriate, based on the recommendation of the student-athlete's licensed health care provider as to the appropriate amount of time that such student-athlete needs to be away from the classroom.

Local School Division Requirements

Each local school division shall develop policies and procedures regarding the identification and handling of suspected concussions in student-athletes. Such policies shall require:

- In order to participate in any extracurricular physical activity, each student-athlete and the student-athlete's parent or guardian shall review, on an annual basis, information on concussions provided by the local school division. After having reviewed materials describing the short- and long-term health effects of concussions, each student-athlete and the student-athlete's parent or guardian shall sign a statement acknowledging receipt of such information, in a manner approved by the Board of Education.
- A student-athlete suspected by that student-athlete's coach, athletic trainer, or team physician of sustaining a concussion or brain injury in a practice or game shall be removed from the activity at that time. A student-athlete who has been removed from play, evaluated, and suspected to have a concussion or brain injury shall not return to play that same day nor until (i) evaluated by an appropriate licensed health care provider as determined by the Board of Education and (ii) in receipt of written clearance to return to play from such licensed health care provider.
- The licensed health care provider evaluating student-athletes suspected of having a concussion or brain injury may be a volunteer.

Each non-interscholastic youth sports program utilizing public school property shall either (i) establish policies and procedures regarding the identification and handling of suspected concussions in student-athletes, consistent with either the local school division's policies and procedures developed in compliance with this section or the Board's guidelines for policies on concussions in student-athletes, or (ii) follow the local school division's policies and procedures as set forth in subsection B. In addition, local school divisions may provide the guidelines to organizations sponsoring athletic activity for student-athletes on school property. Local school divisions shall not be required to enforce compliance with such policies. ("Non-interscholastic youth sports program" means a program organized for recreational athletic competition or recreational athletic instruction for youth.)

D. SUMMARY OF VIRGINIA GUIDELINES

The goals set forth in Board of Education's *Guidelines for Policies on Concussion in Student-Athletes* are to ensure that student-athletes who sustain concussions are properly diagnosed, given adequate time. The Guidelines require the following:

Policies and Procedures

- Identification and handling of suspected concussions in student-athletes and addressing the academic needs and gradual reintroduction of these students based on cognitive demands.
- Each student-athlete and parent or guardian shall review and sign/acknowledge information on concussions annually.
- Removal from play if suspected of a concussion or brain injury. Not to return to play that day nor until evaluated by an appropriate licensed health care provider and written clearance to return to play.
- Appropriate licensed health care provider or properly trained individuals must use a standardized concussion sideline assessment instrument.
- Concussion policy team may include a school administrator, teacher, school counselor, school psychologist, school nurse, athletic administrator, appropriate licensed health care provider, coach, parent/guardian and student. The concussion policy team shall refine and review policies on an annual basis.

Protocol for Return-to-Learn

- Gradual increase in cognitive activities based on individual progress through phases monitored by the student's appropriate licensed health care provider in collaboration with school staff, including teachers, school counselors, school administrators, psychologist, nurses, clinic aides, or others as determined by local policy.
- If symptoms persist or fail to improve over time, additional in-school support may be required with consideration for further evaluation. If the student is three to four weeks post injury without significant evidence of improvement, a 504 plan should be considered.
- A student-athlete shall progress to a stage where he/she no longer requires instructional modifications or other support before being cleared to return to play.

Return-to-Play Protocol

- No participation on same day of concussion or signs of concussion
- Cannot return to play until all conditions have been met:
 - Attends all classes, maintains full academic load/homework, and requires no instructional modifications;
 - No longer exhibits signs symptoms, or behaviors consistent with a concussion, at rest or with exertion;
 - Asymptomatic during, or following periods of supervised exercise that is gradually intensifying; and
 - Receives a written medical release from an appropriate licensed health care provider.

Helmet Replacement and Reconditioning Policies and Procedures

- Helmets must be National Operating Committee on Standards for Athletic Equipment certified.
- Reconditioned helmets must be recertified.
- Recommended regular training on proper helmet fitting for coaches wearing protective headgear.

Required Training for Personnel and Volunteers

- The concussion policy management team shall ensure training is current and consistent with best practice protocols. Develop policies and procedures to ensure school staff, coaches, athletic trainers, team physicians, and volunteers receive current training annually on:
 - How to recognize the signs and symptoms of a concussion
 - Strategies to reduce the risk of concussions;
 - How to seek proper medical treatment; and
 - When to return safely.
- Documentation of compliance with annual training requirements.
- Annual training on concussion management shall use a reputable program.

Community Involvement

- Non-interscholastic youth sports programs utilizing public school property shall establish concussion policies.

E. COMPARISON OF OTHER STATES' STUDENT-ATHLETE CONCUSSION LAWS

Legislation related to traumatic brain injury related to student-athletes typically address one or more of the following three categories:

- Education and/or training on concussion recognition and appropriate responses;
- The removal of a student-athlete from play in the event of a suspected concussion; and
- The return of a student-athlete to play after evaluation and clearance by a designated health care provider.

These categories are based on recommendations presented in the International Concussion Consensus Statement. The Consensus Statement was developed by experts in the field and includes the latest science available on concussion in sports. Some states employ additional methods that focus on emergency preparedness, including identifying health care professionals available for games; ensuring safer play by limiting the amount of contact during practices; improving awareness by collecting data from schools about the number of concussions incurred; and managing return to school by utilizing a concussion management team.²

The Commission on Youth analyzed enacted laws in other states. A detailed description of these laws is included as Appendix C . The following are a few state highlights:

- Washington: In 2009, Washington passed the first student-athlete concussion law known as the Zack Lystadt Law. This law required the adoption of policies for concussion management as well as the development of guidelines and forms to inform coaches and parents about the risks related to suffering a traumatic brain injury.³
- Pennsylvania: The current law in Pennsylvania on student-athlete concussions sets forth coach suspension standards for violation of removal from play or Return-to-Play policies. Education materials for student-athletes are created by the Department of Health and the Department of Education and distributed online. Parents and student-athletes must sign an acknowledgment indicating that they have received and reviewed the

² Centers for Disease Control and Prevention. *Get a Heads Up on Concussion in Sports Policies Information for Parents, Coaches, and School & Sports Professionals*. Retrieved from: <http://www.cdc.gov/headsup/pdfs/policy/headsuponconcussioninsportspolicies-a.pdf>.

³ Washington House Bill 1824. (2009 - 2010). *Requiring the adoption of policies for the management of concussion and head injury in youth sports*. Retrieved from: <http://apps.leg.wa.gov/billinfo/summary.aspx?bill=1824&year=2009>.

aforementioned education materials. Also, once every school year a coach must complete a concussion management certification training at no cost to the school.⁴

- Michigan: Legislation was enacted in 2013. The Department of Community Health must create educational materials and a training program. Coaches, employees, volunteers, and other adults involved in the participation of youth athletics are required to take the training program and parents and athletes must acknowledge their receipt of the educational material developed by the Department. Additionally, if a student-athlete has been removed from an athletic activity he or she must obtain written clearance from a health professional to return to play. The written clearance must remain in permanent file for duration of youth's participation in athletic activity or until age 18. The Michigan Department of Community Health may request copies of the written clearances obtained by schools or other organizations for review.⁵
- Minnesota: State law requires each school coach and official to undergo an initial online training and a refresher at least once every three years. State statute also instructs that the appropriate sport's governing body shall make information available about the nature and risks of concussions to youth athletes and their parents. The Minnesota State High School League utilizes the National Federation of State High School Associations program entitled Anyone Can Save A Life. The program helps schools create emergency action plans. A Student Response Team is part of this approach. In Minnesota, the Minnesota State High School League requires every coach at every level to complete the Anyone Can Save A Life.⁶
- Rhode Island: This state recently updated their law in 2014 to add teachers and nurses to the required list of persons who must take an initial training course and an annual refresher course on concussions and traumatic brain injuries. Furthermore, if a student-athlete is removed from play he or she must obtain written clearance from a licensed physician.⁷
- Nebraska: Last year this state added a section to their existing law on student-athlete concussions to require schools to establish a return-to-learn protocol for students that have sustained a concussion. This protocol must recognize the possible need for informal or formal accommodations, modifications of curriculum, and monitoring by medical or academic staff until the student is fully recovered.⁸
- Massachusetts: This state passed a law in 2010 that includes a limiting contact section that states: "A coach, trainer or volunteer for an extracurricular athletic activity shall not encourage or permit a student participating in the activity to engage in any unreasonably dangerous athletic technique that unnecessarily endangers the health of a student,

⁴ Pennsylvania Senate Bill 200. (2011). *Safety in Youth Sports Act*. Retrieved from: <http://www.legis.state.pa.us/CFDOCS/Legis/PN/Public/btCheck.cfm?txtType=HTM&sessYr=2011&sessInd=0&billBody=S&billTyp=B&billNbr=0200&pn=1637>.

⁵ Michigan Senate Bill 1122 and House Bill 5697. (2012). Retrieved from: <http://www.legislature.mi.gov/documents/2011-2012/publicact/pdf/2012-PA-0342.pdf> and <http://www.legislature.mi.gov/documents/2011-2012/publicact/pdf/2012-PA-0343.pdf>.

⁶ Minnesota Senate Bill 612. (2011). Retrieved from: <https://www.revisor.mn.gov/laws/?id=90&doctype=chapter&year=2011&type=0>.

⁷ Rhode Island House Bill 7367. (2014). Retrieved from: <http://webserver.rilin.state.ri.us/billtext14/housetext14/h7367.htm>.

⁸ Nebraska Legislative Bill 923. (2014). Retrieved from: <http://nebraskalegislature.gov/laws/statutes.php?statute=71-9104>.

including using a helmet or any other sports equipment as a weapon.”⁹ The law also mandates school collect data on concussions and currently the Massachusetts Interscholastic Athletic Association surveys this data every year. Figure 1 depicts states with concussion laws that include training requirements for coaches.

Figure 1
State Youth Concussion Law Requires Training for Coaches, 2014



The map provided shows that as of 2014, twenty states require training for coaches in student athlete concussion recognition and awareness. While this requirement is not mandated in the *Code of Virginia*, the Board of Education’s *Guidelines for Policies on Concussions in Student-Athletes* require training for personnel and volunteers. As well, the Virginia High School League (VHSL) requires all coaches of sports teams to take a recognized course providing both education and prevention regarding concussions.

F. SUMMARY OF VIRGINIA SCHOOL DIVISIONS’ POLICIES ON STUDENT-ATHLETE CONCUSSIONS

In order to understand school divisions’ progress with implementing policies on student-athlete concussions, Commission staff, in partnership with the Virginia Department of Education, sent out a request through a Superintendent’s Memo asking school divisions submit the following information:

1. School division’s policies/procedures on the identification and handling of suspected concussions in student-athletes;
2. A description of how the school division’s concussion policies are provided to student-athletes’ parents/guardians as well as the methods used for collecting information from parents/guardians acknowledging receipt, review and understandings of your policies;

⁹ Massachusetts Senate Bill 2469. (2010). An Act Relative to Safety Regulations for School Athletic Programs. Retrieved from: <https://malegislature.gov/Laws/SessionLaws/Acts/2010/Chapter166>.

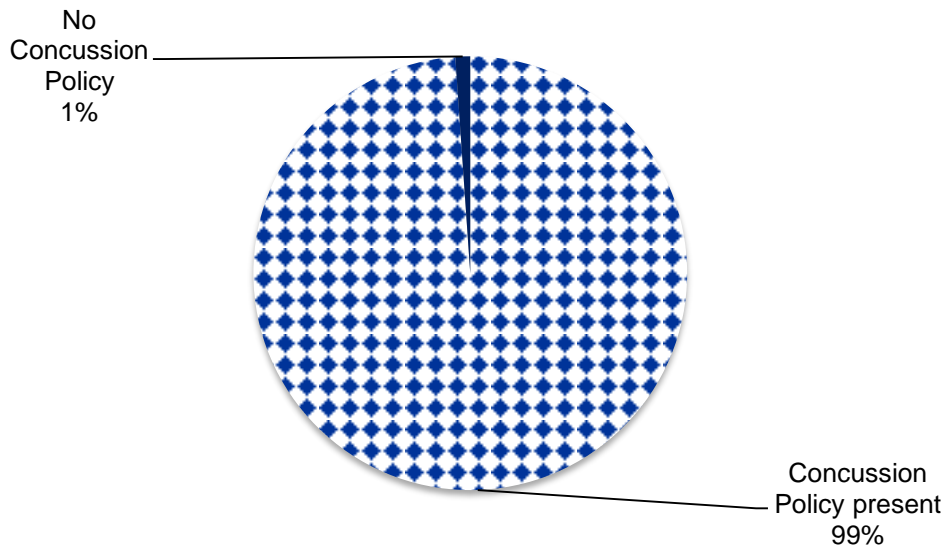
3. The methods utilized by the school division to ensure compliance with your division's concussion policies; and
4. The name and title of each school division's representative responsible for overseeing student-athlete concussion policies and their contact information.

The results of the survey were communicated to the Virginia Commission on Youth at the October 20, 2015 meeting. The details from the survey are highlighted in the following paragraphs.

The Commission received 73 responses from local school divisions and acquired 20 additional local policies through Internet searches. The accuracy of each school division policy generated from the Internet search was verified with the corresponding school division. The final response rate was 69 percent (93 out of 132 total Virginia school divisions). The results from the survey and a breakdown of Virginia's school divisions' policies governing concussions (out of the 93 responding divisions) are summarized in the following charts.

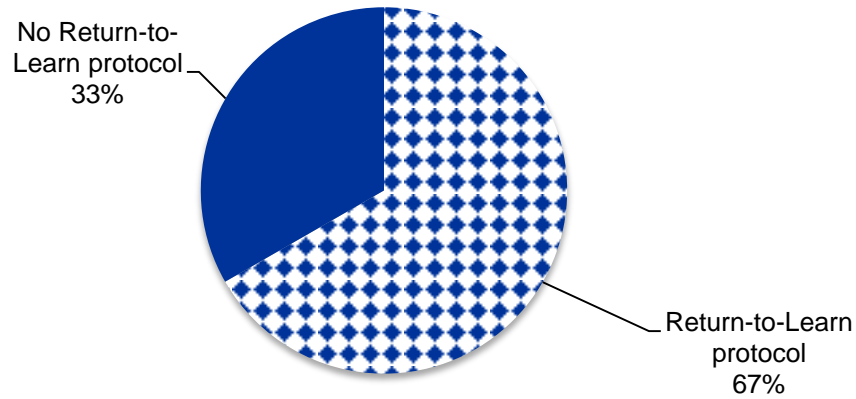
The Commission's survey found that of the 93 reporting school divisions, 99 percent had a division-wide policy detailing the identification and handling of concussions among student-athletes. An illustration is provided in Chart 1.

Chart 1
School Divisions and Concussion Policies



A cornerstone of an applicable concussion policy is the inclusion of a provision to reintroduce gradually the student-athlete to cognitive activities within the classroom. Some students may need total rest with gradual return to school and learning activities, while other students may be able to continue academic work with minimal instructional modification. Return-to-Learn protocols must be flexible and progression from one phase to another must be made in collaboration with the student's healthcare provider, school staff, and parents, as detailed by the school division's policy. Chart 2 provides a breakdown of reporting school divisions' with policies that include a Return-to-Learn protocol.

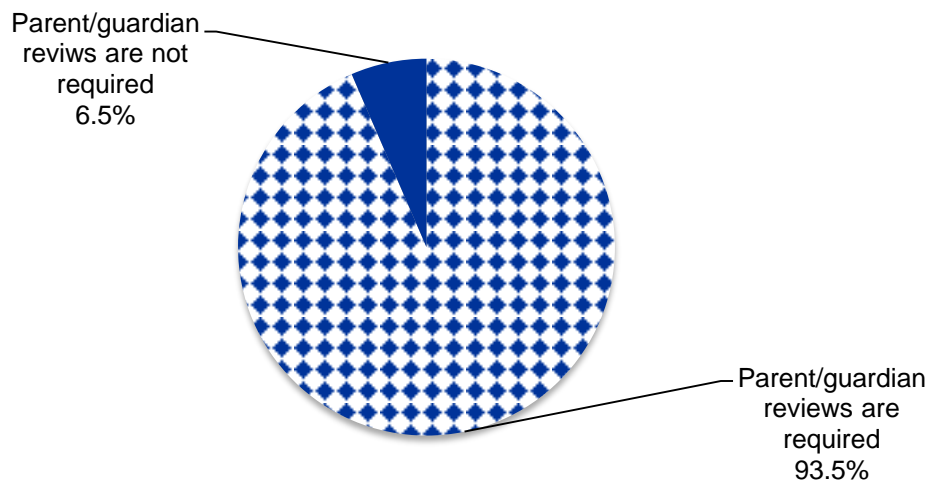
Chart 2
Schools with Return-to-Learn Protocols



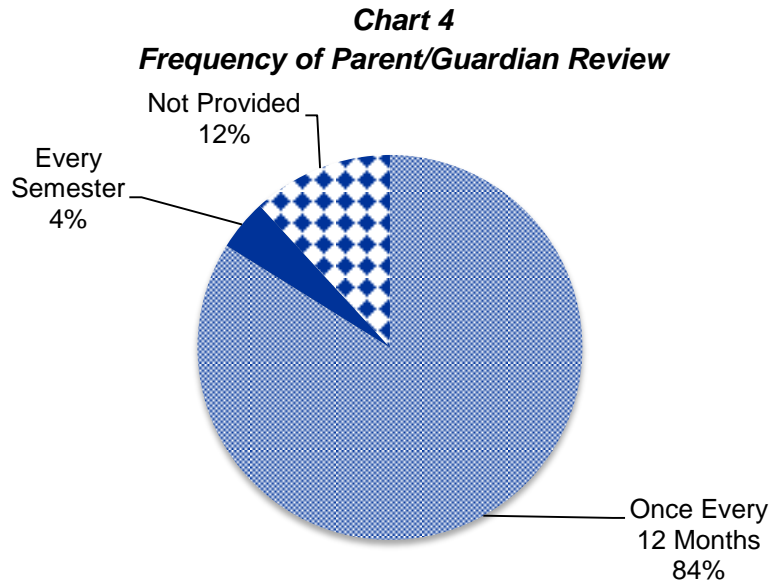
The Commission's survey on concussion policies regarding student-athletes found that 67 percent of the reporting school divisions' policies included strategies and implementation procedures for a Return-to-Learn protocol for student-athletes recovering from a concussion. In addition, it was found that 33 percent of the reporting school divisions did not have an explicit Return-to-Learn protocol for student-athletes recovering from a concussion.

The Commission's survey found that of the 93 reporting school divisions, 96 percent (or 86 divisions) maintained policies that required the parents and guardians of student-athletes to review the school division's concussion policy. Additionally, the survey found that the school divisions had explicit policies requiring each student's parent or guardian sign a school-sponsored document acknowledging the receipt of concussion related information before the student-athlete is able to participate in an athletic practice or game. Chart 3 outlines the number of school divisions that require parent or guardians to review the school division's concussion policy.

Chart 3
Requirement of Parent/Guardian Review

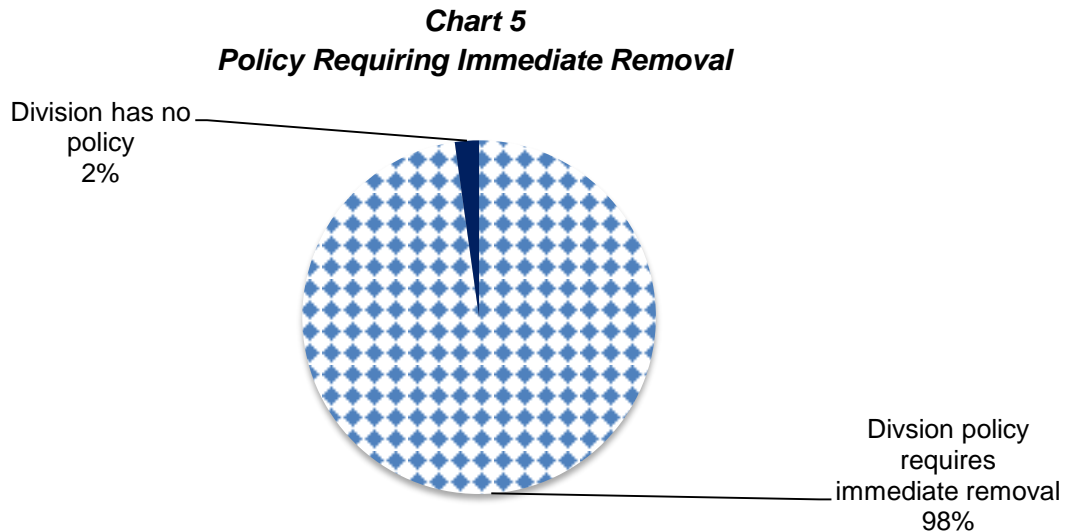


Among those school divisions requiring the parent or guardian to review concussion-related information, there were variances in the frequency of the reviews. A breakdown of the frequencies may be found in Chart 4.



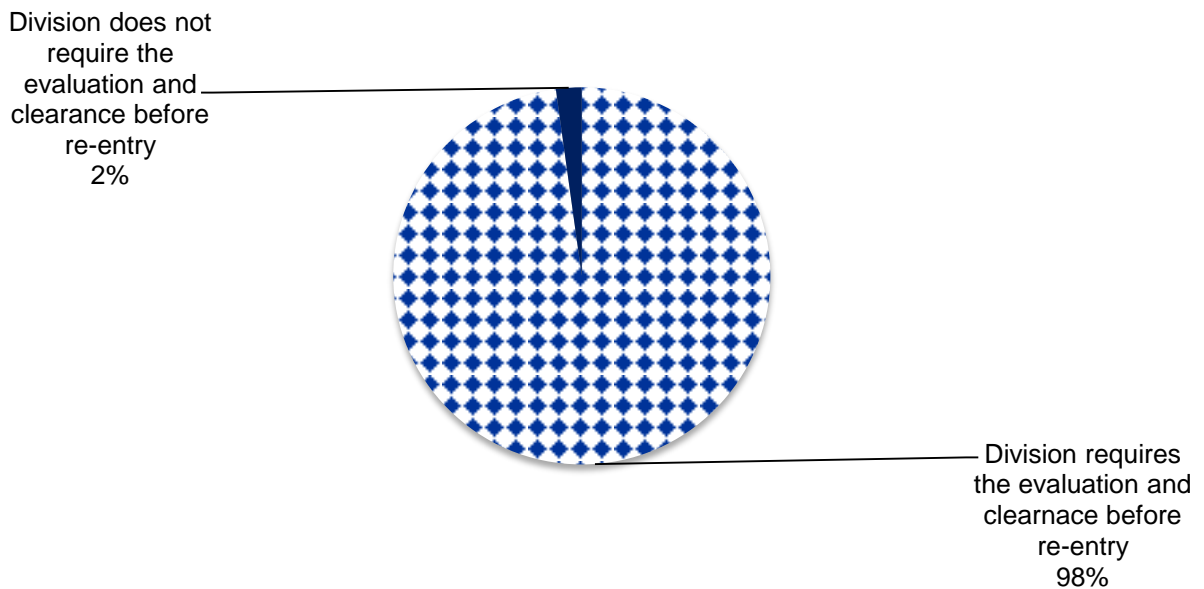
The Commission's survey found that 84 percent of the divisions with policies requiring the parent/guardian review concussion procedures explicitly noted that the review must occur once per calendar year. In addition, 4 percent of the reporting school divisions required parent/guardian reviews of concussion related information every semester the student-athlete participates in a school division sponsored athletic practice or game. Further, it is important to note that 12 percent of school divisions did not establish requirements on the frequency of parent/guardian review, but rather the individual schools within the division were granted the ability to establish requirements governing frequency.

The Commission's survey also found that the vast majority of school divisions' concussion policies contained procedures involving the immediate removal of student athletes from athletic activities at the suspicion of a possible concussion. This breakdown is highlighted in Chart 5.



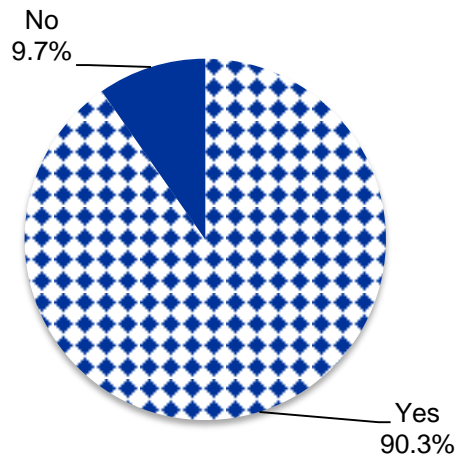
Of the 93 reporting school divisions, the Commission's survey found that 98 percent of the divisions' concussion policies require student-athletes suspected of sustaining a concussion by the coach, athletic trainer, or team physician be immediately removed from the athletic activity. It is important to note that the removal policy applies to athletic practices and athletic games. Before re-entry in to the athletic game or practice, school divisions must require that the student athlete be evaluated and cleared by an authorized, licensed medical professional. It is important to note that student-athletes may also be cleared by a school division-sponsored athletic trainer, team physician, or independent healthcare professional. The Commission's survey found that of the reporting 93 school divisions, 98 percent required student-athletes suspected of sustaining a concussion be cleared by a healthcare providers before re-entry into the athletic practice or game. Chart 6 provides a breakdown of the policies governing healthcare provider clearance and re-entry.

Chart 6
Evaluation and Clearance by Licensed Healthcare Provider before Re-entry



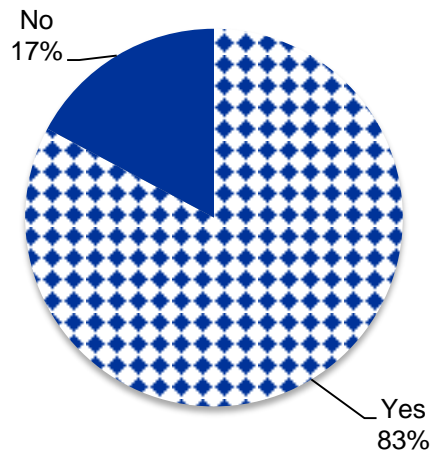
Of the 93 reporting school divisions, 90 percent require that licensed healthcare providers evaluating student athletes use a Standardized Concussion Assessment instrument. The Sideline Concussion Assessment Tool (SCAT-II, SCAT III, ChildSCAT3), the Standardized Assessment of Concussion (SAC), and the Balance Error Scoring System (BESS) are examples of the sideline concussion assessments tools that test cognitive function and postural stability. Chart 7 provides a breakdown of reporting school divisions that require healthcare professionals use a Standardized Concussion Sideline Assessment (SCAT) when evaluating student-athletes suspected of sustaining a concussion.

Chart 7
Division Requirement of Standardized Concussion Sideline Assessment (SCAT) Instrument



The Virginia Board of Education's *Guidelines for Policies on Concussions in Student-Athletes* recommends that school divisions' concussion policies include the development a Concussion Management Team. Concussion Management Teams have been shown to provide emotional support for students as they recover from concussions, advocate for better monitoring symptoms, and ensure that communication regarding student progress during recovery is shared among various stakeholders. Chart 8 shows a breakdown of the percentage of reporting school divisions with Concussion Management Teams.

Chart 8
Division Policy establishing a Concussion Management Team (CMT)

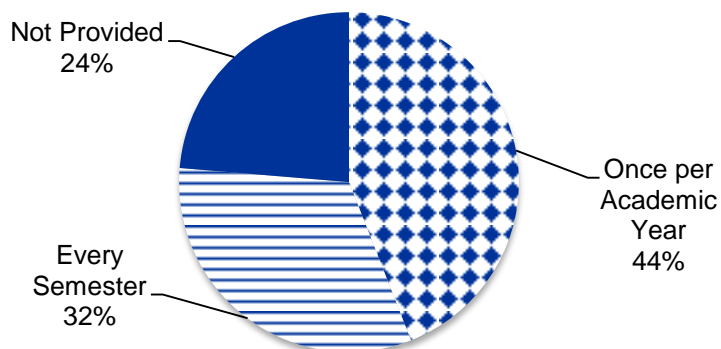


The Commission's survey found that 83 percent of reporting school divisions' concussion policies for student athletes required the establishment of a Concussion Management Team. The Concussion Management Teams included a variety of school administrators, teachers, school counselors, school psychologists, nurses, athletic administrators, healthcare providers, and coaches. It is also important to note that each school division's policy required Concussion

Management Teams to have at least one student-athlete and one parent/guardian of a student athlete serve as members.

Concussion Management Teams serve to plan, implement, review, and evaluate local concussion management policies. Chart 9 provides a breakdown of the frequency in which Concussion Management Teams meet and review concussion policies.

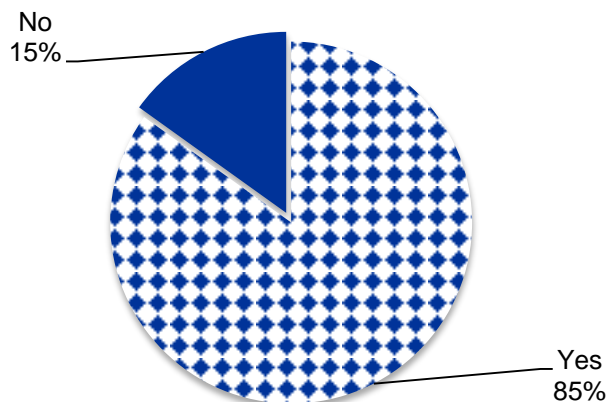
Chart 9
Frequency of Concussion Management Team (CMT) Review of Concussion Policy



The Commission's survey found that 44 percent of the school divisions require their Concussion Management Teams to meet once per academic year, which is the minimum recommended by the Board of Education's *Guidelines for Policies on Concussions in Student-Athletes*. However, 32 percent of divisions required more regular meetings, with Concussion Management Team reviews occurring a required minimum of once per semester. The frequency of Concussion Management Team's review of the concussion policies was not provided by 24 percent of the school divisions.

The Virginia Board of Education's *Guidelines for Policies on Concussions in Student-Athletes* suggest that concussion policy management teams ensure training is current and consistent with best practice protocols. Chart 10 illustrates the school divisions' oversight of annual training.

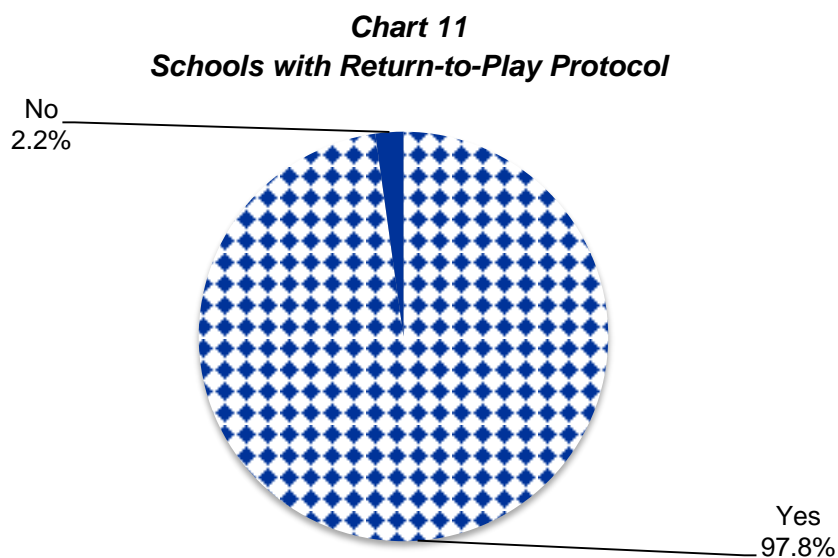
Chart 10
Division Requires Annual Trainings be Current



The Commission's survey found that 85 percent of school divisions have a policy requiring that the trainings are current. Specific policies were found to include training materials regarding how to recognize the symptoms and signs of a concussion, strategies to reduce the risk of concussion, and the explicit Return-to-Learn and Return-to-Play protocols be up to date. Most school divisions require participants to sign a form of acknowledgment.

The Virginia Board of Education's *Guidelines for Policies on Concussions in Student-Athletes* suggests that school divisions' concussion policies detail a Return-to-Play protocol for student athletes suspected of sustaining a concussion during athletic practice or a game. The breakdown of the reporting school divisions is reported in Charts 11 through 14.

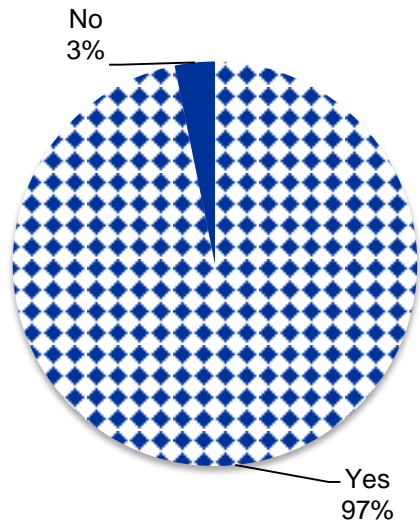
The Commission's survey found that 98 percent of the 93 reporting school divisions had an explicit Return-to-Play protocol for student-athletes suspected of having sustained a concussion. This is depicted in Chart 11.



The Virginia Board of Education's *Guidelines for Policies on Concussions in Student-Athletes* require each Virginia school division have a Return-to-Play procedures and protocols for student-athletes. The Commission's survey found that of the 93 reporting school divisions, 98 percent has a Return-to-Play protocol for student athletes suspected of sustaining a concussion. More specifically, Charts 12 and 13 show a breakdown of the Return-to-Learn protocols among the school divisions.

Chart 12 illustrates the percentage of school divisions with Return-to-Learn protocols that restrict athletic activity on the same day of injury if the student-athlete exhibits signs, symptoms or behaviors attributed to a concussion or diagnosis of concussion. The Commission's survey found that 97 percent of the reporting school divisions' Return-to-Play protocol restricted student-athlete from participation in any athletic activity or practice on the same day of a suspected concussion-related injury, if the student-athlete possess signs, symptoms, or behaviors attributed to a concussion, or the diagnosis of a concussion.

Chart 12
Division's Return-to-Play Protocol Restricts Athletic Activity the Same Day of Injury



The Commission's survey also found that of the reporting 93 school divisions, 99 percent of the school divisions' Return-to-Play protocols restrict student-athletes from participating in any athletic activity or practice the days following a concussion injury. This is depicted in Chart 13.

Chart 13
Division's Return-to-Play Policy Restricts Student-Athletes from Participating in Any Athletic Activity or Practice the Days Following a Concussion Injury

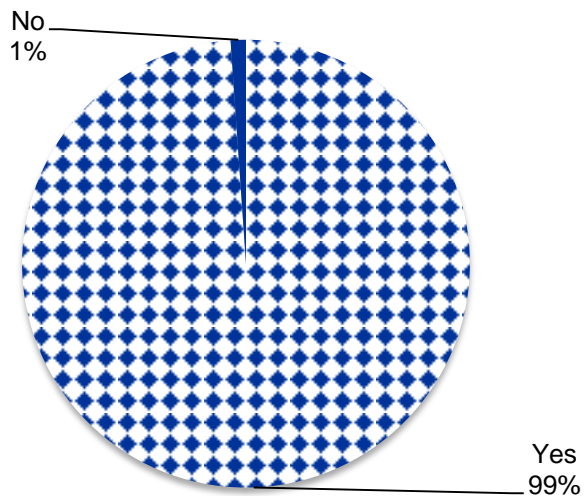
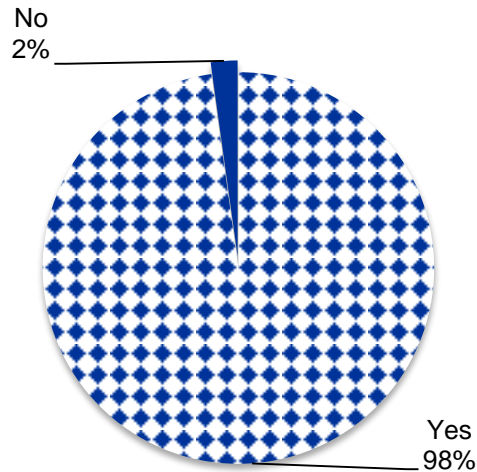


Chart 14 illustrates the requirements for returning to athletic events for student-athletes suspected of sustaining a concussion.

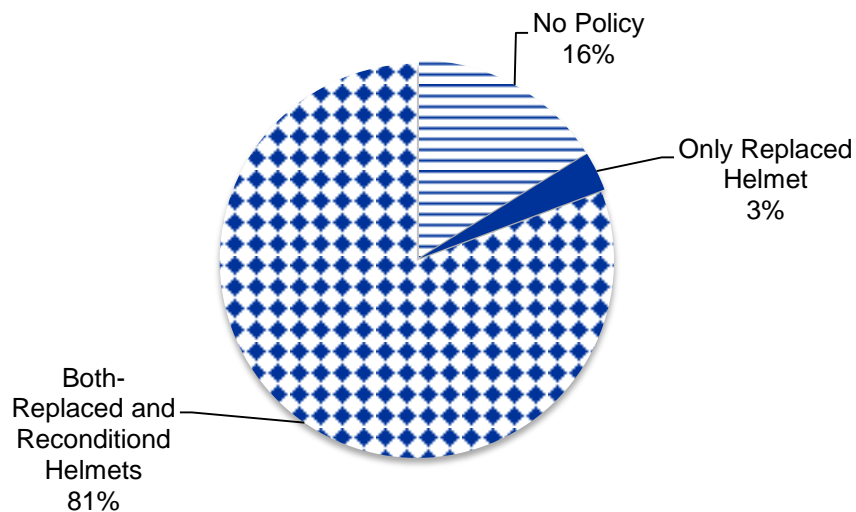
Chart 14
Division's Return-to-Play Policy Restricts Participation in Athletic Activity/Practice Until a Medical Release Is Obtained and the Student-Athlete Exhibits No Signs of a Concussion



Ninety-eight percent of the divisions' policies noted that, in order for student-athletes suspected of having sustained a concussion to participate in any athletic event, the student athlete must obtain a medical release and exhibit no signs of a concussion.

In addition, the Virginia Board of Education notes of the importance of helmets in minimizing the occurrences or intensity of concussions among student-athletes. A breakdown of the reporting school divisions' requirements regarding helmet certification is provided in Chart 15.

Chart 15
Division Requires Replaced and Reconditioned Helmets Be Certified by the National Operating Committee on Standards for Athletic Equipment (NOCSAE)



The Commission's survey of the 93 reporting school divisions found that 81 percent had concussion policies requiring that helmets worn by student-athletes must be National Operating Committee on Standards for Athletic Equipment (NOCSAE) certified by the manufacturer at the time of purchase, and reconditioned helmets must be NOCSAE certified by the reconditioning manufacturer. In addition, it was found that 3 percent of the school divisions had policies requiring that only replacement helmets be certified by the NOCSAE. Sixteen percent of reporting school divisions had no policies governing the certification standards of replaced or reconditioned helmets used by student-athletes.

VII. Recommendations

At its October 20, 2015 meeting, the Commission on Youth received findings and recommendations for this study. The Commission on Youth met again on December 8, 2015 and adopted the following recommendations:

Recommendation 1

Request the Virginia Department of Health (VDH) and the Virginia Department of Education (VDOE) to assess the feasibility of conducting regional information training sessions on updated concussion guidelines and concussion awareness. VDH previously conducted these trainings after the adoption of the 2011 *Guidelines for Policies on Concussions in Student-Athletes*.

The Departments are encouraged to use materials from the U.S. Centers for Disease Control and Prevention (CDC) and other nationally recognized resources as a guideline for presenting information to communities. Information presented should focus on identification of concussions, the use of smart phone applications, short-term and long-term health effects of concussions, and safety precautions.

Recommendation 2

Request the VDOE to develop additional guidance for the Return-to-Learn protocols that may be included in the Board of Education's *Guidelines for Policies on Concussions in Student-Athletes*. Guidance should include case management procedures for return to learn, minimum standards for return to learn, and practical strategies for teachers to implement in the classroom. In addition, the Guidelines should include template communication consent forms that school divisions may use to help assist with the sharing of information between schools, families, and the medical community. School divisions should be encouraged to identify a person within school/school division to ensure that the Return-to-Learn protocol is being followed.

Recommendation 3

Amend § 22.1-271.6 of the Code of Virginia to require local school divisions develop policies and procedures regarding "Return-to-Learn Protocol" by July 1, 2016, consistent with either the local school division's policies and procedures or the Board's *Guidelines for Policies on Concussions in Student-Athletes*.

Recommendation 4

Amend § 22.1-271.6 of the *Code of Virginia* to change the group covered by the statute from student-athlete to student.

Recommendation 5

Request the Virginia Department of Education convene a stakeholder team to provide best practices resources for school divisions to use which outlines what other school divisions are doing with their policies on student-athlete concussions. Such resources shall help connect schools that do it well with schools that are having difficulty either developing policies or implementing them.

Recommendation 6

Introduce a budget amendment to provide funding for low population density/poverty areas for additional supports in assisting students with concussions to return to the classroom successfully. Funding may be used for a licensed school nurse position employed by the school division, a licensed nurse contracted by the local school division, or a certified athletic trainer. Funding shall be used to support the Return-to-Learn protocol as defined by the Board of Education's *Guidelines for Policies on Concussions in Student-Athletes*.

Recommendation 7

Request VDOE contact school divisions identified by the Virginia Commission on Youth as either not having a policy regarding the identification and handling of suspected concussions in student-athletes or that have missing components, such as annual parental review of the division's concussion policies. VDOE will work with these school divisions to provide technical assistance and resources so that these divisions expeditiously adopt policies that fulfill the requirements set forth in the Board of Education's *Guidelines for Policies on Concussions in Student-Athletes*.

Recommendation 8

Introduce legislation requiring a Pre-Participation Physical Examination (PPE) for athletes participating in school-sponsored athletics in middle school.

Recommendation 9

Request the Virginia Recreational Sports Association, the Virginia Youth Football and Cheering League, and the Virginia Youth Soccer Association to investigate ways to encourage concussion education including: providing strategies in concussion prevention, the development of a youth league report card for meeting safety standards for their members; and the establishment of policies and procedures regarding the identification and handling of suspected concussions in student-athletes, consistent with either local school division's policies and procedures or the Board of Education's *Guidelines for Policies on Concussions in Student-Athletes*.

Recommendation 10

Request the Virginia Council for Private Education to investigate ways to encourage concussion education, to provide strategies in concussion prevention, and to establish policies and procedures regarding the identification and handling of suspected concussions in student-athletes, consistent with either the local school division's policies and procedures or the Board of Education's *Guidelines for Policies on Concussions in Student-Athletes*.

VIII Acknowledgements

The Virginia Commission on Youth extends special appreciation to the following for their assistance and cooperation on this study:

Members of the Round Table (Appendix B)

The Virginia Department of Education

Virginia Commonwealth University

L. Douglas Wilder School of Government and Public Affairs

Bre'Auna Beasley

SENATE BILL NO. 998

Offered January 14, 2015

Prefiled January 12, 2015

A BILL to amend and reenact § 22.1-271.5 of the Code of Virginia, relating to school divisions; concussion policies and procedures; management plan.

Patron-- Stuart

Referred to Committee on Education and Health

Be it enacted by the General Assembly of Virginia:

1. That § 22.1-271.5 of the Code of Virginia is amended and reenacted as follows:

§ 22.1-271.5. Guidelines and policies and procedures on concussions in student-athletes.

A. The Board of Education shall develop and distribute to each local school division guidelines on policies to inform and educate coaches, student-athletes, and their parents or guardians of the nature and risk of concussions, criteria for removal from and return to play, risks of not reporting the injury and continuing to play, and the effects of concussions on student-athletes' academic performance.

B. Each local school division shall develop policies and procedures regarding the identification and handling of suspected concussions in student-athletes *and establish a management plan for implementation of and compliance with such policies and procedures*. Such policies *and procedures* shall require *that*:

1. In order to participate in any extracurricular physical activity, each student-athlete and the student-athlete's parent or guardian shall review, on an annual basis, information on concussions provided by the local school division. After having reviewed materials describing the short- and long-term health effects of concussions, each student-athlete and the student-athlete's parent or guardian shall sign a statement acknowledging receipt of such information, in a manner approved by the Board of Education; and

2. A student-athlete suspected by that student-athlete's coach, athletic trainer, or team physician of sustaining a concussion or brain injury in a practice or game shall be removed from the activity at that time. A student-athlete who has been removed from play, evaluated, and suspected to have a concussion or brain injury shall not return to play that same day nor until (i) evaluated by an appropriate licensed health care provider as determined by the Board of Education and (ii) in receipt of written clearance to return to play from such licensed health care provider.

The licensed health care provider evaluating student-athletes suspected of having a concussion or brain injury may be a volunteer.

C. Each non-interscholastic youth sports program utilizing public school property shall either (i) establish policies and procedures regarding the identification and handling of suspected concussions in student-athletes, consistent with either the local school division's policies and procedures developed in compliance with this section or the Board's Guidelines for Policies on Concussions in Student-Athletes, or (ii) follow the local school division's policies and procedures as set forth in subsection B. In addition, local school divisions may provide the guidelines to organizations sponsoring athletic activity for student-athletes on school property. Local school divisions shall not be required to enforce compliance with such policies.

D. As used in this section, "non-interscholastic youth sports program" means a program organized for recreational athletic competition or recreational athletic instruction for youth.

HOUSE BILL NO. 2006

Offered January 14, 2015

Prefiled January 14, 2015

A BILL to amend and reenact § 22.1-271.5 of the Code of Virginia, relating to school divisions; concussion policies and procedures; management plan.

Patrons-- Torian, Lopez and Peace

Referred to Committee on Education

Be it enacted by the General Assembly of Virginia:

1. That § 22.1-271.5 of the Code of Virginia is amended and reenacted as follows:

§ 22.1-271.5. Guidelines and policies and procedures on concussions in student-athletes.

A. The Board of Education shall develop and distribute to each local school division guidelines on policies to inform and educate coaches, student-athletes, and their parents or guardians of the nature and risk of concussions, criteria for removal from and return to play, risks of not reporting the injury and continuing to play, and the effects of concussions on student-athletes' academic performance.

B. Each local school division shall develop policies and procedures regarding the identification and handling of suspected concussions in student-athletes *and establish a management plan for implementation and compliance with such policies and procedures*. Such policies *and procedures* shall require *that*:

1. In order to participate in any extracurricular physical activity, each student-athlete and the student-athlete's parent or guardian shall review, on an annual basis, information on concussions provided by the local school division. After having reviewed materials describing the short- and long-term health effects of concussions, each student-athlete and the student-athlete's parent or guardian shall sign a statement acknowledging receipt of such information, in a manner approved by the Board of Education; and

2. A student-athlete suspected by that student-athlete's coach, athletic trainer, or team physician of sustaining a concussion or brain injury in a practice or game shall be removed from the activity at that time. A student-athlete who has been removed from play, evaluated, and suspected to have a concussion or brain injury shall not return to play that same day nor until (i) evaluated by an appropriate licensed health care provider as determined by the Board of Education and (ii) in receipt of written clearance to return to play from such licensed health care provider.

The licensed health care provider evaluating student-athletes suspected of having a concussion or brain injury may be a volunteer.

C. Each non-interscholastic youth sports program utilizing public school property shall either (i) establish policies and procedures regarding the identification and handling of suspected concussions in student-athletes, consistent with either the local school division's policies and procedures developed in compliance with this section or the Board's Guidelines for Policies on Concussions in Student-Athletes, or (ii) follow the local school division's policies and procedures as set forth in subsection B. In addition, local school divisions may provide the guidelines to organizations sponsoring athletic activity for student-athletes on school property. Local school divisions shall not be required to enforce compliance with such policies.

D. As used in this section, "non-interscholastic youth sports program" means a program organized for recreational athletic competition or recreational athletic instruction for youth.

Student-Athlete Concussions ROUND TABLE

The Hon. Richard L. Anderson

Member, Virginia Commission on Youth
Virginia House of Delegates

Randy D. Barrack, Ph.D.

Executive Director
Virginia Association of Secondary School
Principals

Cristin Beazley, PT, DPT, CBIS

Virginia Physical Therapy Association
Sheltering Arms Total Concussion Care
Program

Heather Funkhouser Board, MPH

Injury and Violence Prevention
Virginia Department of Health

Thomas Bohanon, PT, DPT OCS

President
Virginia Physical Therapy Association

Becky Bowers-Lanier

President
B2L Consulting

Joel Brenner, M.D.

Medical Director, Sports Medicine and
Adolescent Medicine Programs
Director, Sports Concussion Program
Children's Hospital of the King's Daughters
Chairperson
American Academy of Pediatrics' Council on
Sports Medicine and Fitness

Donna K. Broshek, Ph.D.

Professor of Psychiatry and Neurobehavioral
Sciences
University of Virginia
Brain Injury and Sports Concussion Clinic

Kae Bruch

President
Virginia Association of School Nurses

Shane Caswell, Ph.D.

Co-Director, Sports Medicine Assessment
Research and Testing (S.M.A.R.T.) Laboratory
Athletic Training Education Program Professor,
Athletic Training
George Mason University

Jane B. Chappell

Executive Director
Virginia Chapter, American Academy of
Pediatrics

William Conkle

Park Planner
Virginia Department of Conservation and
Recreation

Katherine Dec Prohaska, M.D.

Professor, Department of Physical Medicine and
Rehabilitation and Department of Orthopaedic
Surgery
Virginia Commonwealth University, Sports
Medicine Clinic

Charles "Chad" Dillard, MD (unable to attend)

Assistant Professor, Physical Medicine and
Rehabilitation
Children's Hospital of Richmond

Tom Dolan

Assistant Director for Compliance
Virginia High School League

Elizabeth Ewing

Director, Legal and Policy Services
Virginia School Board Association

The Hon. Eileen Filler-Corn

Virginia House of Delegates

Gerard Gioia, M.D. (unable to attend)

Division Chief, Neuropsychology
Children's National Medical Center
Director of the Safe Concussion Outcome,
Recovery and Education (SCORE) Program

Deirdre (Dede) Goldsmith

Member, Virginia Commission on Youth

Howard Goodkin, M.D., Ph.D.

Shure Professor of Pediatric Neurology
University of Virginia Health System

Michael Jaffee, M.D.

Associate Professor
University of Virginia Health System
434-924-5323

Hunter Jamerson
Lawyer/Lobbyist
Virginia Academy of Family Physicians

Eldon James
Principal
Eldon James and Associates

Mike Jurgensen
Senior Vice-President of Policy
Medical Society of Virginia

Laurie Keane
Director of Office and Operations
Virginia High School Coaches Association

Howard "Ben" Kiser, Ph.D.
Executive Director
Virginia Association of School Superintendents

The Hon. Kaye Kory
Virginia House of Delegates

Rick Lilly
President Elect
Virginia Interscholastic Athletic Administrators
Association
Athletic Director, John Handley High School

The Hon. David W. Marsden
Member, Virginia Commission on Youth
Virginia Senate

Anne McDonnell, MPA, OTR/L, CBIST
Executive Director
Brain Injury Association of Virginia

Fred Milbert
Supervisor, Health Physical Education, Driver
Education, JROTC and Athletics
Prince William Public Schools
Virginia Association for Health, Physical
Education, Recreation and Dance

Eugenio Monasterio, M.D.
Medical Director
Children's Hospital of Richmond

The Hon. Ralph S. Northam*
Lieutenant Governor, Commonwealth of Virginia
*Represented by: Ellen Nicholas

Gregory O'Shanick, M.D. (unable to attend)
Medical Director
Center for Neurorehabilitation Services

Jeremiah K. O'Shea, M.D., FACEP
Emergency Medicine Physician
Sentara CarePlex Hospital
President, Virginia College of Emergency
Physicians

Gina Patterson
Executive Director
Virginia School Board Association

The Hon. Christopher K. Peace
Chair, Virginia Commission on Youth
Virginia House of Delegates

Jodi Power RN, JD
Chair, Virginia Brain Injury Council
Virginia Department of Health Professions

Jacob Resch, Ph.D., ATC
Assistant Professor, Department of Kinesiology
University of Virginia

John Reynolds, MS, ATC
Athletic Training Administrator
Fairfax County Public Schools

Davetta Rinehart, PHR
Human Resources Officer
Peninsula Metropolitan YMCA

Sue Rowland
Chief Executive Officer
Sue Rowland Consulting

Lauren Schmitt
Hillbridge Group
Virginia Chapter, American Academy of
Pediatrics
Virginia College of Emergency Physicians
Children's National Medical Center

Jay Sedory, MEd, ATC, EMT-T
President, Virginia Athletic Trainers' Association
Certified Athletic Trainer
United States Marine Corps

Aimee Perron Seibert
Owner/President, Hillbridge Group
Virginia Chapter, American Academy of
Pediatrics
Virginia College of Emergency Physicians
Children's National Medical Center

John Swierczewski
President
Atlee Little League

James C. Stutts, CAE, CPRP
Executive Director
Virginia Recreation and Park Society

Art Thatcher
Project Consultant
GreenPlay LLC

Stephen Thurston, MD
President
Virginia Neurological Society

Gil Trenum
School Board Member
Prince William County

Michelle Trenum
Parent Representative

Rob Ukrop
President, Board of Directors
Richmond Kickers Youth Soccer Club

Christopher G. Vaughan Psy.D.
Assistant Director
Score Program

Vanessa Wigand
Virginia Department of Education

Virginia Commission on Youth Staff
Amy M. Atkinson, Executive Director

Leah Mills, Policy Analyst

Will Egen, Legal Analyst

Appendix C

OTHER STATES' STUDENT-ATHLETE CONCUSSION LAWS

State	Description of Law
Alabama	<p>Ala. Code §22-11E (2012 HB 308) Makes changes to current law by requiring each local board of education to develop guidelines and other pertinent information regarding medical evaluation of concussions or head injuries. This law also requires a youth athlete who has been removed from a practice or an athletic game because of a concussion be withheld from practice for or participation in athletic games and may not return to play the day of the injury.</p> <p>Ala. Code §22-11E (2011 HB 108) Requires the governing body of each sport or recreational organization to develop guidelines and other information to educate youth athletes and their parents or guardians of the nature and risk of concussion and brain injury. Also requires coaches to be trained in recognizing the symptoms of a concussion and how to seek proper medical treatment. This law requires immediate removal of a youth athlete who is suspected of sustaining a concussion or brain injury from a practice or game.</p>
Alaska	<p>Alaska Stat. §14.30.142-143 (2011 HB 15) This bill requires the governing body of a school district and the Alaska school activities association to develop and publish guidelines and other information to educate coaches, student athletes and parents of student athletes regarding the nature and risks of concussions. Schools are required to provide a student and the parent or guardian written information on the nature and risks of concussions. This bill also requires that a student who is suspected of having sustained a concussion during a practice or game to be immediately removed from play and may not return to play until the student has been evaluated and cleared for participation in writing by a qualified person who has received training and is currently certified in the evaluation and management of concussions.</p> <p>Alaska Stat. §18.15.360; 47.07.030; 47.07.046; 47.80.500(2010 SB 219) Establishes a traumatic or acquired brain injury program and registry within the Department of Health and Social Services. Also allows for a Medicaid waiver for traumatic brain injury services, upon federal approval. Along with other mandatory services, the program will offer case management services for those with traumatic or acquired brain injury residing in a community setting or those transitioning into a community setting.</p>
Arizona	<p>Ariz. Rev. Stat. Ann. §15.341.A.24 (2011 Senate Bill 1521) Amends current law to require school boards to develop and enforce concussion and head injury policies for all pupils participating in school district sponsored practices, games or other interscholastic activities. These guidelines must inform and educate coaches, parents and pupils of the dangers of concussions and head injuries, and requires the immediate removal from athletic activity if a pupil is suspected of sustaining a concussion. The pupil may return to play when evaluated and cleared by a health care provider.</p>

State	Description of Law
Arkansas	<p>2013 Ark. Acts, Act 1435 (2013 SB 1158) Creates the Arkansas Concussion Protocol Act; requires the Department of Health to develop concussion protocols to protect youth athletes engaged in youth athletic activities.</p>
California	<p>Cal. Education Code §49475 (2011 AB 25) Requires a school district that elects to offer athletic programs to remove from an activity an athlete who is suspected of sustaining a concussion or head injury. Also prohibits the return of the athlete until he or she is evaluated, and receives written clearance from a licensed health care provider. Requires an annual related information sheet to be signed and returned by the athlete and his or her parent or guardian before practice or participation.</p> <p>Cal. Penal Code §13515.36 (2010 SB 1296) Requires the Commission on Peace Officer Standards and Training to assess the training needed by peace officers on the topic of returning veterans or other persons suffering from traumatic brain injury (TBI) or post-traumatic stress disorder (PTSD). Among other provisions, the law also requires the commission to distribute a training bulletin via the internet to the specified law enforcement agencies on the topics of TBI and PTSD and to report to the legislature by June 30, 2012 to the extent to which peace officers are receiving adequate training on how to interact with persons suffering from TBI or PTSD.</p> <p>Cal. Welfare and Institutions Code § 4354; 4354.5; 4355; 4356;4357; 4357.1; 4358.5; 4359; 14132.992 (2009 AB 398) Removes the State Department of Mental Health as the agency responsible for administering the program of services for persons with traumatic brain injury and establishes the Department of Rehabilitation as the responsible agency. Once secured funding, requires Department of Rehabilitation to fund an array of services for adults 18 years of age and older with acquired traumatic brain injury and requires the department to determine the requirements for service delivery, uniform data collection and other aspects of program administration. Service providers participating in the program must meet and to monitor and evaluate the performance of those service providers.</p>
Colorado	<p>2011 Colo., Sess. Laws, Chap. 67 (2011 SB 40) Creates the Jake Snakenberg Youth Concussion Act. This law requires each coach of a youth athletic interscholastic activity in public and private middle, junior and high schools to complete an annual concussion recognition course. Also requires a student athlete to be removed from game, competition or practice if the athlete has sustained or is suspected of sustaining a concussion. The athlete may not participate in any team activities involving physical exertion until he/she is evaluated and receives written clearance from a health care provider.</p>
Connecticut	<p>2014 Conn. Acts, P.A. 14-66 (Reg. Sess.) (2014 HB 5113) Amends current law to require the Board of Education and the Commissioner of Public Health to develop: concussion education plans, informed consent forms, and current best practices for concussion prevention.</p> <p>2010 Conn. Acts, P.A. 10-62 (Reg. Sess.) (2010 SB 456)</p>

State	Description of Law
	<p>Requires student athletic coaches to complete annual training and review regarding concussions and head injuries. To be reissued a coaching permit, coaches are also required to complete refresher courses once every five years. These training and refresher courses must be approved by the State Board of Education. This law also requires a student athlete to be removed from play or other kinds of physical exertion when showing signs of a concussion, and are not permitted to resume participation without written clearance from a licensed medical professional.</p>
Delaware	<p>Vol. 78 Del. Laws, Chap. 192 (2011 SB 111) Requires the Delaware interscholastic athletic association to adopt regulations to address the appropriate recognition and management of student athletes exhibiting signs and symptoms consistent with a concussion during practices, scrimmages and interscholastic contests. This law also requires the signing of an informational sheet by students and their parents or guardians.</p>
District of Columbia	<p>2011 D.C. Stat., Chap. 22 (2011 B 7) Requires an athlete under 18 years old who is suspected of sustaining a concussion in an athletic activity shall be removed from physical participation. Provides that an athlete who has been removed from an athletic activity may not return to physical participation in the athletic activity until he or she has been evaluated by a health-care provider and receives written clearance to return, and establishes a training program.</p>
Florida	<p>2012 Fla. Laws, Chap. 167 Requires an independent sanctioning authority for youth athletic teams and the Florida High School Athletic Association to adopt guidelines relating to the nature and risk of concussion and head injury in youth athletes. This law also requires the removal from practice or competition under certain circumstances and written medical clearance to return.</p>
Georgia	<p>2013 Ga. Laws, p. 25 (2013 HB 284) Enacts the Return to Play Act and requires public and private schools youth athletic activities and public recreation facilities to provide information to parents on the nature and risk of concussion and head injury and to establish concussion management and return to play policies. Provides for the endorsement of concussion recognition education courses.</p>
Hawaii	<p>2012 Hawaii Sess. Laws Act. 197 (2012 HB 2273) Requires the department of education and the state high school athletic association to develop a concussion awareness program to provide guidelines for public and private schools.</p>
Idaho	<p>2012 Idaho Sess. Laws, Chap. 299 (2012 HB 632) Requires coaches, referees, game officials, game judges and athletic trainers shall review youth concussion guidelines and information upon employment and biannually. Also requires every Idaho middle school, junior high school and high school that participates in or offers an organized athletic league to develop protocol to be followed for removing athletes from play in the event of a concussion. Athletes may not return to play until athlete is evaluated and authorized to return by a qualified health care professional who is trained in the evaluation and management of</p>

State	Description of Law
	<p>concussions.</p> <p>2010 Idaho Sess. Laws, Chap. 294 (2010 HB 676)</p> <p>Requires sports related concussion and head injury guidelines to be developed by the Department of Education and the Idaho High School Activities Association to inform and educate coaches, parents/guardians, and youth athletes. These guidelines, information, and forms may be used by all organized youth sport organizations and associations that sponsor, promote or otherwise administer youth sport organizations or activities.</p>
Illinois	<p>2011 Ill. Laws, P.A. 204 (2011 HB 200)</p> <p>Requires each school board to adopt a policy regarding student athlete concussions and head injuries to be included with any participation agreement. Also requires school districts to use educational materials to educate specified people regarding concussions and authorizes park districts to make available to residents and users of park district facilities educational materials that describe the nature and risk of concussion and head injuries.</p> <p>2011 Ill. Laws, P.A. 97-0078 (2011 HB 3275)</p> <p>Amends current law to creates the Veterans Traumatic Brain Injury and Post-Traumatic Stress Disorder Public Service Announcement Fund.</p>
Indiana	<p>2014 Ind. Acts, P.L. 89 (2014 SB 180)</p> <p>Requires the state department of health to study and report findings and recommendations to the legislative council concerning implementation of a program for the treatment of veterans who have traumatic brain injury or posttraumatic stress disorder.</p> <p>2014 Ind. Acts, P.L. 34 (2014 SB 222)</p> <p>Amends current law to require high school students who were removed from practice or a game because of a suspected concussion or head injury, to return to play no less than 24 hours after the concussion. Also requires coaches to complete a certified coaching education course which includes concussion awareness.</p> <p>2012 Ind. Acts, P.L. 110 (2012 SB 15)</p> <p>Requires the department of health and the office of the secretary of family and social services to study how to implement brain injury services and rehabilitation programs. The department and office are required to report the study's findings to the health finance commission.</p> <p>2011 Ind. Acts, P.L. 144 (2011 SB 93)</p> <p>Requires the Department of Education to develop and disseminate guidelines, information sheets and forms to inform and educate coaches, student athletes and parents of the nature and risk of concussions and head injuries. Also requires the removal from practice of a game of a high school student suspected of sustaining a concussion or head injury. The high school student may return to play until they are evaluated and cleared by a licensed health care provider trained in the evaluation and management of concussions and head injuries.</p>
Iowa	<p>2013 Iowa Acts, Chap. 98 (2013 HF 545)</p> <p>Allows the Commission of Veterans Affairs to expend moneys on expenses related to screening or treatment for any medical need related to a military service-connected traumatic brain injury</p>

State	Description of Law
	<p>for which payment or reimbursement is not otherwise available through any other federal or state program or, if applicable, through a veteran's private insurance or managed care organization.</p> <p>2011 Iowa Acts, 32 (2011 SF 367)</p> <p>Requires the Iowa high school athletic association and the Iowa girls high school athletic union to distribute guidelines and information to coaches, students and parents/guardians about the risks, signs and symptoms of concussions/brain injuries. Also requires a student's immediate removal from athletic participation upon exhibiting signs, symptoms or behaviors consistent with a concussion. The student may not recommence participation until they have been evaluated and cleared by a licensed health care provider.</p>
Kansas	<p>2011 Kan. Sess. Laws, Chap. 45 (2011 HB 2182)</p> <p>Creates the School Sports Head Injury Prevention Act and requires the school activities association to compile information about the nature and risk of concussions and head injuries from sports and other activities. Coaches, parents and athletes will receive information about concussions prior to any student's participation in athletics. Also requires the immediate removal from play of any athlete that suffers or is suspected of sustaining a concussion during competition or practice. The student may return to competition or practice after being evaluated and receiving written clearance from a health care professional.</p>
Kentucky	<p>2012 Ky. Acts, Chap. 72 (2012 HB 281)</p> <p>Requires coaches to complete training on recognizing and treating concussions and head injuries. Also requires a medical evaluation before an athlete with a suspected concussion or head injury may return to play.</p>
Louisiana	<p>La. Acts 2011, 314 (2011 SB 189)</p> <p>Creates the Louisiana Youth Concussion Act which requires youth athlete concussion education requirements for coaches, officials, volunteers, athletes and parents or guardians. Also requires the removal of youth athletes from competition or practice upon sustaining a concussion. A youth athlete suspected of sustaining a concussion or head injury may only return to competition or practice after being evaluated and receiving written clearance from a health care provider for a full or graduated return to play.</p>
Maine	<p>2012 Me. Acts, Chap. 688 (2012 SB 654)</p> <p>Directs the commissioner of education to propose a model policy for public and private schools on the management of concussive and other head injuries in school activities and athletics and specifies requirements for the model policy. This law also requires schools to adopt a policy on the management of head injuries and provides that the commissioner and school officials may share the model policy with statewide and local organizations that sponsor sports and athletics.</p> <p>2011 Me. Acts, Chap. 293 (2011 HB 887)</p> <p>Requires the department of health and human services to develop a comprehensive neurorehabilitation service system to assist, educate and rehabilitate persons with an acquired</p>

State	Description of Law
	<p>brain injury, which must include care management and coordination, crisis stabilization services, physical therapy, occupational therapy, speech therapy, neuropsychology, neurocognitive retraining, positive neurobehavioral supports and teaching, social skills retraining, counseling, vocational rehabilitation, and independent living skills and supports.</p> <p>2009 Me. Acts, Chap. 79 (2009 HP 903)</p> <p>Establishes a working group to make recommendations on the prevention, diagnosis, and treatment of head injuries in student athletes, including baseline and post-concussion testing and diagnosis of student athletes, return to play guidelines, training for school coaches, athletic directors and trainers, delivery of post-concussive management services, and ways to integrate education, training, and diagnostic programs into school athletic programs. This workgroup will include related state organizations and stakeholder groups.</p>
Maryland	<p>2011 Md. Laws, Chap. 549 (2011 HB 858)</p> <p>Requires the department of education to develop policies and to implement programs to provide awareness of the risks of concussions/head injuries to coaches, school personnel, students, and parents/guardians. Also requires the removal from play of a student suspected of sustaining a concussion or other head injury in a practice or game. The student may not return to play until evaluated and cleared by a licensed health care provider trained in the evaluation and management of concussions.</p>
Massachusetts	<p>2010 Mass. Acts, Chap. 166 (2010 SB 2469)</p> <p>Requires the department of health to direct the division of violence and injury prevention to develop an interscholastic athletic head injury safety training program in which all public schools and any school subject to the Massachusetts Interscholastic Athletic Association rules shall participate. Participation in the program shall be required annually of coaches, trainers, parent volunteers for any extracurricular athletic activity, physicians and nurses who are employed by a school or school district or who volunteer to assist with an extracurricular athletic activity, school athletic directors, school marching band directors, and a parent or legal guardian of a child who participates in an extracurricular athletic activity. Students' parents/guardians are also required to complete and sign a form releasing them to participate in an extracurricular activity. Students who become unconscious during practice or competition may not return to practice or competition until receiving a written authorization from a doctor, licensed neuropsychologist, certified athletic trainer, or another appropriately trained licensed health care professional.</p>
Michigan	<p>2012 Mich. Pub. Acts, Act 342 (2012 SB 1122)</p> <p>Requires the development of a concussion awareness training program that includes the criteria for the removal of a youth athlete from physical participation in an athletic activity and the risks to an athlete of not reporting a suspected concussion. Also makes the training program available to all individuals required to participate in the program and interested individuals, including school personnel, coaches, parents, students and athletes.</p> <p>2012 Mich. Pub. Acts, Act 343 (2012 HB 5697)</p> <p>Requires an organizing entity that sponsors or operates an athletic activity to comply with the</p>

State	Description of Law
	<p>training program requirements and provide the educational materials to each participating youth athlete (i.e., an athlete younger than 18 years old) and his or her parent or guardian. Requires a youth athlete to be removed immediately from an athletic activity if he or she is suspected of having a concussion, and require written clearance from an appropriate health professional for the athlete's return. Requires an organizing entity to maintain a signed statement acknowledging a youth athlete's receipt of the educational materials, and any required written clearance, and make them available to the DCH upon request.</p>
Minnesota	<p>2011 Minn. Laws, Chap. 90 (2011 SB 612)</p> <p>Requires an organization that charges a fee for a youth athletic activity to inform all participating coaches, officials, youth athletes and parents of the nature and risks of concussions. Also would require a coach or official to remove a youth athlete from the athletic activity if the youth athlete exhibits signs, symptoms, or behaviors consistent with a concussion or is suspected of sustaining a concussion. The athlete may not return to the activity until they no longer exhibit signs, symptoms, or behaviors consistent with a concussion or are evaluated and cleared by a trained provider. This provider needs to develop a recovery plan for the youth athlete.</p>
Mississippi	<p>2014 House Bill 48</p> <p>Requires public, charter and private schools that provide youth athletic activities to adopt and implement a concussion management and return to play policy that includes certain components and to provide parents with the concussion policy before the start of the regular school athletic season. Requires the State Department of Health shall endorse a concussion recognition education course to provide public information regarding the nature and risk of concussions in youth athletics.</p> <p>2010 Miss. Laws, Chap. 476 (2010 SB 3004)</p> <p>Requires the state department of education to include traumatic brain injury as an intellectual disability that qualifies individuals between the ages of three and 20, for special education and other state services. Among other provisions, this law allows the Department of Rehabilitation Services to match state funds with the Division of Medicaid federal funds for care and rehabilitation for individuals with traumatic brain injury.</p>
Missouri	<p>Mo. Rev. Stat. §167.765 (2011 HB 300)</p> <p>Provides for the establishment of the interscholastic youth sports brain injury prevention act; which requires rules to educate coaches, student athletes, and their parents or guardians on the nature and risk of concussion and brain injury. Also requires an athlete to be removed from the field/practice for a minimum period if suspected of sustaining a brain injury.</p>
Montana	<p>2013 Mont. Laws, Chap. 260 (2013 SB 112)</p> <p>Requires each school district to adopt a policy addressing the dangers of concussions and provides minimum requirements for the contents of a district policy. Requires that a youth athlete who exhibits signs, symptoms, or behaviors consistent with a concussion be removed from participation under medical clearance is obtained.</p>

State	Description of Law
Nebraska	<p>2014 Neb. Laws, L.B. 923 Creates the position of State School Security Director in the State Department of Education and requires schools to establish a return to learn protocol for students who have sustained a concussion.</p> <p>2011 Neb. Laws, L.B. 260 (2011 LB 260) Creates the Concussion Awareness Act and requires each school to make available training on concussions and brain injuries to all coaches of school athletic teams. Requires a student suspected of having sustained a concussion or brain injury to be removed from a practice or game and may not return to play until the student has been evaluated and received written clearance from a licensed health care professional.</p> <p>Neb. Rev. Stat. § 71-8248 (2009 LB 195) Establishes and maintains the statewide trauma registry, which tracks incidence, severity and causes of trauma, including traumatic brain injury. All hospitals involved in the care of a trauma patient will have unrestricted access to all prehospital reports for the trauma registry for that specific trauma occurrence.</p>
Nevada	<p>2011 Nev. Stats., Chap. 170 (2011 AB 455) Requires the Nevada Interscholastic Activities Association and the board of trustees of each school district to adopt policies concerning the prevention and treatment of injuries to the head sustained by students while participating in sports and other athletic activities. This bill also requires school districts and sports organizations that are not governed by the Association to adopt a similar policy. These policies must require the immediate removal of a student from activity or event if the student sustains or is suspected of sustaining a head injury. The student may return to the activity or event after providing a signed medical clearance from a health care provider.</p>
New Hampshire	<p>2014 N.H. Laws, Chap. 19 (2014 HB 1113) Requires school districts to distribute a concussion and head injury information sheet to student-athletes and establishes a definition for head injury.</p> <p>2014 N.H. Laws, Chap. 135 (2014 SB 298) Establishes the permanent commission on post-traumatic stress disorder and traumatic brain injury to develop, coordinate, and oversee the recommendations study the effects of service-connected post-traumatic stress disorder and traumatic brain injury suffered in the line of duty by members of the armed forces and veterans.</p> <p>2013 N.H. Laws, Chap. 19 (2013 HB 180) Changes the definitions of “student athlete” and “student sports” for purposes of management of head injury and concussion.</p> <p>2013 N.H. Laws, Chap. 229 (2013 SB 90) Establishes a committee to study developing a policy for giving preference to veterans in government hiring. Extends the commission on the effects of service-connected post-traumatic stress disorder and traumatic brain injury.</p> <p>2012 N.H. Laws, Chap. 234 (2012 SB 402)</p>

State	Description of Law
	<p>Requires school districts to develop policies for the management of concussion and head injury in youth sports and limits a school district's liability for injuries occurring on school district property resulting from the action or inaction of a person employed by, or under contract with, a youth program, provided such program furnishes proof of insurance.</p> <p>2011 N.H. Laws, Chap. 84 (2011 SB 102)</p> <p>Creates a commission to study the effects of service-related post-traumatic stress disorder and traumatic brain injury suffered in the line of duty by members of the armed forces and veterans.</p> <p>2010 N.H. Laws, Chap. 225 (2010 SB 517)</p> <p>Establishes a veteran's legal aid advocacy project to address the legal needs of veterans including those with traumatic brain injury, based on a 2009 committee study.</p>
New Jersey	<p>2010 N.J. Laws, Chap. 168 (2010 AB 4008)</p> <p>Requires department of education to include cheerleaders in the student-athlete head injury safety program.</p> <p>2010 N.J. Laws, Chap. 94 (2010 AB 2743)</p> <p>Requires the department of education to develop and implement an interscholastic athletic head injury safety training program to be completed by a school physician, a person who coaches a public school district or nonpublic school interscholastic sport, and an athletic trainer involved in a public or nonpublic school interscholastic sports program. This law requires the department of education to develop an educational fact sheet about sports-related concussions and other head injuries, and requires each school district to develop a written policy concerning the prevention and treatment of sports-related concussions and other head injuries among student-athletes. This law also specifies that a student who is suspected of having sustained a concussion or other head injury while engaged in a sports competition or practice must be immediately removed from play and may not participate in further sports activity until she/he is evaluated by a physician or other licensed healthcare provider trained in the evaluation and management of concussions and receives written clearance.</p>
New Mexico	<p>2014 N.M. Laws, Chap. 36 (2014 HB 58)</p> <p>Creates the brain injury services fund to institute and maintain a statewide brain injury services program designed to increase the independence of persons with brain injuries.</p> <p>2010 N.M. Laws, Chap. 96 (2010 SB 1)</p> <p>Requires that safety protocols for brain injury during school athletic activity be provided to coaches and parents of student athletes and that athletes exhibiting signs of head injury be held out of activity until the student athlete no longer exhibits any associated symptoms and is cleared by a medical professional or one week after the student athlete received the brain injury.</p>
New York	<p>N.Y. Education Law § 305.42 (2011 SB 3953)</p> <p>Enacts the "concussion management and awareness act" and directs the commissioners of education and health to adopt and implement rules and regulations for the treatment and monitoring of students with mild traumatic brain injuries and requires school personnel to receive training in mild traumatic brain injuries. This law also requires an information pamphlet on mild</p>

State	Description of Law
	traumatic brain injuries to be distributed to parents of pupils participating in interscholastic sports or who have suffered a mild traumatic brain injury and provides for the establishment of concussion management teams to implement the provisions established in this law.
North Carolina	<p data-bbox="402 428 881 455">2011 N.C. Sess. Laws, Chap 147 (2011 HB 792)</p> <p data-bbox="402 468 1430 726">Creates the Gfeller-Waller Concussion Awareness Act and requires development of an athletic concussion safety training program for the use of coaches, school nurses, athletic directors, volunteers, student athletes and their parents. Requires students who exhibit signs of concussion to be removed from the activity and not permitted to practice that day or any subsequent day until the student is evaluated by and receives written clearance for such participation from a qualified health professional. Also requires schools to develop related emergency plans and maintain related records.</p> <p data-bbox="402 739 907 766">2009 N.C. Sess. Laws, Chap. 361 (2009 HB 1309)</p> <p data-bbox="402 779 1398 919">The commission for mental health, developmental disabilities, and substance abuse services adopts rules for the licensure and accreditation of residential treatment facilities for individuals with traumatic brain injury. The law also makes changes to the North Carolina Traumatic Brain Injury Advisory Council.</p>
North Dakota	<p data-bbox="402 963 846 991">2013 N.D. Sess. Laws, Chap. 418 (HB 1424)</p> <p data-bbox="402 1003 1409 1108">Provides for a legislative management study the feasibility and desirability of participating in the provision of nontraditional healing therapies for posttraumatic stress, traumatic brain injury, and other neurological conditions for state veterans and their families.</p> <p data-bbox="402 1121 886 1148">2011 N.D. Sess. Laws, Chap. 126 (2011 SB 2281)</p> <p data-bbox="402 1161 1409 1419">Requires the development of a concussion management program for student athletes participating in school district and nonpublic school sponsored athletic activity. This program requires the removal of a student athlete from competition, practice or training, if the student exhibits signs or symptoms of sustaining a concussion. The student may return to play when evaluated and cleared by a certified health provider whose scope of practice includes the diagnosis and treatment of concussions. This law also requires a legislative management study on youth athlete concussion management to be completed during 2011 and 2012.</p>
Ohio	<p data-bbox="402 1457 841 1484">Vol. 118, 2014 Ohio Laws (2014 HB 487)</p> <p data-bbox="402 1497 1406 1562">Requires a physicians and licensed health care professionals who conduct concussion or head injury assessments to meet a minimum educational requirement.</p> <p data-bbox="402 1575 732 1602">Vol. 192, 2012 Ohio Laws H. 143</p> <p data-bbox="402 1614 1430 1873">Prohibits school chartered or nonchartered nonpublic school districts from allowing a student to practice for or compete in interscholastic athletics until the student has submitted a form signed by parent, guardian, or other person having care or charge of student, stating that the student has received a concussion and head injury information sheet. The law also prohibits an individual to referee interscholastic athletics unless the individual holds a public activity program permit, and presents evidence that the individual has successfully completed a training program in recognizing the symptoms of concussions and head injuries. This law prohibits a student</p>

State	Description of Law
	<p>practicing for or competing in an interscholastic athletic event when they exhibits signs, symptoms, or behaviors consistent with having sustained a concussion or head injury while participating in the practice or competition. The coach or referee shall not allow the student to return to that practice or competition or to participate in any other practice or competition for which the coach or referee is responsible until the student's condition is assessed by either a physician or any other licensed health care provider the school district board of education or governing authority of the chartered or nonchartered nonpublic school. The student may return when they receive written clearance that it is safe for the student to return to practice or competition.</p>
Oklahoma	<p>2010 Okla. Sess. Laws, Chap. 264 (2010 SB 1700)</p> <p>Requires each school district's board of education to develop information and guidelines, in cooperation with the Oklahoma Secondary School Activities Association, to inform young athletes, parents or guardians, and coaches about the risks and consequences of sustaining a head injury during a practice or game. This law also requires the removal of a young athlete from participation in a practice or game following a suspected concussion or head injury. The youth athlete may not return to participation without clearance from a licensed health care provider.</p>
Oregon	<p>2009 Or. Laws, Chap. 661 (2009 SB 348)</p> <p>Requires each school district to ensure that coaches receive annual training to learn to recognize the symptoms of a concussion and how to seek proper medical treatment for a person suspected of having a concussion. A student athlete showing signs, symptoms or behaviors consistent with a concussion or diagnosed with a concussion may not return to play until receiving medical release form from a medical professional or when the athlete no longer exhibits the signs of a concussion.</p>
Pennsylvania	<p>P.A. Laws, Act. 101 (2011 SB 200)</p> <p>Establishes standards for managing concussions and traumatic brain injuries for student athletes. Requires the department of health and education to develop guidelines to educate students participating in or desiring to participate in athletic activity, their parents and coaches about the nature and risk of concussion and traumatic brain injury. A student how is determined by a game official, coach from the student's team, certified athletic trainer, licensed physician, licensed physical therapist or other official designated by the student's school entity exhibits signs or symptoms of a concussion or traumatic brain injury while participating in an athletic activity is required to be removed from participation at that time. The student may not return to play until the student is evaluated an cleared for participation by an appropriate medical professional.</p>
Rhode Island	<p>2014 R.I. Pub. Laws, Chap. 237 (2014 HB 7367)</p> <p>Amends the School and Youth Programs Concussion Act to direct the Department of Education to promulgate guidelines for teachers and teachers' aides to complete a training course in concussions and traumatic brain injuries. Also requires all school nurses to complete a training</p>

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	<p>course and an annual refresher course in concussions and traumatic brain injuries. 2011 R.I. Pub. Laws, Chap. 237 (2011 HB 5540)</p> <p>Amends current law to require coaches and volunteers to complete an annual refresher course in addition to the already mandated training course. This law also encourages school districts to have school nurses complete a training course and authorizes physicians to consult with an athletic trainer when determining whether to return a youth athlete to a practice or game. 2010 R.I. Pub. Laws, Chap. 22 (2010 HB 7036)</p> <p>Requires the department of education and the state department of health with the Rhode Island Interscholastic League to develop guidelines for informing and educating coaches, youth athletes and their parents or guardians about the risks associated with concussions, including the risk of continuing to play after sustaining a head injury. Among other provisions, this law requires all coaches, volunteers and trainers to complete a training course in concussions and traumatic brain injuries. This law also requires youth athletes suspected of sustaining a head injury to be removed from play and not return until cleared by a medical professional.</p>
South Carolina	<p>2013 S.C. Acts, Act 33 (2013 HB 3061)</p> <p>Requires the Department of Education to develop and distribute model policies concerning the nature and risk of concussions sustained by student athletes. Also requires the removal from play and medical evaluation of a student athlete believed to have sustained a concussion during play, and allows for the evaluation to be undertaken by a volunteer health care provider. 2013 S.C. Acts, Act 63 (2013 SB 127)</p> <p>Creates the State Brain Injury Leadership Council and requires the council to provide statewide coordination in promoting support services to persons with brain injuries, their families, and caregivers, and to identify emerging issues and innovations, foster education and advocacy, and build consensus to support necessary police and programs.</p>
South Dakota	<p>2011 S.D. Sess. Laws, Chap. 97 (2011 Senate Bill 149)</p> <p>Requires the South Dakota High School Activities Association and the department of education to develop guidelines that educate schools, coaches, athletes, and the parents/guardians of the nature and risk of concussion. Coaches must complete an annual training program about the nature, risks, signs, symptoms and behaviors consistent with a concussion and how to follow proper medical direction and protocols for treatment and return to play after an athlete sustains a concussion. This law also requires athletes to be removed from participation in any athletic activity when they exhibits signs, symptoms or behaviors consistent with a concussion or are suspected of sustaining a concussion. An athlete may return to play when they no longer exhibit signs of a concussion and are evaluated by a licensed health care provider trained in the evaluation and management of concussions.</p>
Tennessee	<p>2013 Tenn. Pub. Acts, Chap. 148 (2013 SB 882)</p> <p>Relates to youth sports-related injuries and includes a community-based youth athletic activity and school youth athletic activities. Provides for guidelines, other pertinent information and forms approved by the department of health to educate coaches, school administrators, youth athletes</p>

State	Description of Law
	<p>and their parents or guardians of the nature, risk and symptoms of concussion and head injury, including continuing to play after a concussion or head injury.</p> <p>2012 Tenn. Pub. Acts, Chap. 937 (2012 SB 3535)</p> <p>Requires that certain adult care home providers with residents with traumatic brain injuries must hold a certification or a current professional license or employ a resident manager who holds a current license as a specified medical professional.</p> <p>2010 Tenn. Pub. Acts, Chap. 642 (2010 SB 3853)</p> <p>Revises the list of licenses a Level 2 adult health care home provider serving residents with traumatic brain injury or a resident manager employed by the provider must hold to include a licensed rehabilitation professional or licensed mental health professional instead of a respiratory therapist.</p>
Texas	<p>Tex. Education Code Ann. § 38.151 (2011 HB 2038)</p> <p>Requires the governing body of each school district and open-enrollment charter school with students enrolled who participate in an interscholastic athletic activity shall appoint or approve a concussion oversight team. Also requires parents or guardians of student athletes to sign a form for that acknowledges receiving and reading written information that explains concussion prevention, symptoms, treatment, and oversight and that includes guidelines for safely resuming participation in an athletic activity following a concussion. The law includes provisions for student athletes to be removed from interscholastic athletics practice or competition immediately if they are believed to have sustained a concussion during the practice or competition. That student may not be permitted to practice or compete again following the force or impact believed to have caused the concussion until evaluated by a physician.</p>
Utah	<p>2013 Utah laws, Chap. 18 (2013 HB 58)</p> <p>Modifies the Protection of Athletes with Head Injuries Act. Redefines sporting event as applied to a government entity to provide that it does not include merely making available a field, facility, or other location owned, leased, or controlled by the government entity to an amateur sports organization or a child, regardless of whether the government entity charges a fee for the use or free play or recess taking place during school hours.</p> <p>2013 Utah Laws, Chap. 289 (2013 HB 269)</p> <p>Clarifies the requirements of a school nurse engaged in treating a student who sustains a concussion or traumatic head injury.</p> <p>Utah Code Ann. § 26-54 (2012 HB 400)</p> <p>Creates the Traumatic Spinal Cord and Brain Injury Rehabilitation Trust Fund and an advisory committee to administer the fund and to disburse funds received through appropriations, gifts and a portion of impound fees to assist charitable clinics providing rehabilitation services for the post-acute-care of people with such injuries.</p> <p>Utah Code Ann. § 26-53 (2011 HB 204)</p> <p>Creates the Protection of Athletes with Head Injuries Act and requires amateur sports organizations to adopt and enforce a concussion and head injury policy. These policies must include a written notice of policy to the youth athlete's parent or guardian. This law also requires</p>

State	Description of Law
	<p>children participating in a sporting event who are suspected of sustaining a concussion or traumatic brain injury to be removed from play. Medical clearance is required before returning to play.</p>
Vermont	<p>2013 Vt. Acts, Act 68 (2013 SB 4) Requires that school athletic coaches and referees receive training on how to prevent concussions during athletic activities, and prohibits a coach or trainer from allowing an athlete to participate in an event if the athlete has sustained a concussion or head injury. Also requires that a health care provider be consulted in certain cases, and requires the home team to ensure that a licensed athletic trainer or health care provider is present at any athletic event involving a contact sport.</p> <p>2011 Vt. Acts, Act 58 (2011 SB 100) Requires the commissioner of education to develop statewide guidelines, forms, and other materials, that are designed to educate coaches, youth athletes, and the parents and guardians of youth athletes regarding the nature and risks of concussions and other head injuries. Each youth athlete and a parent or guardian of the athlete annually must sign a form acknowledging receipt of this information. Also requires that a coach cannot permit a youth athlete to train or compete with a school athletic team if the athlete has been removed from play due to symptoms of a concussion or other head injury until the athlete has been examined by and received written permission to participate in athletic activities from a health care provider licensed and trained in the evaluation and management of concussions and other head injuries.</p> <p>Vt. Stat. Ann. tit. 28, §906 (2009 SB 2) Includes traumatic brain injury as a functional impairment relevant to guidelines for prisoner classification, treatment, and segregation. Each diagnosis needs to be made by a qualified mental health professional.</p>
Virginia	<p>2014 Va. Acts, Chap. 760 (2014 HB 410/SB 172) Requires each non-interscholastic youth sports program utilizing public school property to establish policies and procedures regarding the identification and handling of suspected concussions in student-athletes, based on either the local school division's policies and procedures or the Board's Guidelines for Policies on Concussions in Student-Athletes, or follow certain local school division's policies and procedures.</p> <p>2011 Va. Acts, Chap. 847 (2011 SB 1063/HB 1691) Requires the mental health and rehabilitative services program within the department of veterans affairs to cooperate with localities that establish special treatment procedures for veterans and active military service members which who are offenders or defendants in the criminal justice system and who need access to proper treatment for mental illness including major depression, alcohol or drug abuse, post traumatic stress disorder or traumatic brain injury.</p> <p>2010 Va. Acts, Chap. 483 (2010 SB 652) Requires the State Board of Education to develop policies to educate coaches, youth athletes, and parents or guardians of the risk of concussions, removal and return to play guidelines and risks of not reporting the injury and continuing to play. Each local school district shall develop</p>

State	Description of Law
	<p>policies for identifying and handling student athletes suspected of sustaining a concussion or head injury during a practice or game. A student athlete suspected to have an injury will be removed from play and may not return until cleared by a licensed health care provider.</p> <p>2010 Va. Acts, Chap. 58 (2010 HB 174)</p> <p>Eliminates a requirement that the Wounded Warrior program only cover combat injuries sustained by military service personnel in combat areas. The program facilitates support for covered individuals to provide timely assessment and treatment for stress-related injuries and traumatic brain injuries resulting from military service, and subject to the availability of public and private funds appropriated for them, case management services, outpatient, family support, and other appropriate behavioral health and brain injury services necessary to provide individual services and support.</p>
Washington	<p>Wash. Rev. Code §74.31.020 (2011 HB 1614)</p> <p>Amends the Washington traumatic brain injury strategic partnership advisory council to: require the partnership to develop and submit a report to the legislature every year that makes recommendations for revisions to the statewide plan and makes revisions to the council's activities, among other things.</p> <p>Wash. Rev. Code §28A.600.190 (2009 HB 1824)</p> <p>Requires each school district's board of directors to work with the Washington Interscholastic Activities Association to develop guidelines and other information to educate coaches, athletes, and parents or guardians about concussion and head injury, including continuing to play after injury is sustained. A youth athlete suspected of sustaining a concussion or head injury must be removed from play until cleared by a licensed health care provider.</p> <p>2009 Wash. Laws, Chap. 447 (2009 HB 2078)</p> <p>Creates a workgroup to be chaired by the Developmental Disabilities Council, the Washington Association of Sheriffs, and Police Chiefs to address issues relating to persons with developmental disabilities who are in correctional facilities. This workgroup has to include, among other recommendations, advice on the feasibility of screening and accommodating prisoners with traumatic brain injury. The work group shall develop a simple screening tool for jails to use as part of intake of offenders who may have developmental disabilities, a model policy for the use of the screening tool, a cost-effective way to provide training to the jail staff on the use of the tool, and information on best practices and training for accommodating persons with developmental disabilities during their confinement.</p>
West Virginia	<p>2013 W. Va. Acts, Chap. 58 (2013 SB 336)</p> <p>Establishes protocols and protections to limit and treat injury to youth athletes and students.</p>
Wisconsin	<p>2012 Wis. Laws, Act 172 (2012 HB 400)</p> <p>Requires an athletic coach or official to remove a person from a youth athletic activity if the person exhibits signs, symptoms, or behavior consistent with a concussion or head injury or the coach or official suspects the person has sustained a concussion or head injury.</p>

State	Description of Law
Wyoming	<p>2011 Wyo. Sess. Laws, Chap. 190 (2011 SB 38)</p> <p>Requires the State Superintendent of Public Instruction to develop a model protocol and to assist school districts in developing protocols for addressing risks associated with concussions and other head injuries from school athletics. This law also requires school districts to adopt protocols to address risks associated with concussions and other head injuries, to include training of coaches and trainers, restrictions on a student's participation in athletics after suffering a concussion or head injury, and provision of related information to students and parents.</p>