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# Concussion & sport safety legislation: An analysis of existing laws and future regulatory trends

John Parsons, PhD, AT, ATC  
A.T. Still University

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# **ORIGINS OF CONCUSSION LEGISLATION**

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1. Education
2. Informed consent
3. Removal from play
4. Return to play





For Immediate Release  
Tuesday, December 7, 2010

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**NATIONAL FOOTBALL LEAGUE AND THE NATIONAL ATHLETIC TRAINERS' ASSOCIATION  
TEAM TO PASS STATE LAWS TO PROTECT YOUTH ATHLETES  
FROM THE RISKS OF CONCUSSIONS**

- 1. Education** for coaches, parents, athletes
- 2. Required removal** from play
- 3. Clearance** from licensed & trained healthcare professional



# NFL Resources

## The Zackery Lystedt Law

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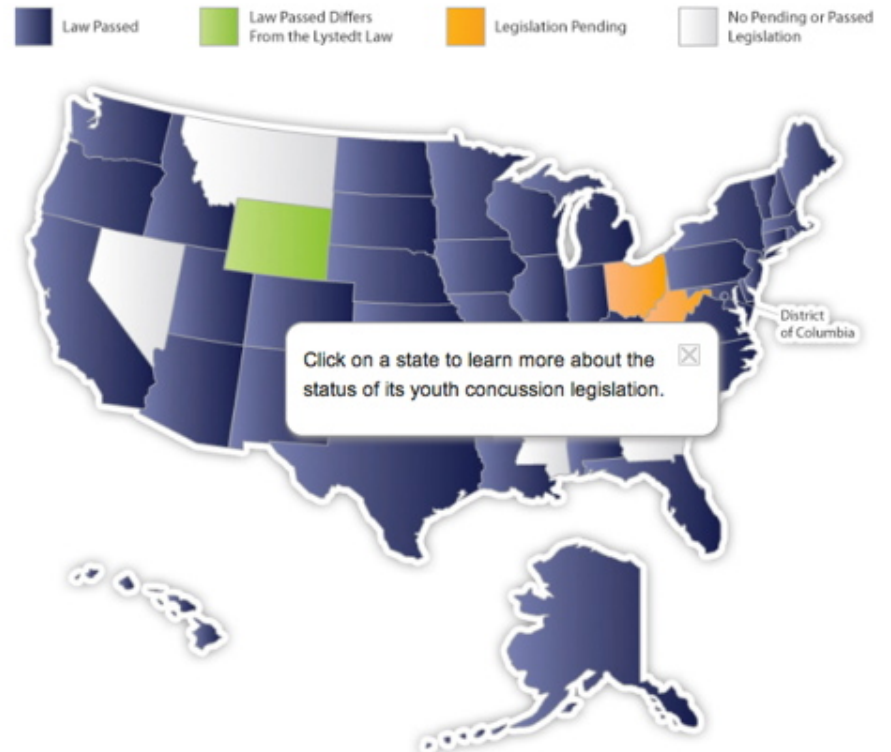


## Lystedt Law Overview

The law is named for Zackery Lystedt who, in 2006, suffered a brain injury following his return to a middle school football game after sustaining a concussion. Zackery, his family and a broad range of medical, business and community partners lobbied the Washington state legislature for a law to protect young athletes in all sports from returning to play too soon. The Lystedt law contains three essential elements:

- Athletes, parents and coaches must be educated about the dangers of concussions each year.
- If a young athlete is suspected of having a concussion, he/she must be removed from a game or practice and not be permitted to return to play. When in doubt, sit them out.
- A licensed health care professional must clear the young athlete to return to play in the subsequent days or weeks.

NFL Commissioner Roger Goodell sent a letter to 44 governors of states urging them to pass a law similar to the Lystedt Law. On January 11, 2012, Commissioner Goodell and NCAA President Mark Emmert sent **letters to 19 governors**, charging them to protect youth athletes in their state through the passage of legislation. In the letters, Commissioner Goodell stated his belief that sports and political leaders can help raise awareness of concussions while ensuring proper and effective treatment.



# Lawsuit

## SHUTDOWN CORNER

Last updated April 26, 2013.

Sources: Staff research, court records, NFLConcussionLitigation.com, ProFootballReference.com, NFL.com.

Zachary Holden, Nicolas Nightingale and Tom Schadt contributed.

Search

**BROWSE** • GAMES BY TEAM • GAMES BY POSITION

Start generation

Team

437 (missing this field)

319 Lions

315 Chargers

311 Saints

308 Redskins

307 Cardinals

Position

437 (missing this field)

784 DB

621 LB

607 OL

576 RB

566 DL

446 WR

273 TE

103 QB

4336 players

Name	Position	Team	Rookie	Retired	Games	Age
Jim L. Marshall	DL	Browns and Vikings	1960	1979	282	74
Trey Junkin	TE	Bills, Redskins, Raiders, Seahawks, Cardinals, and Giants	1983	2002	281	51
Bruce Smith, HoF	DL	Bills and Redskins	1985	2003	279	49
Junior Seau	LB	Chargers, Dolphins, and Patriots	1990	2009	268	43, X
Lomas Brown	OL	Lions, Cardinals, Browns, Giants, and Bucs	1985	2002	263	49
Edward Murray	K	Lions, Bucs, Chiefs, Cowboys, Eagles, Redskins, and Vikings	1980	2000	250	55
Blair Bush	OL	Bengals, Seahawks, Packers, and Rams	1978	1994	246	55
Ray Donaldson	OL	Colts, Seahawks, and Cowboys	1980	1996	244	54
Edward White	OL	Vikings and Chargers	1969	1985	241	65
Mick Tingelhoff	OL	Vikings	1962	1978	240	72
Roland McDole	DL	Cardinals, Oilers, Bills, and Redskins	1961	1978	240	72
Lorenzo Neal	RB	Saints, Jets, Bucs, Titans, Bengals, Chargers, and Ravens	1993	2008	239	42
Ethan Albright	OL	Dolphins, Bills, Redskins, and Chargers	1995	2010	236	41
Andre Reed	WR	Bills and Redskins	1985	2000	234	48
Lawyer Milloy	DB	Patriots, Bills, Falcons, and Seahawks	1996	2010	234	38
Christopher J. Doleman, HoF	DL	Vikings, Falcons, and 49ers	1985	1999	232	50
Byron Keith Traylor	DL	Broncos, Packers, Chiefs, Bears, Patriots, and Dolphins	1991	2007	229	42
James Jeffcoat Jr.	DL	Cowboys and Bills	1983	1997	227	51
Rickey Jackson, HoF	LB	Saints and 49ers	1981	1995	227	54

4 1940s  
86 1950s  
479 1960s  
750 1970s  
1013 1980s  
979 1990s  
588 2000s  
437 Never played

Seasons played

1362 0 - 3  
1168 3 - 6  
957 6 - 9  
604 9 - 12  
190 12 - 15  
47 15 - 18  
8 18 - 21

Games played

0 - 300

<http://www.washingtontimes.com/footballinjuries/> Last accessed 6/21/13

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The recent rash of concussions, the 2009 House Judiciary Committee hearings and deaths by former NFL players were the first dominoes to fall in the concussion debate. The next to go may be in a Los Angeles courtroom.



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# **LEGISLATIVE ANALYSIS**



1. To identify the components of state SCM legislation and the frequency with which they have been implemented
2. To characterize the impact of SCM legislation on ATs and AT practice as it relates to concussion management

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# Variables

## 2. Patient Management

- Removal from play requirement
- Same day return prohibition
- *Academic accommodations / integration*
- *Graduated return*
- *Baseline testing requirement*
- *Post-concussive testing*
- *Cognitive rest*



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## Results: Education & Training

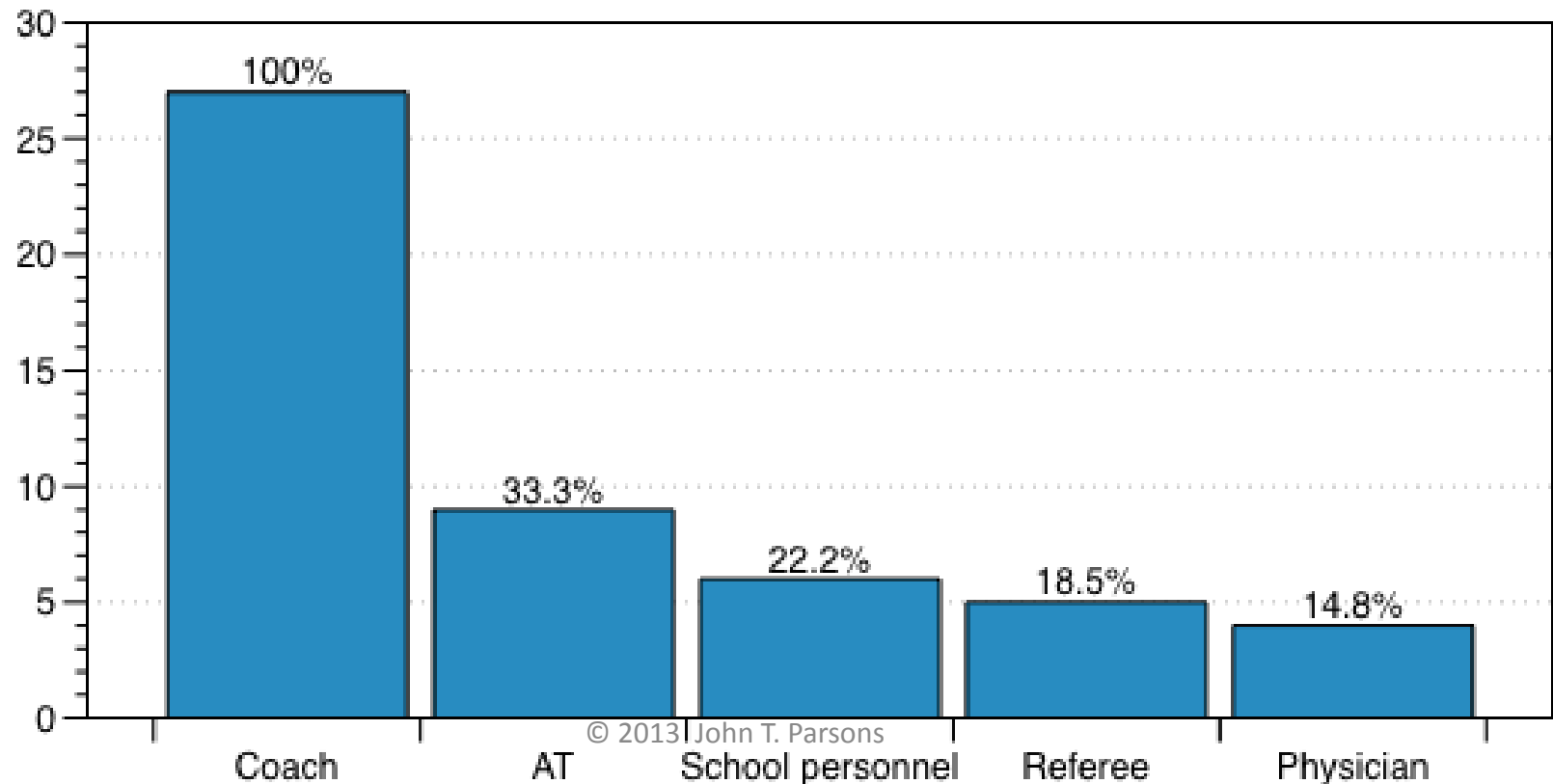
47/49 (95.9%) require **education**



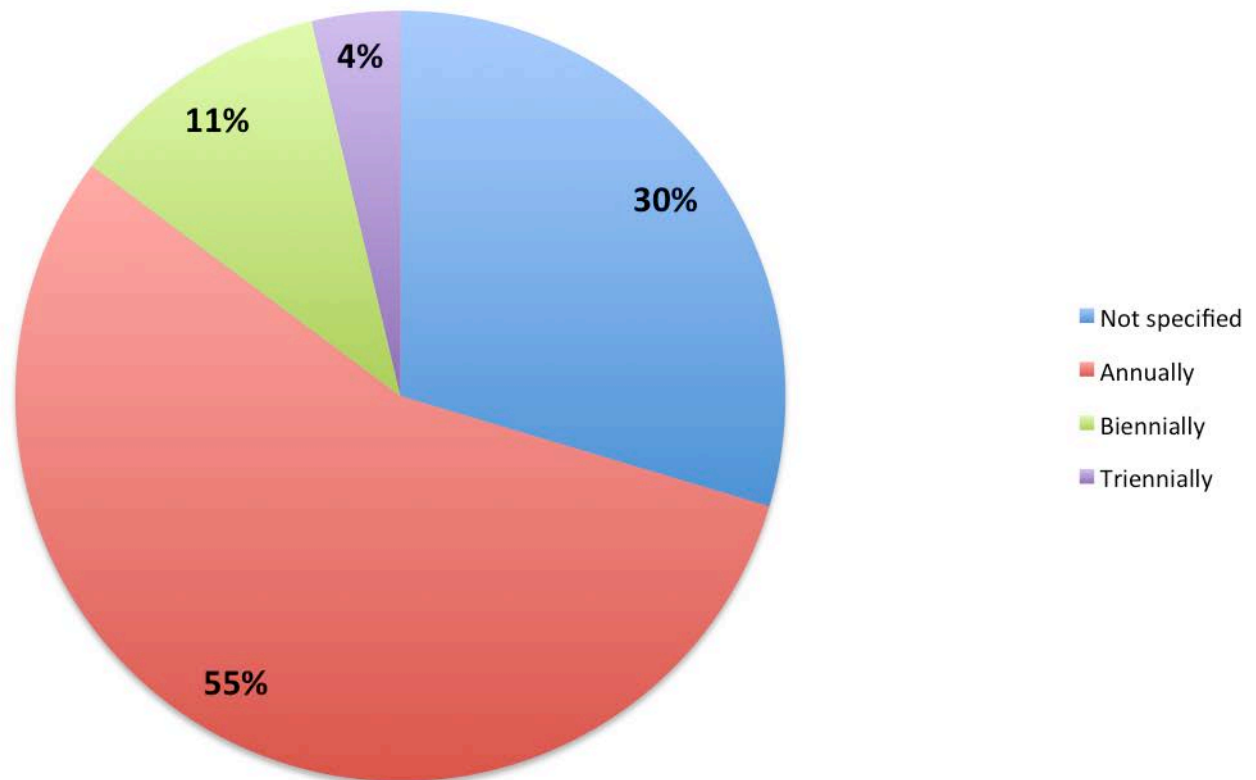
40/49 (81.6%) require **informed consent**

27/49 (55.1%) require **personnel training\***

# Training-Personnel (n=27)



## Training Frequency (n=27)







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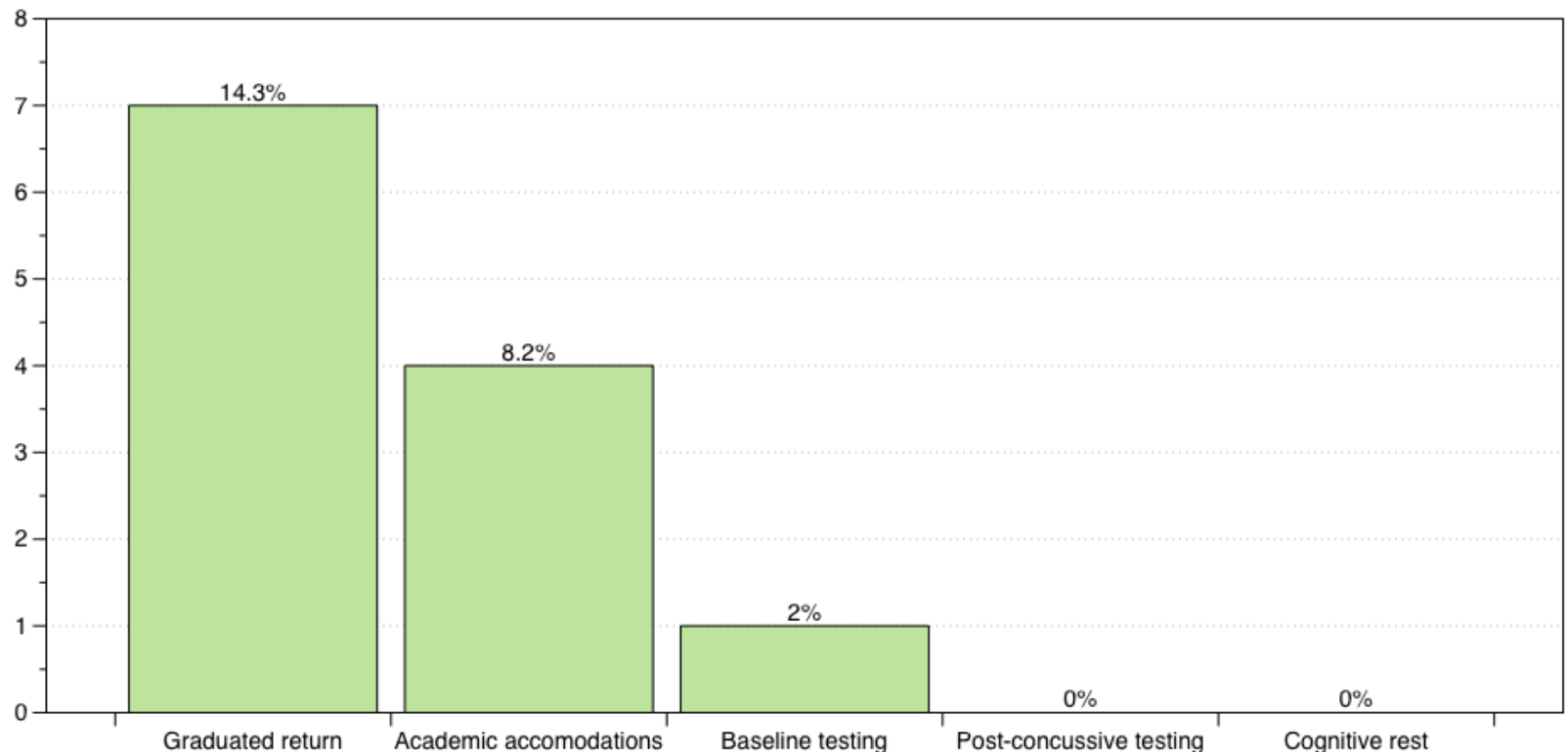
# ***Results: Patient Management***

**48/49 (98%) require removal from play**



**14/49 (28.6%) prohibit same day return**

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## ***Results: Provider Decision-Making***

47/49 (95.9%) require **written clearance**



31/49 (63.3%) require **training in SCM**

3/49 (6.1%) include **screen/clearance differences**

7/49 (14.3%) require **physician-only clearance**

## 1







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## ***Results: Liability***

11/49 (22.4%) provide **school** liability protection

8/49 (16.3%) provide **school employee** liability  
protection

14/49 (28.5%) provide **volunteer** liability protection

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# IMPLICATIONS



- **AT dichotomy**
  - 2<sup>nd</sup> to physicians in authorization
  - 1/3 of states require recurring training of ATs
- **Provider authorization complex**
- **Overlooked:**
  - Testing (0%)
  - Academic implications (8.2%)
  - Prevention (Harvey, *Am J Public Health*, 2013)



- Lystedt (& NFL) influence is clear
- Enforcement provisions are vague
- Volatility
  - Additional policy groups
  - 9(18.3%) defer key decisions
- Entrenched principles for future sport safety legislation?





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# **FEDERAL LEGISLATION**

# Federal Legislation

## H.R.2118

**Latest Title:** *Youth Sports Concussion Act of 2013*

**Sponsor:** Rep Bill Pascrell Jr. (NJ-9)

**Introduced:** 5/22/13

**Cosponsor:** 1

**Latest Major Action:** 5/24/2013 Referred to House subcommittee.

**Status:** Referred to the Subcommittee on Commerce, Manufacturing, and Trade.

\*\*\*\*\*

## S.1014

**Latest Title:** *Youth Sports Concussion Act*

**Sponsor:** Sen Tom Udall (NM)

**Introduced:** 5/22/13

**Cosponsors:** 1



# Federal Legislation

## H.RES.72

**Latest Title:** *Supporting the goals and ideals of the Secondary School Student Athletes' Bill of Rights.*

**Sponsor:** Rep Jim Gerlach (PA-6)

**Introduced:** 2/15/13

**Cosponsors:** 18

**Latest Major Action:** 2/15/2013 Referred to House subcommittee.

**Status:** Referred to the Subcommittee on Health.





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# **INTERSCHOLASTIC CONCUSSION POLICY**

# State IAAs

- National Federation of State High School Associations (NFHS)
  - *Suggested Guidelines, 2009* (amended 1/11)
- Autonomous policy
- Primary stakeholder in state legislation
- Scope of practice battles

**Guidance Document**

Compliance with SB 1521 and  
Arizona Interscholastic Association Concussion Policy

Created: August 2011

**Introduction & Purpose**

The purpose of this document is to provide licensed athletic training members of the Arizona Athletic Trainers' Association (AzATA) with guidance related to compliance with SB 1521 and Arizona Interscholastic Association (AIA) concussion and head injury policies.

This document is provided as a member benefit, and the information contained herein is only applicable to the practice of athletic training by athletic trainers licensed in the State of Arizona. **Members must be aware** that this information is intended solely as a guideline for athletic trainers to better understand the requirements of the new state law and AIA policies related to concussion management. Members are encouraged to read the applicable statute and AIA policies for themselves, and to collaborate with school administrators, risk management, and legal counsel related to the development, implementation, and compliance with the required school district policies.

**Background - SB 1521**

SB 1521 was signed into law on by Governor Jan Brewer on April 18, 2011 and is currently in effect. The new provisions are embedded in ARS Sec. 15-341(A)(24)(b) as a component of an existing statute that pertains to the powers and responsibilities of school district governing boards. Specifically, Sec. 15-341(A) commences with the words "The governing board shall," and then lists matters which governing boards must address. Subsection (A)(24) begins with the directive to "Prescribe and enforce policies and procedures relating to the health and safety of all pupils participating in district sponsored practice sessions or games or other interscholastic activities..." Therefore, the concussion law applies directly to all public schools and public school districts in the State of Arizona. The use of the word "shall" in the statute means that school district governing boards are **legally required to comply**. The new statutory provision also requires compliance from any nonprofit group or organization that uses property or facilities owned or operated by a school district for athletic purposes. Consequently, the law also constitutes a mandate to any nonprofit club or league that uses public school facilities and is intended to extend protection to their athletes.

**August, 2011**



Barrow Neurological Institute and AT Still University are collaborating to offer free baseline testing, statewide concussion research, and statewide concussion consultation to all Arizona Interscholastic Association member schools. This statewide effort is called the **Barrow Concussion Network**.

### **Objective:**

To provide concussion coverage for all Arizona Interscholastic Association high school athletes.

### **Who?**

Barrow Neurological Institute, AT Still University, and the Arizona Interscholastic Association.

### **What?**

The Barrow Concussion Network provides AIA member schools access to computerized assessment tools (ImPACT), statewide concussion research and free concussion consultation.

### **How?**

Athletic trainers in the state of Arizona may request access to the Barrow Concussion Network by emailing: [concussionregistry@dignityhealth.org](mailto:concussionregistry@dignityhealth.org) . Please provide full name, school name, and contact phone number. You will receive an email invitation into the Barrow Concussion Network AND an email giving access to ImPACT (for AIA eligible schools).





# University Interscholastic League (6/11/13)

- # HB 887

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# Rules Changes

## NFL

- Limited pre-season & in-season contact
- Kickoff @ 35 yd. line
- 3-man wedge prohibition
- “Defenseless player” protections (all)
- Lost helmet (ball carrier)
- Crown hits
- Ball carrier contact (outside tackle; 3 yds)

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# Emerging Sport-safety Trends

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# **EXERTIONAL HEAT ILLNESS POLICIES**



# Preseason Heat-Acclimatization Guidelines

Area of Practice Modification	Practices 1-5		Practices 6-14
	Days 1-2	Days 3-5	
# of Practices Permitted Per Day	1		2, only every other day
Equipment	Helmets only	Helmets & Shoulder Pads	Full Equipment
Maximum Duration of Single Practice Session	3 hours		3 hours (a total maximum of 5 hours on double session days)
Permitted Walk Through Time	1 hour (but must be separated from practice for 3 continuous hours)		
Contact	No Contact	Contact only with blocking sleds/dummies	Full, 100% live contact drills

NOTE: warm-up, stretching, cool-down, walk-through, conditioning, and weight-room activities are included as part of practice time

## **Arizona Interscholastic Association Sports Medicine Advisory Committee**

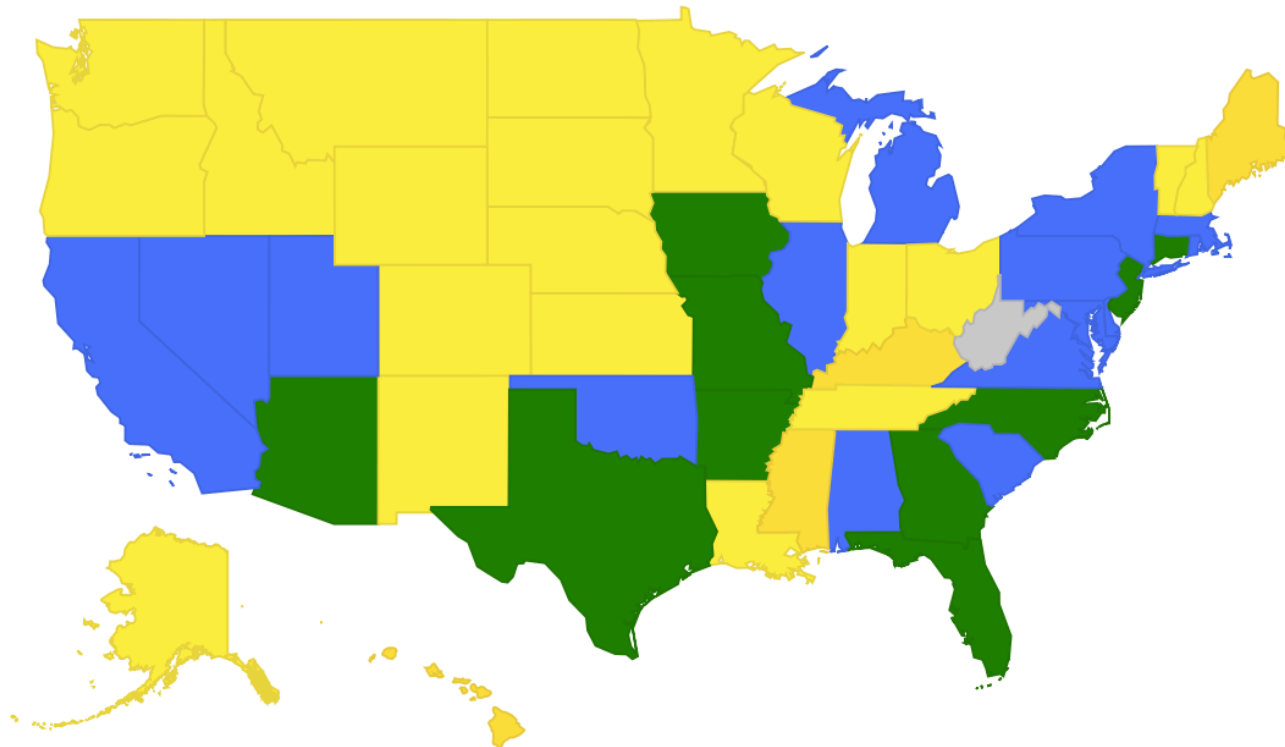
### **Heat Acclimatization & Exertional Heat Illness Management Policy**

It is the position of the AIA that prevention is the best way to avoid exertional heat stroke. Prevention includes educating athletes and coaches about:

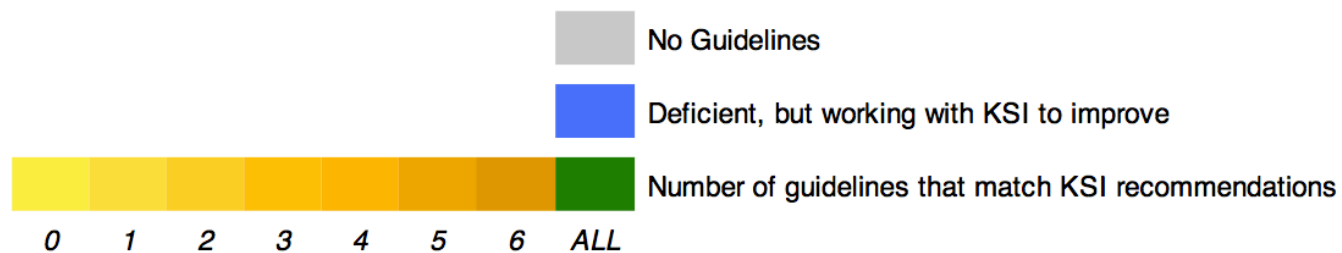
1. Recognition and management of exertional heat illnesses;
2. The risks associated with exercising in hot, humid environmental conditions;
3. The need for gradual acclimatization over a 14 day period;
4. Guidelines for proper hydration;
5. Implementing practice/competition modifications according to local temperature and relative humidity readings.

Recommendation	Meets Criteria	Does Not Meet Criteria
1. Days 1–5 are the first formal practices. No more than 1 practice occurs per day.	✓	
2. Total practice time should not exceed 3 hours in any 1 day.	✓	
3. 1-hour maximum walk-through is permitted on days 1–5, however there must be a 3 hour minimum between practice and walk-through (or vice versa).	✓	
4. During days 1–2 of first formal practices, a helmet should be the only protective equipment permitted (if applicable). During days 3–5, only helmets and shoulder pads should be worn. Beginning on day 6, all protective equipment may be worn and full contact may begin.  A. Football only: on days 3–5, contact with blocking sleds and tackling dummies may be initiated.  B. Full-contact sports: 100% life contact drills should begin no earlier than day 6.	✓	
5. Day 6–14, double-practice days must be followed by a single-practice day. On single-practice days, 1 walk-through is permitted, separated from the practice by at least 3 hours of continuous rest. When a double-practice day is followed by a rest day, another double practice day is permitted after the rest day.	✓	
6. On a double-practice day, neither practice day should exceed 3 hours in duration, and no more than 5 total hours of practice in the day. Warm-up, stretching, cool-down, walk-through, conditioning and weight-room activities are included as part of the practice time. The 2 practices should be separated by at least 3 continuous hours in a cool environment.	✓	
7. Because the risk of exertional heat illnesses during the preseason heat-acclimatization period is high, we strongly recommend that an athletic trainer be on site before, during and after all practices.	✓	
<b>MEETS KSI SEAL OF APPROVAL</b>	✓	

<b>State/Entity</b>	<b>Date Guidelines Were Adopted</b>
NCAA	May, 2003
New Jersey	May, 2011
National Football League	July, 2011
Texas	October, 2011
North Carolina	February, 2012
Georgia	March, 2012
Arkansas	June, 2012
Florida	June, 2012
Arizona	June, 2012
Connecticut	March, 2013
Iowa	April, 2013
Missouri	May, 2013



## Key





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# **SUDDEN DEATH**



# H.R.2135

**Latest Title:** Cardiac Arrest Survival Act of 2013

**Sponsor:** Rep. Pete Olson (TX-22)

**Introduced: 5/23/13**

**Cosponsors: 6**

**Latest Major Action:** 5/24/2013 Referred to House subcommittee.

**Status:** Referred to the Subcommittee on Health.

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# State: AED & Cardiac Care

*Anyone Can Save A Life* Program

AED Registries / Grant Programs

CPR Instruction in Schools

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# Auto-injectable Epinephrine Pen

Arizona

Illinois

Virginia

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# Advocacy & Policy Opportunities

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# Policy & Advocacy

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# Advocacy

Bureaucratic

Legislative

Health

## Patient-Centered Care





**Physical**

**Psychological**

**Social**

**Spiritual**





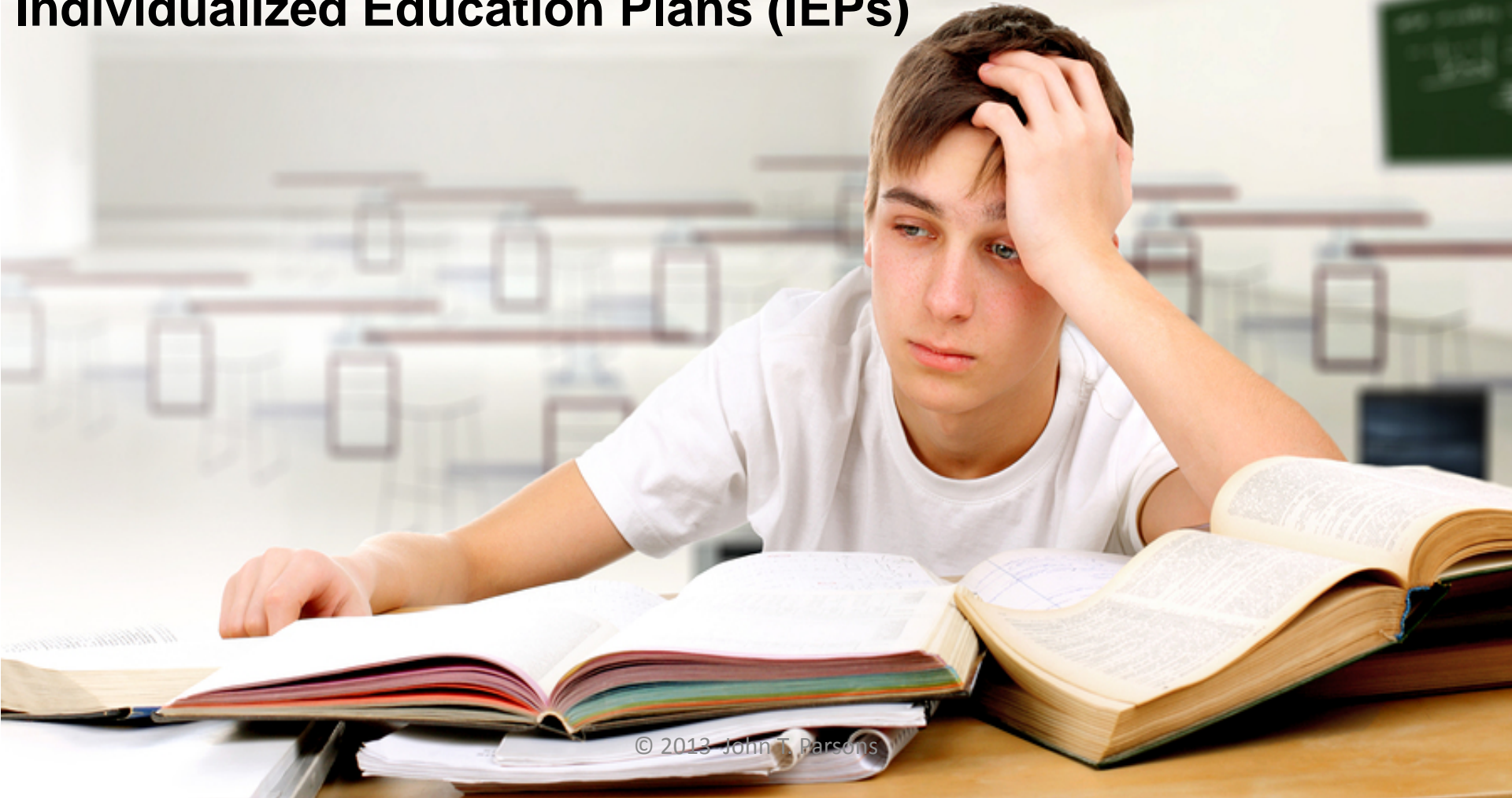
**Sport-related Injury**



# Educational Accommodation

**504 Plans**

**Individualized Education Plans (IEPs)**







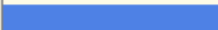

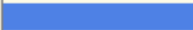



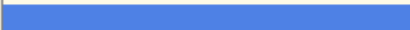






## 87% of ATs have had patient requiring academic accommodations



79% of ATs have had patients with academic decline

# Support Team Personnel

**37. 5a. Who is involved in the academic support team for concussed student-athletes? [Check all that apply]**

#	Answer		Response	%
1	Athletic director		143	46%
2	Principal		143	46%
10	Other school administrator outside of athletic department		130	42%
12	Directing or team physician		145	47%
13	Student athlete's family (referring) physician		172	56%
3	School nurse		236	77%
4	Athletic trainer		273	89%
5	School guidance/academic counselor		265	86%
11	Mental health counselor		69	22%
6	Teacher		240	78%
7	Coach		118	38%
8	Parent		191	62%
9	Other		26	8%

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**38. 6. How familiar are you with Individualized Education Plans?**

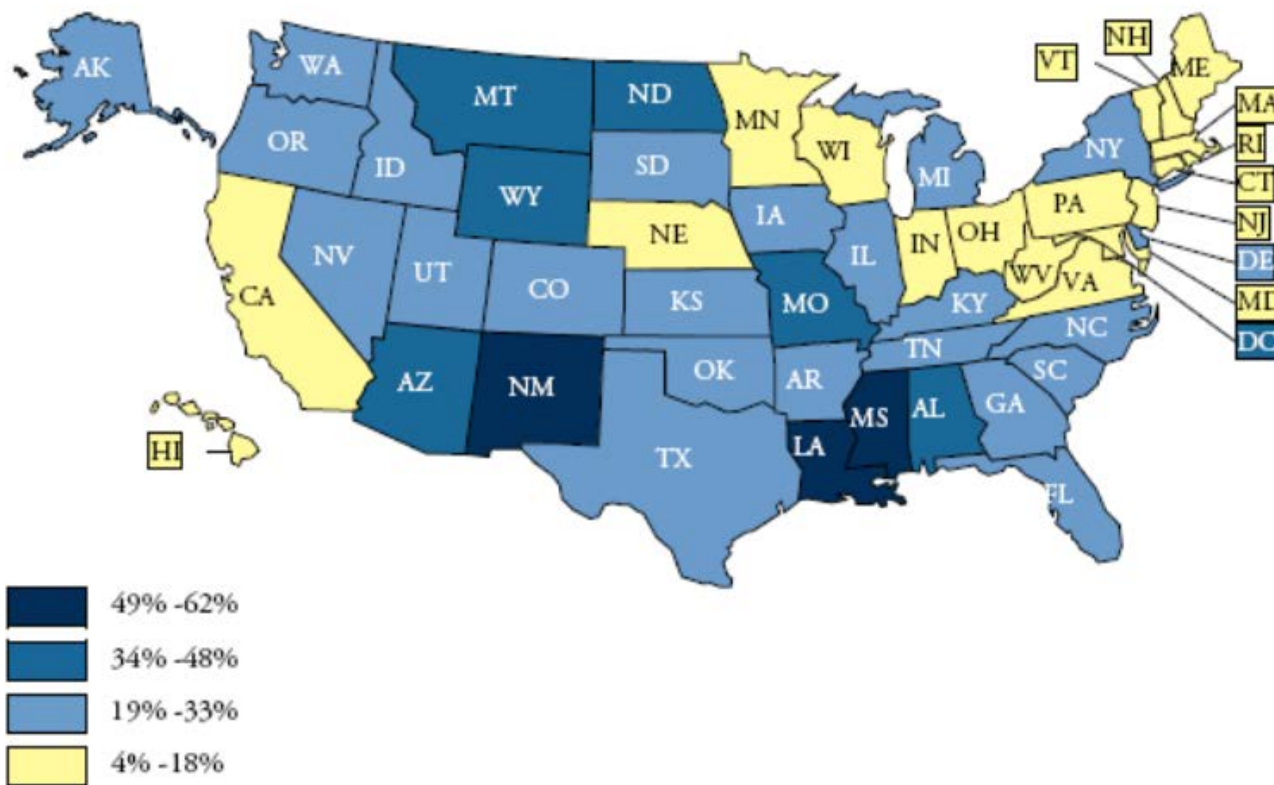
#	Answer		Response	%
1	Not familiar at all		118	17%
2	Minimally familiar		198	28%
3	Moderately familiar		233	34%
4	Extremely familiar		146	21%
	Total		695	100%



# Healthy Communities

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**Source:** Health Resources Service Administration, Data Warehouse, May 2011

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# COMMUNITY PARAMEDICINE

## EMT-CP (MN)

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# School-Based Health Centers





## SCHOOL-BASED HEALTH ALLIANCE

Redefining Health for Kids and Teens

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## About the School-Based Health Alliance

The School-Based Health Alliance was founded in 1995 and is the national voice for school-based health centers (SBHCs). Built from the grassroots up by individuals from state and federal government agencies, national and regional foundations, child health and education organizations, and SBHCs, we are a true reflection of the field we support. The School-Based Health Alliance advocates for national policies, programs, and funding to expand and strengthen SBHCs, while also supporting the movement with training and technical assistance.

## Our Vision

All children and adolescents are healthy and achieving at their fullest potential.

## Our Mission

To improve the health status of children and youth by advancing and advocating for school-based health care.



*School-Based Health Alliance staff at the 2013 convention.*



# Summary

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# Summary

- Trends toward community health and primary care *must be leveraged*
- Synergistic with secondary school setting push
- Non-AT centric advocacy is best

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# Thank You

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