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State of Minnesota
HOUSE OF REPRESENTATIVES

NINETIETH SESSION

H. F. No. 1714

- 02/27/2017 Authored by Hamilton, O'Driscoll, Baker, Applebaum, Slocum and others
The bill was read for the first time and referred to the Committee on Health and Human Services Reform
- 03/08/2017 Adoption of Report: Amended and re-referred to the Committee on Government Operations and Elections Policy
- 03/13/2017 Adoption of Report: Re-referred to the Committee on Health and Human Services Finance

1.1 A bill for an act
1.2 relating to health; requiring the commissioner of health to establish a working
1.3 group and pilot programs to improve the implementation of youth sports concussion
1.4 protocols and identify best practices for preventing and treating concussions;
1.5 appropriating money.

1.6 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.7 Section 1. **YOUTH SPORTS CONCUSSION WORKING GROUP.**

1.8 **Subdivision 1. Working group established; duties and membership.** (a) The
1.9 commissioner of health shall convene a youth sports concussion working group of up to 30
1.10 members to:

1.11 (1) develop the report described in subdivision 4 to assess the causes and incidence of
1.12 brain injury in Minnesota youth sports; and

1.13 (2) evaluate the implementation of Minnesota Statutes, sections 121A.37 and 121A.38,
1.14 regarding concussions in youth athletic activity, and best practices for preventing, identifying,
1.15 evaluating, and treating brain injury in youth sports.

1.16 (b) In forming the working group, the commissioner shall solicit nominees from
1.17 individuals with expertise and experience in the areas of traumatic brain injury in youth and
1.18 sports, neuroscience, law and policy related to brain health, public health, neurotrauma,
1.19 provision of care to brain injured youth, and related fields. In selecting members of the
1.20 working group, the commissioner shall ensure geographic and professional diversity. The
1.21 working group shall elect a chair from among its members. The commissioner shall be
1.22 responsible for organizing meetings and preparing a draft report. Members of the working
1.23 group shall not receive monetary compensation for their participation in the group.

2.1 Subd. 2. **Working group goals defined.** (a) The working group shall, at a minimum:

2.2 (1) gather and analyze available data on:

2.3 (i) the prevalence and causes of youth sports-related concussions including where possible
2.4 data on the number of officials and coaches receiving concussion training;

2.5 (ii) the number of coaches, officials, youth athletes, and parents or guardians receiving
2.6 information about the nature and risks of concussions;

2.7 (iii) the number of youth athletes removed from play and the nature and duration of
2.8 treatment before return-to-play; and

2.9 (iv) policies and procedures related to return-to-learn in the classroom;

2.10 (2) review the rules associated with relevant youth athletic activities, and the concussion
2.11 education policies currently employed; and

2.12 (3) identify innovative pilot projects in areas such as:

2.13 (i) objectively defining and measuring concussions;

2.14 (ii) rule changes designed to promote brain health;

2.15 (iii) use of technology to identify and treat concussions;

2.16 (iv) recognition of cumulative subconcussive effects; and

2.17 (v) postconcussion treatment, and return-to-learn protocols; and

2.18 (4) identify regulatory and legal barriers and burdens to achieving better brain health
2.19 outcomes.

2.20 Subd. 3. **Voluntary participation; no new reporting requirements created.**

2.21 Participation in the working group study by schools, school districts, school governing
2.22 bodies, parents, athletes, and related individuals and organizations shall be voluntary, and
2.23 this study shall create no new reporting requirements by schools, school districts, school
2.24 governing bodies, parents, athletes, and related individuals and organizations.

2.25 Subd. 4. **Report.** By December 31, 2018, the youth sports concussion working group
2.26 shall provide an interim report, and by December 31, 2019, the working group shall provide
2.27 a final report to the chairs and ranking minority members of the legislative committees with
2.28 jurisdiction over health and education with recommendations and proposals for a Minnesota
2.29 model for reducing brain injury in youth sports. The report shall make recommendations
2.30 regarding:

2.31 (1) best practices for reducing and preventing concussions in youth sports;

3.1 (2) best practices for schools to employ in order to identify and respond to occurrences
3.2 of concussions, including return-to-play and return-to-learn;

3.3 (3) opportunities to highlight and strengthen best practices with external grant support;

3.4 (4) opportunities to leverage Minnesota's strengths in brain science research and clinical
3.5 care for brain injury; and

3.6 (5) proposals to develop an innovative Minnesota model for identifying, evaluating, and
3.7 treating youth sports concussions.

3.8 Subd. 5. **Sunset.** The working group expires the day after submitting the report required
3.9 under subdivision 4, or January 15, 2020, whichever is earlier.

3.10 **Sec. 2. BRAIN HEALTH PILOT PROGRAMS.**

3.11 Subdivision 1. **Pilot programs selected.** (a) The commissioner shall competitively
3.12 award grants for up to five pilot programs to improve brain health in youth sports in
3.13 Minnesota. The commissioner shall issue a competitive request for pilot program proposals
3.14 by October 31, 2017, based on input from the youth sports concussion working group. The
3.15 commissioner shall include members of the working group in the scoring of proposals
3.16 received, but shall exclude any member of the working group with a financial interest in a
3.17 pilot program proposal.

3.18 (b) Each pilot program selected for a funding award must offer promise for improving
3.19 at least one of the following areas:

3.20 (1) objective identification of brain injury;

3.21 (2) assessment and treatment of brain injury;

3.22 (3) coordination of school and medical support services; or

3.23 (4) policy reform to improve brain health outcomes.

3.24 (c) At least one of the programs selected must serve youth in:

3.25 (1) Central or West Central Minnesota;

3.26 (2) Southern or Southwest Minnesota;

3.27 (3) Northwest or Northland Minnesota; and

3.28 (4) the Twin Cities Metro Area.

3.29 Subd. 2. **Funding for pilot programs.** Pilot programs selected under this section shall
3.30 receive funding for one year beginning January 1, 2018. No later than March 1, 2019, the

4.1 commissioner must report on the progress and outcomes of the pilot programs to the
4.2 legislative committees with jurisdiction over health policy and finance.

4.3 **Sec. 3. APPROPRIATIONS; YOUTH SPORTS CONCUSSION WORKING GROUP**
4.4 **AND BRAIN HEALTH PILOT PROGRAMS.**

4.5 \$450,000 in fiscal year 2018 is appropriated from the general fund to the commissioner
4.6 of health for the youth sports concussion working group and brain health pilot programs.

4.7 This is a onetime appropriation. Of this appropriation:

4.8 (1) \$150,000 is for the youth sports concussion working group, including any required
4.9 incidence research, required under section 1; and

4.10 (2) \$300,000 is for the brain health pilot programs in section 2.