

(SENATE AUTHORS: BENSON, Rosen, Reinert, Bonoff and Rest)

DATE	D-PG	OFFICIAL STATUS
03/07/2011	426	Introduction and first reading Referred to Health and Human Services
03/09/2011	450	Author added Rest
03/16/2011	526	Withdrawn and re-referred to Education
05/02/2011	1582a	Comm report: To pass as amended
	1604	Second reading
05/20/2011	3025a	Special Order: Amended
	3026	Third reading Passed
05/22/2011	3261	Returned from House

1.1A bill for an act

1.2relating to health; establishing policies for youth athletes with concussions

1.3resulting from participation in youth athletic activities; proposing coding for new

1.4law in Minnesota Statutes, chapter 123B.

1.5BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.6Section 1. **[123B.495] CONCUSSION PROCEDURES.**

1.7Subdivision 1. **Definitions.** As used in this section, the following terms have the

1.8meanings given.

1.9(a) "Concussion" means a complex patho-physiological process affecting the brain,

1.10induced by traumatic biokinetic forces caused either by a direct blow to the head, face,

1.11or neck or elsewhere on the body with an impulsive force transmitted to the head.

1.12Concussion typically results in the rapid onset of short-lived impairment of neurological

1.13function and clinical symptoms that may or may not involve loss of consciousness,

1.14although postconcussive symptoms may be prolonged.

1.15(b) "Licensed health care provider" means a qualified individual who is:

1.16(1) registered, licensed, certified, or otherwise statutorily recognized by the state of

1.17Minnesota to provide medical treatment; and

1.18(2) trained and experienced in the evaluation and management of concussions

1.19among a pediatric population.

1.20(c) "Youth athlete" includes an individual who is:

1.21(1) 18 years of age or younger; and

1.22(2) an active participant in a sport.

1.23(d) "Youth athletic activity" includes any athletic activity related to competition,

1.24practice, or training exercises.

2.1        Subd. 2. **School-sponsored sports.** (a) The appropriate sports governing body shall  
2.2        work with the Department of Education to provide guidelines to inform public and private  
2.3        school coaches, officials, youth athletes, and parents or guardians of the nature and risk of  
2.4        concussion, including the effects of continuing to play after concussion. The guidelines  
2.5        and information shall include protocols and content consistent with current medical  
2.6        knowledge provided by the Center for Disease Control for informing each coach, official,  
2.7        youth athlete, and parent or guardian participating in youth athletic activities as to:

2.8                (1) the nature and risk of concussions associated with athletic activity;

2.9                (2) the signs, symptoms, and behaviors consistent with a concussion;

2.10               (3) the need to alert appropriate medical professionals for urgent diagnosis and  
2.11        treatment when a youth athlete is suspected or observed to have received a concussion; and

2.12               (4) the need to follow proper medical direction and protocols for treatment and  
2.13        returning to play after a youth athlete sustains a concussion.

2.14               (b) The appropriate sports governing body and the Department of Education shall  
2.15        provide access to a training program consistent with paragraph (a). Each member school  
2.16        coach and official participating in youth athletic activities must complete the training  
2.17        program at least once each school year.

2.18               (c) A concussion information form shall be signed and returned by each youth  
2.19        athlete and the athlete's parent or guardian to an official designated by the school prior to  
2.20        the youth athlete's participation in youth athletic activities for the subsequent school year.

2.21               (d) A coach or official shall remove a youth athlete from participating in any youth  
2.22        athletic activity at the time the youth athlete:

2.23               (1) exhibits signs, symptoms, or behaviors consistent with a concussion; or

2.24               (2) is suspected of sustaining a concussion.

2.25               (e) A youth athlete who has been removed from participation in a youth athletic  
2.26        activity because of a concussion may not return to youth athletic activities until the  
2.27        youth athlete:

2.28               (1) no longer exhibits signs, symptoms, or behaviors consistent with a concussion;  
2.29        and

2.30               (2) receives an evaluation by a licensed health care provider trained and experienced  
2.31        in the evaluation and management of concussions and receives written clearance to return  
2.32        to play from the health care provider stating that the youth athlete is capable of resuming  
2.33        participation in athletic activities; and

2.34               (3) if the health care provider determines that a plan is necessary, has a plan  
2.35        developed by a licensed health care provider designed to aid the student in recovering and  
2.36        resuming participation in athletic activities and academics, in a manner that:

(i) is coordinated, as appropriate, with periods of cognitive and physical rest while symptoms of a concussion persist; and

(ii) reintroduces cognitive and physical demands on the student on a progressive basis only as increases in exertion do not cause the reemergence or worsening of symptoms of a concussion.

**Subd. 3. Other youth sports programs.** (a) Any city, business, or nonprofit organization that organizes a youth athletic activity and requires a fee to participate in the athletic activity or whose cost to participate in the athletic activity is sponsored by a business or nonprofit organization shall:

(1) provide guidelines and information on concussions to all coaches, officials, youth athletes, and parents or guardians of each athlete that shall include protocols and content consistent with current medical knowledge for informing each coach, official, youth athlete, and parent or guardian participating in youth athletic activities as to:

(i) the nature and risk of concussions associated with athletic activity;

(ii) the signs, symptoms, and behaviors consistent with a concussion when a youth athlete is suspected or observed to have received a concussion;

(iii) the need to alert appropriate medical professionals for urgent diagnosis and treatment; and

(iv) the need to follow proper medical direction and protocols for treatment and return to play;

(2) require that all coaches and officials receive annual training consistent with clause (1) to educate them about the nature and risk of concussion, including continuing to play after concussion;

(3) require that a concussion information form be signed and returned by each youth athlete and the athlete's parent or guardian prior to the youth athlete's participation in youth athletic activities for the subsequent year.

(b) A coach or official shall remove a youth athlete from participation in any youth athletic activity at the time the youth athlete:

(1) exhibits signs, symptoms, or behaviors consistent with a concussion; or

(2) is suspected of sustaining a concussion.

(c) A youth athlete who has been removed from participation in a youth athletic activity may not return to youth athletic activities until the youth athlete:

(1) no longer exhibits signs, symptoms, or behaviors consistent with a concussion;

and

(2) receives an evaluation by a licensed health care provider trained and experienced in the evaluation and management of concussions and receives written clearance to return

4.1 to play from the health care provider stating that the youth athlete is capable of resuming  
4.2 participation in athletic activities; and  
4.3 (3) if the health care provider determines that a plan is necessary, has a plan  
4.4 developed by a licensed health care provider designed to aid the student in recovering and  
4.5 resuming participation in athletic activities and academics, in a manner that:  
4.6 (i) is coordinated, as appropriate, with periods of cognitive and physical rest while  
4.7 symptoms of a concussion persist; and  
4.8 (ii) reintroduces cognitive and physical demands on the student on a progressive  
4.9 basis only as increases in exertion do not cause the reemergence or worsening of  
4.10 symptoms of a concussion.