

**SENATE
STATE OF MINNESOTA
NINETIETH SESSION**

S.F. No. 1477

(SENATE AUTHORS: ABELER, Hoffman, Dziedzic and Hayden)

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OFFICIAL STATUS
Introduction and first reading
Referred to Health and Human Services Finance and Policy

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 to:

1.10 (1) undertake a study of the incidence of brain injury in Minnesota youth sports; and

1.11 (2) evaluate the implementation of Minnesota Statutes, sections 121A.37 and 121A.38,

1.12 regarding concussions in youth athletic activity, and best practices for preventing, identifying,

1.13 evaluating, and treating brain injury in youth sports.

1.14 (b) In forming the working group, the commissioner shall solicit nominees from

1.15 individuals with expertise and experience in the areas of traumatic brain injury in youth and

1.16 sports, neuroscience, law and policy related to brain health, public health, neurotrauma,

1.17 provision of care to brain injured youth, and related fields. In selecting members of the

1.18 working group, the commissioner shall ensure geographic and professional diversity. The

1.19 working group shall elect a chair from among its members. The chair shall report to the

1.20 commissioner and shall be responsible for organizing meetings and preparing the report.

1.21 Members of the working group shall not receive monetary compensation for their

1.22 participation in the group.

1.23 **Subd. 2. Study goals defined.** (a) The working group study shall, at a minimum:

2.1 (1) gather and analyze available data on:

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

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

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

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

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

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

2.12 (i) objectively defining and measuring concussions;

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

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

2.15 (iv) recognition of cumulative subconcussive effects; and

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

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

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

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

2.24 **Subd. 4. Report.** (a) By December 31, 2018, the youth sports concussion working group
2.25 shall provide an interim report, and by December 31, 2019, the working group shall provide
2.26 a final report to the commissioner with recommendations for a Minnesota model for reducing
2.27 brain injury in youth sports. The report shall make recommendations regarding:

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

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

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

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

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

3.6 (b) The commissioner shall submit the report with recommendations and proposals to
3.7 the chairs and ranking minority members of the legislative committees with jurisdiction
3.8 over health and education.

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

3.11 **Sec. 2. PILOT PROGRAMS.**

3.12 Subdivision 1. **Pilot programs selected.** (a) The commissioner shall support up to five
3.13 pilot programs to improve brain health in youth sports in Minnesota. The commissioner
3.14 shall solicit pilot program proposals by December 31, 2017. Each proposal shall be reviewed
3.15 by the working group, and the working group will recommend to the commissioner up to
3.16 five pilot programs for support.

3.17 (b) Each pilot program selected for support must offer promise for improving at least
3.18 one of the following areas:

3.19 (1) objective identification of brain injury;

3.20 (2) assessment and treatment of brain injury;

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

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

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

3.24 (1) Central or West Central Minnesota;

3.25 (2) Southern or Southwest Minnesota;

3.26 (3) Northwest or Northland Minnesota; and

3.27 (4) the Twin Cities Metro Area.

3.28 Subd. 2. **Funding for pilot programs.** Pilot programs selected under this section shall
3.29 receive funding for one year. No later than February 1, 2019, the commissioner must report

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

4.3 Sec. 3. **APPROPRIATIONS; YOUTH SPORTS CONCUSSION STUDY.**

4.4 (a) \$450,000 in fiscal year 2018 is appropriated from the general fund to the commissioner
4.5 of health to conduct the youth sports concussion study in section 1. This is a onetime
4.6 appropriation.

4.7 (b) \$150,000 shall be used for the statewide study of concussion incidence rates and
4.8 implementation of Minnesota Statutes, sections 121A.37 and 121A.38.

4.9 (c) \$300,000 shall be used for the selected pilot programs under section 2.