

PA10-062

SB456

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**CONNECTICUT
GENERAL ASSEMBLY
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**PROCEEDINGS
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Without objection, so ordered.

Thank you, Senator Looney.

Mr. Clerk.

THE CLERK:

Calling for the Senate Calendar for Thursday,
April 22, 2010, matters returned from committee.
Calendar page 27, marked order of the day.
Calendar Number 252, File Number 408, substitute
for Senate Bill 456, AN ACT CONCERNING STUDENT
ATHLETES AND CONCUSSIONS, Favorable Report of the
Committee on Education and Public Health.

THE CHAIR:

Senator Gaffey.

SENATOR GAFFEY:

Thank you, Mr. President.

Mr. President, I move adoption of the Joint
Committee's Favorable Report and passage of the
bill, sir.

THE CHAIR:

Thank you.

Will you remark further?

SENATOR GAFFEY:

Thank you, Mr. President.

Mr. President and colleagues in the Senate, I'm

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pleased to bring to you this legislation, which is a very proactive approach to protecting interscholastic athletes here in Connecticut.

I want to thank the majority leader, Marty Looney, for working with me on this and bringing together a team of doctors, athletic trainers, the folks from the CIAC, including Mike Savage, and coaches for their input in crafting this legislation.

I also want to thank Joel Rudikoff, our attorney, who took the lead on the drafting, along with Chris Cordima, the LCO attorney, who played football at Gettysburg College, by the way.

Mr. President and members of the Senate, 3.5 million concussions that are sports-related occur each year according to the United States Center for Disease Control and Prevention.

It's the second most frequent injury in sports, second only to ankle sprains. However, far more serious than spraining an ankle, obviously.

The statistics from the Center for Injury Research and Policy at Nationwide Children's Hospital in Columbus, Ohio point to a very alarming statistic, and that is that more than 40 percent of all high

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school athletes that have sustained a concussion or serious injury are returned to play or to practice long before they should be.

Mr. President, the injury to the brain on a concussed athlete is serious and needs to be treated appropriately, and this legislation aims to make certain that interscholastic athletes in Connecticut are not returned to play before their brain has had time to heal after such a shattering hit to the head, but that they are not returned to play until they are cleared from a competent medical authority.

And this is just not related to the sport of football, Mr. President. This is occurring in many sports in our high school athletic programs here year in and year out

In fact, it would surprise many that girls' basketball is one of the leading sports for concussions to occur. Girls' soccer, boys' soccer, wrestling are the other most frequently cited sports where concussions have been occurring in our athletic competitions in student athletes.

Mr. President, my -- I had my own experience with this a long time ago when I played football, and I can tell you of all the injuries that I had,

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this one troubled me the most, because you just had this very strange feeling of disorientation. And then having to go through medical treatment with brain scans, sit out, make sure that you're okay, it's a little unsettling, to say the least.

And we wanted to make sure, Mr. President, that unlike another state that's adopted similar legislation, that we don't have to wait for a student athlete in Connecticut to die before we pass this legislation.

Senator Looney put it the best. We don't want to have to name this piece of legislation after a student athlete in Connecticut.

Then I remembered that in my own town, long before I played in 1960, Maloney High School fullback by the name of Terry Wannett died two days after playing Conard High School from his head injury. We don't want that to ever happen again.

Mr. President, what the bill does is it requires that each and every coach in Connecticut that has to be permitted by the state Department of Education has to complete an initial training course on convulsions and head injuries which will be developed by the Connecticut Interscholastic

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Athletic Conference and a committee comprised of athletic trainers and docs.

The good news is, they've already done their work. The training module is already prepared, ready to go, so the coaches can and some have already begun taking it now.

I want to also thank State Representative Matt Conway, who serves on the Education Committee and who coaches lacrosse and has gone through this type of training.

The training course must include recognition of the signs and symptoms and behaviors of concussion and head injury, the nature and risk of concussions of head injuries, including the dangers of continuing to play before the player is ready to be returned to play and has healed, and the proper method of allowing athletes to return to play.

After the initial training course, coaches will be required annually to review the most recent relevant information regarding concussions and head injuries, and every five years thereafter, coaches will have to take a refresher course.

The bill will require the coach to immediately remove a student athlete from competition or from

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practice when they have observed or reasonably have observed a major hit to the head and an athlete that is showing the signs and symptoms and behaviors of having incurred a concussion.

The coach should not permit the student athlete to return to play until that athlete has been medically cleared to return to play. And it's quite a process that trainers and doctors will follow to make sure that the student athlete after several tests, including when they're ready, tests of exertion, are not showing the signs and symptoms that are related to a concussion.

Mr. President, the Clerk does have an amendment, it is LCO Number 3774. If the Clerk would please call the amendment and I be granted leave of the chamber to summarize, sir.

THE CHAIR:

Mr. Clerk.

THE CLERK:

LCO 3774, which will be designated Senate Amendment Schedule "A." It is offered by Senator Gaffey of the 13th District, et al.

THE CHAIR:

Senator Gaffey.

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SENATOR GAFFEY:

Move adoption, sir.

THE CHAIR:

It's been properly moved.

Will you remark further?

SENATOR GAFFEY:

Thank you, Mr. President.

Mr. President, I want to thank, again, Senator Looney, Attorney Rudikoff, and most of all Senator Fasano. It was Senator Fasano who was a star football player in his own right at Yale, helped us with its drafting, and he pointed out that there can be situations where a student athlete might be showing some types of symptoms that are similar symptoms to a concussion but may not have incurred a concussion during play.

So this will be -- this amendment will clarify that unless the coach reasonably believes that the signs or symptoms or behaviors of the student athlete result from an illness that or physical condition other than a concussion, they're not required to follow the same process of the underlying bill.

The second party of the amendment, Mr. President, makes it clear that the treating module that has been

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developed by the CIAC in working with their committee of trainers and doctors and coaches will be the appropriate training method -- I'm sorry, training module that will be approved by the state Department of Education.

I urge support.

THE CHAIR:

Thank you, Senator Gaffey.

Will you remark further? Will you remark further?

Senator Fasano.

SENATOR FASANO:

Thank you, Mr. President.

I'm going to remark later on in the bill, but with respect to this amendment, I want to thank Senator Gaffey and Senator Looney and Mr. Rudikoff for allowing me to participate in what I believe to be a very important bill in the State of Connecticut.

What this amendment does, I believe, as Senator Gaffey has indicated, brings some reasonableness to give the coaches the ability to coach. They know their kids. They'll be able to make evaluation on a case-by-case basis.

I support the amendment, and I hope to speak on

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the bill in its totality a little bit later after the amendment, which I think will pass.

Thank you, Mr. President.

THE CHAIR:

Thank you, Senator.

Will you remark further?

Senator Looney.

SENATOR LOONEY:

Thank you, Mr. President.

On the amendment, we'll have some later comments on the bill, but I wanted to thank Senator Fasano for his work on this amendment to help fine-tune it, to recognize that there are a variety of situations that can occur when a player may seem to be impaired, that there are other circumstances where it may not result from an apparent head injury.

This allows us to fine-tune the bill to deal with those situations where a coach will reasonably comprehend that the player has, in fact, suffered a concussion as opposed to some other type of injury or temporary lapse.

So again on the amendment, I think this improves the bill and helps to fine-tune that particular section regarding the reasonable responsibility to be

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assumed by coaches.

So I would urge adoption of the amendment.

Thank you, Mr. President.

THE CHAIR:

Thank you, Senator Looney.

Will you remark further? Will you remark further is?

If not, I'll try your minds. All those in favor, say aye. Opposed, nay. The ayes have it. The amendment passes.

Will you remark further?

Senator Gaffey.

SENATOR GAFFEY:

Thank you, Mr. President.

On the bill as amended, and just in conclusion, I want to thank all of the athletic trainers and the doctors and coaches that provided input..

It was one of the best hearings we've had this session, and we're taking this very, very seriously in Connecticut. There's only two other states that have adopted this legislation, Oregon and Washington, and we want to make certain that our kids get protected and the coach that doesn't follow the law will have to

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forfeit his coaching permit.

So there is a significant repercussion for those that don't follow this law.

So with that, Mr. President, I would hope that all the members would vote in favor of the bill.

Thank you, sir.

THE CHAIR:

Thank you, Senator.

Will you remark further?

Senator Meyer.

SENATOR MEYER:

Thank you, Mr. President.

I really want to urge active and enthusiastic support of this bill, and after it's passed we tell our schools and our students that the bill has passed, but I also have to share with you a personal experience.

In the spring of 1947 when I was 12 years old, I was a baseball player, and I got beaned twice with concussions. Remember, those were the days -- some of you remember, those were the days there were no helmets, in the 1940s. And when you got beaned by a baseball without a helmet, you got a bad concussion.

And what happened was that Dr. Stewart, my family

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doctor, said that if I got a third concussion, that I could be permanently disabled. And that's what's good about this bill.

And as a result of what Dr. Stewart said, a baseball -- one of the first baseball helmets in the history of the game was devised for me, and I still have back at home that baseball helmet that prevented a third concussion.

Tom, thank you for doing this. Great service.

THE CHAIR:

Thank you, Senator.

Will you remark further?

Senator Fasano.

SENATOR FASANO:

Thank you, Mr. President.

Mr. President, through you, to the proponent of the bill for the purposes of legislative intent.

THE CHAIR:

Senator Gaffey, please prepare yourself.

Senator Fasano.

SENATOR FASANO:

Thank you, Mr. President..

Through you, Mr. President, to Senator Gaffey.

In the event -- it's my understanding that the

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coach has the ability to remove a kid from play while the play is going on off the field and evaluate that child or that player to determine whether or not that player has been injured and that would not be deemed a removal from play under this law; is that correct?

Through you, Mr. President.

THE CHAIR:

Senator Gaffey.

SENATOR GAFFEY:

Yes, unless -- unless -- through you, Mr. President -- the coach -- and usually the coach will yield to the athletic trainer in making this observation, unless they discern that it is in all likelihood a head injury or concussion that is affecting the player.

THE CHAIR:

Senator Fasano.

SENATOR FASANO:

Thank you, Mr. President.

So let me just take an example. So if there was a football play in which a player at the end of that play took a knee, either he delivered a hit or perhaps took a hit, took a knee to sort of regain his

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composure and a coach pulled that player off the field, asked him questions, recognized that, you know, it was just short -- you know, he got hit in the stomach or a bruised arm or was not any other symptom that resembled a concussion, he would be free to put that student back in the game or that player back into the game under this law; is that correct?

Through you, Mr. President.

THE CHAIR:

Senator Gaffey.

SENATOR GAFFEY:

Yes. Through you, Mr. President, response to Senator Fasano's question.

Certainly if the coach and trainer had discerned it was simply a case where the player got the wind knocked out of him on a tough hit but it was not head-injury-related at all, certainly they would be allowed to make the call and put the player back into the game once the player has recovered.

THE CHAIR:

Senator Fasano.

SENATOR FASANO:

Thank you, Mr. President.

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I realize that this bill doesn't apply just to football, but I'm going to use another football example, if I may.

So in the event that a -- this gives the liberty of the coach -- through you, Mr. President -- to evaluate on a case-by-case basis whether or not a player who may for whatever reason be unable to play the next play, he be able on a case-by-case basis based upon his best judgment make a determination whether that player has symptoms which equate to a concussion, and if he believed under his best judgment that those symptoms did not exist, he could return that player to the field; is that correct?

Through you, Mr. President.

THE CHAIR:

Senator Gaffey.

SENATOR GAFFEY:

Through you, Mr. President.

Yes, I would agree with you, Senator Fasano, particularly when the coach is -- the coach's decision is augmented by the informed decision of the trainer along with the coach, in particular, in that case, yes.

But certainly if the coach has determined that

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the player has simply had the wind knocked out of him and it is not head-related whatsoever, then the player can be returned to play.

THE CHAIR:

Senator Fasano.

SENATOR FASANO:

And equally true, if I may, in football sometimes we call them "dingers," but they're not really head injuries per se, but you -- you know, you hit somebody hard, you -- you have a momentary pause.

Even though it may seem like it involved a head injury, as long as the coach was comfortable that the symptoms were not those of a concussion and he was convinced of that based upon a reasonable observation, he could return the player to competition; is that true?

Through you, Mr. President.

THE CHAIR:

Senator Gaffey.

SENATOR GAFFEY:

Through you, Mr. President.

That one we want to be a little more careful with, because we used to -- as you recall, the

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common phrase was the player "had his bell rung."

But what we found in the testimony in the hearing from the doctors and the athletic trainers who testified -- who testified was that many times in cases if the coach or assistant coaches observed the player with a pretty tough hit and they said, well, he got his bell rung, in many of those occasions you have had a player sustain either a mild concussion or a concussion.

So when there's -- the purpose of the bill is when there's a head-related injury, they have to be very careful and follow what they've learned through the training module offered by the CIAC.

But certainly after they have done that, in particular -- again, I'll repeat -- consulting with the athletic trainer, or doctor or physician, and most important if the physician is on the sideline with the team, certainly if their informed decision at that point is the player has not suffered a concussion, the coach is free to put the player back in when the player's recovered.

THE CHAIR:

Senator Fasano.

SENATOR FASANO:

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Thank you, Mr. President.

I just want to clarify a little bit of that, because I want to be clear what I believe is the intent of the bill, as you do.

So if a -- if a student were to receive or a player were to receive a bell rung, as you say, and the coach pulls him out, does that analysis that he's learned through that module determines, even though there's not an athletic trainer, because all high schools don't have an athletic trainer, on his own determines that there's no -- none of those symptoms that he's been taught exist with respect to this player, he can return that player to the field?

Is that an accurate position?

Through you, Mr. President.

THE CHAIR: .

Senator Gaffey.

SENATOR GAFFEY:

Through you, Mr. President.

Yes, it is. If the coach has followed what he learned in that training module and been very careful and sort of mentally checking off the boxes as he's observing the player, yes, it would be in the reasonable decision of the coach to return the

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player to play.

Through you, Mr. President.

THE CHAIR:

Senator Fasano.

SENATOR FASANO:

And in the event that through these symptoms that this coach has learned, if he finds that, in fact, you know what, this kid in my view has suffered a concussion, at the minimum -- or I should say he must have that player be ineligible for any competitive contact for 24 hours and after that can only return to competitive contact if and when he receives the appropriate approval written from the licensed medical practitioner; is that correct?

Through you, Mr. President.

THE CHAIR:

Senator Gaffey.

SENATOR GAFFEY:

That is absolutely the case, Senator Fasano. Through you, Mr. President. And I'll repeat, the -- the phrase that was going -- when in doubt, sit out. If there's any inkling that the player after sustaining a head hit is showing any of those

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types of symptoms, the best thing to do and the most appropriate action is to sit the player out.

Through you, Mr. President.

THE CHAIR:

Senator Fasano.

SENATOR FASANO:

Thank you, Mr. President.

I thank Senator Gaffey both for his comments on this bill and his work on this bill.

Mr. President, I've had the privilege, and I say privilege, of playing football in both high school and college. And I think it's a great sport. And it does have its downfalls, one of which is that -- I think Vince Lombardi said that dancing is a contact sport and football is a collision sport, and nothing is more true.

And there are a number of activities -- hockey, lacrosse, as Senator Gaffey mentioned. And there are situations -- coaches know their kids. Coaches know their kids. Coaches understand the students that they teach and the players that they teach, and they really get to know when a kid has an injury such that he is not acting appropriately.

Mr. President, this bill is very important. I

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had some reluctance when I first saw the bill. I did read up on it and I looked at Washington and Oregon. I believe in Washington, the bill is named after a child who had a concussion, continued to play and then died. And we don't need to have a bill named after a child. I agree with Senator Looney and Senator Gaffey on that.

But I think what this bill does that I think is unique to the bills are out there, it doesn't put an absolute liability on the coach. It doesn't say, listen, if you see a kid take a knee, whether it's hockey or lacrosse or football, you got to take him out and that's it.

This allows the coach to make a reasonable test after being educated in a course that's passed the muster whether or not that concussion has an effect on that kid or whether or not his head injury resulted in a concussion. When in doubt, sit out. Absolutely a safe policy.

And I think our coaches can do that, especially the way they know that the players that they're playing for.

So It's a privilege to stand here and support this bill. It is -- certainly has some drawbacks, and

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I get that, but the overriding public policy that this bill presents is overwhelmingly supportive of the coach and the athletes.

So, Mr. President, with that, I would strongly urge passage of this bill. I think this can make a tremendous difference in the athletics. And I want to thank Senator Gaffey, Senator Looney, Senator Caligiuri and the other members of the Education Committee for their help in this, especially Joel Rudikoff, who worked many hours in trying to put together the language and bring about a bill which I believe is as complete as can be.

Thank you very much.

THE CHAIR:

Thank you, Senator.

Will you remark further?

Senator Frantz.

SENATOR FRANTZ:

Thank you, Mr. President.

I stand in favor of the bill today, particularly with a household full of kids that are constantly close to getting concussions, and we've had a few, in fact, concussions in the house -- actually, not in the house but on the playing

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field, lacrosse and football and ice hockey. And these kids are very, very good rough-housers, and I can tell you we know all about mild head injuries, as well as an actual concussion itself.

And I'm also very happy to see that this does apply to all sports. The -- I do have a question for the Senator, if that's okay, through you, Mr. President.

THE CHAIR:

Senator Gaffey, please prepare yourself.

SENATOR FRANTZ:

Through you, Mr. President,

Senator Gaffey, we talked a little bit about liability -- the senator that spoke before me talked a little bit about liability and how there's a certain amount of reasonableness in the judgment that would be called for in making a decision whether to pull a younger person off the playing field or not.

In the hearings, which I was unable to attend, there must have been some comments on how this bill might affect inferred liability for someone who's now been trained to try to recognize the symptoms of a concussion and puts a -- perhaps a little bit more

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onus on that particular individual to make the right call.

Was there any advice you received either in the set of hearings or through the legal staff that you might have been working with as to how that might relate to ultimate liability of the individual coach?

And I ask the question because I am concerned that some coaches -- potential coaches may have that question.

THE CHAIR:

Senator Gaffey.

SENATOR GAFFEY:

Through you, Mr. President.

Senator Frantz, we actually did not have any testimony whatsoever with regard to inferred liability, as may -- may be interpreted through this legislation at all.

THE CHAIR:

Senator Frantz.

SENATOR FRANTZ:

Through you, Mr. President.

Okay. I -- I'm interested to hear that, and I also would assume that as far as legislative intent is concerned, that you and the committee do not

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seek to have any additional inferred liability with this bill.

THE CHAIR:

Senator Gaffey:

SENATOR GAFFEY:

Through you, Mr. President.

No. Absolutely not. I can tell you that the CIAC, who are intimately working with coaches day in and day out and prepared training modules, they did not see this to be a problem in our discussions with them.

... But to answer your question directly, the answer is no, sir.

THE CHAIR:

Senator Frantz.

SENATOR FRANTZ:

Thank you.

Through you, Mr. President.

I knew that would be the answer. I just wanted to get it on the public record. And again, thank you, and congratulations for a great bill.

Thank you, Mr. President.

THE CHAIR:

Thank you, Senator.

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Will you remark further?

Senator LeBeau.

SENATOR LeBEAU:

Thank you, Mr. President.

I want to thank the authors of this bill, everybody that's spoken today, Senator Fasano, particularly Senator Gaffey for bringing this bill out today.

You know, we -- I think we all have a different reaction when we know somebody who's been involved in this, and I appreciated Senator Gaffey's own story of playing football himself.

I had a son who a couple of years ago was an all-state player. Probably wasn't as good as Tony Guglielmo, but he was pretty good, and he suffered literally a -- you know, what we said was one and a half concussions during the course of his career.

And as I said, he was an all-state player. He was good. But, you know, we need to err on the side of caution here. The long term results of this kind of traumatic brain injury can -- a loss of memory and reasoning, inability to think, possible loss of touch, taste and smell, language problems, communication problems, emotional problems, depression, anxiety,

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personality changes, aggression, these are all possible changes -- these are all possible things that can come from a concussion.

So this is really serious business, and I think, you know, when you're on a team and you're in a close game or you're in a close league and your record is seven and two and you're playing another team that's seven and two, there's a lot of pressure to play and to get your best players out on the field. It comes from the coach. It comes from the other kids. It comes to some degree from the parents.

And I think that this bit of caution that is being added and this bit of knowledge that the coaches will have -- I thank God that my coach, the coach for my kid, went to high school at East Catholic High School, knew about this and would -- and took a very strict line on concussions and brain injuries and made him sit down when he was dizzy.

He got knocked out, and then he had to sit out the game, and he had to see a doctor before he could come back in, and he had to be totally cleared.

So -- and that's when I first started learning about this. I mean, this can lead to Parkinson's

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Disease and other very serious ailments later in life.

I had a friend who was a boxer. It was Maxi Atwater. He was a light heavyweight, middleweight and light heavyweight from East Hartford. He was in this -- served on the democratic town committee, and he had concussions, multiple concussions, died of -- died of the effects of Parkinson's Disease a couple of years ago.

Very serious business, a very serious bill. I know that we're going to give our overwhelming support for this today, and I think it's wonderful that we are taking this proactive measure.

And again, my congratulations to the authors of this bill and to those who had the foresight to see -- of doing the right thing here and to the people and to the coaches themselves who brought this to the Education Committee.

Thank you, Mr. President.

THE CHAIR:

Thank you, Senator.

Will you remark further?

Senator Looney.

SENATOR LOONEY:

We do have, as was mentioned, a number of members

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of the Senate who were former football players at various levels, and it certainly is bipartisan.

Senator Fasano starred as -- played football at Yale, and we have Senator Crisco and Senator Guglielmo, who played for UConn. Senator Gaffey was a high school star. So we have those who are intimately familiar. Senator LeBeau's son was an all-state player.

So many of our members have had close either direct or close family experience in concern about both this -- playing sports and concern about athletes' safety.

What is reflected in this bill is part of a growing national movement. As Senator Gaffey said last year, the states of Washington and Oregon adopted this policy of when in doubt, sit out. It is a part of a growing discussion in many states around the country for the same reason that head injuries are now being recognized increasingly as -- as both significantly common and also having long-term effects.

We're hearing many reports now about former professional football players, veterans of many years in the National Football League who are now suffering

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severe neurological impairments that are similar to the kinds of impairments that have previously been associated with boxers. We're now hearing it increasingly regarding former professional football players.

But as Senator Gaffey said, this bill is certainly not limited to football, nor are head injuries limited only to football.

As Senator Meyer said, it can happen in baseball, it has happened him. It can happen in lacrosse. It can happen in soccer. It can happen to girls as well as to boys.

And the national statistics are quite striking, that concussions were the second most common injury among high school student athletes during the 2008-2009 school year, next to ankle sprains and strains, and it is something that is of growing concern. And statistics have shown alarmingly that about 40 percent of high school athletes that suffer concussions return to play before it is safe to do so, and that is a very, very dangerous fact.

So I also want to give great credit to our coaches, to the CIAC who recognizes this, who supported the possibility of legislation, that they

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were in the process of adopting it as part of their own internal rules and regulations but believe strongly that it would be preferable to have this concern reflected in statute to give it more weight, more urgency, more permanence, and that is what we move forward to do.

I want to thank Joel Rudikoff for his research on this and looking at the work in other states and helping to shape the bill. It is something I think that -- that we can be proud to do as a measure to protect our children, to protect those who are engaging in a variety of sports in the state, having great fun, but we know that sports, as Senator Fasano said, many active sports are collision sports, not just contact sports, and we need to do all we can to protect our children.

So I urge passage of the bill. And again, thanks to all who have worked on this in a bipartisan way.

Thank you, Mr. President.

THE CHAIR:

Thank you, Senator Looney.

Will you remark further?

Senator Williams.

SENATOR WILLIAMS: Senator Looney, Mr. President.

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This is an example of bipartisan cooperation to effect a change that will help preserve the safety of our young people as they grow and develop, as they participate in sports, as they push the limits of what they can and cannot do.

We are now providing a framework to ensure that in that process, they remain safe and that they are allowed to develop to their potential, without injury and with full health.

So I want to thank very much our majority leader, Senator Marty Looney, who has worked very, very hard on this, Senator Tom Gaffey, our tremendous chair of the Education Committee, Senator Len Fasano on the other side of Education Committee, all of the other senators in both political parties who have helped make this happen as they have reached out and listened to the experts as well as the young people themselves, the parents and the coaches.

Mr. President, this is a great example of taking a step forward where both sides have come together to make that happen.

Thank you, Mr. President.

THE CHAIR:

Thank you, Senator Williams.

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Will you remark further? Remark further?

If not, Mr. Clerk, please announce pendency of
a roll call vote.

I'm sorry, Senator Gaffey. No? Okay.

Mr. Clerk.

Senator Gaffey.

SENATOR GAFFEY:

Mr. President, if there's no objection, I
would motion for the bill to be placed on the
consent calendar, sir.

(Inaudible.)

We'll withdraw that motion, Mr. President.

THE CHAIR:

Thank you.

Mr. Clerk, please announce pendencies of a roll
call vote.

THE CLERK:

Roll call has been ordered in the Senate.

Will all senators please return to the chamber.

Immediate roll call has been ordered in the Senate.

Will all senators please return to the chamber.

THE CHAIR:

Senator Meyer. Senator Harris. Senator
Meyer.

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Have all members voted? Have all members
voted? Have all members voted?

If all members have voted, the machine will be
locked and the Clerk will announce the tally.

THE CLERK:

Motion on passage of Senate Bill 456.

Total Number Voting	34
Those Voting Yea	34
Those Voting Nay	0
Those Absent, Not Voting	2

THE CHAIR:

The bill passes.

Mr. Clerk.

THE CLERK:

Calendar page 2, Favorable Reports. Calendar
Number 53, File Number 28, substitute for Senate
Bill 141, AN ACT REQUIRING DISCLOSURE OF ASSETS IN
GROUP LONG-TERM DISABILITY INSURANCE POLICIES,
Favorable Report of the Committee on Insurance.

THE CHAIR:

Senator Looney.

SENATOR LOONEY:

Yes, Mr. President, thank you.

Mr. President, if that item might be passed,

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Seeing no objections, so ordered sir.

SENATOR LOONEY:

Thank you, Mr. President.

Mr. President, would also move that all items on Senate Agendas Number 2 and 3 be placed immediately on our Calendar.

THE CHAIR:

Motion to move all items on Senate Agenda Number 2 and 3 on our Calendar.

Seeing no objection, so ordered.

SENATOR LOONEY:

Yes thank you, Mr. President.

Mr. President, on Senate Agenda Number 3 under Disagreeing Actions, would move that Substitute Senate Bill 456 be placed on the Consent Calendar.

THE CHAIR:

There is a motion on the floor under Disagreeing Actions to move 456 on the Consent Calendar.

Seeing no objection, so ordered.

SENATOR LOONEY:

Thank you, Mr. President.

Mr. President, a couple of changes in -- in markings for items I believe that earlier there was a -- an item incorrectly marked for consent on calendar page 13,

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THE CLERK:

Roll call -- roll call vote has been ordered in the Senate on the Consent Calendar. Will all senators please return to the chamber? Roll call vote has been ordered in the Senate on the Consent Calendar. Will all senators please return to the chamber? And pay particular close attention to the call of those items placed on the Consent Calendar.

Starting with Senate Agenda Number 3, Substitute for Senate Bill 456; calendar page 2, Calendar 143, Substitute for Senate Bill 393; calendar page 12, Calendar 462, Substitute for Senate Bill 5404; calendar page 13, Calendar 475, House Bill 5402; calendar page 14, Calendar 479, Substitute for House Bill 5028; Calendar 480, Substitute for House Bill 5372; calendar page 23, Calendar Number 541, House Bill 5241; calendar page 25, Calendar 35, Senate Bill 12; calendar page 27, Calendar 106, Substitute for Senate Bill 318; Calendar 122, Substitute for Senate Bill 319; calendar page 29, Calendar 169, Substitute for Senate Bill 108; Calendar 170, Substitute for Senate Bill 109; calendar page 30, Calendar 195, Substitute for Senate Bill 414; calendar page 31, Calendar 206, Substitute for Senate Bill 382;

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calendar page 32, Calendar 218, Substitute for Senate Bill 302; Calendar 223, Substitute for Senate Bill 380; Calendar 230, Senate Bill 283; calendar page 33, Calendar 235, Substitute for Senate Bill 216; calendar page 34, Calendar 258, Substitute for Senate Bill 274; calendar page 35, Calendar 316, Substitute for Senate Bill 278; calendar page 36, Calendar 318, Substitute for Senate Bill 418 and calendar page 40, Calendar 546, Senate Resolution Number 17.

Mr. President, I believe that completes the items placed on the Consent Calendar.

THE CHAIR:

The machine is open on the Consent Calendar.

THE CLERK:

The Senate is voting by roll call on the Consent Calendar. Will all senators please return to the chamber? The Senate is voting by roll on the Consent Calendar. Will all senators please return to the chamber?

THE CHAIR:

Senators please check the board to make certain that your vote is properly recorded. If all Senators have voted and all Senators votes are properly recorded, the machine will be locked

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and the Clerk may take a tally.

THE CLERK:

Motion is on passage of Consent Calendar

Number 1.

Total Number Voting	35
Those Voting Yea	35
Those Voting Nay	0
Those Absent, Not Voting	1

THE CHAIR:

Consent Calendar 1 is adopted.

Senator Looney.

SENATOR LOONEY:

Yes thank you, Mr. President.

Mr. President, I would yield the floor to any members for announcements or points of personal privilege.

THE CHAIR:

Are there announcements or points of personal privilege? Are there announcements or points of personal privilege?

Seeing none, Senator Looney.

SENATOR LOONEY:

Thank you, Mr. President.

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THE CLERK:

On Page 22, Calendar 424, Substitute for Senate Bill Number 456, AN ACT CONCERNING STUDENT ATHLETES AND CONCUSSIONS, favorable report of the Committee on Public Health.

DEPUTY SPEAKER ORANGE:

Representative Conway.

REP. CONWAY (61st):

Thank you, Madam Speaker. Madam Speaker, I move for acceptance of the joint committee's favorable report and passage of the bill.

DEPUTY SPEAKER ORANGE:

The question is acceptance of the joint committee's favorable report and passage of the bill.

Will you remark? Representative Conway.

REP. CONWAY (61st):

Thank you, Madam Speaker. This Bill requires anyone who has a coaching permit issued by the State Board of Education allowing him or her to coach intramural or interscholastic athletics, to be periodically trained in how to recognize and respond to head injuries and concussions.

It also requires such a coach take a student

athlete out of any interscholastic or intramural games or practice if the coach knows or suspects the athlete had suffered a concussion or head injury. The coach must keep the athlete out of the game or practice for at least 24 hours and until the athlete has received clearance from a licensed medical professional to return to participation.

The State Board of Education must develop or approve initial and refresher concussion training courses and annual review materials in consultation with the governing authority for intramural and interscholastic athletics, which is the Connecticut Interscholastic Athletic Conference, CIAC, and two organizations representing licensed athletic trainers and county medical associations.

The State Board of Education must also develop and approve the initial course by July 1, 2010, the review of materials annually by July 1, 2011, and the refresher course by January 1, 2014.

It would also allow the State Board of Education to revoke any coaching permit if such course work was not completed within the timeframe.

Madam Speaker, the Clerk has an amendment, LCO 3774 previously designed Senate "A". I would ask

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the Clerk to please call the amendment and that I be granted leave of the Chamber to summarize.

DEPUTY SPEAKER ORANGE:

The Clerk is in possession of LCO Number 3774 designated Senate Amendment "A."

THE CLERK:

LCO Number 3774, Senate "A" offered by Senators Looney, Gaffey and Fasano.

DEPUTY SPEAKER ORANGE:

The Representative seeks leave of the Chamber to summarize. Without objection, Representative Conway.

REP. CONWAY (61st):

Thank you, Madam Speaker. 3774 requires the SB to prepare or approve the annual review materials on concussions and head injuries by July 1, 2011 rather than January 1, 2011 and requires it to do so annually.

Two, it allows a coach to let an athlete who shows symptoms of a concussion return to a game or practice if the coach reasonably believes or has prior information that the undiagnosed symptoms are caused by something other, some other physical condition or illness as opposed to a concussion,

and requires the State Board of Education to consider that a coach has met the bill's initial training requirement if a) the coach takes a CIAC course on concussions on or before, on or after January 1, 2010 and before SBE approves the initial training course and SBE determines the two courses are substantially similar.

The effective date of the training requirements of July 1, 2010 for the requirement to remove students from games or practices for at least 24 hours, and until they receive medical clearance.

I move for adoption.

DEPUTY SPEAKER ORANGE:

The question before the Chamber is adoption of Senate Amendment "A." Will you remark further on the amendment?

Will you remark further on the amendment?

Representative Klarides.

REP. KLARIDES (114th):

Thank you, Madam Speaker. Through you, a question to the proponent.

DEPUTY SPEAKER ORANGE:

Please proceed, ma'am.

REP. KLARIDES (114th):

Thank you, Madam Speaker. I'm just confused on this amendment. I know that it adds coaches to the group of people who can allow a player to go back in the game.

Is that true? Through you.

DEPUTY SPEAKER ORANGE:

Representative Conway.

REP. CONWAY (61st):

Through you, Madam Speaker, yes, in the event they have knowledge that the conditions being exhibited are caused by something other than a concussion.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Klarides.

REP. KLARIDES (114th):

Thank you, Madam Speaker, and through you, what gives the coach the knowledge and ability to make that determination? Through you.

DEPUTY SPEAKER ORANGE:

Representative Conway.

REP. CONWAY (61st):

Through you, Madam Speaker, the approved

training course that all coaches will be required to complete as part of their coaching permit. Within those training modules they are taught what symptoms to be observed that are related to head injuries and concussions and if those same symptoms that may be the result of other illnesses appear that they have knowledge that this individual exhibits those particular behaviors, even when no concussion has occurred. Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Klarides.

REP. KLARIDES (114th):

Thank you, Madam Speaker, and through you, the training that the coaches will be going through, is that similar to an athletic trainer training or is it an abbreviated training to make them familiar with concussion symptoms et cetera. Through you.

DEPUTY SPEAKER ORANGE:

Representative Conway.

REP. CONWAY (61st):

Through you, Madam Speaker, it would be an abbreviated course that the coaches receive. It's an initial course and then refresher training

annually thereafter that would make them aware of the symptoms when the injury does occur, and to, we're really guiding them to remove the player from the game for that 24-hour period of time when an impact injury has occurred, and the determination to be made by a physician before he is returned.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Klarides.

REP. KLARIDES (114th):

Thank you, Madam Speaker. Well, I'm just a little confused from the proponent's initial explanation of it.

I thought this allowed the coach to let the player come back in, was it before the 24-hour period was over?

Through you.

DEPUTY SPEAKER ORANGE:

Representative Conway.

REP. CONWAY (61st):

Through you, Madam Speaker, only in the event that the coach is aware that these symptoms were not caused by a concussion, rather another type illness that the player is experiencing.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Klarides.

REP. KLARIDES (114th):

Thank you, Madam Speaker, and I understand that, I understand the purpose of this of course, and the fact that the coach will have this abbreviated training.

I guess my concern is that with all of this, the symptoms and conditions that might present for a concussion that may be something else. I have a little bit of trouble allowing somebody who's only had abbreviated training make that determination.

If it were a doctor or a nurse or an athletic trainer or somebody who's actually trained in that, I would feel more comfortable with it, and I understand a coach can't go through the same training because that's not their job.

But I just have serious concerns about allowing somebody who's had that abbreviated training make that determination. I mean, for example, somebody could be vomiting and that's certainly a symptom of a concussion, but it may not be and I still don't understand how a coach with

the abbreviated training can make that determination.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Conway.

REP. CONWAY (61st):

Through you, Madam Speaker, I can very much understand the good Representative's comments. The coach making this decision has knowledge that if it was vomiting that the individual may have come to him before practice and said coach, I had something bad to eat for lunch. I've gotten sick earlier today. I'm not feeling too well but I want to play, that he be allowed to play because it's not a condition related to the concussion, simply that he had something bad to eat for lunch.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Klarides.

REP. KLARIDES (114th)

Thank you, Madam Speaker, and certainly that example seems to be very black and white, because if somebody had no head injury or no impact whatsoever and they're feeling nauseous or vomiting

I would imagine they may have the flu or something. You know, you can't go from point a to point b with no causal connection.

I guess I just, there's a whole host of symptoms that you can have when you have a concussion. It could be, you know, the vomiting you mentioned, dizziness, sensitivity, the light, balance problems, any one of a number of things.

And I support this bill. I support this concept strongly. I just have a problem with somebody, whether it's a coach or anybody else who has only had abbreviated training as we've already clarified in this debate, saying well, that's not really a concussion.

I mean, I guess to me the only clear answer would be if there was any contact whatsoever this kid had had. We know that just to get, to have a concussion you don't have to have had contact at this moment within 15 minutes you have a concussion.

So I just, I have a lot of concerns with this amendment, although I fully support the underlying bill.

Thank you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Thank you, ma'am. Will you care to remark further? Will you care to remark further? Representative Green.

REP. GREEN (1st):

Thank you, Madam Speaker. The previous, my previous colleague actually asked the kinds of questions and raised the concerns that I have.

I actually support the concept. What surprised me was this amendment that seems to allow the coach to be able to put an athlete back in the game based on their assessment.

What I'm worried about with this amendment is that regardless of the training to identify whether or not an athlete has a concussion, the coach now has to determine that whatever those symptoms are is not related to a concussion.

We're actually asking them to make more medical decisions than less medical decisions because now they have to rule out all the other possibilities that it could be.

So, I thought the bill was stronger in its original form. I think that the concept here, and I believe I'm going to have difficulty voting for

this amendment. I believe that if there's any signs that an athlete had a concussion, they're out for the rest of the game. No one makes the decision to put them back in. I don't care what their training is. They're out of that game.

Thank you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Thank you, Representative Green. Will you care to remark further on the amendment? Will you care to remark further on the amendment?

Representative Perillo.

REP. PERILLO (113th):

Madam Speaker, thank you very much. If I could, a few questions through you to the proponent of the bill.

DEPUTY SPEAKER ORANGE:

Please proceed, sir.

REP. PERILLO (113th):

Through you, Madam Speaker, what consideration has been given to any liability a coach may assume in this situation, or quite frankly, the school system may assume in this situation if we are asking that the coach make a determination whether or not the student is able to go back into the game.

and participate after having previously determined to perhaps have a concussion.

Should we be concerned about liability for the coaches that we haven't considered? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Conway.

REP. CONWAY (61st):

Through you, Madam Speaker, that's a great question from the Representative. No, the determination to return to the game, once it's determined that there's been an impact that a concussion may have occurred, that that determination to return is one not for 24 hours. The coach doesn't have the option to put him back in at that moment.

And two, only after receiving that determination to return to practice and/or a game by a licensed physician.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Perillo.

REP. PERILLO (113th):

Thank you, Madam Speaker. So just to clarify.

What I thought I heard the gentleman say is that the coach would have to have some other sort of sign off from a medical professional in order to make the determination to put the player back into the game or to put the player back into any sort of competitive atmosphere whether it be practice or games or otherwise?

So there's a second opinion required here?

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Conway.

REP. CONWAY (61st):

Thank you, Madam Speaker. Could the good Representative repeat the question?

DEPUTY SPEAKER ORANGE:

Representative Perillo, do you mind?

REP. PERILLO (113th):

Not at all, thank you, Madam Speaker. The question is, what I thought I heard the gentleman say is that the coach would require some sort of second opinion from a medical professional in order to determine whether or not a student should resume playing.

Is that indeed the case, because I don't see

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that in the language?

DEPUTY SPEAKER ORANGE:

Representative Conway.

REP. CONWAY (61st):

Through you, Madam Speaker, yes.

DEPUTY SPEAKER ORANGE:

Representative Perillo.

REP. PERILLO (113th):

At the risk of missing the boat entirely,
could the gentleman refer me to the section in the
bill that says that. I respectfully don't see it.

Through you, Madam Speaker.

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DEPUTY SPEAKER ORANGE:

Representative Conway.

REP. CONWAY (61st):

Could I just ask the Speaker for a moment
while I find the section for the good
Representative?

DEPUTY SPEAKER ORANGE:

Certainly, sir.

REP. CONWAY (61st):

Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Conway.

REP. CONWAY (61st):

In Lines 72 through 76 of the underlying bill, the coach shall not permit student athletes to participate in any supervised game activities involving physical exertion until such student athlete receives written clearance to participate in such supervised game activities involving physical exertion from a licensed health care professional trained in the evaluation and management of concussions.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Perillo.

REP. PERILLO (113th):

Thank you, Madam Speaker. I thank the gentleman for his answer. I'm wondering, though, if that is inconsistent with the amendment before us, and I would refer the gentleman to Lines 8 through 10 in the amendment where it refers to that.

And it says unless such coach reasonably believes that such signs, symptoms or behaviors are the result of an illness or physical condition other than a concussion.

It would seem that the amendment is inconsistent with what the gentleman just referred to in the bill. Could there be a clarification, through you, Madam Speaker. Could the gentleman clarify?

(Deputy Speaker O'Rourke in the Chair.)

DEPUTY SPEAKER O'ROURKE:

Representative Conway.

REP. CONWAY (61st):

Through you, Mr. Speaker, yes. In the event that the coach has knowledge and believes that the symptoms that are being exhibited were not the result of an impact, the player may not have even been involved in an impact on the field for anything to have occurred, but is exhibiting symptoms that are like those of a concussion that the coach does have prior knowledge, whether from a player, from a parent, that these symptoms have been deemed, been exhibited with this individual athlete that he then be allowed to return to the game if the player felt he could return but it not be attributed to an actual concussion.

Through you, Mr. Speaker.

DEPUTY SPEAKER O'ROURKE:

Representative Perillo.

REP. PERILLO (113th):

Mr. Speaker, thank you very much, and I thank the gentleman for the answer.

If I could ask a question. Is it feasible, through you, Mr. Speaker, that a player could be involved in an impact leading to a concussion and that the coach would not know about it? Through you, Mr. Speaker.

DEPUTY SPEAKER O'ROURKE:

Representative Conway.

REP. CONWAY (61st):

Well, the coach on the sidelines, you're watching all players at all times. You have other coaches doing the same. You have, you know, many people within the area that are continuously watching the game, and again, what we're trying to do here, and I think the Representative understands, is, you know, if in doubt, you know, keep him out, to not let him return to the game.

But in specific to Lines 8 through 10, if the coach had prior knowledge conditions are that the

athlete has been exhibiting these conditions, maybe even prior to the game starting, that knowing that they're not attributed to those of a concussion, that the student athlete still be allowed to play in that game.

But it's a, and through the training as well, it is going to be stressed that any impact, fight, injury to the brain, that that individual be treated as if it was a concussion and is kept out of the game again until a licensed practitioner, medical practitioner has approved him to return to play.

Through you, Mr. Speaker.

DEPUTY SPEAKER O'ROURKE:

Representative Perillo.

REP. PERILLO (113th):

Mr. Speaker, thank you very much. Another question, through you, and that answer concerns me greatly, but I'll get there. Through you, Mr. Speaker, how long, and I'm not having listened to the testimony, how long do we expect perhaps that this class would be and to what level of detail would the coaches learn about concussions, signs and symptoms, et cetera.

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DEPUTY SPEAKER O'ROURKE:

Representative Conway.

REP. CONWAY (61st):

The classes and the annual refresher training will be approximately three hours long.

Through you, Mr. Speaker.

DEPUTY SPEAKER O'ROURKE:

Representative Perillo.

REP. PERILLO (113th):

Wow. Just three hours. Okay. My concerns are many. We are now essentially giving a coach just enough information to be dangerous. We are giving a coach just a little bit about a concussion. We're telling him about the signs and the symptoms in brief, in three hours, and then we're turning that coach loose and we're allowing that coach to make a decision whether or not to take the student out of the game, which is scary in and of itself.

And then b, whether or not to put that student back in the game, if indeed the coach believes that the signs and symptoms and presentation of the patient are not consistent with the concussion.

I am concerned a, about the liability that

this coach bears in making those decisions.

B, the liability the school system accepts in having offered just a little bit of training but perhaps not enough to adequately inform the coach about the right thing or the wrong thing to do.

And next, regardless of the liability legally, the fact that we're going to allow a barely trained individual, barely trained, to then make a decision whether or not a student should play or not play following a previously indicated symptoms and signs of a concussion.

We're allowing someone to make that call, and put a student out on the field, whether it be football, or lacrosse or hockey, any contact sport, you name it.

We're allowing that coach to put that student out on the field and say, hey, I think you're okay.

Well, I don't think that's okay. I think we are endangering students by offering just a little bit of information. I think we are putting coaches and school systems at tremendous legal risk in doing so. This is not a decision to be made to coaches. This is a decision to be made to licensed medical professionals, and arguably, in offering a

little bit of information we're actually making the decision worse, because we're now telling coaches, you are qualified to make this decision. You are able to decide when a student has a concussion or doesn't, or whether those symptoms are serious or not.

We're giving a coach the license to make that decision and just a little bit of info to empower them to make what could be disastrous decisions for the physical health of students, and that is a real problem.

I'm sure there is a reason behind this amendment. I'm sure this makes sense in some way, shape or form. I don't see it. I don't see it. And I have further comments on the underlying bill itself, but I'll leave those comments alone on the amendment, and I would strongly urge the Chamber to vote no on the amendment before us.

It is a very, very dangerous situation for students and coaches and school systems. Thank you, Mr. Speaker.

DEPUTY SPEAKER O'ROURKE:

Thank you, Representative. Will you remark on Senate "A"? DEPUTY SPEAKER O'ROURKE:

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Representative Guerrero.

REP. GUERRERA (29th):

Thank you, Mr. Speaker. Mr. Speaker, just a few comments to the proponent of the amendment.

DEPUTY SPEAKER O'ROURKE:

Please proceed.

REP. GUERRERA (29th):

Through you, Mr. Speaker, can you just tell me again how many hours the coach would have to go through the training process on this?

REP. CONWAY (61st):

Through you, Mr. Speaker, three hours for the training and then annually thereafter three hours as well.

Through you, Mr. Speaker.

DEPUTY SPEAKER O'ROURKE:

Representative Guerrero.

REP. GUERRERA (29th):

Thank you, Mr. Speaker. And to my good colleague there, who I know coaches lacrosse and we've talked about it many times.

I do have some concerns, not with the bill so much, but with this amendment, and as an individual that's coached young children in football and has

played lacrosse and seen kids play lacrosse, that is the concern that I have.

Because whether you're 10 years old or 16 years old, and when you're playing in a game that is on the line and a student should get hurt, and that student comes off that field and we're giving this coach the authority to say, you know, even though you're wobbling off the field a little bit because you just got whacked in the head, I still think you should go back in there. We've got two minutes left in this game, go ahead and do it for the team.

That's what happens at these games, ladies and gentlemen. And this is what we're doing. We're giving the authority for a coach to do this. It's a fine line. That's why we have EMTs on the sideline. Any child that should have any symptoms of a concussion should not even be near there. Shouldn't be within that field within 24 to 48 hours.

And I think that we really should think hard before we pass this amendment. Although my colleague, Representative Conway has worked very hard on this and I appreciate it, and we're both,

you know, like I said athletes when we played lacrosse. I think we've been through this.

And I'm not saying that goes for every coach, but there are circumstances out there that this does happen, and that concerns me, because I'm concerned about those children out there that ultimately may end up with a concussion, might end up maybe more seriously because they went back in that game.

So based upon that, Mr. Speaker, I cannot vote for this amendment. Thank you.

DEPUTY SPEAKER O'ROURKE:

Thank you, Representative. Will you remark on Senate Amendment "A?"

Representative Alberts of the 50th.

REP. ALBERTS (50th):

Thank you, Mr. Speaker, if I may, a question to the proponent of the amendment.

DEPUTY SPEAKER O'ROURKE:

Please proceed.

REP. ALBERTS (50th):

Thank you, Mr. Speaker. I'm having a problem reconciling the fiscal note to the amendment. As I understand in the amendment, Lines 16 through 26

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references the initial training course, which I understand to be a very comprehensive course. Is this the three-hour course that's been referenced? Through you, Mr. Speaker.

DEPUTY SPEAKER O'ROURKE:

Representative Conway.

REP. CONWAY (61st):

Through you, Mr. Speaker, yes.

DEPUTY SPEAKER O'ROURKE:

Representative Alberts.

REP. ALBERTS (50th):

Thank you. Thank you, Mr. Speaker. And is the reason why the fiscal note says there's no cost to this because this would be another item that would be included in that three-hour program? Through you, Mr. Speaker.

DEPUTY SPEAKER O'ROURKE:

Representative Conway.

REP. CONWAY (61st):

Through you, Mr. Speaker, no, it would be exclusive to the three hours. Every coach, once you receive your permit, has to go through 15 hours of annual refresher training over a five-year period of time, normally broken out into three hours a

year or three hours for each training course.

So this would be an independent three-hour course in and of itself on head injuries and how to recognize them and how to treat them and the proper authorities to contact before return to play.

It's very specific that a coach is not making a decision to put a player back into the game who has just experienced a head injury.

A coach is making a decision to put a player back to the game, only when that coach is very much aware that these symptoms are attributed to another illness in which no injury on the field has occurred.

Not where we have an impact play, a player is coming off with possible symptoms of a concussion and we're then returning him to play.

And as a reminder, today there are no protections for these athletes, none whatsoever. So what this amendment does offer is that a coach who has prior knowledge of these symptoms and what they're related to, to be able to put the player in the game but that we need to know that today no protections are offered whatsoever.

Through you, Mr. Speaker.

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DEPUTY SPEAKER O'ROURKE:

Representative Alberts.

REP. ALBERTS (50th):

Thank you, Mr. Speaker, I thank the gentleman for his response. I share the concern that many folks on both sides of the aisle have expressed about Lines 8 through 10 in particular, and about the potential that someone may be placed back into a game that should not be back into the competition, and for that reason, Mr. Speaker, I ask that when the vote be taken it be taken by roll call.

DEPUTY SPEAKER O'ROURKE:

Motion has been made that when the vote is taken it be taken by roll call. All those in favor of a Roll Call Vote signify by saying aye.

REPRESENTATIVES:

Aye.

DEPUTY SPEAKER O'ROURKE:

In the Chair's opinion, the 20 percent has been met. The vote will be taken by roll call.

Will you remark on Senate "A"? Will you remark? Representative Gentile.

REP. GENTILE (104th):

Thank you. I share many of the concerns that my colleagues have mentioned here today, but I do have a couple of questions to the proponent. May I ask those please, through you?

DEPUTY SPEAKER O'ROURKE:

Please proceed, madam.

REP. GENTILE (104th):

With regard to the training, who pays for the training?

DEPUTY SPEAKER O'ROURKE:

Representative Conway.

REP. CONWAY (61st):

Through you, Mr. Speaker, at this time, CIAC has provided the annual refresher training for coaches.

Through you, Mr. Speaker.

DEPUTY SPEAKER O'ROURKE:

Representative Gentile.

REP. GENTILE (104th):

Thank you, Mr. Speaker. And lastly, I also would like to know. Does this, would this apply to volunteer coaches? I know that there are a number of high school teams and grammar school teams that have a number of volunteers. Would it also apply

to them?

DEPUTY SPEAKER O'ROURKE:

Through you, Mr. Speaker, yes. All coaches, whether volunteer or paid, must hold a coaching permit. As part of that coaching permit today, they must complete the 15 hours of CEUs over a five-year period of time to maintain that permit. Through you, Mr. Speaker.

REP. GENTILE (104th):

Thank you, Mr. Speaker.

DEPUTY SPEAKER O'ROURKE:

Thank you, Representative... Will you remark on Senate Amendment "A?" Representative Fleischmann. Representative Fleischmann is not here. We will go to, the Chair recognizes Representative Olson.

REP. OLSON (46th):

Good afternoon, Mr. Speaker. I rise to move this item, I rise to move that we pass this item temporarily.

DEPUTY SPEAKER O'ROURKE:

The motion is to pass temporarily. If there's no objection, the item is passed temporarily.

Mr. Clerk, please call Calendar 426.

THE CLERK:

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GENERAL ASSEMBLY
HOUSE**

**PROCEEDINGS
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Necessary for passage	74
Those voting Yea	147
Those voting Nay	0
Those absent and not voting	4

DEPUTY SPEAKER O'ROURKE:

The bill is passed.

Mr. Clerk please call Calendar 424.

THE CLERK:

On page 22, Calendar 424, Substitute for Senate Bill Number 456, AN ACT CONCERNING STUDENT ATHLETES AND CONCUSSIONS, favorable report by the Committee on Public Health.

DEPUTY SPEAKER O'ROURKE:

Representative Conway.

REP. CONWAY (61st):

Thank you, Mr. Speaker.

Mr. Speaker, I stood here earlier, we brought out this bill and through -- through many voices in this Chamber --

Mr. Speaker, I move the -- for acceptance of the joint committee's favorable report and passage of the bill.

DEPUTY SPEAKER O'ROURKE:

Motion is on acceptance of the joint

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committee's favorable report and passage of the bill.

Will you remark, sir?

REP. CONWAY (61st):

Yes, Mr. Speaker. Thank you, Mr. Speaker.

As I started to say we brought out this bill earlier today and heard loud and clear from members of the Chamber who had specific issues with certain parts of the amendment to this bill and we have now come to agreement through the -- the help of many colleagues in this -- in this Chamber, especially Representative Klarides, Representative Perillo, with Senator Looney, Senator Gaffey, Senator Fasano and, of course, the chair of our Education Committee and great help to this was Representative Fleischmann.

And Mr. Speaker, the Clerk has amendment LCO 5 -- excuse me 3774, previously described, designated as Senate "A," I would ask the Clerk to please call the amendment and that I be granted leave of the Chamber to summarize.

DEPUTY SPEAKER O'ROURKE:

Mr. Clerk, please call LCO 3774, designated Senate Amendment "A."

THE CLERK:

LCO Number 3774, Senate "A," offered by

Senator Looney et al.

DEPUTY SPEAKER O'ROURKE:

The gentleman has asked to leave to summarize.
Please proceed, Representative Conway.

REP. CONWAY (61st):

Thank you, Mr. Speaker.

Mr. Speaker, there is a section in this amendment that we heard earlier that members objected to and with great foresight on their part, I would ask -- well we have made some -- some changes in -- in language in addition to this in a -- another amendment. I would ask that we move for rejection on Senate "A."

DEPUTY SPEAKER O'ROURKE:

The motion is to reject Senate Amendment "A."

Will you remark? Will you remark on the rejection of Senate Amendment "A?"

If not, I'll try your minds and I vote -- is to reject Senate "A."

All those in favor of rejection, signify by saying aye.

REPRESENTATIVES:

Aye.

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DEPUTY SPEAKER O'ROURKE:

Those opposed nay.

The ayes have it. Senate "A" is rejected.

Representative Conway.

REP. CONWAY (61st):

Thank you, Mr. Speaker.

Mr. Speaker, the Clerk has an amendment, LCO
5319: I would ask the Clerk to please call the
amendment and that I be granted leave of the
Chamber to summarize.

DEPUTY SPEAKER O'ROURKE:

Mr. Clerk please call LCO 5191 --

REP. CONWAY (61st):

5319.

DEPUTY SPEAKER O'ROURKE:

Excuse me -- just a minute Representative.
Just stand at ease for a moment.

Mr. Clerk, as it turns out please call LCO
Number 5319, designated House Amendment "A."

THE CLERK:

LCO 5319, House "A," offered by
Representatives Fleischmann, Klarides, Conway, et
al.

DEPUTY SPEAKER O'ROURKE:

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I believe that Representative Conway had asked permission to summarize.

Representative Conway, when you're prepared please proceed.

REP. CONWAY (61st):

Thank you, Mr. Speaker.

We have noticed an error in the LCO called of 5319. We ask that it please be withdrawn and that the Clerk is in possession of 5322.

DEPUTY SPEAKER O'ROURKE:

Please stand at ease for a minute, Representative Conway, while we --

Motion is to withdraw LCO 5319 previously designated House Amendment "A." Without objection, LCO 5319 is withdrawn.

Representative Conway, do you have an amendment you'd like to call?

REP. CONWAY (61st):

Yes, Mr. Speaker.

The Clerk has an amendment, LCO 5322. I would ask the Clerk to please call the amendment and that I be granted leave of the Chamber of summarize.

DEPUTY SPEAKER O'ROURKE:

Mr. Clerk, please call LCO 5322 and designate

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it House Amendment "B."

THE CLERK:

LCO Number 5322, House "B," offered by
Representatives Fleischmann, Klarides, Conway, et
al.

DEPUTY SPEAKER O'ROURKE:

The gentleman has asked leave of the Chamber
to summarize.

Representative Conway, please proceed.

REP. CONWAY (61st):

Thank you, Mr. Speaker.

...This amendment, Mr. Speaker, greatly clarifies
discrepancies we heard with regards to the last
amendment and when a coach can make a decision to
return a player to the game. Mr. Speaker, it
clarifies it in that if the -- if it is absorbed or
the athlete exhibits signs, symptoms or behaviors
consistent with a concussion following an observed
or suspected blow to the head or body, is diagnosed
with a concussion regardless of when that
concussion occurred, that he be immediately removed
from the game and from participating in any
intramural or interscholastic activity and may only
return to that activity once he has been evaluated

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and it has been determined by a licensed trained professional in evaluation and management of concussions should the athlete be able to return.

Through you, Mr. Speaker.

Mr. Speaker, I move adoption.

DEPUTY SPEAKER O'ROURKE:

Motion is on adoption.

Will you remark? Will you remark on House -- adoption of House Amendment "B?"

If not, I'll try your minds.

All those in favor of adoption of House Amendment

"B," signify by saying aye.

REPRESENTATIVES:

Aye.

THE CHAIR:

Those opposed nay.

The ayes have it. House Amendment "B" is adopted.

Will you remark on the bill as amended?

Representative Giegler.

REP. GIEGLER (138th):

Thank you, Mr. Speaker.

I rise in strong -- strong support of the amend -- of the bill before us as amended. These

brain injuries are very serious. There were 400,000 brain injury concussions that occurred in our high school athletes in 2008/2009. Fifty percent of those were second impact incidents where brain injury could, if not recovered, could cause death.

We see these in soccer, basketball, football but also that's not really mentioned too often is skiing for those kids that serve on the college ski teams, high school ski teams. Even though they wear helmets when they fall and the helmets are cracked, the helmets are no longer good and can cause injury.

I'm very well aware of some of the injury. I had a nephew that had a skiing accident and it's been two years for him and he's still seeing repercussions of his injury because it wasn't treated correctly. We only have 42 percent of our high schools have athletic trainers and 62 percent of organized sports injuries occur during practices so to have someone review whether someone is able to return to the sport is crucial. We have to protect our students. It takes longer for a high school student to recuperate than it does for an

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adult.

So I urge your support. Thank you.

DEPUTY SPEAKER O'ROURKE:

Thank you, Representative Giegler.

Will you remark on the bill as amended?

Representative Klarides.

REP. KLARIDES (114th):

Thank you, Mr. Speaker.

Mr. Speaker, I rise in support of this bill.

I certainly agree with my ranking member from Danbury. The intent of this bill to begin with was to safeguard and protect children from traumatic brain injury and I am very proud and honored to have worked with Representative Conway and Representative Fleischmann and the powers that be in the Senate to make sure that the language in this bill was exactly what we intended in the first place.

Thank you.

DEPUTY SPEAKER O'ROURKE:

Thank you, Representative Klarides.

Representative Dargan of the 115th.

REP. DARGAN (115th):

Thank you, Mr. Speaker.

Although this amendment does clarify some of the language, I think where we really missed on this was this issue. You talk to a number of athletic directors around the state and a number of people that have coached in this room and this really just impacts students within our school system. It really does not address the issue which I think is more important because there's more athletes that play in our youth leagues within our state and, within this specific bill, it does not address that issue of coaches that coach within our youth leagues.

And if you look at our state and our CIAC and the amount of schools that play organized sports, there are many more students or athletes on the youth level that actually play and that is my concern. I think that's something that we need to look at in the future. This really just addresses again the issue within our school systems and the CIAC. It does not address our youth sports leagues I think which are very important that we should look at to address in the future.

Thank you very much.

DEPUTY SPEAKER O'ROURKE:

Thank you, Representative Dargan.

Will you remark?

Representative Hetherington.

REP. HETHERINGTON (125th):

Thank you, Mr. Speaker.

Question to the proponent. With this amendment what discretion is reserved to the coach with respect to whether or not to allow a student exhibiting symptoms to return to the game?

Through you, Mr. Speaker.

DEPUTY SPEAKER O'ROURKE:

Representative Conway.

REP. CONWAY (61st):

Through you, Mr. Speaker, there is no discretion with the coach. The discretion now lies with a professional trained athletic trainer and/or physician.

Through you, Mr. Speaker.

DEPUTY SPEAKER O'ROURKE:

Representative Hetherington.

REP. HETHERINGTON (125th):

So, Mr. Speaker, through you, if the student exhibits these symptoms, it is not within the discretion of a coach to decide that there's no

reasonable basis for believing it's a concussion and to send or to allow the student to go back in the game. Is that correct?

Through you, Mr. Speaker.

DEPUTY SPEAKER O'ROURKE:

Representative Conway.

REP. CONWAY (61st):

If those conditions were exhibited following an observed or suspected blow to the head or body during the event being played.

Through you, Mr. Speaker.

DEPUTY SPEAKER O'ROURKE:

Representative Hetherington.

REP. HETHERINGTON (125th):

Thank you, Mr. Speaker.

And thank -- I thank the proponent. I think this is a very positive development. I think it really was unfair to expect a coach, even with some training, to make that decision. I think one in terms of viability but just in terms of personal responsibility I don't know how a coach would feel who sent a player back into a game who is thereafter subject to terrible consequences.

I have some personal interest in this as my

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daughter, who was a fairly accomplished athlete in hockey, in spite of the appearance of her father, she really was a pretty good athlete, and so I -- I really think this is a very positive development. I thank the proponent.

Thank you, Mr. Speaker.

DEPUTY SPEAKER O'ROURKE:

Thank you, Representative Hetherington.

Representative Aresimowicz.

REP. ARESIMOWICZ (30th):

Thank you, Mr. Speaker.

I rise in support of this bill also. I think there's three of us that are certified coaches in the room and I just recently went through the CIAC training which is important to note. It's actually 45 hours that's required of coaches in the State of Connecticut to go through so it's no light course and there's extensive, extensive medical coverage throughout that and they've added in this whole section on concussions.

The first classes for this bill have already been planned for. I think they're starting this month around the state, the coaches are going. So we're taking it seriously and as a football coach I

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take it seriously.

I do have a couple of questions for the
proponent of this bill, Mr. Speaker.

DEPUTY SPEAKER O'ROURKE:

Please proceed.

REP. ARESIMOWICZ (30th):

Mr. Speaker, through you to the proponent, is
the appeal procedure the same for all other
certifications offered through the State Board of
Education?

DEPUTY SPEAKER O'ROURKE:

Representative Conway.

REP. CONWAY (61st):

Through you, Mr. Speaker, yes.

DEPUTY SPEAKER O'ROURKE:

Representative Aresimowicz.

REP. ARESIMOWICZ (30th):

So if the State Board was to decide that I
violated this bill and they were to do an
investigation, decide to revoke my certificate to
coach in the State of Connecticut, I'd be entitled
to that appeal process, correct?

DEPUTY SPEAKER O'ROURKE:

Representative Conway.

REP. CONWAY (61st):

Through you, Mr. Speaker, yes you would.

DEPUTY SPEAKER O'ROURKE:

Representative Aresimowicz.

REP. ARESIMOWICZ (30th):

Thank you -- thank you very much, Mr. Speaker.

I just wanted to get that on the -- the record for legislative intent. This bill is a good bill. It will go a long way. I think the ultimate answer lies within what we have in the Town of Berlin where I coach. We have a professional trainer right there with us at all times so we no longer make the decisions. If we see a child holding his head or just not looking right, we immediately say go the trainer. The trainer then makes the decision on it all. We no longer get involved. We don't question the trainer. The trainer makes the decision.

We also, at the beginning of the season, we do what they call impact testing. It is a test designed to recognize the -- the series and the -- the signs of a concussion. It tests the children before they're cleared to come back and play; they must pass that test and I'm looking around and some

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of the other coaches are shaking their head.

So we've come a long way. I think this bill just takes it a step further. I'm glad we got rid of the 24-hour rules and this is now a piece of legislation I can support.

Thank you, Mr. Speaker.

DEPUTY SPEAKER O'ROURKE:

Very good, thank you, Representative Aresimowicz.

Will you remark on the bill as amended? Will you remark?

If not, staff and guests come to the well of the House. Members take their seats. The machine will be open.

THE CLERK:

The House of Representatives is voting by roll call. Members to the chamber. The House is voting by roll call. Members to the chamber, please.

DEPUTY SPEAKER O'ROURKE:

Have all members voted? Have all members voted? Please check the board to make sure your vote is properly recorded. If all the members have voted the machine will be locked and the Clerk will take a tally.

Mr. Clerk please announce the tally.

THE CLERK:

Senate Bill Number 456 as amended by Senate "B."

Total number voting 148

Necessary for passage 75

Those voting Yea 148

Those voting Nay 0

Those absent and not voting 3

DEPUTY SPEAKER O'ROURKE:

The bill as amended is passed.

The Chair recognizes Representative Olson.

REP. OLSON (46th):

Thank you, Mr. Speaker.

Mr. Speaker, I move for the immediate transmittal of all items acted upon which require further action in the Senate.

Thank you, Mr. Speaker.

DEPUTY SPEAKER O'ROURKE:

Motion is immediate transmittal. If there is no objection, those items are immediately transmitted.

Return to the call of the Calendar, Mr. Clerk.
Please call Calendar 425.

THE CLERK:

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tell from the sign up that we have before us that we have experts in this area and we know that there are real challenges and problems to be addressed and I'd like recognize the leadership of Senator Looney and Senator Gaffey in putting this before the Legislature. There are some who've asked why should the state be involved? Why not have this happen at the local level? And, I happen to support your belief that having a statewide standard is what would be most protective of children who are in harms way.

So, I thank you for your good work and I apologize for the fact that you will not have a full Committee attendance at all times today. There have been a number of different meetings and caucuses and hearings called, but we'll be doing the best we can. Thank you, Mr. Chairman.

SENATOR GAFFEY: Thank you, Mr. Chairman. And, with that, I'm very, very pleased to call my good friend, the Majority Leader of the Senate who I've been working hand-in-hand, hand in glove with this bill on, and that's Senator Martin Looney. I think on this day it's appropriate that we start with a Martin Looney to lead our hearing. Senator, good to see you.

SENATOR LOONEY: Thank you so to the Education Committee for the opportunity to testify in support of Raised Bill 456, AN ACT CONCERNING STUDENT ATHLETES AND CONCUSSIONS. I'd like to begin by thanking you particularly, Senator Gaffey, Representative Fleischmann for your leadership in bringing this issue forward.

This is an issue that is now gaining credence and is being attended to in many states around the country given the passage last year in the

state of Washington and in the state of Oregon measures along these lines to provide greater specific protections for student athletes from concussions and head injuries. And, this bill will address a very serious issue affecting both the short and long-term health of the more than 100,000 student athletes participating in scholastic youth sports each year here in Connecticut.

First, we need to recognize how often student athletes do suffer concussions. The U.S. Centers for Disease Control and Prevention estimates more than 3.5 million sports related concussions occurred each year in the United States.

And, while injuries in the sport of football may be the most prominent and come to mind first, head injuries and concussions occur in a wide variety of sports and those involving girls as well as boys. There are a significant number of concussion injuries in girl's soccer and field hockey and basketball. So, it is not only a football related problem. Researchers at the Center for Injury Research and Policy at Nationwide Children's Hospital in Columbus, Ohio, estimate that high school student athletes suffered 400,000 concussions between 2005 and 2008.

And, according to those researchers, concussions were the second most common injury among high school student athletes during that 2008/2009 school year behind only ankle sprains and strains. It's also important to recognize again, that there is a wide range of sports where the participants are subject to head injuries and that is concussions have to be viewed as a percentage of injuries in each sport. Other sports in addition to football pose a very similar danger of concussion to

our student athletes.

It's been theorized that children including those in high school are often at higher risk for sustaining a concussion than adults because perhaps their neck muscles are not as developed as yet, giving them less control of their heads when sustaining a hit. Research has also shown that the young developing brains of a child are slower to heal from a concussion than is the case with an adult.

Moreover, it also seems clear that repeat concussions are extremely dangerous especially when there is less time between them. The following warning about repeat concussions comes from an issue of the University of Virginia's School of Medicine's Neurogram Newsletter and it states "there is no debate that repeat concussions significantly worsen long-term outcomes.

After athletes sustain one concussion, they are three times more likely to sustain a second concussion compared to other players who have not been concussed. Repeat concussion, even when mild, can increase the risk of post-concussive symptoms such as headaches, memory loss, difficult concentrating and other incidents of damage. Chances of Post Concussive Symptoms are even more increased if the second injury occurs too soon before full recovery has taken place from the first injury. The higher the rate of concussions, the higher the risk of long-term cognitive dysfunction."

Given this alarming information, logic would dictate that the student athlete who may have suffered a concussion, be treated extremely conservatively. However, researchers from Ohio also report some alarming national

statistics. According to them, 40 percent of high school athletes who suffer concussions return to play before it is safe to do so. And, this includes 16 percent of all football players who sustained a concussion severe enough to cause loss of consciousness and return to play on the same day.

While these are not Connecticut specific statistics, it must be noted that our school coaches and the Connecticut Interscholastic Athletic Association, the CIAC, have long been at the forefront of progressive national policy to ensure that our coaches are the best trained in the country and our athletes the best cared for. And, I wanted to commend the CIAC for its leadership on this issue and coaches association and athletic trainers as well. Years ago, the CIAC led the fight to institute a requirement of 45 hours of training for a Connecticut coaching permit and an additional 15 hours of training every five years for renewal of that permit.

The dedication to the safety of our student athletes by the CIAC and the Connecticut High School Coaches Association and the Connecticut Athletic Directors Association and other, has never been more evident than throughout the process of crafting the proposed legislation before you today. All were profoundly helpful in this process and all are here to support the bill today.

In fact, the when in doubt, sit them out, protections of Bill 456, as it is often characterized, actually mirror policies that have already recently been adopted by the CIAC in their rules. This bill gives those rules and protections the force of law and also extends them to grades below the high school level, so that even our younger and more

vulnerable student athletes will be protected.

Now, to the provisions of the bill, which mandates that all Connecticut school coaches must first undergo an intensive in person training on concussions before the start of their 2010/2011 school year seasons.

Second, must annually review information on concussions. Thirdly, must take an in person refresher course on concussions every five years in order to renew their permits. Fourth, shall not allow student athlete who exhibits either signs, symptoms or behaviors consistent with a concussion to return to any exertional team activities until they receive written clearance to do so from a licensed health care professional. Next, shall not allow such student athlete to return full unrestricted practice game or competition until specific written clearance is given for that advanced level of activity.

Moreover, the bill also pertains to students and coaches in every grade level, not just high school and it authorizes MD's, DO's, APRN's, Physicians Assistants, and Certified Athletic Trainers to provide the required written clearances.

Again, I urge the Committee to support this critical piece of legislation. Other states have adopted legislation like this after there has been a particularly heartbreaking case of a severe injury to a student athlete where the bill winds up being named after that injured student athlete. Our hope is that we will do this before we have that kind of heartbreaking tragic case in Connecticut. Thank you, Mr. Chairman.

SENATOR GAFFEY: Thank you, Senator Looney. And,

your last point just underscores the need to do this. It's a bill that will protect student athletes, hopefully protect them well from the effects of concussions. And, I want to thank you personally for your leadership on this issue and to kick off the testimony today in what was a very excellent description of the bill and the reasons for it. Are there questions from members of the Committee? Chairman Fleischmann?

REP. FLEISCHMANN: Mr. Majority Leader, thank you very much for your coaching testimony. My question pertains to a challenge that we face on virtually every initiative we consider this year, which is how we find and marshal the resources to do what we want to do. So, I'm wondering if you could just explain to me and other members of the Committee, how you would foresee our being able to roll out this training program in the fiscal context that we're facing?

SENATOR LOONEY: Thank you, Mr. Chairman. Again, it would just add a component in effect to the training requirement that is already -- it is already in law, that we would have a concussion or head injury specific component added on that envision that to be approximately three hours. Many of the coaches already undergo a 45 hour training program for their certification. So, it is an additional information component with the requirement of a refresher course every several years.

REP. FLEISCHMANN: And, is it possible that to make this happen you and advocates would be open to having the three hours regarding trainings on concussions and head injuries to supplant some of the other training or to get some of the other training condensed so that in toto we're

left with the same number of hours of training and therefore not an increased cost that might end up being a blockage to this bill's passage?

SENATOR LOONEY: Yes, that is certainly a possibility. I think it would make sense to look at the components of the other elements of the training. Perhaps some of them are repetitive that don't necessarily need to be part of the component of the 45 hours so that's certainly something that I think that we can find a way to do anything possible to reduce any additional costs and factor this in as a component of the mandatory training. Since, obviously in that fairly lengthy process that currently exists there is, because of its length there, obviously there is greater flexibility for addition or subtraction of components to that.

REP. FLEISCHMANN: I thank you for answers and your testimony. And, I'll just share that during my childhood, I knew several classmates who dealt with concussion and had not just immediate effects but long-term effects and it was a terrible thing and I really appreciate the leadership you've shown on this issue. Thank you.

SENATOR GAFFEY: Thank you, Mr. Chairman. Senator Boucher followed by Representative Conway.

SENATOR BOUCHER: Thank you, Mr. Chairman and Happy St. Patrick's Day to you, sir. And, also thank you our Majority Leader of the Senate. You and I really concur and for many this is really a no-brainer bill for them in the sense that we should have already been doing this. I would have hoped that it would.

But, my question to you is this and I've had a

personal experience with one of my three children, my oldest son who had a neck injury in freshman football and I was called to come and pick him up and take him home and it resulted in eight weeks of physical therapy that if he had been encouraged and you know how boys are at that age and their ego and not wanting to be perceived as somehow less than, you know, being tough enough to get back out there on the field, we were grateful that he wasn't encouraged to do that.

Do you know if in fact, that kind of injury would also be included, not only concussions but a neck injury or if that's already being done and there are safety measures, because safety is paramount and I also do believe that this certainly can be accomplished with an available appropriations for any school system as part of what they should already be doing because these two areas are serious for anyone engaged in football, either a head injury or a neck injury that could result in permanent paralysis or even worse. But, I don't know if you know the answer to that question.

SENATOR LOONEY: Well, I think that there's a general component now in the training regarding the protocol to be considered when injuries take place. I think the reason for the focus on concussions now is that as we know, sometimes concussion symptoms are somewhat cumulative and that sometimes someone might appear to be okay and may yet, in fact, not be. And, that sometimes you'll have a student suffering from a concussion may seem to be okay until they start physical exertion once again and then maybe a headache may recur or dizziness may recur. So, it is somewhat more complex in terms of an array of symptoms that are sometimes not as clear as in other injuries.

SENATOR BOUCHER: Thank you very much to your answer to that and there may be some subsequent testifiers may want to address whether this is an area that should be included in this or just left for another opportunity if not already covered in current procedures. Thank you very much for your answers.

SENATOR LOONEY: Thank you, Senator.

SENATOR GAFFEY: Thank you, Senator.
Representative Conway?

REP. CONWAY: Thank you, Mr. Chairman. And, thank you, Senator Looney for your comprehensive testimony on this issue. As a coach for the past number of years, we took a progressive approach at our high school last year and implemented without legislation, the impact testing. Realizing one, the -- you referenced the studies that have been widely now disseminated to the coaches and to high schools on the seriousness on this type injury, so we began a very strong practice within our coaching staff that you treat this injury as you would like a broken leg or a broken arm. Though you can't see it and the individual many times doesn't feel it afterwards, you need to treat it with the same seriousness and in that I mean you're not just putting the individual back on the field because it's that additional impact or second concussion that will have the real long-term damage and especially if the first one has not had time to heal.

And, I routinely have to address it with parents even that we need to treat this and we need to treat this like a broken leg, take him to the hospital, have him checked out and he

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will not return until you have a medical certification. But, with the impact testing now, it at least give us a base-line to look at so that immediately after the injury he is baseline tested again and then after treatment is then baseline tested a third time to see if there was results from the treatment and that if everything is fully repaired before he will step back on the field.

With regards to the CU -- the training follow of training, some of Representative Fleischmann's questions on that, it is several hours of training that you must not only in the initial certification, but subsequent to achieving CEU's over the five year period of time to maintain that certification and in fact, tonight is one of those nights for myself, bad choice of nights by the way whoever picked it, but I'll be spending my St. Patty's day getting part of my refresher training as part of my certification, to maintain my certification.

Tonight's happens to be on emergency procedures which this will be talked about in terms if somebody does get that in fact, how do you react as a coach and things like that and what are the steps. But, the impact testing is something that can really help go a long way in terms of determining was there any damage on the initial impact?

Was there subsequent -- has the injury corrected itself where he can get back on the field? Whereas we tested before and we avoid those long-term damage and results as a result of this, so it's just something that I'm very supportive of, glad to hear you testifying to it today and I know CIAC has taken the lead on this in terms of getting this information out and pushing this legislation through and now

it's just getting it down to the coaches level where the decision is really made, as Senator Boucher referenced, putting that player back on the field when he shouldn't be and that decision being of the coaches at the time and again, dependent upon the impact, type of impact player he is, certainly as a coach sometimes drives that decision and we need to be very clear in this particular case that the decision is, no, that he does not until he is checked out. So, I appreciate very much your testimony on this and support the legislation. Thank you, Mr. Chairman.

SENATOR LOONEY: Thank you, Representative.

SENATOR GAFFEY: Thank you, Representative Conway. I look forward to your input on this piece of legislation. Representative Reynolds?

REP. REYNOLDS: Thank you, Mr. Chairman. Thank you, Mr. Leader for your testimony. Question -- Do you happen to know how often a coaching permit must be renewed?

SENATOR LOONEY: I don't. Perhaps Representative Conway knows since he has direct experience of it.

SENATOR CONWAY: Yes, I could answer that. Every five years.

REP. REYNOLDS: Okay. So, my concern would be the piling on effect but it appears that you have been able to structure it in a way that this training would not be an add-on necessarily and a new opportunity to be scheduled and paid for, but rather as the five year renewal occurs this training would simply be built in to the renewal requirement. How about the annual review? Is there now annual training

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requirements for coaches already that this could be incorporated?

SENATOR LOONEY: I think there is information that is distributed to the coaches from studies in sports medicine and the like that this could be factored into in terms of the information that is disseminated.

REP. CONWAY: To answer the question directly on an annual review, we're responsible to maintain our CEU's. It's treated -- because it's also under State Department of Education that this certification is issued, just as teachers must maintain certification through CEU's and it's X amount of CEU's every year over a five year period of time that they must maintain, coaches are under that exact same rule of acquiring those CEU's.

In terms of cost, as with any recertification program, we bear the cost on that. It's either through an organization that provides the CEU training and/or you as a coach seeking out training that is CEU certified that you're paying for in that case, out of your own pocket as well. But, it is not a cost that is on the school system in terms of another unfunded mandate.

What I would ask is where there is a cost to the municipality or the school system is they implement the impact testing. It's a minimal cost that's incurred that the company will come in and impact test every athlete for X amount of dollars per test. That is where a cost does come to be a school district. They have to make a decision does that get passed on to the school district or is it something that's passed on to the athlete to pay if they want to play.

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REP. REYNOLDS: Thank you. That's helpful, but the language in the bill simply says that annually the coach shall review current and relevant information. It makes no reference to the CEU process. So, annually review seems to be rather vague and if there's a way that we could simply incorporate this -- your intention for this annual refresher to be incorporated into existing training that would be good. As I read it here, it appears that it would be a separate scheduled opportunity. But, I'm sure we could work that out. Thank you again, Mr. Leader.

SENATOR LOONEY: Thank you, Representative.

SENATOR GAFFEY: Seeing no further questions, thank you very much Senator Looney.

SENATOR LOONEY: Again, thank you, Mr. Chairman and again, this I think is part of a national movement this year in the wake of the action taken last year in Oregon and Washington State. There was a recent article in the New York Times, Sunday sports page about a number of states that are dealing with this issue this year and we are one of several states who are looking at legislation along these lines this year and I want to thank the Chairs for their leadership on this issue and also commend Mr. Savage, Mr. Balsamo and others who have worked with us and I think will be testifying today.

SENATOR GAFFEY: Thank you, Senator. I'd like to call on Mr. Robert Howard, University of Connecticut Women's Head Athletic Trainer. Good afternoon, Mr. Howard, thank you for attending.

ROBERT HOWARD: Good afternoon. Actually, I'm the head athletic trainer at the University of

Connecticut.

SENATOR GAFFEY: Head athletic trainer, I am sorry, I apologize.

ROBERT HOWARD: Just to clarify, Rosemary Ragle is our Women's Basketball athletic trainer, so I don't want to take any credit in that area.

SENATOR GAFFEY: You're a busy man. Thank you for being here.

ROBERT HOWARD: Well, thank you. I want to thank the Committee Chairs and the Co-Chairs and the ranking members for the opportunity to testify today. As Senator alluded to, concussions right now are a very hot topic in the media and we see the NCAA and the NFL each aggressively approaching or making rule changes in management in their strategies to handle concussions. I applaud all the individuals that are here today and have worked on this bill because I feel it's very, very important for the youth athletes in this state and it's very good to this actually happening.

I do feel across the board from the highest level of sport, being professional all the way down to youth sport, there is a lack of education and understanding in concussions and it's something that needs to be addressed really nationally more than just what we're doing here. So, this is nice that we have this going.

In the bill's current form and the way it reads, it initially starts to do this which is great. It addresses it with coaches and what is nice is coaches are in a very unique position, especially at the high school level. They're the individuals that have that initial

contact with the athletes. They're kind of the surrogate mother, father figure, they have all that, they kind of see these kids day in and day out so they have that opportunity to recognize a sign or symptom of a concussion. And, that's something that really can be that first earmark in recognizing that.

Where it starts to be troubling a little bit and kind of falls a little bit short, it almost puts them in the position of actually almost having to diagnose and treat it, which is not what I think the intent is in there. I think in this whole bill's concept that we truly need to stress education, but not only to the coaches, but also to the athlete. At our level we do consider the athlete themselves as part of the healthcare team, so it's important that they have an understanding of signs and symptoms and it's very important that the coaches have that also.

One of the concerning areas that I find in the bill is a little bit on its management practices. We know if an athlete has a sign or symptom of a concussion, they need to sit out at certain point in time. But, when we look at the current literature out there and all the world experts tying a time frame to it, is a little bit kind of a step in the wrong direction.

Treatment or what is stressed in the current literature, is individualized treatment for every single individual that is concussed and that's very important in the youth athlete under 18 years of age because they suffer concussions differently than an older athlete. Their brains are a little bit more susceptible; it can be more severe; the incidence of re-injury is greater. So they need a little bit more individualized

treatments, so I don't like to see time tables on that.

What I'd like to be able to see on this is the ability to make sure we streamline avenues to healthcare professionals or licensed healthcare professionals that have the ability or training in dealing with concussions. Again, time tables can also be detrimental because if we look at the young athlete, and I'm sure you've seen this with some of your athletes, if a coach gets up there the kids know, wow, if I show him I'm a little dizzy, I've got a little bit of a headache or something like that, you know what, I'm not going to tell him because they're going to sit me for 24 hours.

And, then that gets into that conundrum where you actually mentioned, you know, do we have that overzealous individual that presents something to the athletes in the first meeting after he's been educated or she's been educated and says to the team, listen if you show me this sign or symptom, I'm going to have to hold you out for 24 hours and that's a concern because we want to make sure we maximize or really help these athletes and prevent injury and that's what we really want to do.

So, education is the key, it's very key to understanding this and also creating a streamlined method to get them to a healthcare, a licensed healthcare professional that's outlined in the bill. You know, the CIAC, and someone mentioned it before, you know, they came up with a great slogan -- if in doubt, sit it out. And, I think that's very important thing and we can keep this bill very simple by helping the coaches, educating them and finding ways for them to get to

people so it doesn't become a burden and then letting that healthcare professional make that return to play decision, because that's critical. And, that's not putting the coaches or anyone else in a position that they feel uncomfortable with being in.

And, that's what I'd really like to see this bill kind of extend and move towards because I think that would work very importantly. Representative Conway, you did mention something on the impact testing and I know Dr. Trojian who I just talked to and he's going to speak on that also, impact testing is a wonderful tool, it's an instrument in all the tools, but it's not the end all be all, so it's not something that has to be within this concept to run the whole thing.

There's a multitude of tools healthcare providers can do that and it falls back on that access, getting these kids to healthcare providers so they can assess and utilize the most current tools because what we know about concussions today is going to change in a year and it's going to change the year after that. So, once we legislate something we don't want to have to come back and make a change because the literature and how we treat them has changed.

Again, I do urge a lot of support for this bill because I think it's very, very important. I want to thank everybody in the Committee again for letting me testify today and I also want to thank the Committee for the support it provides to the University of Connecticut and the division of athletics.

SENATOR GAFFEY: Thank you, Mr. Howard. I just have a couple of questions. In your world it's different than in the interscholastic

world.

ROBERT HOWARD: Absolutely.

SENATOR GAFFEY: In Connecticut, for instance, unfortunately, although I've had legislation in for years, we don't require athletic trainers to be hired by our high schools. So, often times, and we have wonderful high school coaches, so I don't mean to be pejorative at all, but there are times that a coach may misread the signal for the -- call it a diagnosis, because they're the, like you said, be all end all in a lot circumstances and there may not be an athletic trainer there at a practice for instance or the team physician who volunteers his or her time to be on the sidelines during games, may not be there and in all probability is not there during practice sessions.

That is why we had the 24 hour language inserted into the bill because of that reality. So, I know it's different than the world you live in. You happen to work with the best coaches in the country who I have a great deal of respect for. They're also very strong-willed individuals. So, let me just understand at your level how that works between yourself and Dr. Trojian and I'll ask Dr. Trojian to expound upon the answer when he testifies, but how does that work when one of the athletes suffers an injury such as an apparent concussion? Who makes the call? What's the process? Understanding there's no cookie cutter approach but typically, what's the process?

ROBERT HOWARD: Well, like you said, we in a different world. We have the luxury of having a large staff of athletic trainers so that during every single competition the majority

of all of our practices that take place for all our sports, we have an athletic trainer there on site. So, if an injury does take place, medical personnel are there. They are the front lines.

So, our athletic trainer will assess the situation, determine whether we're dealing with, say a concussion or not a concussion, whatever it may be. If we do have a concussion, we have referral team. So, Dr. Trojian, Dr. Anderson, work very, very closely with us so we will refer them along. So, we have a little bit different practice management than what would be at a high school setting, and I do understand that.

SENATOR GAFFEY: So, understanding that reality, what would you suggest to us to alleviate the concern that we have that, you know, some kids when they get hurt it just may be missed because you don't have those professionals on the sideline like we do at the University of Connecticut, thank God. So, what would you suggest to do as an alternative than putting the 24 hour time frame language in the bill?

ROBERT HOWARD: I think you have it in there already, which is important. I probably should have addressed that, is that they can't return without written permission and I think that's key. What I want to make sure is that time tables aren't being directed but yet the athlete has to get referred to that licensed healthcare professional, i.e., athletic trainer, physician, physician's assistant, nurse, etc., in that aspect and that they have to come back with that note saying that their cleared because, you know, and I like the effort behind that and I understand the intent of the 24 hour rule, I just don't want it to get misconstrued in certain situations. So, I

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think the safety net is kind of that if they have that symptom, they're out, they can't return until they've seen a medical professional.

SENATOR GAFFEY: Okay. Further questions from members of the Committee? Senator Boucher?

SENATOR BOUCHER: Thank you, Mr. Chairman and thank you for being here to address this particular bill, an important one. In this bill it requires that a healthcare, licensed healthcare professional must approve the return and for this purpose it is defined as an advanced practice registered nurse licensed, or an athletic trainer licensed, or a physician assistant licensed. Do you think that that's sufficient enough or should this go further and talk about an M.D.?

ROBERT HOWARD: Well, I think an M.D. is listed on there. I was under the understanding that there was an M.D. on -- it was the first outline, but I may have misread that. Because it should include a physician, physician assistant --

SENATOR BOUCHER: Oh yes, I'm sorry. I agree, there is a physician licensed, but it also includes these other individuals as well.

ROBERT HOWARD: Yes, and I think that's appropriate.

SENATOR BOUCHER: You think it is appropriate that any one of those individuals would be sufficient enough?

ROBERT HOWARD: Yes, I think each of them had training in dealing with concussions and in order to stay licensed, you have to maintain a certain amount of continuing education and

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with this topic in the medical communities, this is something that people do have to stay up on.

SENATOR BOUCHER: Okay, thank you.

SENATOR GAFFEY: Further questions from members of the Committee? Thank you very much for taking the time to be here and enjoy San Antonio.

ROBERT HOWARD: Thank you. I will.

SENATOR GAFFEY: Dr. Trojian, please? Now it says here that you are the University Women's Basketball Team Physician?

THOMAS TROJIAN: I am. I'm Dr. Thomas Trojian. I am Director of Injury Preventions Sports Outreach Program at the UConn Health Center as well as an advisor to the Connecticut Intercollegiate Athletic, the CIAC and member of the Connecticut Concussion Task force and team physician at UConn.

I'd like to thank the Co-Chairs, the ranking members of the Committee and the members of the Committee for allowing me to testify today. You know, concussions are a problem in high school athletics, not just in football but also in soccer and other sports. And, it goes throughout both women and in male sports. You know, the bills have been implemented in Washington and in Oregon and speaking with the physicians in Washington State who helped work with the bill, Dr. Stan Herring; it's been quite successful there.

And, this bill has been mirrored off of those bills. This is coaching education bill and coaches already are getting education and this is just implementing education in the areas of concussions because the coaches are the first

line. They'll see the kids that do not look correct. It's not an idea of making a decision on whether or not the kid has a concussion, but do they just not look correct and that's where we have that if in doubt, sit them out and if you aren't certain whether the person has a concussion, they need to be seen by a licensed healthcare professional.

The nice part about this bill is that the people who are qualified for evaluation and management of concussions are included in this bill. Licensed athletic trainers are first line in athletics and it's often not well understood the training that athletic trainers get. They're, I teach them out at the University of Connecticut. We have a great athletic training program. Bob Howard, we are lucky enough to have him, works with the graduate assistants who go through that program up there and they're taught endlessly on concussion management and they do a great job.

Licensed athletic trainers work incident to a physician so, as well as nurse practitioners and APRN's in this state, so they are under guidelines working with physicians. This gives them an opportunity to evaluate concussions and help with correct return to play so when children in our state in high school get concussions and we use a proper return to play protocol that they are allowed to be guided back to the training with the licensed athletic trainers.

I think that we need to continue education at all levels. The CIAC is definitely working on that, both in the education of their student athletes, the addition of concussion guidelines to their handbook, the CATA works on concussion management for their athletic

trainers with a number of wonderful education workshops that they do and the Connecticut State medical society working with education and outreach programs for the physicians.

I think that this is a step forward for the healthcare of our high school athletes, taking care of both at Connecticut but as well take care of high school athletes at Capital Prep. I think it's very important that we as sidelines physicians both in college and high school that we use this bill as a way to help protect our children. Thank you.

SENATOR GAFFEY: Thank you, Dr. Trojian. Thank you for your service to the State of Connecticut in helping to protect athletes, student athletes. Can you just describe for the Committee what the steps are once an athlete is diagnosed that he or she has been concussed and what steps are taken to test the student athlete and then ultimately have them return to unrestricted play?

THOMAS TROJIAN: Yeah. You know, a lot of times people will see people on the sidelines and they will be doing that one, two finger thing. It's a little more advanced than that. We do neuropsychological testing. Whether it be computerized or non-computerized testing. Impact is one of those methods of computerizing the testing, but all good physicians who evaluate for concussions and all good athletic trainers will do a series of neuropsychological testing to evaluate the different parts of the brain for their function.

And, once we do those and depth symptom scale, we'll look at both balance, memory, recall and evaluate for there. Once those are completed, at that point making the decision on

concussion is almost, you know, almost an easy one for a trained physician. And, then we'll reevaluate them on an on-going basis. And, as their symptoms decrease, once they're asymptomatic at rest, then we'll test them because just because they have symptoms, doesn't mean that their brain is fully functioning well. Once they return to normal at baseline, we'll start a stepwise progression back to activity. This is something that, you know, in a college setting, where somebody clears their symptoms, clears quickly, like a licensed athletic trainer at University of Connecticut may return them back to practice and advance them forward in our stepwise protocol on their own with and informing the physician.

In the high school setting that would or may start or most likely in the -- and the athletic that I work with in my school will refer them over to us as physicians and then we rely on the athletic trainer to put them through an exertion protocol and exert them. Once they pass the exertion protocol we'll put them back into practice and then once they return to full practice, we'll return them to games in a stepwise manner without return of symptoms or any abnormal function. And, that's the basics. Obviously, each one's an individual but that's the basics.

SENATOR GAFFEY: Thank you. And, obviously there are significant risks if a student athlete is concussed and returns to play prior to healing. Can you just describe those risks for the Committee?

THOMAS TROJIAN: Yeah. I've seen that in high school, where high school athletes do not have the luxury of having an athletic trainer available or a physician available, where they

get a repeat concussion and their concussive symptoms last for long periods of time. People who are returned to play without -- who haven't returned back to baseline or normals, have problems where they can get on-going post-concussive syndrome, delayed problems with school, recall and memory problems as well, rarely, but it sadly as in the Washington State, the reason why they passed their bill was that the person had permanent neurologic damage because of return to play or as in the high school child in New Jersey who returned to soon, died. I'd hate to see that and us having to name a bill after John Doe because we didn't take action beforehand.

SENATOR GAFFEY: Thank you, Dr. Trojian. I'd hate to see that also. Questions from members of the Committee? Representative Conway?

REP. CONWAY: Just to follow up a little bit on Senator Gaffey's question on the return. It's my understanding, anyway, if somebody is concussed and a gradual process of return through the athletic trainer and the coach and the physician but is it about a six day process and then if symptoms reoccur within that six day return period that they go back to step one and we start all over again?

THOMAS TROJIAN: That's difficult to answer that question in that each person is such an individual and to go group -- you know, group norms of every kid who has a concussion, you know, you're about right, it's about six days. But, the norm it varies so much. It can be a kid who gets concussed and by the next day their symptoms are all gone and you can't tell right away. There's very few predictive prognostic factors that says, this kid has x, y and z symptoms immediately when they concussed, this is how long it's going to

take.

So, that's why it's an individual following out and we want to try to remove that scary decision making away from a coach like yourself, which it sounds like you guys have already implemented all that. And, then when they do get symptoms, it is where they're at, so if they're fine at rest and they start to do exertion, we leave them at exertion, if they start getting symptoms up at practice. If the amount of -- and there is newer and newer data about people who have post-concussive symptoms about exercising them below their symptoms and allow them to do activities up until they develop symptoms and keeping them sub-threshold and having them respond well to that.

And, so, I think that that's the art of dealing with concussions. Concussion management is definitely an art and we want to stay away from trying to keep a cookie cutter time frame on these.

REP. CONWAY: Thank you. Thank you, Mr. Chairman.

SENATOR GAFFEY: Thank you, Representative. Any further questions from members of the Committee? Seeing none, thank you so much for taking the time to come here.

THOMAS TROJIAN: Thank you for allowing me to testify.

SENATOR GAFFEY: Julie Peters? Good afternoon. Good to see you again.

JULIE PETERS: Good afternoon, Senator Gaffey, Representative Fleischmann. Thank you so much for allowing us to be here today. And, thank you, Senator Gaffey for your leadership on

this important issue.

I'm here as one of more than 17 organizations who have officially signed on in support of this bill, many of whom are here today to testify in support of it and in support of RSB 456.

For more than 25 years, the Brain Injury Association of Connecticut has worked to increase awareness, research, education and advocacy for people with brain injuries because prevention is the only cure so we're dedicated to providing our community with the facts necessary to reduce the number of brain injuries in Connecticut. Here are three of those facts. One, is a concussion is a brain injury; all brain injuries are serious and as Senator Looney indicated, according to the CDC it's estimated that as many 3.5 million sports and recreation related concussions occur in the United States each year. The consequences of not addressing this public health crisis couldn't be more catastrophic.

Because a young developing brain is more sensitive to trauma and because children have weaker necks than adults making brain trauma more damaging, we have a responsibility to protect our youth from returning to play too soon after sustaining a concussion. Athletes who return to play before their brains heal experience a slower recover and are at risk for long-term brain impairments. Repeated concussions could cause Second Impact Syndrome, which is characterized by brain swelling, permanent brain damage and even death. The good news is that Second Impact Syndrome can be prevented.

Today, we can decide to give coaches the tools to keep our children safe by passing RSB 456,

a simple Act that as individuals have said, would insure that coaches are trained to recognize the symptoms of brain injuries, concussions and injuries related to Second Impact Syndrome and respond appropriately and that healthcare professionals trained in the treatment of concussions would be the only ones permitted to determine if it safe for a student to return to play.

Most parents and coaches are not professionally trained in medicine which is why the Brain Injury Association of Connecticut believes this important legislation is so critical. As many have indicated, the states of Washington and Oregon passed this legislation last year and 14 other states are introducing the legislation this year. I learned from one of my colleagues in Washington, that less than a month after the law went into effect in Washington, a coach who had received the proper the training sent an athlete to a physician after he recognized the signs of a possible concussion. That's where testes revealed that the student had a brain bleed. Had the student returned to play, the results would most probably have catastrophic. The Washington law very probably saved that student's life.

It's time to get serious; it's time to protect our youth from needless disability, our parents from the lifelong burden of care giving and our state and it's taxpayers from the long-term dependence on public programs that brain injuries foster. So, I urge you most vehemently to pass AN ACT CONCERNING STUDENT ATHLETES AND CONCUSSIONS as soon as possible. Thank you.

SENATOR GAFFEY: Thank you, for your testimony.
Are younger athletes -- I should have asked

this to Dr. Trojian too, but are younger athletes more susceptible to concussions, high school versus college?

JULIE PETERS: Well, the danger in young brains in general is that they are still developing. So, the significant danger is that if you go back and you get a second concussion before the first one is healed, that the impact can be much greater and much more difficult, so yes, but I am not a physician, so I will -- there are physicians coming up here so I'll let them.

SENATOR GAFFEY: Sure, because what really concerns me is what goes on, quite frankly, in the (inaudible) leagues, basketball leagues for young kids, because their so young and this could be a prevalent problem and we certainly don't have jurisdiction over those leagues as we do interscholastic sports but that's a real concern of mine and also the fact that you have very little level of training at those levels of competition as compared to interscholastic and intercollegiate, certainly. So, I just want to thank you for all your participation in putting this bill together and your testimony today. It's really appreciated. Any further questions from members of the -- Chairman Fleischmann?

REP. FLEISCHMANN: Thank you, Mr. Chairman. Thank you for your testimony. And, my question relates to definitions that we have and how helpful they are. We are quite focused today on concussions and that's, you know, there's been a collision that rises to a certain level of seriousness, if you see certain symptoms. But, some of the reading I've done recently has indicated that there can be a collision that leads to a shaking of the brain where it doesn't rise to the level that we would define

as concussion, but it is serious enough so that if repeated several times, it can create brain damage. So, I'm just curious given your work at the Brain Injury Association whether you're familiar with that newer research and whether that has any bearing on the sort of training that we ought to be giving to the coaches and the teaching we ought to be doing for our young people?

JULIE PETERS: One of the issues is that, and many people don't know about concussions, is that you do not have to hit your head to sustain a concussion. If you hit any part of your body with enough blow and force to create movement of your brain back and forth -- that can cause a concussion. And, so it's definitely -- I think the problem is that every brain is different, every injury is different and there's no way to know until you have looked and checked, done the testing to check for the signs and symptoms to know what it is. And, that's why it's really important that you look for those in order to determine whether or not an athlete should be removed.

REP. FLEISCHMANN: Thank you. And, I would ask members of the Committee to please turn off the ringers on their cell phones and/or to take said cell phones and throw them out of the room. Thank you, Mr. Chairman.

SENATOR GAFFEY: Another first for the Education Committee. Questions from members of the Committee? Thank you very much, we appreciate it.

Carie Kramer?

CARIE KRAMER: Good afternoon, Mr. Chairman and members of the Education Committee. My name is Carie Kramer. I provide you this testimony

in favor of RSB 456, AN ACT CONCERNING STUDENT ATHLETES AND CONCUSSIONS. As the Director of Brain Injury Services at the Brain Injury Association of Connecticut, a member of the Connecticut Concussion Task Force, the daughter of a brain injury survivor and the mother of three active sports-minded boys.

I am here today to let you know that there is in fact, a cure for brain injury. But, only one cure and it is prevention. That is why passage of this legislation is so critical for the future safety and well-being of our Connecticut youth.

Today you will hear many important well-established facts and statistics from my colleagues regarding concussions. What you also need to hear however, is less difficult to quantify. It is the heartbreak, frustration, fear and anger in the voices of the countless parents I speak to about what their children have endured due to the lack of proper medical assessment and treatment of concussion when it first occurs in a game or practice. They contact BIAC because we are the only statewide organization in Connecticut that provides information, resources and support to individuals with brain injuries, their families, caregivers and the professionals who serve them. What we cannot do is turn back the clock.

Too often, by the time a parent reaches us, his or her child has lingering symptoms already affecting all areas of that child's life and theirs. Factor in the stigma that tends to accompany such injuries, as well as the alienation that follows, and a terrible situation grows even worse. Saddest of all is the fact that many of the complications and challenges we deal with at BIAC every day

could have been prevented had the parents or coaches involved known how to recognize and respond properly to concussion injuries when they first occur. By enacting this critical legislation, you change this.

Concussions can be very dangerous and repeated concussions can be life-threatening. By making proper diagnosis and management of recreational and sports-related concussions more likely, this legislation will go a long way toward ensuring that treatable concussions no longer evolve unnecessarily into serious long-term disability, coma and yes, even death.

I urge you to pass RSB 456, AN ACT CONCERNING STUDENT ATHLETES AND CONCUSSIONS and I thank you very much in advance on behalf of all of those impacted by brain injury. Thank you.

SENATOR GAFFEY: Thank you for your testimony. I can tell you, having suffered a concussion in high school in the middle of a football game, it was the scariest injury I ever had. I wound up at the hospital but fortunately I was released soon thereafter, but it was frightening and it was very frightening, more frightening for my mom than it was for me, so I can't imagine what the parents, the ordeal they have to go through and the frightening experience of a child that's hurt a lot worse than I was. So, I thank you for your dedication, your work and what you do for folks that are going through that process. Any questions from members of the Committee? Thank you very much.

CARIE KRAMER: Thank you.

SENATOR GAFFEY: Mike Savage? Good afternoon, Mike. Thanks for being here.

MIKE SAVAGE: Thank you, Senator.

SENATOR GAFFEY: Let me just say at the outset, I want to congratulate you and the CIAC for the great work you're doing, the leadership in advocating for this legislation and what you do every year in your education modules for the coaches including, our good friend Representative Conway, the coaches across Connecticut. You guys do a wonderful, wonderful job.

MIKE SAVAGE: That's very much appreciated, Senator. Good afternoon, all. My name is Mike Savage and I am the Executive Director of The Connecticut Interscholastic Athletic Conference, better known as the CIAC. On behalf of our membership, we come before you in support of Senate Bill 456, and I thank you for the opportunity to be able to present this testimony. I've already submitted to you written testimony, so I can be brief.

For those of you that don't know, The Connecticut Interscholastic Athletic Conference is recognized as the governing agency for high school athletics in the state and it represents 184 high schools both parochial and public. It regulates over 107,000 athletes per year in its competitions which is 60,000 contests per year. So, the issue we're talking about today does have some significance when you look at the numbers.

The CIAC principally does exist to protect the health, safety and the welfare of our student athletes and we do that through the enforcement of eligibility regulations, standards of sportsmanship, equitable competition, and most importantly an intensive training program for coaches, as already has

been mentioned. In fact, Connecticut leads all states in the country in the training of its interscholastic athletic coaches and we are very proud to be able to say that. In fact, we attribute our successes to the foresight of the state legislature when it mandated in 1998 that all coaches in our schools be properly trained and certified. And, quite frankly, we see this particular bill as simply another extension to that mandate in 1998 and I think most all coaches in the state are prepared to accept it for what it is, very important.

As Senator Looney stated earlier and was much more eloquent than I would ever be in stating some of the statistics but I'd like reiterate one of them and that is, it is estimated that over 100,000 sports-related head injuries in high school athletics happen yearly and that as many as 3.5 million sports related concussions in athletics at all levels in this country.

In Connecticut, there is consensus among those that work with young athletes, particularly with high school athletes that a need does exist to have clear guidelines in managing concussions in all of our schools with our coaches in particular. So, CIAC enthusiastically supports Senate Bill 456 because it is designed to protect the health and safety of athletes to clearly defined return to play guidelines and an educational component that requires all coaches to be trained in concussion management. That is something that presently does not exist.

So, by passing Senate Bill 456 we will be providing all of our schools and coaches a clear mandate that will help protect the health and safety of all student athletes in

Connecticut. And, I'd like to conclude by commending Senator Gaffey and Senator Looney and others for initiating this legislation and involving the CIAC in the drafting of the legislation. We very much appreciate the fact that we are able to come before you and testify in support of this bill. Thank you.

SENATOR GAFFEY: Thank you, Mike and certainly with the help of a lot of people, the concussion task force in particular, your Committee's at CIAC. You've come a long way in development of the module. As a matter of fact, if I'm correct, the module has been developed?

MIKE SAVAGE: That is right.

SENATOR GAFFEY: Okay. So, CIAC is already prepared to have this module presented to the coaches in a very short period of time, relatively short period of time?

MIKE SAVAGE: We have been working on this module for some time. We're planning to implement it with or without the legislation. The benefit of this legislation is that it establishes a structure, a clear mandate, that all coaches are expected to and required, in fact, to have this type of education and training. Something the CIAC could not, in fact, do on its own.

SENATOR GAFFEY: Thank you. Thank you very much. Any questions? Representative Cook?

REP. COOK: Thank you, Mr. Chair. Mr. Savage, I have a question. Does the CIAC have a definition of intramural coach if you will? My concern and my colleagues and I were sitting here having a conversation about that flag football game that might be picking up after school and a teacher comes out and they

have an informal league if you will. Does that cover that type of a program or -- can you help me?

MIKE SAVAGE: We do not have a clear definition. That really is generated through the local school system. When they hire individuals to be the coaches of intramural programs, they then identify the program as an intramural program. In addition to that the school systems superintendent is required yearly to make sure, again, under state mandate, that intramural coaches have the proper training; and are in fact, they have in fact the permit to coach and have the training under the 45 clock hour program. So, it's defined in that sense but there is no, to my knowledge, there is no legal definition of what constitutes an intramural coach. It's in the eyes of the local school district as to whether the program is an intramural program or not.

REP. COOK: My concern is that I want to make sure that we cover every child, this is our intention, and I don't want anybody to fall through the cracks. And, if we don't have a set definition, if you will, and if it is subject to the districts, we still have some variance and I don't know if there's a way that we can clarify that to make sure that we don't have that happen. So, thank you, Mr. Chair and thank you.

SENATOR GAFFEY: We'll take a look at it. The legal nexus here for us is that under the Department of Education permits coaches, so that's the legal nexus that we'd have. Intramural coaches, I could be wrong, but I don't believe their permitted.

MIKE SAVAGE: They do need to be permitted.

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SENATOR GAFFEY: They do need to be permitted, well thank you for correcting me, so then we have legal nexus here, so that's good --

MIKE SAVAGE: K through 12.

SENATOR GAFFEY: -- so, we'll look into that, okay? Thank you. Representative Conway?

REP. CONWAY: Thank you, Mr. Chairman. Thank you for your testimony today and CIAC lead on this. It's a critical issue and your statements that regardless of legislation, you're moving forward with it because I think it's that important. But, with that, if we could just, more for the record as well, in that this is being done through protocols the coaches must follow through training the coaches already go through that this will be implemented into to include their initial certification, their renewal through CEU's, their annual review, was brought up earlier -- how are we going to measure that, my response and discussion with Representative Reynolds and he and I discussing it afterwards, annually we have to come together to do CPR training anyway that it could be certainly without cost, incorporated into that training as part of that time that you're doing your CPR training before or after by the athletic director. With all that, do you see any cost to a school district to implement these changes?

MIKE SAVAGE: Certainly the annual review portion is something that the CIAC will take quite seriously and will provide the appropriate information as well as delivery system through, most likely, through the athletic directors in the state to the coaches. We think that that would be an appropriate mechanism simply because we would also like to

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involve the student athlete as well as their parents.

So, it's doing it through preseason meetings with the coaches and athletic directors as well as parents and the athletes there we think is an appropriate delivery system at no cost. With respect to the initial course, we very much intend to train, use a trainer to train our model. We are already in the process of developing that. That would be at no cost to our schools and it would be delivered through, most likely, through the schools or through the leagues.

REP. CONWAY: Thank you. Thank you, Mr. Chairman.

SENATOR GAFFEY: Thank you, Representative.

MIKE SAVAGE: Eventually we would like to see that if at all possible and it makes sense, we want to, we're not prepared to say this with a great deal of confidence at the moment because we want to work with our allied organizations, but if it can be done, it probably will also be done online.

SENATOR GAFFEY: Thank you, Mike. I see no further questions. Thank you very much for appearing today.

MIKE SAVAGE: Thank you, Senator.

SENATOR GAFFEY: Douglas Bowie? Good afternoon.

DOUGLAS BOWIE: Good afternoon. Thank you, Senator Gaffey, Representative Fleischmann, the Education Committee. Thank you for having me here today. My name is Douglas Bowie. I'm a certified and licensed athletic trainer in the State of Connecticut. In my current role in the State of Connecticut, I supervise 12 other

licensed athletic trainers. I'm coming to sit in front of you today, to bring you a kind of a real life practical aspect in the management of concussions, what I do everyday. I'm also here, obviously supporting Senate Bill 456.

As an athletic trainer, I'm educated and train in management of concussions as are all athletic trainers and we need to maintain certain continuing education requirements in things like concussion management. It's really important for you to understand that. We are qualified licensed healthcare professionals in the management of concussions.

I'm also here to tell you about my experiences and my colleague's experiences on a day to day basis on the management of concussions. I was actually down here for the formal announcement of Senator Gaffey's and Senator Looney's initiatives for this bill. When I left here that afternoon, I went and covered a freshman hockey game at which time about an after the announcement, I was managing a 13 year olds head injury. It happens every day and it's really important.

Representative Fleischmann mentioned that this is going to set the standard. I think it's going to set a very high standard. I think we need to do that. It's also going to bring a high level of awareness to concussions and the management of concussions and for the student athletes and that's really important to consider and remember. We can do a lot of our testimony here but we really do have to remember that the student athletes are why we're supporting this bill.

Senator Gaffey you mentioned are student athletes adolescent preadolescent athletes,

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more susceptible to brain injuries, do they recover slower, and I can refer you to the Journal of Neurosurgery, Lovell, et al, 2003, in which they say recovery from -- the Journal article is titled "Recovery from Concussions in High School Athletes" in which they showed adolescents and preadolescents certainly and scientifically do take longer to recover from concussions and --

SENATOR GAFFEY: That was the Journal of Neurosurgery?

DOUGLAS BOWIE: Neurosurgery, yeah. And, that article is --

SENATOR GAFFEY: What's the date?

DOUGLAS BOWIE: 2003, Lovell is the lead author and that article, you've already talked about the concussion training and you've referenced that and I believe that article is cited in that training as well. So, just to be brief, and in closure, I thank you for your time and for bringing this legislation forward and your consideration of the bill.

SENATOR GAFFEY: Thank you very much for your efforts and time spent with us and helping us craft this legislation. First of all, how's the young hockey player doing?

DOUGLAS BOWIE: It's very interesting. I don't want to take too long on this story, but actually there was confusion with the coach when we dealt with this incident and when we sat down and explained that I thought that this athlete had incurred a concussion, we then got to the parent, the parent actually was on a school board where she sat on the board that was looking at impact testing and she was very pleased that we brought that to

her attention. We went through the proper channels that are listed in this bill and everything turned out very well.

SENATOR GAFFEY: Is it your experience that the schools and the coaches working with the trainers just sort of have an unwritten policy or process that's followed every time that there's an occurrence of a head injury?

DOUGLAS BOWIE: Well, in most of the schools, if not all of the schools that have an athletic trainer that I'm familiar with, there is a set policy on how to deal with this --

SENATOR GAFFEY: Set policy.

DOUGLAS BOWIE: -- and it's usually pretty conservatively dealt with but that doesn't cover a lot of schools that don't have athletic trainers covering those circumstances.

SENATOR GAFFEY: And, what school district are we talking about?

DOUGLAS BOWIE: I was in West Hartford school district.

SENATOR GAFFEY: West Hartford school district, okay. Are the trainers, you can't be available at all athletic competitions?

DOUGLAS BOWIE: No, most schools have one athletic trainer covering for all -- and using West Hartford for example, there's about 600 athletes in each public school with one athletic trainer. So, I think they do an admirable job, but they can't be present at every event, practice, game, etc.

SENATOR GAFFEY: I found it interesting, Senator

when you referred to the list of the sports where concussions seems to be prevalent outside of football which everybody thinks of first, but the girls and boys soccer, girls basketball, I found it interesting and thought about that schools that have trainers probably in a lot of instances that those competitions, the trainer's not available.

DOUGLAS BOWIE: Right. And, that's where the education that's been mentioned numerous times before me is so imperative.

SENATOR GAFFEY: Right. Okay. Thank you very much. Representative Conway?

REP. CONWAY: Thank you, Mr. Chairman. Just a couple of quick things. You said you had to respond to an incident and Senator Gaffey mentioned earlier one of the scariest things that he went through was when he experienced a concussion. And, I can't tell you as a coach, whether it's your player or an opposing player, there's one thing when somebody's on the ground holding their arm, which you see all the time and your testimony's right, it happens every day with the concussion. It's another thing for everybody at that game, when somebody is out cold even, now you know something, he was hit in the head, not just a shake and I'll give an example of the other in a minute.

But, laying on the ground, it's a much, much, much different atmosphere when you see that player stretched out not moving and goes off in the ambulance and everybody immediately thinks the concussion at that point. And, we've seen that and it is one of the scariest moments even when it's not happening to you but you're witnessing it as the coach of an opposing player, everything stops. The more

concerning is that player who've you heard people testify on it earlier today, that comes off the field that might have gotten rocked a little bit, a great hit on the field, got hit, and isn't out cold, is talking, is acting normal, but might just say, coach, I just don't feel right.

And, I've had that experience as a coach as well just this past year. And, it was immediate, sit down, you're taking the rest of the game off and you're not playing the JV game either. And, this was a young freshman, talented individual on the field in a varsity game that rocked a little bit and during six days later he is still not playing the game because of that hit that -- there wasn't the laying still on the field, the ambulance, it was simply, coach -- you knew he got hit, something just don't feel right. And, you know we had the impact it, we had the baseline that we could send him to his physician with and turns out it was a concussion. When I got the call that night from the mom, so it's not just the player that gets hit, you know, whacked in the head, but gets shook up on the field by a good impact hit.

And, while it hasn't been mentioned yet today, I need to mention the sport is lacrosse. We've heard every other sport today mentioned but I need to put a little push in for lacrosse that it -- and with our athletic trainer, who is fantastic and to answer some of Senator Gaffey's concerns, they're not at every game and we actually have to prioritize based upon the sport in terms of which game he will be on the sideline at but maybe available to the others.

And, while there might be a tennis match going on, on another part of the complex, he's on

the side of the field at the same lacrosse game where there's higher potential for an impact injury like this to take place. And, I hate to also say it, but year to year it's based upon school budget, how many hours that athletic trainer is contracted for because he's not an employee with the system, he's contracted out through a service that provides athletic trainers.

And, I've seen it in my years, one year he's there all the time, other years he's there just at certain games and events and that's what we need to be real cognizant of here as a Committee that regardless that these protocols get down to the coaches level and that their making the right decisions because many times that is the only individual on that field in that area. Thank you. Thank you, Mr. Chairman.

SENATOR GAFFEY: Thank you, Senator Conway. Any further questions? Representative Klarides?

REP. KLARIDES: Thank you, Mr. Chairman. Thank you very much for coming in today. I couldn't agree with you more on everything that's been said today. As Representative Conway mentioned, my sister's actually an athletic trainer and she is at a school full time but the answer -- and I was talking to Senator Stillman, that most of the time that's not the case. You know, you have to prioritize because of budgetary concerns, which game you're going to, if you're going at all, and unfortunately it is the coach that's left there.

So, that's a whole different issue, I mean we certainly have a lot of things people would argue are more important than athletic trainers when we're taking away books out of

schools and programs out of schools, but do you think -- do you ever have an issue -- you know I've talked to my sister about this many times, decisions you're making or the coach is making, clearly we have the parent issue too. as to what they think should or shouldn't be done because we can't really discount that part of it. You know, so I think that as we were, my colleagues and I were talking about it before, you know, hopefully with this going forward we can maybe educate the parents a little bit more too as far as what they need to be doing too.

DOUGLAS BOWIE: -- education of the parents right in the moment and afterwards. Most of the time, in the heat of the moment you may get some resistance from the parent who will say I want them to (inaudible), if you educate them and you take the time out and you explain the significance of a concussion, usually that resolves and the next day they're very thankful that you followed -- and that's why standards like this and legislation like this and awareness of this is so important.

And, it goes back to educating them, usually they're very thankful, depending on the level and the situation, that can be more difficult, but most athletic trainers are pretty good at that and at kind of cutting through, cutting to the chase and saying this is very, very important, this is a potentially catastrophic injury we're exposing your child to. And, usually the next day, they're very thankful that you kind of helped them see the light.

REP. KLARIDES: It seems as if the parents are going to listen to you before they listen to the coach, because they look at you as the one that's really technically concerned about their health as opposed to the coach who they

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may, the perception may be well they just want my kid to play, you know, whether or that's not true or not, is not the point, I think that they for the athletic trainer to be the one that says this is what I have to do and this is what I know to do, I think it's very important.

DOUGLAS BOWIE: I think our coaches do a very good job at the schools because they are the primary person responsible for those athletes after school. And, like I said, an athletic trainer may have 32 teams they're responsible for, but the coach has their one team and most of the time, not all the time, they're the main resource for those kids so that the parents -- don't underestimate how much the parent relies on the coaches advice and the direction, and I can say for the most part, our coaches do a phenomenal job of looking out for the well-being of the student athletes. This legislation just gives them those standards to refer to as a resource and really kind of uses the guideline and say, this is why we're doing this. But, I think it's a team effort between the athletic trainer and the coaches, for sure.

REP. KLARIDES: I couldn't agree more. Great, thank you.

SENATOR GAFFEY: Thank you, Representative. Any further questions? Senator Stillman?

SENATOR STILLMAN: Thank you, Mr. Chairman. Good afternoon, thank you for being here. This line is questioning made me wonder, it's been a while since I've been a parent of a child in high school sports, but I was just wondering, at the beginning of a season, or when they start in the summer, let's say, when they start training and let's use football as an

example. Does the coach ever have a meeting with the parents before the season begins and could use that as an opportunity to educate the parents on what symptoms to look for? Because parents also need to know what to look for at home, so I was wondering if that's part of the offering.

DOUGLAS BOWIE: Most programs that I've been associated, yes do have that initial team meeting, parents meeting, I don't think it's mandatory, but I can't state that for sure I'm not familiar with the requirements, but most programs that I've been associated with do have that preseason meeting where they talk about what's going to go on during the season and quite often do go over the risks of participating in the sport.

SENATOR GAFFEY: Thank you. Just one other question because I recall when there was a rule change on spearing, for instance, it was outlawed and we were before the season started, I think it was my senior year, we were -- we had a little bit of a session with the referee who came to brief us on the rules and did highlight that. And, I know the NFL is contemplating a rule change going to the three point stance to try to eliminate head injuries. Are you aware of any rule changes that may be in the offing that are intertwined with this whole issue?

DOUGLAS BOWIE: I'm not aware of any, so I couldn't speak to that.

SENATOR GAFFEY: Okay. I could ask Mike and Steve and the coaches --

DOUGLAS BOWIE: It would be much better, it would be safer.

SENATOR GAFFEY: Thank you. Okay. Thank you very much for your testimony.

DOUGLAS BOWIE: Thank you for having me.

SENATOR GAFFEY: Mark McCarthy? Good afternoon, Mark. Thank you for coming.

MARK McCARTHY: Good afternoon, thank you for having me. I appreciate the opportunity to speak with everybody about this Bill 456. As you know, my name is Mark McCarthy and I'm an athletic trainer. I am the Director of the Sports Concussion Program for Connecticut Children's Medical Center. I'm also the Founder and the Chairman of the Connecticut Concussion Task Force.

I am honored to come here and speak to you today about this bill in support of this bill because one of the issues that we deal with on a daily basis with part of the task force and part of our daily practice at the hospital, is education and it's education that everybody in regards to the injury of concussion from coaches to parents to athletes to medical providers, everybody needs to be aware of what's going on with this injury.

The research that is coming out now is light years ahead of where it was just ten years ago. We've doubled more than the research within the last ten years than we did the previous 50 years. So, there's much more information that's out there now about concussion and we continually need to update and get this information out to everyone.

One of the issues we're dealing with, with concussion is this repeat injury. About 40 percent of concussions of adolescents, 40 percent of those kids will take somewhere

between one to two weeks to recover from this injury. Okay? So, less than half of the kids that we cover within a two week period of time, 80 percent of these kids will take somewhere up to -- well, are fully recovered by the end of the fourth week in the first month of recover and there is 20 percent of the kids that are out there that will take longer than four weeks to recover from this injury, and, in our practice we see many of those kids. There are many kids that we are currently seeing now that have been either out of sports or dealing with this concussion for months.

And, I think it's important for this bill that the early recognition of this injury is important because one of the biggest issues and one of the biggest causes of taking somebody who should have recovered quickly from an injury and maybe have been within that first 40 percentile group recovered within a week or two, a second blow before they've fully recovered could take somebody in that group and push them now into somebody who has taken months to recover. And, again, we see many of those kids within our practice.

So, it's very important that this injury is recognized early, it's very important that it's managed appropriately, so that full recovery has occurred prior to going back into play and that's where it's important that the licensed healthcare provider is incorporated into this process so we can ensure that there has been full recovery before we put an athlete at risk for another injury.

Like I said, many of the kids that we see are now suffering these symptoms months out and there have been sometimes within our practice that we've even had to pull kids out of school

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for weeks at a time because they can't focus and concentrate and they're having headaches so severe that they can barely tolerate it. And, so we need to make sure that these kids are protected.

So, one of the things that I wanted to say when I came up here was that the injury of concussion is something that needs to be addressed initially and that's the important thing and this bill helps us do that, so maybe we can prevent some of these kids having these long term sequelae from this injury because of a return to play before activity, before they should have and that's probably the key point of this bill is if that is going to happen. So, again, I thank you for everybody for having us here today.

I think this bill is very important to ensure the safety of these kids and that we have the opportunity to have this go through. Thank you.

SENATOR GAFFEY: Well, I thank you for highlighting in particular in your testimony the need for progressive return to action with the initial medical clearance to have exertion and then a specific clearance to go right back into full practice or game competition. I agree with you, I think that's a key, along with the education, that's a key part of this bill in protecting student athletes. Anybody from the Committee want to ask a question? Okay, great. Thank you very much for --

MARK McCARTHY: Thank you.

SENATOR GRAFFEY: -- helping out in crafting this legislature, we really appreciate it.

MARK McCARTHY: Thank you.

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SENATOR GAFFEY: Steve Boyle? Good afternoon,
Coach Boyle.

STEVE BOYLE: Senator Gaffey, thanks for having me,
members of the Education Committee. I was
told I have three minutes so I wrote
something.

SENATOR GAFFEY: No, no. We're being -- giving a
lot of leeway on that today.

STEVE BOYLE: All right. So, I'll do my best.

SENATOR GAFFEY: The hearings like Monday night
when I didn't get home until midnight that I
was cracking the whip on three minutes.

STEVE BOYLE: Well, I should tell you about an hour
ago I had an Irish rugby shirt on and I ran
home and changed.

SENATOR GAFFEY: You shouldn't have.

STEVE BOYLE: I apparently should have put a tie
on.

SENATOR GAFFEY: I would have appreciated the Irish
Rugby shirt more than the tie.

STEVE BOYLE: All right. Well, listen, my name is
Stephen Boyle and I'm a counsel and a coach at
Hall High School in West Hartford and I also
coach middle school track and field as well as
youth lacrosse. I'm obviously here in support
of SB 456.

While it's probably difficult to tell from
looking at me, I'm actually a former Division
one basketball player who has been around
sports for a very long time. I coached three
years in New York City, five years in Seattle,

Washington and besides the coaching I've done in Connecticut over the past 12 years, I along with my wife, who is athletic director at the Watkinson School here in Hartford, have founded a multi-sport academy intended to directly attack those folks what are encouraging kids to specialize in one sport and play only that sport, which I think segues nicely into why I'm here today. In the interest of full disclosure, I should tell you that I am here as a parent who has three daughters, each of whom plays at least three sports and who I am at most times glad to report, play them pretty aggressively.

But, not a day goes by that I don't worry about my girls safety and when I say my girls, I coach mainly girls in high school, I mean the many that I coach and the three that I parent. Until recent years, I'll be quite honest -- it was the dreaded ACL injury that I feared most. I've seen over ten tears live and in person over my career and as a counselor, I've helped many others through what is both an exhausting physical and emotional recovery.

But, now my fear of concussions absolutely trumps that of the ACL and other physical injuries. What we have managed to learn in recent years about concussions and their long term affects, I believe will literally save the minds of our children years down the road. It is perhaps the Irish Catholic guilt in me that makes me sadly look back on the young woman I've sent back into the heat of battle declaring that they should just suck it up or shake it off. But, you should know that there are still folks out there either because of ignorance or because of old school philosophies who are putting kids back into games and practices with total disregard for

the health of that child and with an emphasis on winning.

The pressures some coaches are under either real or perceived cloud their judgment and they will ask kids to lie about their concussion symptoms or simply ignore them and attribute them to something else. This legislation will take that decision making out of the hands of those adults who are in most cases actually really good people and put them in the hands of the doctors and athletic trainers who are trained and who accept the liability should their judgment be wrong. Look, would you ever want a dentist to diagnose whether or not your child had appendicitis? Why then should we let coaches decide whether an athlete is still concussed?

As a coach and as a parent, having an athletic trainer or doctor make this decision for me, will allow me to not let conflicts of interest take hold. Everybody wants their kids to play and get back into the game as soon as possible but more than that, we want our kids to live long healthy lives with full cognitive abilities. This law will wisely allow that to happen while perhaps sacrificing return to play one or two games sooner. Thank you.

SENATOR GAFFEY: Thank you very much for your testimony. Your testimony hits directly upon issues that the members of the Committee I know are concerned about and Senator Looney and I had discussions about this as did our counsel, Joel Rudikoff who has crafted the bill along with LCO Chris Cordima, former football player, University of Gettysburg, I might add, but it is a concern that the coaches are not medically trained and everybody wants to win and I'd like to think that that motivation takes a second place at

all times to the health and safety of the student athlete but life being what it is, I'm sure there are exceptions as you've noted in your testimony.

I've been fortunate throughout my life to be associated with coaches that were top notch and really, really concerned about the kids and I still feel that the far majority of our coaches in Connecticut are definitely in that camp but there could be exceptions and I agree with you that this legislation does put the responsibility in the right hands so that our student athletes are cleared medically, they're able to go back out and play and not at risk. So, I want to thank you for being here and thank you for your testimony. Any questions from anyone? Representative Conway?

REP. CONWAY: So, you're a graduate of Hall or you coach at Hall now?

STEVE BOYLE: I coach at Hall now.

REP. CONWAY: Thank you. Thank you, Mr. Chairman.

STEVE BOYLE: You're not going to hold that against me, right?

REP. CONWAY: I was actually -- I'm a graduate of Hall and for the first time we've been able to schedule Hall into our schedule for lacrosse. In past years the schedules haven't worked out but this is the first year we'll actually be able to compete. So for myself, it's going back competing against the school that I went to, which is going to be great.

STEVE BOYLE: Thank you.

SENATOR GAFFEY: This is an old fashioned lobby and I like it. Anybody else? Okay. Thank you

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very much, sir. Dr. Adam Perrin, please?
Good afternoon, Dr. Perrin.

DR. ADAM PERRIN: Good afternoon, Senator Gaffey, Education Committee. Thank you for having me this afternoon. I come as practicing primary care sports medicine physician who is intimately involved with the treatment of concussed athletes, concussion management, I've done so for many years now.

Also, I come as a representative of the Connecticut Concussion Task Force and the CSMS, Connecticut State Medical Society Committee on Medical Aspects of Sports. I also come as an ex-football player both high school and through college and had every intention of being a neurosurgeon but because of all the concussions I suffered, I ended up being a mere primary care physician. So, alas, it's not so bad of a job.

I must also apologize for Dr. Carl Nissan who was slated to speak later. He actually had to step out to cover a game to do what we propose to do, that is to protect athletes from injury and treat them but he --

SENATOR GAFFEY: It's more important that he's there.

DR. ADAM PERRIN: -- that's right, more important that he's there -- but he wanted to mention that he fully endorses SB 456 as a member of not only the Connecticut Concussion Task Force and from the CSMS where he is the Chairman of the Medical Aspects of Sports but also as a member of the CCMC, the Children's Hospital.

I thought I would just read you a little scenario which gives a nice representation of the kind of cases that I will come up against

periodically which really exemplifies how important it is to have this kind of bill in place.

So, this, consider this example as what may happen to a student athlete who's concussion injury has been mismanaged. This is one of my actual cases involving an athlete who had been referred to me after suffering multiple concussions. One of the key take home points is the fact that the clinical consequences could have been readily prevented had the athlete and the coaching staff been educated on concussion management. So JR is a 16-year old high school junior who plays linebacker on the varsity football team. He is an honor student with sites on attending an Ivy League university.

Over the past several years he reports having sustained several bell ringers which typically result in transient dizziness, confusion lasting seconds to minutes. He never thought it important to mention to his coaches, thinking that it was a normal part of the game. The coaches lacking education and recognition of the signs and symptoms of concussions did not express any concern. He continued to play both ways in fact, both sides of the ball, without ever resting or missing a game.

He was referred to me by his pediatrician after presenting with a complaint of chronic headache and fatigue, coupled with the fact that his grades were starting to drop. Evaluation with neurocognitive testing used impact revealed significant impairment and verbal memory thought processing speed and reaction time. And, exertional effort be it physical or mental, exacerbated his headache. Only after prolonged and forced cognitive and

physical rest, which included staying out of school for an entire month, did he eventually recover. And, so, he had been symptomatic for about nine months, a fact which greatly impacted his quality of life in every conceivable way.

And, we have to remember that when you're concussed, it doesn't just affect your sports ability and your return to play, it impacts your academics, your social life and it really is quite pervasive.

So, having a mandate, given that story and having a mandate through SB 456 would conceivably prevent the aforementioned scenario from occurring, hence I fully support the institution of this vital bill.

SENATOR GAFFEY: Thank you, doctor. I want to repeat a question I asked before and that is, I believe somebody referred me to the Journal of Neurosurgery, but in your experience, are you seeing younger and younger players below the high school level coming in often with concussions?

DR. ADAM PERRIN: Absolutely. A number of middle school players, the kids that are risk takers in particular who go all out when it comes to a sports activity and are doing things that are more dangerous in part promoted by our media, etc., but yes, I'm seeing kids down to the age of 11, 10, also suffering similar injuries.

SENATOR GAFFEY: Typically, what sports?

DR. ADAM PERRIN: Football, hockey, lacrosse, snow boarding, skate boarding, gymnastics, cheerleading, a large number of sports.

SENATOR GAFFEY: Thank you. Any questions from the members of the Committee? Representative Jarmoc? Representative Conway?

REP. CONWAY: Can you give me -- shed some light on this -- have you had any experience to be able to look at in terms of the injuries that you've seen come in, the protection that a helmet might give you in some of those sports where they are wearing a helmet? And, I ask this because with all the, I think it's been great for the media and the research that's been disseminated, I took the step this year to look into our helmets and the warranty and the protection in terms of length that the manufacturer says it will give, and then contacted our athletic director and said, you know, one, I think we have an issue of safety but, two, an issue of liability for the school district.

The manufacturer says they're not warranted beyond a year for impact unless they're reconditioned and these are, kids that have been wearing their helmets since they were in the youth league probably and continue to wear them. So, collected the, had them all reconditioned for one, safety, two, liability for the district. But what has your experience been? I mean is that something that really plays a significant role in reducing a concussion or does it really have any affect in that the concussion can also take place from just impact on the body itself?

DR. ADAM PERRIN: Yes, well, there's always new developments and they're trying to make helmets better and better and they're even inserting new devices -- not on the scholastic level, but in professional -- that can actually sense the degree of force. It's a

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research tool at the present time. But, what's out there has improved considerably but you can get concussions from other approaches, for example a blow to the chin can be transferred up into the brain and some of the more modern helmet designs help protect against that possibility as do mouth guards, can be significantly helpful. And, I'm sure some of my colleagues could indeed add to that -- further answer that question with more experience.

REP. CONWAY: Thank you. Thank you, Mr. Chairman.

SENATOR GAFFEY: Thank you, Representative Conway. Thank you very much for your testimony. I appreciate it.

DR. ADAM PERRIN: Thank you.

SENATOR GAFFEY: Vicky Graham? Good afternoon, Vicky. Good to see you again.

VICKY GRAHAM: Good afternoon, Senator Gaffey, members of the Committee. My name is Vicky Graham and I'm the President elect of the Connecticut Athletic Trainers Association. I'm also a member of the Connecticut Concussion Task Force, I'm an athletic trainer and I work at Wesleyan University.

On behalf of the CATA I would like to thank the Committee for its attention to the issue of sports-related brain injuries. The CATA fully supports Senate Bill 456, and as you know and have heard today, athletic trainers have long been on the front lines in managing these injuries. You have my written testimony; I'm not going to read this to you. I would like to hit a few points that have been brought up through the day and clarify a couple of things.

We've heard about second impact syndrome and the fact that it can result in permanent brain damage or even death. Fifty percent of those incidents result in death and almost all of them, almost all the cases that have been reported in the literature, have been reported in high school age athletes. It's very rare for these to occur anywhere else. There have been reported cases in the literature in boxing of older athletes.

We did mention that almost anyone in any sport can sustain a concussion. There are significantly higher rates of injury for female basketball and soccer players in particular, both in high school and in college. So, it's important to recognize again that it's many, many sports and it's not just football and lacrosse and hockey. The females are just as susceptible if not more susceptible.

The CATA has worked along with task force, the CIAC, the State Medical Society and the Connecticut Association of Athletic Directors on the module of training for coaches and as you've heard, that is almost complete. It doesn't add any additional burden on to the coaches and I think that's important for everyone to understand.

It's also important for us to recognize that part of the conversation about concussion and keeping student athletes safe should also be about providing adequate medical coverage for secondary school athletic programs. I realize this is not part of the bill and I'm not asking for it to be, but I think we need to start realizing that schools that sponsor athletic programs have a responsibility to provide adequate medical oversight of those

student athletes.

Both the American Medical Association and American Academy of Family Physicians have recommended that an athletic trainer be part of the secondary school athletic program and we feel strongly that student athlete safety should come first and as athletic trainers, that's certainly our biggest concern. And, while an athletic trainer at a high school certainly can't be at every event and every practice and can't be in more than one place at once, in the case of this scenario in this bill, if one of Representative Conway's, Coach Conway's athletes is injured and the athletic trainer isn't at that field but he feels that person has a concussion, he certainly has the ability to refer his athlete fairly immediately to the athletic trainer at that school.

So, even though the athletic trainer may not physically be in ten places at once on a given afternoon, it does help the coach manage the athlete better, it's a safer situation for the athlete and the overall medical care will be much improved. So, again, student athlete safety should come first and we feel that having athletic trainers in secondary schools should be a consideration of this Committee and I know that Senator Gaffey, that your -- my understanding is you agree with that but there are bills to pay.

SENATOR GAFFEY: This year there's a lot of bills to pay.

VICKY GRAHAM: I know. And, we've heard a lot of discussion about impact testing and I just wanted to clarify for people that don't know what it is. It's a computerized neuropsychological testing program that's used

by many clinicians to help measure return or recovery from concussion. It's not used by everyone. It's a very -- like Bob Howard said, it's an excellent, excellent tool.

It's not required for people to be utilized to help make return to play decisions and I don't want there to be confusion because there would be costs associated with that. I don't want there to be confusion that that's part of this bill because there's question about this bill being an unfunded mandate which it really isn't and I want to make that clear too. The training is really the only thing that would have a cost associated and it's been done and it's going to be implemented no matter what.

So, the CIAC again and the Connecticut Athletic Directors Association have done a great job on being proactive in developing that curriculum. So, again, this bill sends the message that student athletes come first, concussions need to be taken seriously and I just want to thank you again for working with all the groups that care about this bill and I want to thank you on behalf of the CATA for your attention to this issue.

SENATOR GAFFEY: Well, I thank you for your participation in helping us in all the meetings that we've had and crafting the legislation. I can't agree with you more on the need for athletic trainers to be present and not at all of course, but be present in our high school interscholastic athletic competition at all schools in the state of Connecticut and we'll live to fight another day on that one. And, next year I fully intend on bringing that back because it's critical, I believe for the health and safety of our student athletes in Connecticut and this state ought to be showing a leadership

role on that. Members of the Committee -- Representative Conway?

REP. CONWAY: Thank you, Mr. Chairman. I'd just like to thank you for reemphasizing the no cost to this legislation and my questioning to Mike was to get to that, you know, we're already doing the training, we are not requiring specific protocol in terms of impact testing or anything on districts, it's a total local decision and it really is a no cost implementation, so thank you again for your support on that. Thank you, Mr. Chairman.

SENATOR GAFFEY: Thank you, Representative Conway. I'm going to start calling you coach. You know, that I meant to say that, thank you for saying that because I know my Co-Chair was a little bit concerned about that and didn't have the understanding of how far you all have come in developing the module, the work is done, it's at no extra cost to any school district in the State of Connecticut so I'm glad that you highlighted that so we could put that argument to bed. Any further questions? Thank you very much Vicky. I appreciate all your work.

VICKY GRAHAM: Thank you.

SENATOR GAFFEY: Joe Bonitatebus? Hope I didn't butcher the name. Hi, Joe.

JOE BONITATEBUS: Hello. My name is Joe Bonitatebus and I'm 17 years old and I'm a senior at Ridgefield High School. Thank you Senator and the Committee for your time. I'd like to speak to you today about my experience with a brain injury.

The incident happened on March 9, 2008 while I was playing street hockey with my brother and

his stick hit the bridge of my nose. About a half an hour later I realized I needed to go to the hospital once I started feeling symptoms fearing that I had sustained a concussion. The diagnosis was a broken nose and a mild concussion and I was told that I would be fine within the next couple of days and all I needed to do was to take some aspirin.

But, for the next two weeks I was unable to go to school due to the symptoms I was having which were pounding headaches. After several doctor appointments to the pediatricians, an ENT and a neurologist and after different procedures and different medications I was getting no better and maybe actually worse. Finally, six weeks later we found the appropriate doctor because my mom had spoken to another mom who told us where to go to seek out help. And, Dr. Lee, he made me take the impact test and then shut me down with a method called cocoon therapy and that left me doing nothing -- no school, friends, TV, video games, phone, texting and obviously no sports.

I missed the entire fourth quarter of my sophomore year and I spent the whole summer making up my school work with the help of tutors provided by my school. Due to my symptoms, my tutors had to actually read to me and write for me and some other symptoms that occurred left me wearing sunglasses inside of the house and I also had to wear gloves and socks inside due to the side effects of the medication that I was taking.

After four months in July, I was feeling like I was almost cured but then I was hit again accidentally exactly in the same spot, the bridge of my nose, by my sisters head and my symptoms immediately increased. In September,

2008, I went back to school with many accommodations and trips to the nurse's office. Since my symptoms were not going away in a reasonable time frame, I underwent a series of blood work to rule out any other possibility of illnesses.

In April, 2009 I was given a neurocognitive diagnostic evaluation to pinpoint specific affected areas and treatment recommendations. Finally, after two years to the date I was considered recovered but still was advised to take caution with various activities and no contact sports since I am still experiencing headaches and I urge you to support the RSB 456 because I have experienced the long-term affects of a concussion and this law will help reduce the number of people who have to go through what I have been through. Thank you.

SENATOR GAFFEY: Joe, thank you for coming all the way from Ridgefield today and testifying in front of this Committee and detailing your experience. It's important for all of us to understand that there are real life experiences out there with concussion and you did a great job in walking us through what happened to you. What school do you go to?

JOE BONITATEBUS: Ridgefield High School.

SENATOR GAFFEY: Ridgefield. Were you competing interscholastically at Ridgefield?

JOE BONITATEBUS: Well, I was going to play baseball and I had played soccer and track but I was just playing street hockey at the time with my brother. I was going to play some sports but I got hit.

SENATOR GAFFEY: Okay. Well, thanks for taking the time to be here and watch out for that sister.

JOE BONITATEBUS: I will, thank you.

SENATOR GAFFEY: Okay. Thank you. Representative Conway has a question for you too.

REP. CONWAY: Hello, Joe. I think, you know, what Joe brings to this is a perspective that we haven't discussed. We've discussed in some of the testimony that this bill is mainly about education. Education to our coaches, education to our kids, education to parents, but specifically even outside of school, that we bring the spotlight on the seriousness of a concussion even in a pickup street hockey game in your own driveway that parents and kids understand the long-term affects that it could have by not getting treatment but even in getting treatment that you still need to be careful moving forward and that this really is, you can't speak more to this than, you really just addressed it, this is about education for everybody, not just for schools or for interscholastic activity but for concussions in general and especially with adolescents. So, thank you very much for taking the time to bring that to our attention today. Thank you, Mr. Chairman.

SENATOR GAFFEY: Thank you, Representative Conway. Any further questions for Joe? Thanks again for taking time to come here. We appreciate it.

JOE BONITATEBUS: Thank you.

SENATOR GAFFEY: Joel Becker? Good afternoon.

JOEL BECKER: Good afternoon, Senator Gaffey and distinguished Committee members. I want to thank you very much for allowing me to testify today. I am a Clinical Neuropsychologist and

I'm a member of the Connecticut Concussion Task Force and I'm also certified in impact testing as the consultant/clinician and I actually am director of a clinic east of the river that deals with concussion management and other neuropsychological issues as well.

I have been working extensively with sports and recreational concussion for the greater part of the past decade and as you all are very familiar there are several million of these cases that occur in sports and recreation annually. Additionally, there's every reason to believe that there are tens of thousands of injuries like this that go unreported and likely untreated.

My work is intensively focused on a phenomenon known as post concussion syndrome which a couple of my colleagues and certainly Joe just before me has touched upon and while there are a number of competing definitions for this, I'd like to give a very simple definition and for our purposes we're looking at a history of head trauma resulting in a cerebral concussion with symptoms that come on quickly after the trauma and that last a month or more.

Typically individuals with this presentation may exhibit fatigue, sleep difficulties, chronic headaches, vertigo, dizziness, irritability, agitation, depression and other emotional and possibly personality changes. Additionally, if that's not enough, there may be learning difficulties, memory problems, attentional difficulties and proprioceptive difficulties, dealing with body and space amongst others. And, these would be more neurocognitive if you will difficulties. Estimates of this phenomenon exist for a minority of the concussed individuals as Mr. McCarthy was referring to, that there's a

percentage of concussed individuals that will not recover within weeks.

And, estimates range from seven to eight percent on the low side to ten to 25 percent on the high side. Some clinicians will refer to on-going symptoms past three months as persistent post concussion syndrome. Albeit there's no formal diagnosis of that nature at this time, it's sort of a clinical reference that we make.

The key concept of post concussion syndrome is on-going injury status with a prognosis that's both individual in duration and in the quality of recovery. Interestingly, post concussion syndrome may not necessarily be associated with the severity of the initial injury. I've often heard from injured individuals that others around them may be saying things like that, I can't believe he's still having so many problems months after he just fell down and hit his head. Yet, for the person, for that young person undergoing that recovery, these problems may be extremely draining both emotionally and physically and as the testimony just before me, had very much pointed out.

So, the purpose of my testimony today is to bring the clinical phenomenon of post concussion syndrome to the attention of the legislators present and the public present. I've given input on this to schools, at the middle school level, high school and collegiate level and I believe that identifying and working with this problem as it presents itself in young adults is very essential. I work with 504 meetings and also presented to numerous institutions as well as medical facilities and sports professionals about this particular phenomenon.

In summary, the management of concussion in many ways may dovetail with decreasing the incidence and duration of post concussion syndrome. I strongly urge those present to fully support the legislation being put forward and in addition, recognize that substantial minority of young people who require proper identification and assistance as they recover from sustaining a closed head injury, a/k/a cerebral concussion. Thank you very much.

SENATOR GAFFEY: Thank you, doctor. Could you just for the benefit of the Committee as someone here at the beginning of the hearing, could you just walk us through quickly the impact test?

DR. JOEL BECKER: Sure. The impact test is a computer based neurocognitive assessment. It takes about 20 minutes and there's a demographic component as well. What it is, is it's a computer platform that tests for memory, reaction time, and cognitive processing as well as it has a very nice symptom identification check list which can be repeated over time.

So, the beauty of impact and again, it's not the only tool out there, there are many tools out there, but it's one of the tools that are highly utilized and I happen to be one of the individuals that use that tool quite a bit. Anyway, you can compare test results over time, so it's kind of nice in the sense that if I have a baseline on an injured individual, I can see what they look like before they were injured, I can see what their memory looked like, I can see what their reaction time looked like, I can see what their symptom profile looked like.

If they were injured, I now have an intraindividual comparison to use so I can see how much variance exists now in their memory, for example reaction time from when they initially took the test at baseline. I can also look at normative statistics so I'll get percentages on what that individual looks like compared to age related peers of their gender. So, I get an intrasubject comparison as well as an interindividual comparison and it gives me a very good range to make clinical judgments with.

Now, again, if the injury is significant, if it goes on for quite awhile, impact in and of itself is not enough to measure and to track and to work with that person and that's when they would get much more an extensive neurocognitive diagnostic evaluation which I am involved in as well.

SENATOR GAFFEY: Thank you very much for that description. Any questions? Representative Conway?

REP. CONWAY: And, just to -- good afternoon and thank you for your testimony. And, to follow up on Senator Gaffey's questioning on the impact testing, how long is the initial baseline good for?

DR. JOEL BECKER: Well, if we give it in high school, we generally give it in the freshman year and because the brain is still developing, we like to give it again in the junior year. But, once they're above that age level, if it's collegiate level, once. A baseline is only done once.

REP. CONWAY: And, I think it's important that this isn't just for interscholastic. If some

individual happens to be tested through their school, that those test results can be given to any physician, whether the injury happened within school, or outside of school, with travel teams and the elite teams that we see popping up all over the place today, that that baseline test is good for the injury that may happen anywhere?

DR. JOEL BECKER: That is correct, that is correct. It's a medical document if you will and that can follow the individual in different venues, so whether it's recreational or community sport or etc., it can still be utilized. The key though is that the clinicians that are looking at that instrument are literate in what this tool is and what it's representing.

REP. CONLEY: Thank you. Thank you, Mr. Chairman.

SENATOR GAFFEY: Thank you, Representative Conway. Senator Caligiuri has a question. Senator?

SENATOR CALIGIURI: Thank you, Mr. Chairman. Good afternoon, doctor. One of the things the bill requires a coach to do is to remove a player from participating in athletics if that player exhibits signs, symptoms or behaviors consistent with a concussion. And, I know that's why the training component in this is in the bill.

The question for you is, is it -- when I hear the prior testimony of the young man from Ridgefield, it seemed to me it took a number of different doctors a while to really get their hands around what was going on with him. Is it realistic that the training will be adequate to allow a coach who's not medically trained beyond the training that's being provided here to accurately notice signs, symptoms and behaviors consistent with a

concussion?

DR. JOEL BECKER: I think the question is very relevant. I think coaches if they're properly trained can be very good about identifying a risk case and really their job is to refer that risk case to the appropriate clinician. That clinician at that point, should be versed in concussion and concussion management and they make the diagnosis and they make the call.

All we're asking the coaches to do is to identify a risk case. So, there's an event, there's some reason to believe that the signs and possibly symptoms that are being presented are relevant to concussion, that coach now makes the call and says I think you need to see a clinician who can evaluate this and that's all we're asking for.

SENATOR CALIGIURI: Doctor, thank you. May I, Mr. Chairman? And, I think we all, speaking for myself, I agree with that objective as we often have the law of unintended consequences in the legislature and in practical application I want to make sure that it's realistic for a coach to be able to really get their hands around the risk signs. And, it sounds like you're saying that that is possible and the bill assumes that it's possible for a coach to be able to do that and I wanted to get your opinion as an expert whether someone could really adequately be trained to be a good initial spotter of a potential concussion. It sounds like your answer to that is yes.

DR. JOEL BECKER: Yes. I actually sat in on the training tool that is going to be used by the CIAC and I think that a lot of what was put into that and I believe that that tool was

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quite effective in educating coaches as first line responders, if you will, to identify the risk status and then make the appropriate referral. Yes, I believe it can be done.

SENATOR CALIGIURI: Thank you, doctor. Thank you, Mr. Chairman.

SENATOR GAFFEY: Thank you, Senator. Doctor, thank you very much for taking time to testify today, we really appreciate it.

DR. JOEL BECKER: Thank you very much and thank you for allowing me to testify. Thank you.

SENATOR GAFFEY: Stan Kosloski? Good afternoon, Mr. Koslowski.

STAN KOSLOWSKI: Good afternoon, Senator Gaffey, member of the Committee. My name is Stan Kosloski and I'm the Executive Director of the Connecticut Disability Advocacy Collaborative which is a cross-disability network, cross the age span, cross disabilities that seeks to empower people with disabilities, families that have children with disabilities and others to more effectively represent their interests both individually and collectively.

You have my testimony. I'm in full support of Senate Bill 456. I will make this brief. The training course, the initial training course is urgently needed, the refresher course as well. The importance of removing athletes when they exhibit any signs of a concussion is important. The clearance to participate by a licensed healthcare professional is important. I think the only thing I would add to the testimony that has been mentioned, maybe emphasized perhaps, is the importance of preventing disability.

Disability is very expensive in a variety of different way and if we can prevent disability in the future, the repercussions will be far reaching. Currently up to 20 percent of our population are individuals with disabilities and we're certainly not interested in increasing those numbers so your support for Senate Bill 456 is needed and would certainly be appreciated.

SENATOR GAFFEY: Thank you, Mr. Kosloski and thank you for coming today and testifying. Any member of the Committee who has questions? Thank you very much, appreciate it.

Fred Balsamo? Good afternoon, Fred.

FRED BALSAMO: Good afternoon. Thank you to the Committee for allowing me to testify. You have, I've submitted written testimony under two hats and I'm going to keep my comments brief so I can merge the two. My name is Fred Balsamo and I'm the Executive Director of the Connecticut Association of Athletic Directors, representing athletic directors of the state and simply at our last Board of Directors meeting, we voted to unanimously support this bill. In addition to that, the other hat is I am the Executive Director of the Connecticut Coaching Education Program.

A lot has been talked about, modules and courses and that is us. What that is, is the CIAC, AD's and the coaches association all under one umbrella performing duties to provide coaches with, not only the initial course that the need to be certified as a coach, but the renewal modules and so I wanted to make sure that everyone knew that we recognize this, the three bodies a year ago when things were on the horizon about concussions. It's almost like the perfect

storm.

This bill came in a very timely manner. We were working with the Connecticut Concussion Task Force and the Connecticut trainers working on a module that was going to be unveiled this March, it's still going to be unveiled to the athletic directors this March, so when this legislation came about, as I said, it was timely and it just added to the importance of that.

I do want to reiterate one other thing and I want to commend you, Senator Gaffey and Senator Looney, that Connecticut didn't have to wait to lose one of its children to enact such legislation. Two other states unfortunately had to do that and I think this will be a sweep across the nation as more and more states act prudently for the safety and welfare of their children. I do want to address -- there was some concerns around here and I want to make sure there's some -- there's no confusion.

First of all, we recognize the importance of educating the coaches. We've developed this module. We felt while we had the coaches attention we did include neck injuries so there was someone here earlier who had questioned about that and their going to get education; it doesn't need to be part of the bill, it's going to be part of the module, at least our module. There are other CEU providers out there and we can't speak for them, but we would hope that as this program gets approved that they look to expand on what we're doing and copy what we're doing.

To educate parents, as the athletic directors as part of our module the Connecticut Concussion Task Force has made several videos.

One of them very powerful video that drives the point about signs and symptoms and return to play. We are going to make that video available to all the athletic directors to play at preseason meetings for parents so that parents are understanding of what's going on and that only puts pressure on the coach to due diligence because everyone knows and everyone's expecting and that's what this bill is doing and that's a great thing.

Someone mentioned earlier concern about adding to the 45 clock hours. We have always had concussion education in our 45 clock hour course. I can't speak for the other courses that are going on in the state nor the ones being offered at the universities. But, there is a mandatory 15 hours of care and prevention of athletic injuries. Anybody prudent teaching care and prevention of athletic injuries is going to teach something about concussions.

What this does, this bill now emphasizes the points that need to be taught. It's going to make it consistent from course to course so it's not going to add to the 45 hours, it's just going to implant where we were already teaching something, teaching it in a more definitive way. In the three hour courses, we process probably more CEU modules in the state than anyone else. I'm sure as you're going to something tonight, that's coming through our office to process your CEU's and this module that's initiated -- this initial module is just one of the modules that they will have to take. The only difference now, is they're going to have to take it by a certain date and they're going to have to keep up with it.

The concern about the annual review -- all athletic directors annually review certain

things about their coaching with the coaching staff, they have an annual meeting and they go over CPR if it's needed and we saw this as a simple painless way to make sure that coaches are kept up on new research and current information as it comes about.

The CIAC is committed to annually, we will check with the Connecticut Concussion Task Force, update our material, present it to the schools in the summer; they will then make sure they get it out to the coaches. We're talking about some kind of sign up sheet that every coach has to sign and that will be the annual review. So, again we tried to make it painless. You've been very receptive to our comments and I think the bill was well written and it's just a tremendous bill.

SENATOR GAFFEY: Well, thank you very much, Fred, for your assistance and your testimony today. You shed some good light on a number of issues that were brought up by members of the Committee and I thank you for doing that. You have a pretty high confidence that the annual review and the refresher course every five years is going -- and I loved hearing the suggestion that you have that the coaches sign off. But, you have pretty high confidence that this is going to do the job?

FRED BALSAMO: No question. It's raising a standard. There's always been a concern about concussion, but this is going to raise a standard and it's just going to put everybody on the same page. We are -- the module we're talking about that we are unveiling and Mike Savage mentioned it earlier, we have a train the trainers program, just so you know how that works. And, we started this years ago.

Every athletic director will be in Rocky Hill

next Thursday and Friday and at that session they will be given this module. They will -- it will be unveiled, they will be given lesson plans, the how to and what not. But, for this module we're going a step further - we're telling them they can't teach this module unless they have a certified trainer in the room with them and we will make trainers available to them if needed.

We are running a follow up training for certified trainers, licensed trainers in conjunction with CATA on March 30th. So, after that date, we can turn this package loose and it can be taught, co-taught between an athletic director and a trainer in their school systems at no cost if they desire and it could get done.

SENATOR GAFFEY: That's great. Thank you very much. Any questions from members of the Committee? Thank you very much, Fred, we appreciate it.

FRED BALSAMO: Thank you.

SENATOR GAFFEY: Coach John Fontana? Very happy to have Coach Fontana here. He is one of the legends of Connecticut high school coaching from Southington High School.

JOHN FONTANA: Thank you, Senator Gaffey and members of the Education Committee. I'm not going to bore you with everything everybody else has said already because we all know how important the issue is of concussions. I mean, that goes without saying.

I'm here representing our executive board and the more than 7,000 coaches in the state and I think at the last board meeting we were more than happy as we started to see that you put

in these things that were more of a concern to us. Now, we all know one thing -- every time you read the rule book, I don't care what sport it is or how young you are, how old you are, you always try to beat the system. I don't care if it's living, dying, getting to first base, whatever it is. Somebody's always trying to beat the system and the only way people pay attention is by putting a rule in there that's going to be hard, get rid of you, send you into the room, whatever, and I think that when they put in there that it would yank licenses or certification, I think that was the key factor in this.

I think we can do all the education we want, but you know, there's not a lot, but there's some out there that would try to beat the system. I know in the old days when I played ball, I'm not going to date myself, but I always remember they'd look over, is he bleeding? You know, you've heard that statement. And, if not, let's go. And, we can't let that happen.

I do want to just say one thing because we mentioned a lot of sports. Because I just got through suffering another severe thing, just to let you know, years and years ago when I was in college, I got hit in the head by a 90 plus mile and hour fast ball. I know people would say, no wonder he's so dingy. But it's funny because we're down in Georgia, took me to the hospital, released me, by then we went by car. I helped drive the automobile on the way back, went back to school, studying, playing ball because I wasn't going to give up not playing and five weeks later I'm in the library one night and a wall like that, I was telling Freddy, I went from one clock to about 150. So, there was a young lady sitting across from me and I said, you've got to do me

a favor, you've got to go get the librarian.

They rushed me to the hospital. I was in the hospital for about a week and a half. The doctor -- then, who knew concussions, nobody paid attention there was no trainers around. And, the doctor said to me -- I was just in a hurry to get out of there and he said you're going to wind up with bad vertigo when you get overtired and pains in your head in the spot where you got hit, you're extending yourself and the stress that you put on your head. And, I -- okay, okay, let me out. Well, of course he called and they wouldn't let me play and it jeopardized my academics because I had to go to summer school for the next three years to make up because I didn't finish the year.

I'm telling you that only because no one knows, I was telling Freddy, about three times a year I get vertigo and pains in my head like somebody is stabbing me with a knife from that day and that was years and years ago. I mean so severe where I couldn't even describe it to you and I just lay there in that bed and I was in there the last time about a week and a half ago, for five days. So, it's nothing to play games with.

We talk football, we talk hockey, lacrosse, but you know even with the helmets -- getting to your question, years ago when I was in the National High School Coaches Association they put me on the advisory board for SGMA, Sporting Goods Manufacture -- I was on there for 12 years, going to Washington and everything, go over new equipment, going over helmets and everything. The first year I was on there were 52 helmet companies. Then next year there were two in football. Now, there's more, the helmets are getting bigger and

better and faster. The Connecticut/Rhode Island game that we play at Rentschler Field, the helmet company gives us helmets every year. I can't tell you in the last five years, they've given, both states, three times they've given us brand new helmets because they've come up with new things. I mean, lucky, we don't have to pay for them, they give them to us and they keep replacing them as they do it different.

I want to compliment the Committee because we need to do something to take care of the youth of our state. I mean, the rest of the country, yes, but we have to worry more about our youngsters and I think it's an important thing and this is a great thing. And, I want to thank Mike Savage and Freddy from the athletic directors, for bringing our body into theirs and make it part of this because it's needed by everybody. Thank you very much.

SENATOR GAFFEY: Thank you, Coach Fontana. I appreciate you coming today. I always appreciate your input on these matters and a lot of things you said brought back memories that I've had too of headaches and other things that have occurred long past the time that I played ball, but it's a serious issue and people don't understand sometimes the life-long lasting impact of these injuries. Any members of the Committee like to ask Coach Fontana a question?

JOHN FONTANA: You know, you're old coach would have been here.

SENATOR GAFFEY: My old coach would have been here, God rest his soul. Thank you very much. Would anyone else like to testify at the hearing? There's no one else signed up. Seeing none -- I want to thank everybody for

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EDUCATION COMMITTEE

March 17, 2010
3:00 P.M.

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your participation, for your assistance. It makes for good legislation when we draw up consensus, well I guess, amongst many interested parties that are far more knowledgeable about this than we are. So, I want to thank you all very, very much and we'll call this hearing adjourned. Thank you.

Slesinski, E

My apologies for the unexpected emergency that kept me from being there today, but it were unexpected and as long as I get this in by 10am, my understanding is that you will have a chance to read it and consider it.

I have been in sports medicine for over 25 years now, and have covered every sport the State of Ct participates in on a high school level and then some. I have also seen virtually every injury or condition I was trained for, except having to learn how to deliver a baby. I couldn't see how I was ever going to be put in the position of needing to know how to deliver a baby was going to help me, but once I became a trainer, especially at my first job in rural Maine, I realized that while I wasn't the town doctor, I was responsible for all the people that attended the games I covered. I learned that the hard way my first game. The first play of the first game of the season I heard a noise that only sound like one thing if you've ever heard it before, the sound of a leg breaking. As a newbie, in a place that was 50 miles from the closest hospital and my insistence of an ambulance be present before the game began fell on deaf ears because I was assured the volunteer department in town could get an ambulance there within 15 minutes, it was the first and only time I let someone, anyone intimidate me from never starting a game before all necessary back up coverage was present. And many years later, at a school here in CT, the design of the field, a soccer field, wasn't such that in an emergency situation, an ambulance's stretcher could make it on the field and I refuse to let the game start until there was an ambulance present, not SOP for soccer games, but after I pointed out the liability issues it created and God forbid someone were to get injures, need an ambulance and getting the stretcher on the field, the time lost caused a more severe outcome, I would openly testify that in my opinion, we were playing in dangerous conditions, but none that were in the rule book like lightning or heat that I could use to prevent my team from taking the field, but suffice it to say, I got my ambulance.

I tell that story because until very recently, women weren't always taken seriously and as equals on that field. In actuality, we had more power than the coaches because it was our job to say who was eligible to play and who wasn't. This could be a very intimidating situation for a trainer, especially for someone new to the profession or in the position of having to work with a coach or staff member that still thinks a woman doesn't belong on a football field or in the men's locker-room in general, Today, they are few and far between and generally welcome the presence of a trainer, it takes a great deal of pressure of them, as well as liability, but 15or so years ago, that wasn't always the case. In fact, I was only the second female to travel with a men's team while at UConn. I traveled with the men's ice hockey team and often with the men's baseball team, and in 1986-87, I was cause for discussion, but with the number of women continuing to enter the field of athletic training and being as that was the year they broke ground for the present Gampel Pavilion, the administration understood its initial worries of ultimately protecting the sole female trainer from possible sexual harassment or assault was well intended, but if they knew, at least in my situation, how my players were extremely protective of me and considered me a part of the team. Today, seldom does anyone look twice when the trainer introduces herself to the coach, staff and players.

This person history may seem superfluous, but I assure you that it is relevant because given that my initial experiences on my own as the team's trainer was with men's teams; the "intimidation factor" wasn't ever as issue with me. I may be 5'3" and weigh 100# soaking wet, but I am an excellent trainer who worked very hard to do so, going above and beyond what anyone else I know did, and at no point in my career did anyone ever talk me into returning a player before they were absolutely ready to return to the game. Unfortunately, with things such as full ride scholarships to colleges on the line or even a high school player, rare as it is, going directly from high school to pro, especially in baseball, the team trainer who benches an injures player for whatever reason the same day a scout or recruiter may be in the stands can cause for a great deal of tension, to put it mildly. No trainer I know would let that sway them, but we are now finding out about physicians who, for year, wrote prescriptions for antibiotics to mothers and adult patients who would clearly have a cold or the flu, yet to placate them, they would write

a script for an antibiotic and in 10 days, they would be cured, which they would have been if they simply let the virus take its course. Only now are doctors realizing that not only was it a huge waste of time and money, but caused some bacteria to mutate and subsequently become stronger and drug resistant. So how does SB456 relate to what might seem to be endless rambling of this author, but if you would just bear with me a bit longer, I assure you it will all come together.

Head and spinal cord injuries are the two injuries that can cause catastrophic results, even death, but only head injuries are the ones that can initially come across without symptoms and an athlete could conceivably pass all the present tests we perform now, be sent back in (although the age old "8 day rule" still has its place), get hit just once and be put into a vegetative state, or even die without this law.

Sports are not just for learning skills and competition, but as I alluded to before, a way to get to college, or off the streets into say a local youth center where they get into boxing for example. These are two excellent examples of how sport are an integral part of our society, but like they rules on clipping because of the risk to the knees or unnecessary roughness, both to help prevent unnecessary and permanent injury, it's time to not only make it a rule, but the law when it comes to head injury and the phenomenon called "Second Impact Syndrome". It's a condition that, when a pre-existing head injury is present, that person sustains another collision injury of minimal force, but when combined, they cause catastrophic results. This law is our best way of ensuring that this doesn't happen. When rules in sports are broken, it's up to the official to determine the penalty, but when a law is broken, it's up to the courts to determine the penalty and I assure you, it won't be a technical foul.

You have the opportunity to protect our most precious resource we have, our children, and I want you to think that the athlete that it might just protect one day is your son or daughter. You see their energy and enthusiasm when they play and if they were to sustain a head injury and have nothing but a slight headache that a couple of Tylenol does take care of, why should you think anything when you say good night to them that night, ask them about their headache, and they tell you they took another dose of Tylenol, and are tired, but will probably feel better in the morning. Without this law, you very well could wake up to the greatest tragedy any parent can experience, the death of a child because as a trainer, everything I just described tells a trained person volumes, but tells the layperson, it must not have been that bad. I assure you, there are more lay people out there than trained and with lack of insurance coverage, many of them don't realize that if it happens while playing sports for their school, all of the testing is part of the insurances that all schools must have, so parents don't have to worry about choosing next month's rent or the medical testing their child need to ensure their survival. You all have insurance coverage, but you know the statistics of those who don't and how many of them don't have insurance. I could continue with a number of other examples, but you have, in your hand the ability to pass a law that will protect our kids from the same injuries airbags, bike helmets and not allowing certain sized kids from sitting with those air bags, so if you chose not to pass this law, then I can only assume you don't insist on your kids wearing their helmets while riding their bikes, or their skateboards or while on the slopes. If not, then you know the merits of this bill and why it should proceed to its next step.

Again, I was anguishing, but really looking forward to testifying in person on behalf of this bill. I just hope that this second submission on its behalf does it justice and persuade this committee to do the right thing and vote yes on SB456.
Thank you for your support.

Sincerely,
Elena Slesinski

March 17, 2010

Education Committee

**Paul Slager, President of the Board of Directors
Brain Injury Association of Connecticut.**

Mr. Chairmen and Members of the Education Committee:

My thanks for this opportunity to offer my support for **RSB 456: An Act Concerning Student Athletes and Concussions**. As both President of the Board of Directors of the Brain Injury Association of Connecticut and an attorney who represents brain injury survivors and their family members, I appreciate how quickly and completely lives can be shattered by the experience of a brain injury.

I know that those fortunate enough to survive their brain injuries face a future consistently undermined by the residual effects of their injury. And I know the families of brain injury survivors face their own serious emotional, logistical, and financial challenges caring for a loved one so affected.

I also know it doesn't take a catastrophic car accident to cause a serious brain injury. In fact, it doesn't even require a blow to the head or a period of unconsciousness. All that's required is enough impact to concuss the brain, and that's precisely the kind of impact our youngsters can be exposed to every day during casual play or organized sports. It's no wonder as many as 3.8 million children and teens experience sports and recreation-related concussions in the U.S. every year. This is a volume of injuries we ought not accept — nor is it acceptable that few parents and coaches know:

(1.) a concussion is a brain injury;

(2.) all brain injuries are serious;

(3.) brain injuries are even more serious in young people because the developing brain is more sensitive to trauma and because children have weaker necks than adults, making brain trauma more damaging; and

(4.) failure to diagnose and properly treat a concussive brain injury, and allowing a person to experience repeated concussions, can cause *Second Impact Syndrome* — a condition that can result in permanent brain damage and even death.

RSB 456: An Act Concerning Student Athletes and Concussions.

would accomplish two critical objectives. It would ensure:

- that parents and coaches are trained to recognize the symptoms of both concussion and *Second Impact Syndrome* and respond appropriately; and
- that health care professionals trained in the treatment of concussions, would become the only ones permitted to determine if it is safe for a youngster to return to play.

As other proponents of **RSB 456** have noted, Washington and Oregon passed this legislation last year, and less than a month after the law went into effect in Washington, a coach trained to identify the symptoms of concussion literally saved a student's life by sending him directly to a medical professional instead of back on the field or simply home.

And so I urge you, as responsible legislators, to enact **RSB 456** as soon as possible. Lives will be saved, as will the untold dollars that inevitably go toward caring for those dependent on public benefits as a result of their brain injuries.

Thank you.

Dear Senator Gaffey, Representative Fleischmann, and Members of the Education Committee,

My name is Taryn Rogers and I am a speech-language pathologist at Connecticut Children's Medical Center and a member of the Connecticut Speech Language and Hearing Association (CSHA). I am writing regarding raised bill number 456, An Act Concerning Student Athletes and Concussions.

As a speech-language pathologist who evaluates and treats student athletes that have sustained concussions while playing sports, I have first-hand knowledge of the long-term consequences of this injury. Repeated concussions impact these athletes physically, cognitively and psychologically. These students can require months and even years of cognitive rehabilitation to return to previous levels of functioning. Even with rehabilitation, some students are never the same again. Unfortunately, many student athletes report that they felt pressure from their coaches, teammates, and even parents to return to playing their sport before their symptoms had fully resolved.

I am happy to write in support of the legislation proposed which requires student athletes to obtain written medical clearance from a medical professional before being allowed to return to vigorous practice or play. In addition, I support further training and education for coaches. I applaud and support you in your efforts to prevent head injuries in our student athletes.

Sincerely,

Taryn Rogers, M.A., CCC/SLP
Speech-Language Pathologist
CT Children's Medical Center



CONNECTICUT STATE BOARD OF EDUCATION
 MARK K. MCQUILLAN
 COMMISSIONER



Education Committee
 March 17, 2010

Testimony of Mark K. McQuillan, Commissioner of Education

ON

Raised Bill 456: AN ACT CONCERNING STUDENT ATHLETES AND CONCUSSIONS

Raised Bill 456, An Act Concerning Student Athletes and Concussions, seeks to require coaches of intramural and interscholastic athletics to complete annual training regarding the recognition of and dangers associated with concussions. In addition, it requires that student athletes get medical clearance before returning to athletic activity after sustaining a concussion or head injury. The Department strongly supports the issues that this bill seeks to address but has some concerns about the proposal as drafted.

According to the Center for Disease Control and Prevention, State Injury Indicators Report – 2005, the highest incidence of hospitalizations due to traumatic brain injury is among the 15-24 age group and the rates of males to sustain a traumatic head injury are more than double than those of females. Certainly the Department has an interest in ensuring the safety of student athletes in this state by requiring that the coaches it certifies complete training regarding the recognition of and dangers associated with concussions.

With that being said, the Department has some concerns about the feasibility of requiring the State Board of Education to develop an initial training course regarding concussions and head injuries by July 1, 2010, especially without any appropriation to do so. The Connecticut Interscholastic Athletic Conference (CIAC) has been actively working with other organizations such as the Connecticut State Medical Society Committee on Sports Medicine (CSMS) in order to develop guidelines on concussion management for schools. In addition, CIAC has representation on the Connecticut Concussion Taskforce at Connecticut Children's Medical Center and they have been working on developing guidelines for "return to play" for middle and high schools. Moreover, we believe the CIAC is the appropriate entity for coordinating the development of this training and refresher course. Therefore, we recommend that the language be revised to require that the governing authority for intramural and interscholastic athletics be called on to develop this training course, in consultation with the Department of Education, an appropriate organization representing licensed athletic trainers, and an organization representing county medical associations.

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Lastly, the Department recommends that in Section 2(c) of this bill, which defines "licensed health care professional", an "athletic trainer licensed pursuant to chapter 375a of the general statutes" be eliminated from this definition. Licensed athletic trainers are not and should not be considered "licensed health care professionals." Athletic trainers do not have the medical knowledge to determine when it is appropriate for a student suffering from or suspected of suffering from a concussion or other head injury to return to team activities. There are certainly important partners in this initiative and may have an important role in training with their athletic director but should not be considered a health care professional.

Overall, the Department supports this bill and is pleased that action is being taken to address this very important issue.

Lerner, T

Ms. Theresa Lerner
30 Osage Rd.
West Hartford, CT 06117

March 17, 2010

Dear Senator Gaffey, Representative Fleischmann and all members of the Education Committee,

My name is Theresa Lerner of 30 Osage Rd, West Hartford, CT. I am writing to express my support of S.B. 456, An Act Concerning Student Athletes and Concussions. I am the mother of three high school and college athletes. I am also currently a soccer goalie in the West Hartford Women's Soccer league and my husband participates in an adult summer lacrosse league. Sports participation is a big part of our lives.

I have two sons who attend Hall High School in West Hartford and who are involved in team sports, in particular, football, wrestling, hockey and lacrosse. During the course of this year's football and hockey seasons, each son sustained a concussion. My football player was head tackled in the first game of the season, and my hockey player was checked from behind into the boards. In both instances, the athletic trainer was the individual who identified the injury and assessed ability for continued play. My football player did not realize he was injured. Due to her professional nature and designation, the athletic trainer pulled Billy from the lineup. Billy's symptoms included sensitivity to loud noises, some dizziness, and a headache for a few days and he was removed from play for three weeks. Our school system utilizes the ImPACT concussion assessment system. Billy had a baseline report on file. After analysis of data obtained through the ImPACT exam, Billy received clearance from the athletic trainer and our pediatrician and town physician. When Trey sustained his hockey concussion, the athletic trainer also witnessed the injury and assessed Trey for continued play. Trey also wanted to continue play, but the athletic trainer had observed the "hit" and determined that further assessment was necessary. Head injuries, or any Traumatic Brain Injury, are not something that can be dealt with lightly. Unlike a broken finger or arm, brain injuries can affect all aspects of life. Given the age of high school athletes, it is imperative that proper protocol be established and maintained, even if it feels initially upsetting to the athlete or parent. Measurable assessments, such as the ImPACT exam, need to be in place to eliminate that subjective call when telling an athlete that he or she cannot participate for a period of time.

I am pleased with the protocol utilized by my school system and other professionals. But I know that every town does not have such stringent guidelines. Over time, I have been at a few all-day wrestling tournaments in which there was not a designated athletic trainer on duty. I believe the passage of S.B. 456, An Act Concerning Student Athletes and Concussions will benefit the athlete, the school systems, and all persons involved.

Thank you,

Theresa Lerner

Buckingham, M



CONNECTICUT SPEECH-LANGUAGE-HEARING ASSOC. INC.

213 BACK LANE

NEWINGTON, CT 06111-4204

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e-mail (csha.assoc@snet.net) web address (www.ctspeechhearing.org)

3/16/2010

Mr. Gaffey, Mr. Fleischmann and members of the Education Committee. My name is Mallory Buckingham and I am the VP for Governmental Affairs with the CT Speech Language and Hearing Association (CSHA). I am writing regarding raised bill number 456, An Act Concerning Student Athletes and Concussions.

Speech Language Pathologists and Audiologist are important treatment team members involved in the rehabilitation of children and adults with brain injuries. Longitudinal studies are beginning to reveal the long-term consequences of repeated, mild concussions in professional and student athletes alike.

We are happy to write in support of the legislation proposed which requires student athletes to obtain written medical clearance from a medical professional before being allowed to return to vigorous practice or play. We are happy to support you in your efforts at prevention of head injuries in our student athletes.

Sincerely,

Mallory Buckingham, MS, CCC/SLP

Albohm



March 9, 2010

Senator Thomas P. Gaffey, Co-Chair
Representative Andrew M. Fleischmann, Co-Chair
Education Committee
Legislative Office Building, Room 3100
Hartford, Connecticut 06106-1591

Dear Senator Gaffey and Representative Fleischmann:

The National Athletic Trainers' Association strongly supports efforts to require appropriate medical attention to student athletes with suspected or diagnosed brain injury (concussion).

The NATA is gratified that many state legislatures are recognizing what has been known in the sports medicine community for years: too many athletes are at risk for moderate to severe brain injury because concussion is misunderstood and under-diagnosed. It is not simply "having your bell rung."

To alleviate this problem, the NATA has created the Alliance to Address the Youth Sports Safety Crisis in America with over 30 member organizations, and sponsored a Summit on January 12 at which national experts spoke on this issue. We hope that legislators will protect children by assuring that they have access to qualified professionals and undergo a preparticipation physical. We would like to see more research into youth sports injuries and their effects; increased awareness among coaches, athletes, and parents of the dangers; and an end to the culture of "playing through pain" without assessment.

Please protect our youth athletes by enacting legislation in this session.

Sincerely,

Marje Albohm, President

(15)

Balsamo

**CONNECTICUT ASSOCIATION OF ATHLETIC DIRECTORS, INC.**

30 REALTY DRIVE - CHESHIRE, CONNECTICUT 06410 - (203) 651-3921 FAX (203) 250-1345

*Testimony Regarding:***Senate Bill No. 456- AN ACT CONCERNING ATHLETES AND CONCUSSIONS**

My name is Fred Balsamo; Executive Director of the **Connecticut Association of Athletic Directors (CAAD)**, which represents High School and Middle School Athletic Directors in our state.

I would like to take this opportunity to thank **Senator Lunney** and **Senator Gaffey** for their foresight in producing **Bill 456** which will protect the lives of children in our state. Other states that have enacted similar legislation did so as the result of a major injury or a fatality. It is encouraging to know the athletes in Connecticut are so well regarded by our legislators and that the Senators have been proactive in this endeavor.

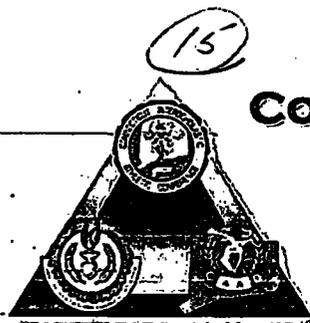
At our March 3, 2010 CAAD Board of Control Meeting **Senate Bill 456** was discussed in detail and there was unanimous support for it. We welcome this legislation and the safety it brings to Connecticut's athletes.

On behalf of the Connecticut Association of Athletic Directors I would like to wholeheartedly support **Bill 456 - AN ACT CONCERNING ATHLETES AND CONCUSSIONS**

Sincerely,

Fred Balsamo, CMAA

CAAD Executive Director

Balsamo

CONNECTICUT COACHING EDUCATION PROGRAM

An Alliance of the:
 Connecticut Interscholastic Athletic Conference
 Connecticut Association of Athletic Directors
 Connecticut High School Coaches Association

Fred Balsamo, CMAA ^ 30 Realty Drive ^ Cheshire, CT 06410
 (203) 651-3921 ^ Fax (203) 250-1345 ^ Email fbalsamo@casciac.org

Testimony Regarding

Bill 456 – AN ACT CONCERNING STUDENT ATHLETES AND CONCUSSIONS

My name is Fred Balsamo, the Executive Director of the Connecticut Coaching Education Program which is an alliance of the Connecticut Interscholastic Athletic Conference (CIAC), Connecticut Association of Athletic Directors (CAAD) and the Connecticut High School Coaches Association (CHSCA).

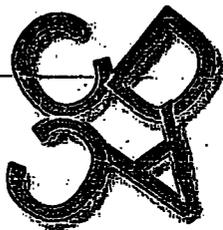
I would like to take this opportunity to thank Senator Lunney and Senator Gaffey for their foresight in producing a bill which will protect the lives of children in our state. Other states that have enacted similar legislation did so as the result of a major injury or a fatality. It is encouraging to know the athletes in Connecticut are so well regarded. Today you will hear testimony from the three bodies, CIAC, CAAD and the CHSCA which represent the Connecticut Coaching Education Program, all giving testimony in support of Senate Bill 456. I have been working with coaches' education for over 25 years and this legislation is very timely and much needed.

We have always included extensive concussion education components in our 45 clock hour course required for new coaches entering the profession and have been working on a Concussion Education Module, along with the Connecticut Concussion Task Force for nearly a year, for coaches to utilize as ongoing professional development CEU's they use for reissuance of the 5 year renewable coaching permit. We recognize the importance of forewarning schools, coaches, parents and athletes about the dangers of concussions. Bill 456 emphasizes that importance and I wholeheartedly support Bill 456 – AN ACT CONCERNING STUDENT ATHLETES AND CONCUSSIONS.

Sincerely,

Fred Balsamo CMAA
 CCEP Executive Director

Kosloski



14

Connecticut Disability Advocacy Collaborative

Testimony to the Connecticut General Assembly Education Committee

SUPPORT: SB 456 – An Act Concerning Student Athletes and Concussions

March 17, 2010

Good Afternoon:

My name is Stan Kosloski and I am the Executive Director of the Connecticut Disability Advocacy Collaborative. The Collaborative is a state-wide, cross-disability advocacy organization dedicated to the twin goals of empowering individuals with physical and mental disabilities to advocate for their needs, and promoting opportunities for them to live their lives in the mainstream of society.

I am here today to offer the Collaborative's support for SB 456, An Act Concerning Student Athletes and Concussions. The bill proposes a practical, cost-effective way to prevent future disabilities in our high school athletes.

SB 456 would require any person who holds or is issued a coaching permit by the State Board of Education and is a coach of intramural or interscholastic athletics complete a training course regarding concussions and head injuries prior to commencing his or her coaching assignment for upcoming school year. Refresher courses are also required every five years.

SB 456 also requires the State Board of Education, in consultation with appropriate athletic and medical organizations, develop a training course, and over time a refresher course, regarding concussions and head injuries.

Perhaps of greatest importance, the bill directs coaches to immediately remove any student athlete participating in intramural or interscholastic athletics when he or she exhibits any signs of a concussion, and shall not permit the athlete to participate in any supervised team activities involving physical exertion sooner than twenty-four hours after the athlete was removed. Further, the coach shall not permit an athlete to participate in any supervised team activities involving physical exertion until written clearance to participate is provided by a licensed health care professional trained in the evaluation and management of concussions. SB 456 further allows the State Board of Education to revoke the coaching permit of any coach found to be in violation of this section.

This approach to preventing further injury to the brain is prudent, and the additional burdens on coaches and the State Board of Education are reasonable.

Thank you for this opportunity to appear before you today.

"Enhancing the effectiveness of disability activism by organizing and empowering individuals, families, groups and organizations"

Contact:

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*Becker**(13)*

**Education Committee Public Hearing
March 17, 2010
Dr. Joel Becker**

Good afternoon. My name is Dr. Joel Becker. I am a Clinical Neuropsychologist, Member of the Connecticut Concussion Task Force and a Certified ImPACT Consultant/Clinician. I have been working extensively with sports and recreational concussion for the greater part of this past decade. As you all know, there are several million of these injuries that are documented annually. Additionally, there is every reason to believe that there are tens of thousands of such injuries that go unreported and likely untreated each year.

My work has increasingly focused on a phenomenon known as Post Concussion Syndrome. While there are a number of competing definitions for this, for our purposes there has to be a history of head trauma resulting in cerebral concussion with symptom onset occurring shortly after the trauma and lasting a month or more. Typically individuals with this presentation may exhibit: fatigue, sleep difficulties, chronic headaches, vertigo, dizziness, irritability, agitation, depression and emotional and personality changes. Additionally, a range of neurocognitive difficulties may persist or emerge. These include: learning difficulties, memory problems, attentional difficulties and proprioceptive difficulties amongst others. Estimates are that this phenomenon exists for a significant minority of concussed individuals ranging from 7-8% to 10-25%. Some clinicians will refer to ongoing symptoms past three months as Persistent Post Concussion Syndrome. The key concept to Post Concussion Syndrome is an ongoing injury status with a prognosis that is individual both in duration and the quality of recovery. Interestingly, Post Concussion Syndrome may not necessarily be associated with the severity of the initial injury. I have often heard from injured individuals that others around them might be saying something like, "I can't believe he is still having so many problems months after he just fell down and hit his head." Yet, for the person going through this, the problems may be extremely draining both emotionally and physically.

The purpose of my testimony is to bring to the attention of the legislatures present and public present of this phenomenon. I have given my input to many schools at the middle school, high-school and collegiate levels involving the need to identify and work with this problem as it presents itself in youth and young adults. I have presented to 504 meetings on individual cases. I have also presented to academic institutions, medical facilities and sports professionals.

In summary, the management of concussion in many ways may dovetail with decreasing the incidence of Post Concussion Syndrome. I strongly urge those present to fully support the initiatives being put forward and in addition recognizing this substantial minority of young people who require proper identification and assistance as they recover from sustaining a closed head injury.

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Education Committee Public Hearing

March 17, 2010

Testimony of Joseph Bonitatebus to Support the Concussion Safety Act of 2010

My name is Joe Bonitatebus, thank you for your time. I would like to speak to you today about my experience with a brain injury.

The incident happened on March 9, 2008 while I was playing street hockey with my brother and his stick hit the bridge of my nose. About a half hour later, we realized I needed to go to the hospital once I started feeling symptoms, fearing that I had sustained a concussion. The diagnosis was a broken nose and a mild concussion, I was told I would be fine within the next couple of days and instructed to take some aspirin. For the next two weeks, I was unable to go to school due to the symptoms I was having, which were mainly pounding headaches.

After several doctor appointments to pediatricians, an ENT, and a neurologist, different procedures and different medications I was getting no better, maybe actually worse.

Finally, six weeks later we found the appropriate Dr because my mom spoke to another mom who told us where to go to seek help. Dr. Lee had me take the Impact test and then shut me down with a method called cocoon therapy that left me doing nothing. No school, friends, TV, video games, phone, texting, and obviously no sports. I missed the entire 4th quarter of sophomore year. I spent the summer making up my schoolwork with the help of tutors provided by my school. Due to my symptoms, my tutors had to actually read to me and write for me. Other symptoms left me wearing sunglasses in the house. I would wear gloves and socks due to side effects of my medicine.

After 4 months, in July I was feeling like I was almost cured, but then was hit again accidentally, exactly in the same spot, the bridge of my nose by my sisters' head. My symptoms immediately increased.

In September 2008, I went back to school with many accommodations and trips to the nurses' office. Since my symptoms were not going away in a reasonable timeframe, I underwent a series of blood work to rule out any other possible illnesses.

In April 2009, I was given a neurocognitive diagnostic evaluation to pinpoint specific affected areas and treatment recommendations.

Finally after almost two years to the date, I was considered recovered but still was advised to take caution with various activities and no contact sports since I still experience headaches.

I urge you to support RSB 456, because I have experienced the long-term effects of a concussion and this law will help reduce the number of people who have to go through what I have been through.

Graham, V



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CONNECTICUT ATHLETIC TRAINERS' ASSOCIATION

March 17, 2010

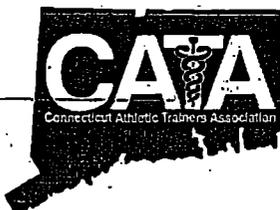
Testimony of Vicky Graham, ATC, LAT
 Connecticut Athletic Trainers' Association
 RE: RSB 456, "An Act Concerning Student Athletes and Concussions."

Good afternoon Senator Gaffey, Representative Fleischmann and members of the Education Committee. My name is Vicky Graham, President-Elect of the Connecticut Athletic Trainers' Association. On behalf of the CATA, I would like to thank the Committee for its attention to the issue of sports-related brain injuries. The CATA fully supports RSB 456 "An Act Concerning Student Athletes and Concussions." Athletic trainers have long been on the frontlines in managing sports-related concussion. This bill will help coaches, school administrators, parents and student athletes to recognize that concussion has serious consequences, and should be managed appropriately. As someone who currently practices in intercollegiate athletics, and who has experience with high school athletics as well, I can personally attest to the fact that what we know now about concussion has significantly changed the way I manage concussion now, as opposed to even ten years ago.

We have learned a great deal about concussion in the past decade or so. I'd like to provide a few facts for your consideration:

- 400,000 concussions occurred in high school athletics during the 2008-09 school year.
- Athletes who return to play before being recovered from an initial concussion are at risk for what is known as "second impact syndrome," which can result in permanent brain damage. 50% of these incidents ***result in death***.
- Female high school soccer players sustain nearly **40% more** concussions than male soccer players. Female high school basketball players sustain **240% more** concussions than male basketball players.
- Even when concussion symptoms disappear in as little as 15 minutes, **75%** of those tested 36 hours later still had problems with memory and cognition.

We know now that "getting your bell rung" or "getting dinged" are not inconsequential occurrences. They are brain injuries. This bill will require coaches to have regular training in recognizing the signs and symptoms of concussion, and in understanding the consequences of activity when an individual is not yet recovered from concussion. Coaches will be responsible for removing athletes who exhibit signs or symptoms of concussion from activity, and not allowing them to return to activity until they have been evaluated by a qualified health care professional.



CONNECTICUT ATHLETIC TRAINERS' ASSOCIATION

Washington and Oregon have passed similar legislation recently, in response to the tragic consequences of an undiagnosed concussion resulting in permanent brain damage in a high school football player. This bill seeks to prevent that type of situation from happening here in Connecticut. Several other states currently have similar bills under consideration.

The CATA, Connecticut Interscholastic Athletic Conference (CIAC), Connecticut State Medical Society (CSMS), and Connecticut Association of Athletic Directors (CAAD) are collaborating on developing the concussion education piece for coaches. The training for coaches that the bill would require is under development and nearly complete. It will be incorporated into the current coaching certification course and continuing education requirements for coaches. Coaches currently are required to hold current first aid & CPR as part of maintaining their coaching certification. (First aid does not include training on concussion signs and symptoms). The coaching certificate is a 5 year certificate, with 15 hours of continuing education required for renewal.

It is important to recognize that part of the conversation about concussion and about keeping student athletes safe needs be about providing adequate medical coverage for secondary school athletic programs. Schools sponsoring athletic programs have a responsibility to provide adequate medical oversight of student-athletes. Both the American Medical Association and American Academy of Family Physicians have made recommendations that an athletic trainer be a part of the secondary school athletic program. The bare minimum standard of a coach trained in first aid and CPR should not be acceptable, particularly when a school is sponsoring collision and contact sports. Student athlete safety should come first, and having athletic trainers in secondary schools should be a consideration of every school, as well as of this committee.

This bill helps send the message that concussions should be taken seriously. The bottom line on this bill is student athlete safety. That always has to come first. This bill will help to start to change the culture of the "suck it up"/warrior mentality prevalent in sports to a "play hard, but play smart" mentality. We need to make it not only acceptable for an athlete to report symptoms of concussion, but preferable for them to report, rather than hide their symptoms. This bill is not an unfunded mandate. The training that will be required is being developed already, and is almost complete. It will not cost the state anything to implement this bill. On behalf of the CATA, I want to ask each of you to support RSB 456, "An Act Concerning Student-Athletes and Concussions." Thank you.

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Adam E. Perrin, MD, FAAFP

Testimony on SB 456 "An Act Concerning Student Athletes and Concussions"

Presented before the Connecticut General Assembly Committee on Education

March 17, 2010

I am a primary care sports medicine physician affiliated with Middlesex Hospital. My primary practice is located in Old Saybrook. Chief among my clinical activities is the management of sports-related concussion. I work primarily with high school athletes involved in collision or contact sports. I serve as the football team physician for Haddam-Killingworth High School and serve as concussion consultant for no less than 5 Connecticut shoreline high schools. My qualifications include Certified ImPACT Consultant which reflects training in the interpretation of the most commonly applied computer-based neurocognitive test used in the management of concussion. To date I have managed over 250 cases of acute concussion. I am a charter member of the Connecticut Concussion Task Force and was instrumental in the development of a new high school-based teaching module on concussion, primarily designed to educate the student-athlete. I have lectured widely on concussion in both academic and public settings.

I find this bill to be vitally important in that it serves to acknowledge concussion, or mild traumatic brain injury (mTBI), as a significant injury which requires a uniform approach to treatment in order to maximally protect the injured athlete from serious clinical sequelae. Over the past decade it has been demonstrated repeatedly through several well-designed clinical studies that even a "bell-ringer" (a perceived mild concussion) can significantly impact cognition and pose significant risk of morbidity if not properly managed. We have discovered through research the necessity of allowing a concussion to fully resolve, through enforced rest of both brain and body, before the athlete can be safely returned to play or to the classroom. The injured brain is more vulnerable to repeat injury and prolonged recovery. Premature return to play in a setting of an unresolved concussion can result in persistent disabling symptoms (termed post-concussion syndrome when symptoms continue 30 days post-injury) or in the rare but catastrophic entity known as second-impact syndrome, a devastating brain injury which has a 50% mortality rate. We now possess the means to not only recognize acute concussion when it occurs but to also gauge its severity through the application of a symptom scale, physical examination and objective neurocognitive testing.

Only through the comprehensive education of coaching personnel can acute concussion be properly recognized on the playing field. Per enforcement of the protocol proposed in SB 456 this in turn would lead to removal of the athlete from the game or practice and hence prevent risk of further injury as described above. The Connecticut Concussion Task Force, in alliance with the CIAC, has developed the necessary training modules to achieve the goals stated in the bill. We in the Task Force firmly believe that through baseline comprehensive education and subsequent periodic refresher courses, coaches will possess the means to consistently recognize acute concussion and hence maximally protect the injured athlete from further injury by removing the athlete from play. Thereafter return to play is granted only if cleared by a licensed health care professional trained in the management of sports-related concussion.

Please consider the following as an example of what may happen to a student-athlete whose concussion injury has been mismanaged. This is one of my actual cases involving an athlete who had been referred to me after suffering multiple concussions. One of the key take home points is the fact that the clinical consequences could have been readily prevented had the athlete and coaching staff been educated on concussion management.

J.R. is a sixteen-year-old high school junior who plays linebacker on the varsity football team. He is an honor student with sights on attending an Ivy League university. Over the past several years he reports having sustained several "bell-ringers" which typically result in transient dizziness and confusion, lasting seconds to minutes. He never thought it important to mention to his coaches thinking that it was a normal part of the game. The coaches, lacking education in recognition of the signs and symptoms of concussion, did not express any concern. He continued to play, both ways in fact, without ever resting or missing a game. He was referred to me by his pediatrician after presenting with a complaint of chronic headache and fatigue coupled with the fact that his grades were dropping. Evaluation with neurocognitive testing revealed significant impairment in verbal memory, thought-processing speed and reaction time. Any exertional effort, be it physical or mental, exacerbated his headache. Only after prolonged enforced cognitive and physical rest, which included staying out of school for 1 month, did he eventually recover. He had been symptomatic for 9 months, a fact which greatly impacted his quality of life in every conceivable way.

Having a mandate through SB 456 would prevent the aforementioned scenario from occurring. I fully support the institution of this vital bill.

Respectfully submitted,

Adam E. Perrin, MD, FAAFP

Boyle, S

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Good afternoon Senator Gaffey, Representative Fleischmann, and members of the Education Committee."

My Name is Stephen Boyle and I am a counselor and a coach at Hall High School in West Hartford, CT and I also coach middle school track and field as well as youth lacrosse.

I am here in support SB 456 "An Act Concerning Student Athletes and Concussions"

While it's probably difficult to tell from looking at me, I am a former Division I basketball player who has been around sports for a very long time. I coached three years in New York City, 5 years in Seattle, WA and besides the coaching I've done in CT over the past 12 years, I—along with my wife who is Athletic Director in Hartford—have founded a Multi-Sports Academy intended to directly attack those folks that are encouraging kids to specialize in one sport and play only that sport—which I think segues nicely into why I am here today. And in the interest of full disclosure, I should also tell you that I am here as a parent who has 3 daughters each of whom plays at least three sports and who I am at most times glad to report—play them very aggressively.

But not a day goes by that I don't worry about my girls safety—and when I say "my girls"—I mean the many that I coach and the three that I parent. Until recent years, I'll be quite honest, it was the dreaded ACL injury that I feared most. I've seen over 10 tears live and in person over my career—and as a counselor have helped many others through what is both an exhausting physical and emotional recovery. But now my fear of concussions absolutely trumps that of the ACL and other physical injuries. What we have managed to learn in recent years about concussions and their long term effects I believe will literally save the minds of our children years down the road. It is perhaps the Irish Catholic guilt in me that makes me sadly look back on the young woman I've sent back into the heat of battle declaring that they should just "suck it up" or "shake it off". But you should know there are still folks out there—either because of ignorance—or because of old school philosophies who are putting kids back into games and practices with total disregard for the health of that child and with an emphasis on winning. The pressures some coaches are under—either real or perceived—cloud their judgment and they will ask kids to lie about their concussion symptoms or simply ignore them and attribute them to something else. This legislation will take that decision making out of the hands of those adults—who are in most cases actually really good people—and put them in the hands of the doctors and athletic trainers who are trained and who accept the liability should *their* judgment be wrong.

Look—would you ever want your dentist to diagnose whether or not your child has appendicitis? Why then should we let coaches decide whether an athlete is still concussed?

As a coach and as a parent—having an Athletic Trainer or Doctor make this decision for me—will allow me to not let conflicts of interest take hold. Everybody wants their kids to play and get back into the game as soon as possible, but more than that—we want our kids to live long healthy lives with full cognitive abilities. This law will wisely allow that to happen while perhaps sacrificing a return to play one or two games sooner. Thank you for your consideration.



333 East River Drive, Suite 106 • East Hartford, CT 06108 • 860.721.8111 • www.biact.org

Legislative Action Day • March 17, 2010

The **Brain Injury Association of Connecticut (BIAC)** is an independent non-profit organization dedicated to supporting individuals with brain injuries, their families, and caregivers while increasing awareness of brain injury and its prevention.

Every day, constituents in your community are directly affected by brain injury. In fact, Connecticut alone sees as many as 8,000 new traumatic brain injury (TBI) cases each year. Nationally, TBI affects 1.4 million people nationwide, occurring more than six times as often as MS, spinal cord injury, HIV/AIDS, and breast cancer combined. Other facts you will want to know include:

- **A Concussion is a brain injury**
- **During the 2009 school year, 400,000 concussive brain injuries** occurred during routine high school athletic activities and events throughout our State.
- **Even when concussion symptoms disappear within 15 minutes, 75% of those tested 36 hours later still had problems with memory and cognition. Half of those who suffer "second impact syndrome" by returning to play before being fully recovered from a concussion will die.**
- **Fifteen percent of Connecticut's high school football players** who sustain a concussion with loss of consciousness risk "second impact syndrome" — and death — by returning to play on the same day.

For these reasons, the Brain Injury Association of Connecticut urges you to support **SB 456: AN ACT CONCERNING STUDENT ATHLETES AND CONCUSSIONS**. This critical legislation would require coaches to receive training regarding concussions and require any athlete who exhibits signs or symptoms of a concussion be removed from play immediately and evaluated by a qualified medical provider before being permitted to return to activity. In addition, we urge you to support:

SB 35 and SB 427: AN ACT CONCERNING THE USE OF HAND-HELD MOBILE TELEPHONES AND MOBILE ELECTRONIC DEVICES BY MOTOR VEHICLE OPERATORS — legislation that both increases the penalty for cell phone use while operating a motor vehicle and provides municipalities with 25% of penalties collected.

HB 5353: AN ACT ESTABLISHING A TASK FORCE ON TRAUMATIC BRAIN INJURY — legislation mandating the establishment of a TBI Task Force, a critical first step in assuring that anyone, military or civilian, who sustains a brain injury has access to the therapies and services they need.

SB 189: AN ACT ESTABLISHING AN ADVISORY COUNCIL ON SERVICES FOR PERSONS WITH TRAUMATIC BRAIN INJURY — legislation that creates a Council which reports to the legislature and governor and which better addresses the needs of Connecticut, where services cross departmental lines impacting most state agencies.

Brain injuries are not just a medical issue. A brain injury can affect every aspect of a person's life (e.g., legal, education, employment, social and family relationships, emotional health, and mobility). Connecticut continues to lag behind many states in its services for individuals with brain injuries. For these reasons, we urge your support for the legislation above in order to increase community inclusion and access to both transportation and other essential services.

Please call Julie Peters, BIAC Executive Director, at (860)721-8111, ext. 301, with any questions.

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March 17, 2010

Education Committee

Respectfully submitted by:

Carrie Kramer, Brain Injury Services Director
Brain Injury Association of Connecticut

Good afternoon Mr. Chairman and Members of the Education Committee. My name is Carrie Kramer. I provide you this testimony in favor of **RSB 456: An Act Concerning Student Athletes and Concussions** as the Director of Brain Injury Services at the Brain Injury Association of Connecticut (BIAC), a member of the Connecticut Concussion Task Force (CCTF), the daughter of a brain injury survivor AND the mother of three active sports-minded boys.

I am here today to let you know that there is, in fact, a cure for brain injury — but only one cure, and it is, *prevention*. That is why passage of this legislation is so critical for the future safety and well-being of our Connecticut youth.

Today you will hear many important, well-established facts and statistics from my colleagues regarding concussions. What you also need to hear, however, is less difficult to quantify. It's the heartbreak, frustration, fear and anger in the voices of the countless parents I speak to about what their children have endured due to the lack of proper medical assessment and treatment of concussion when it first occurs in a game or practice. They contact BIAC because we are the only statewide organization in Connecticut that provides information, resources and support to individuals with brain injuries, their families, caregivers and the professionals who serve them. What we cannot do is turn back the clock.

Too often, by the time a parent reaches us, his or her child has lingering symptoms already affecting all areas of that child's life — and theirs. Factor in the stigma that tends to accompany such injuries, as well as the alienation that follows, and a terrible situation grows even worse. Saddest of all is the fact that many of the complications and challenges we deal with at BIAC

every day could have been prevented had the parents or coaches involved known how to recognize and respond properly to concussion injuries when they first occur. By enacting this critical legislation, you can change this.

Concussions can be very dangerous and repeated concussions can be life-threatening. By making proper diagnosis and management of recreational- and sports-related concussions more likely, this legislation will go a long way toward ensuring that treatable concussions no longer evolve unnecessarily into serious long-term disability, coma, or death.

I urge you to pass ***RSB 456: An Act Concerning Student Athletes and Concussions*** and I thank you in advance on behalf of all those impacted by brain injury.

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March 17, 2010

**Education Committee
Julie Peters, Executive Director
Brain Injury Association of Connecticut**

Mr. Chairmen and Members of the Education Committee. Thank you for the opportunity to testify at this important hearing regarding the safety of our youth. My name is Julie Peters, I am the Executive Director of the Brain Injury Association of Connecticut, and I am here today in support of **RSB 456: An Act Concerning Student Athletes and Concussions**.

For more than 25 years, the Brain Injury Association of Connecticut has worked to increase awareness, research, education and advocacy for people with brain injuries — and because prevention is the only cure, we are dedicated to providing our community with the facts necessary to reduce the number of brain injuries in Connecticut. Here are three of those facts:

- A concussion is a brain injury;
- All brain injuries are serious and
- according to the Centers for Disease Control (CDC), as many as 3.8 million sports and recreation-related concussions occur in the United States each year

The consequences of not addressing this public health crisis could be catastrophic.

Because a young, developing brain is more sensitive to trauma and because children have weaker necks than adults, making brain trauma more damaging, we have a responsibility to protect our youth from returning to play too soon after sustaining a concussion. Athletes who return to play before their brains heal experience a slower recovery and are at risk for long-term brain impairments. Repeated concussions cause *Second Impact Syndrome*, which is characterized by brain swelling, permanent brain damage and even death. The good news is that *Second Impact Syndrome* can be prevented.

Today, we can decide to give coaches the tools to keep our children safe by passing **RSB 456** — a simple Act that would ensure (1.) that coaches are trained to recognize the symptoms of brain injuries, concussions, and injuries related to *Second Impact Syndrome* and respond appropriately, and (2.) that health care professionals, trained in the treatment of concussions, would be the only ones permitted to determine if it is safe for a student to return to play.

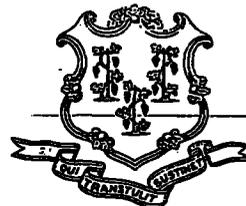
Most parents and coaches are not professionally trained in medicine, which is why the Brain Injury Association of Connecticut believes this important legislation is so critical. The states of Washington and Oregon have passed this legislation last year and fourteen other states are introducing legislation this year. Less than a month after the law went into effect in Washington, a coach who had received the proper training sent an athlete to a physician after he recognized the signs of a possible concussion, where tests revealed that the student had a brain bleed. Had that student returned to play, the results would most probably have been catastrophic. The Washington law very probably saved his life.

It is time to get serious. It's time to protect our youth from needless disability, our parents from the lifelong burden of care-giving, and our State and its taxpayers from the long-term dependence on public programs that brain injuries foster.

We urge you to pass ***An Act Concerning Student Athletes and Concussions*** as soon as possible.

SENATOR MARTIN M. LOONEY
MAJORITY LEADER

Eleventh District
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Raised Bill 456: An Act Concerning Student Athletes and Concussions

Joint Committee on Education

March 17, 2010

Senator Gaffey, Representative Fleischmann and members of the committee, thank you for this opportunity to testify in support of Raised Bill 456, AN ACT CONCERNING STUDENT ATHLETES AND CONCUSSIONS. This bill will address a very serious issue affecting both the short and long term health of the more than one hundred thousand student athletes participating in scholastic youth sports each year here in Connecticut.

First, we need to recognize how often student athletes suffer concussions. The U.S. Centers for Disease Control and Prevention estimates that more than 3.5 million sports-related concussions occur each year in the United States. Researchers at the Center for Injury Research and Policy at Nationwide Children's Hospital in Columbus, Ohio (the "Center") estimate that high school student athletes suffered almost 400,000 concussions between 2005 and 2008. According to those researchers, concussions were the second most common injury among high school student athletes during the 2008-09 school year, behind only ankle strains and sprains.

It is also important to recognize that concussions for high school athletes are not confined to football. According to the Center, while the majority of those 400,000 concussions were in football, there is a very similar *incidence* of concussions in girls' soccer, boys' soccer, girls' basketball and wrestling. That is, when concussions are viewed as a percentage of injuries in each sport, those other sports pose a very similar danger of concussions to our student athletes.

It has been theorized that children, including those in high school, are at a higher risk of sustaining a concussion than adults. Perhaps, this is in part because their neck muscles are

less developed, giving them less control of their heads when sustaining a hit. Research has also shown that the young developing brains of a child are slower to heal from a concussion than an adult.

Moreover, it seems clear that repeat concussions are extremely dangerous, especially when there is less time between them. The following warning about repeat concussions comes from an issue of the University of Virginia School of Medicine's "Neurogram Newsletter":

"there is no debate that repeat concussions significantly worsen long-term outcomes. After athletes sustain one concussion, they are three times more likely to sustain a second concussion compared to other players who have not been concussed. Repeat concussions, even when mild, can increase the risk of post-concussive symptoms (PCS) such as headaches, memory loss, difficulty concentrating, etc. Chances of PCS are even more increased if the second injury occurs too soon, before recovery from the first has taken place. The higher the rate of concussions, the higher the risk of long-term cognitive dysfunction."

Given this alarming information, logic would dictate that a student athlete who may have suffered a concussion be treated extremely conservatively. However, the researchers from Ohio also report some highly alarming national statistics: according to them, **40.5% of high school athletes who suffer concussions return to play before it is safe to do so.** Shockingly, this includes 16% of all football players who sustained a concussion severe enough to cause loss of consciousness and returned to play *the same day*.

These are not Connecticut-specific statistics, and it must be noted that our school coaches, and the Connecticut Interscholastic Athletic Association (the "CIAC"), have long been at the forefront of progressive national policy to ensure that our coaches are the best trained in the country and our athletes the best cared for. Years ago, the CIAC led the fight to institute a requirement of 45 hours of training for a Connecticut Coaching Permit, and an additional 15 hours of training every 5 years for renewal of that permit. The dedication to the safety of our student athletes by the CIAC, the Connecticut High School Coaches Association, the Connecticut Athletic Directors Association and others has never been more evident than throughout the process of crafting the proposed legislation before you today. All were profoundly helpful, and all are here to support the bill today.

In fact, the "when in doubt, sit them out" protections of Bill 456 actually mirror policies that have already recently been adopted by the CIAC, in their rules. This bill gives those rules and protections the force of law, and also extends them to grades below the high school level, to our even more vulnerable, younger student athletes.

Now, to the provisions of the bill. The bill mandates that all Connecticut school coaches:

- must undergo an intensive in person training on concussions before the start of their 2010-2011 school year seasons;
- must annually review information on concussions;
- must take an in-person refresher course on concussions every 5 years, in order to renew their permits;
- shall not allow a student athlete that exhibits either signs, symptoms, or behaviors consistent with a concussion to return to any exertional team activities until they receive written clearance to do so from a licensed health care professional; and
- shall not allow such student athlete to return to a full, unrestricted practice, game or competition until specific written clearance is given for that advanced level of activity.

Moreover, the bill pertains to students and coaches in every grade level, not just high school. Finally, it authorizes MDs, DOs, APRNs, PAs, and Certified Athletic Trainers to provide the required written clearances.

I urge you to support this critical piece of legislation. Thank you.



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THE CONNECTICUT INTERSCHOLASTIC ATHLETIC CONFERENCE

CIAC Mission Statement

The CIAC believes that interscholastic athletic programs and competition are an integral part of a student's academic, social, emotional and physical development. The CIAC promotes the academic mission of schools and honorable competition. As such, the CIAC serves as the regulatory agency for high school interscholastic athletic programs and exists to assure quality experiences that reflect high ethical standards and expectations for fairness, equity and sportsmanship for all student athletes and coaches. The CIAC provides leadership and support for member schools through the voluntary services of dedicated school administrators, athletic directors, coaches and consultants.

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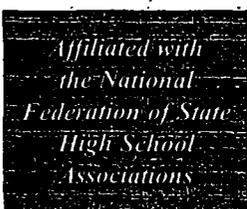
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Testimony

Senate Bill No. 456 - An Act Concerning Student Athletes and Concussions

The Connecticut Interscholastic Athletic Conference (CIAC), the governing body for high school athletics in the state, represents one hundred eighty four (184) high schools in Connecticut. Within those member schools over one hundred seven thousand (107,000) student-athletes compete in interscholastic athletics governed by the conference. The CIAC protects the welfare of the student athlete through the enforcement of eligibility requirements, tournament regulations, standards of sportsmanship, fairness and by providing equitable competition. Further, the CIAC has established policies and administrative regulations to protect the health, safety and welfare of all athletes.

It is estimated there are over 100,000 sports-related head injuries in high school athletics yearly and as many as 3.5 million sports related concussion in athletics at all levels of sport across America. There is consensus among those who work with high school athletes that a need exists to have clear guidelines in managing concussions for all schools and coaches to follow. CIAC enthusiastically supports Senate Bill 456 as it is designed to protect the health and safety of the athlete through clearly defined return-to-play guidelines and an educational component that requires all coaches to be trained in concussion management and return to play protocols. CIAC believes by educating all permitted and newly permitted high school coaches and enforcing the return to play protocol as required by Senate Bill 456 we will greatly reduce the real risk of catastrophic results when an athlete is returned to action too soon.

By passing Senate Bill 456 you will be providing all schools and coaches clear mandates and guidelines that will help protect the health, safety and welfare of all student-athletes in Connecticut.

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March 17th, 2010

Testimony of Douglas Bowie, ATC

RE: RSB 456, "An Act Concerning Student Athletes and Concussions."

Good Afternoon Senator Gaffey, Representative Fleischman and members of the Education Committee. My name is Douglas Bowie, and I am a Certified Athletic Trainer practicing in the State of Connecticut. In my current role as an Athletic Trainer and Administrator, I supervise more than a dozen Athletic Trainers throughout various Connecticut towns, with exposure to over 10,000 Student Athletes. It is those Student Athletes that will certainly benefit from the passing of this bill. The processes and procedures so carefully laid out in the language of this bill will help the State of Connecticut step to the forefront in the protection of its young athletes from the potentially life long and catastrophic ramifications of head injuries that can be incurred during participation in sport. Having seen first hand the signs, symptoms, and difficulties that can result from concussions I know that this legislation is sorely needed to ensure the safety of our Childhood and Adolescent Athletes in Connecticut.

I thank you for your time and attention today, and for your effort on behalf of your constituents in supporting this bill.

Sincerely,

Douglas Bowie, ATC

Mar. 17. 2010. 10:18AM Select Physical Therapy WH

McCarthy, M
No. 1165 - P. 1

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March 17, 2010

Testimony of Mark McCarthy, ATC, LAT

RE: RSB 456 "An Act Concerning Student Athletes and Concussions"

Good afternoon Sentors Gaffey and Representative Fleischman and members of the Education Committee. My name is Mark McCarthy, I am a licensed athletic trainer and the Director of the Connecticut Children's Medical Center's Concussion Program. I am also the Chairman of the Connecticut Concussion Task Force. I as well as members of the Task Force support this bill.

- The average time it takes an adolescent to recover from concussion is somewhere between 2-4 weeks.
- Only 40% of adolescents will recover from a concussion in 2 weeks with 80% recovering within four weeks.
- A second blow to the head while someone is still suffering from the symptoms of concussion can increase the time it takes to recover from this injury, therefore it is paramount that the athlete is be treated appropriately.
- Recognition of signs and symptoms is most important when treating the injury and educating coaches is very important. Coaches are the first line because they can recognize the injury and send them for appropriate treatment.
- Treatment is very important and it should be done by the appropriate medical providers to insure a safe return to play following concussion.

Thank you very much for your time.

Sincerely,

Mark McCarthy, ATC LAT

CT-General-Assembly
Walk-in message

March 17, 2010

PLEASE FORWARD TO:

Legislator: Education Committee

From: Conn. Athletic Training Association Student Reps.

Home address: _____

Phone w/area code: _____

Email: Speicher+@sacredheart.edu

Re: PLEASE SUPPORT RSB 456 *An Act Concerning Student Athletes and Concussions*

Message:

I stopped in to ask you to support RSB 456, An Act Concerning Student Athletes and Concussions. This bill was introduced by the Education Committee, and has a public hearing with that committee at 3 pm today. The bill would require coaches of interscholastic and intramural athletics to remove any student athlete who exhibits signs or symptoms of a brain injury (concussion) from activity immediately. It would further require that the athlete be evaluated by a qualified health care provider prior to being permitted to return to activity. Coaches would also be required to receive regular training in recognizing the signs and symptoms of concussion, as part of their coaching certification requirements. This bill will help protect student athletes from possible long term or catastrophic consequences of concussion. As your constituent, I strongly encourage you to support RSB 456.



Lee, Michael

RSB 456 AN ACT CONCERNING STUDENT ATHLETES AND CONCUSSIONS**General Assembly**

Unfortunately I am unable to attend the hearing for Raised Bill # 456 due to prior commitments and am therefore sending this letter instead.

I have seen over 1500 adolescent concussions in the past 6 years and have found that many of these student-athletes go on to develop symptoms that last over a month. Many of these patients develop what can be called acquired Attention Deficit Disorder (ADD) and have difficulty with their memory. In a recent paper that I just published in the March 2010 issue of Connecticut Medicine, which I am attaching to this letter, I have found that multiple blows to the head are the most important cause of this to occur. Clearly, not allowing athletes to return to their same game and not returning to contact sports until they are fully recovered will help to prevent them from developing prolonged symptoms. Having coaches more aware of the long term consequences of concussions that are not treated properly will hopefully prevent these consequences from occurring. I ask that this bill be approved as expeditiously as possible.

Michael A. Lee, M.D.
President and Medical Director, Pediatric Healthcare Associates

Director Student Health Service Fairfield University

Former Chairman Connecticut State Medical Society Committee on the Medical Aspects of Sports

Former Editor, SportsMedicine.