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eviction, so it shouldn't be the case here as well. So I urge my colleagues to oppose this amendment.

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

The House will stand at ease.

(Chamber at ease.)

DEPUTY SPEAKER RITTER:

The House will return to order.

Representative Aresimowicz.

REP. ARESIMOWICZ (30th):

Good afternoon, Madam Speaker.

I move we pass this bill temporarily.

DEPUTY SPEAKER RITTER:

Is there objection? Is there objection?

Hearing none, the bill will be passed temporarily.

Will the Clerk please call Calendar Number 103.

THE CLERK:

Madam Speaker, on page 36, House Calendar 103, Favorable Report of the joint standing Committee on Appropriations, Substitute House Bill 5113, AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS.

DEPUTY SPEAKER RITTER:

Representative Urban, you have the floor, ma'am.

REP. URBAN (43rd):

Thank you, Madam Speaker.

Madam Speaker, I am very pleased to say that today we have a bill that is seeking to update Connecticut's concussion statutes.

Madam Speaker, the Clerk has it his possession an amendment, LCO 4151. I ask that he called it and I be allowed to summarize.

DEPUTY SPEAKER RITTER:

Will the Clerk, will the Clerk please call LCO Number 4192. Excuse me. The Clerk, instead, would please call LCO Number 4151, which shall be designated as House Amendment Schedule "A."

THE CLERK:

House Amendment Schedule "A," LCO 4151, introduced by Representative Urban, et al.

DEPUTY SPEAKER RITTER:

The question -- Representative Urban, you have the floor, please.

REP. URBAN (43rd):

Thank you, Madam Speaker.

Madam Speaker, this amendment is a strike-all

amendment and thus will become the bill. In 2010, we enacted pioneering concussion legislation in Connecticut. We are now seeking to strengthen and update those statutes, based on the recognition of current research on protecting our young athletes from the long and short-term trauma from head concussions.

I move adoption.

DEPUTY SPEAKER RITTER:

The question before the Chamber is on adoption of House Amendment Schedule "A." Will you remark further on the amendment, Representative Urban?

REP. URBAN (43rd):

Thank you, Madam Speaker.

Madam Speaker, I'm particularly happy and thrilled that we can say today that we have an amendment before us that has bipartisan support. There was significant impact from both sides of the aisle on this bill.

We worked with a wonderful group of mothers and their young son athletes, who we have been we referring to as the "concussion moms." We have a tremendous letter from the National Football League, Senior Vice President Jeff Miller, commending Connecticut on taking this step forward. And we have

also worked in close concert with our own Connecticut Interscholastic Athletic Conference who have been a tremendous help.

So this bill, this amendment which is becoming the bill, truly represents a bipartisan, collaborative effort to be sure that our young athletes remain healthy and playing the sports that they excel in for as long as possible.

Madam Speaker, I would just say, briefly, some of the changes that you will see here. Well, in essence, Madam Speaker, what we're trying to do is inform parents and inform athletes on the nature and the risks of concussions, in essence making them partners with the coaches -- and I would comment that Connecticut has the coaches' education program on concussions in the country -- so that they become partners with coaches in protecting our athletes as well as avoiding, perhaps, future injuries by being better educated on the impacts of head trauma.

It also has an informed consent where when an injury occurs, so that when an injury occurs, a parented has realized what kind of negative impacts concussions can have. And we also have a section where the parent is informed upon the, at the time

that the athlete does receive the concussion.

We have added public health to a consulting entity along with our CIAC, our board of education, and our medical, county medical association. We have, in the refresher course, amplified important material in the refresher course for coaches, and we have specifically addressed best practices for football coaches in the refresher course.

We have tried very hard to build in flexibility for the schools and how they impart this information, so that you may use written material; you may use the on-line material; you may use video material; we try to make it as user-friendly as possible.

And, yet again, I would say that we are trying very hard to make our parents and our athletes partners in prevention. And, yet again, we are offering multiple ways to impart this information, knowing the time constraints that our parents and our student athletes have.

And the final piece I would talk to you about is the fact that we are also going to be trying to keep track of how many concussions, from a data perspective, are taking place in the state.

I would urge my colleagues' support.

DEPUTY SPEAKER RITTER:

Will you remark further on the amendment?

Representative Betts.

REP. BETTS (78th):

Thank you, very much, Madam Speaker.

Very briefly, I just want to throw our support here. It's been a great team effort. I want to thank not only the Co-Chairs but certainly the Majority Leader and Representative Davis and Representative Cafero.

And I think it's a very, very important bill to get through to deal with the epidemic of concussions. So I urge everybody to adopt this amendment.

Thank you, very much.

DEPUTY SPEAKER RITTER:

Will you remark further on the amendment before us? Will you remark further on the amendment?

Representative Davis.

REP. P. DAVIS (117th):

Thank you, Madam Speaker, and good afternoon.

As the Chair and the Ranking Member mentioned, this has been a collaboration, a bipartisan effort. There were numerous questions and issues that had to be addressed. I'd like to congratulate the both, the

Chair and the Ranking Member, my fellow Reps on the other side of the aisle for their hard work and cooperation.

I did receive a question about the amendment, and I'd like to pose a question to the proponent of the amendment for legislative intent.

DEPUTY SPEAKER RITTER:

Please proceed.

REP. P. DAVIS (117th):

In line 33, we added the Commissioner of Public Health as a consultant in developing the concussion training course. Could you please confirm that making this change would not require those who have already taken the course to retake the course?

DEPUTY SPEAKER RITTER:

Representative Urban.

REP. P. DAVIS (117th):

Through you.

REP. URBAN (43rd):

Through you, Madam Speaker, thank you for that question, Representative Davis, and you're absolutely correct.

DEPUTY SPEAKER RITTER:

Representative Davis.

REP. P. DAVIS (117th):

Thank you, Mrs. -- Madam Speaker.

With -- with that confirmation, I think most of the major issues have been addressed and would encourage all of us to support this amendment.

Thank you.

DEPUTY SPEAKER RITTER:

Will you remark further? Will you remark further on the amendment before us?

Representative Lavielle.

REP. LAVIELLE (143rd):

Thank you, very much, Madam Speaker.

And very briefly as well, I just want to note how important this bill is for the safety of all of those students, young and younger who engage in contact sports and who have been exposed to sustaining life-long damage.

I am very grateful for the contributions of our, of the folks from Westport who came up and did such good research and made such wonderful contributions and also to everyone on both sides of the aisle who worked rally hard to eliminate some of the obstacles to this bill coming to us on the floor.

And I think we have a -- a good product and one

that will bring Connecticut up to the level of other states that have taken similar measures, and we'll be in a good position to move forward with safety. I'd urge everyone to support it.

Thank you, very much, Madam Speaker.

DEPUTY SPEAKER RITTER:

Will you remark further on the amendment before us?

Representative Camillo.

REP. CAMILLO (151st):

Thank you, Madam Speaker.

A question to you to -- through -- the proponent of this bill?

DEPUTY SPEAKER RITTER:

Please proceed.

REP. CAMILLO (151st):

Thank you.

Seeing I just saw the -- today, for the first time -- the strike-all, just one question. The requirements for coaches to go through the training in concussions and head injuries, is that extended to referees and umpires too?

Through you.

DEPUTY SPEAKER RITTER:

Representative Urban.

REP. URBAN (43rd):

Thank you, very much, Representative Camillo, for that question. No, it does not extend to referees.

Through you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Representative Camillo.

REP. CAMILLO (151st):

Thank you, Madam Speaker.

I thank the proponent for the answer and for all her work, and to everyone else on this bill. It truly is a very good bill and a lot of work went into it, and I thank the gentle lady.

Thank you.

DEPUTY SPEAKER RITTER:

Will you, will you remark further on the amendment?

Representative Ayala, you have the floor, ma'am.

REP. AYALA (128th):

Thank you, Madam Chair.

Actually, I just wanted to commend the entire committee. The public hearing, there were so many testimonies; an overwhelming amount of people came up, and I think a lot of work went in on this, working on

something that everyone was comfortable with. I am so happy that both parties were able to find something that will put, stand up, make Connecticut stand out once again on finding a nice, safe way to keep our youth, keep them healthy and safe while practicing these sports.

Thank you.

DEPUTY SPEAKER RITTER:

Thank you, Representative.

Representative D'Agostino.

REP. D'AGOSTINO (91st):

Just a couple of questions to the proponent, if I could, through you, Madam Speaker?

DEPUTY SPEAKER RITTER:

Please proceed.

REP. D'AGOSTINO (91st):

My understanding -- just a couple of questions about the burden or hopefully lack thereof that we're putting on our local and regional boards of education through the bill -- my -- my understanding is that in Section C, the State Board of Ed, the Commissioner of Public Health, and the various organizations will develop these materials, this concussion education plan to be disseminated to the student athletes and

the parents. And then in Section D, we are requiring the local and regional boards of education to ensure that the student athlete and the parent or guardian completes that plan.

And as you mentioned, as the proponent mentioned, the plan can be written materials, video materials or in-person training. I just want to understand and be sure that we're not envisioning a test that our local and regional boards of education will have to grade and devote personnel to, to grade and then pass/fail our parents and our students each time they want to participate in an athletic endeavor.

Through you.

DEPUTY SPEAKER RITTER:

Representative Urban.

REP. URBAN (43rd):

Through you, Madam Speaker, we absolutely do not for legislative intent and in the language do not envision that.

REP. D'AGOSTINO (91st):

Thank you, Madam Speaker.

DEPUTY SPEAKER RITTER:

Will you remark further on the amendment before us? Will you remark further?

Representative Hwang, you have the floor, sir.

REP. HWANG (134th):

Thank you, Madam Speaker.

I rise in very strong support of this bill. I want to take a moment to thank the tireless community advocates that are here in these Chambers too, for their incredible hard work in raising the awareness and in educating us. But as we go on with that, I think it was also a compliment to them to reach out to the athletic trainers, to incorporate some of the school elements and -- and the needs of athletes to be able to compete and understand that there are parameters in an engagement. So I want to thank them for their collaborative effort to make this truly an effective bill.

But I think one of the things that I really want to emphasize is that as a former college athlete, it is important for us to recognize this is a bill to start the process of changing our culture of understanding that athletic competition is not an end-all; it is a process that if a child is hurt, that coaches, parents, and athletic trainers, and the kids, themselves, need to understand that if something is not right, that they need to understand it is

important to get some help, to get some support.

And that we need to break down the -- the macho bravado of competing, that pain is to gain; that we need to understand, these kids need to be aware that they can compete. They can compete at the highest level but they need to protect themselves. And this, I hope, is a start.

And I, again, want to applaud the wonderful people that are actively engaged in this legislative process. It reinforces, again, that this legislative body is representative of their desires and needs.

So I strongly support this, but, again, I would encourage all of us to move a step forward to say, hey, how can we prevent injuries and potential damage to our young people or any athlete into the future.

So thank you, ma'am.

DEPUTY SPEAKER RITTER:

Will you remark further?

Representative Fawcett, you have the floor, ma'am.

REP. FAWCETT (133rd):

Thank you, Madam Speaker.

I rise in support of this legislation and also just want to join my colleagues in just this most

sincerest thanks to, first, Representative Urban, for her dedication and -- and persistence over the past several weeks as we worked to just finalize the details of this legislation.

And, of course, there's an extraordinary group of advocates, and we never get very far in this Chamber without people at the grassroots level who bring their passion into this building. And there are some moms from Westport, Connecticut here with us today whose children have suffered serious concussions, and they put that experience into action, and I'm so proud to have been able to work with them.

Unfortunately, my -- I had personal experiences that drew me into this issue this year. Two years ago, my own daughter suffered a -- a sudden concussion on the soccer field; no symptoms, right away, and we sent her back to school, only to find out after the fact that often symptoms from concussion can occur up to 72 hours later.

My daughter is fine today and did return to sports, but it's been an incredible educational process. And I think the biggest surprise or eye-opener for me, the past several weeks, has been that while I am working on this legislation in the Capitol,

I actually today have a child home from school with a concussion. She also is okay but has been home for two weeks and is in recovery. And not only because of extraordinary doctors but because of the Parents Concussion Coalition and my work this session, I was able to make sure my own child had the best care and the best processes in returning to school and sports.

So I am very proud to be part of this team and proud of the Children's Committee for moving this legislation this year.

DEPUTY SPEAKER RITTER:

Will you remark further on the amendment before us? Will you remark further on the amendment before us?

If not, I will try your minds. All in favor, please signify by saying Aye.

REPRESENTATIVES:

Aye.

DEPUTY SPEAKER RITTER:

Opposed, Nay.

The Ayes have it and the amendment is adopted.

Will you remark further on the bill as amended?

Representative Cafero.

REP. CAFERO (142nd):

Thank you --

DEPUTY SPEAKER RITTER:

You have the floor.

REP. CAFERO (142nd):

-- Madam Speaker.

Madam Speaker, the Clerk has in his possession LCO Number 4192. May he please call and I be allowed to summarize?

DEPUTY SPEAKER RITTER:

Will the Clerk please call LCO Number 4192, which shall be designated as House Amendment Schedule "A" -- excuse me -- that would be House Amendment Schedule "B."

THE CLERK:

House Amendment Schedule "B," LCO 4192, introduced by Cafero, et al.

DEPUTY SPEAKER RITTER:

The Representative seeks leave of the Chamber to summarize the amendment. Is that objection to summarization?

Hearing no objection, Representative Cafero, you may proceed with summarization.

REP. CAFERO (142nd):

Thank you, Madam Speaker.

Ladies and gentlemen of the Chamber, an earlier iteration of this bill, which I think was generally supported by most and certainly in a bipartisan manner, was a task force that was being established to study the occurrences of concussions in youth athletics and make recommendations of possible legislation to address the concerns in the future. That part of the bill had been removed along the way. It is our intent, in consultation with the other side of the aisle, to restore that bill. It does not have a fiscal implication of any consequence. I believe the fiscal note says that it is less than a thousand dollars.

And what it will do is establish a 20-person task force with appointments from a variety of people and all aspects of the various people who have an interest in this very important subject.

And I would move adoption, Madam Speaker.

DEPUTY SPEAKER RITTER:

The question before the Chamber is on adoption of House Schedule -- Amendment Schedule "B."

Will you remark on the amendment?

Representative Urban.

REP. URBAN (43rd):

Thank you, Madam Speaker.

And I would just like to say thank you to the good Minority Leader. This is clearly a friendly amendment. We know that our little ones are very important, and when they get a head injury when they're young, it can lead to multiple issues. So, through you, Madam Speaker, I would just like to say this is a very friendly amendment.

DEPUTY SPEAKER RITTER:

Will you remark further on the amendment before us? Will you remark further on the amendment before us?

If not, I will try your minds. All in favor, please signify by saying Aye.

REPRESENTATIVES:

Aye.

DEPUTY SPEAKER RITTER:

All those opposed, Nay.

The Ayes have it and the amendment is adopted.

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

Representative Aresimowicz.

REP. ARESIMOWICZ (30th):

Thank you, very much, Madam Speaker.

Madam Speaker, I just wanted to rise, really briefly. As many of you in the Chamber know, my area is I'm a football coach, Madam Speaker, and that's something I truly love. I love instructing the kids. A lot of the protocol that are outlined in this bill is something my school and I personally have followed for many years. So I won't comment on the substance of the bill, necessarily, but yet I do want to talk about the process.

I've said it many times, what I love about this Chamber the most is when we work cooperatively; we take other people's ideas into consideration, and the product is always much better for that. In this particular case, the many people involved, Chairwoman Urban, Representative Davis, Representative Fawcett, Representative Cafero, Representative Betts, Representative Camillo, we all took an active role in this bill. We wanted to do what was best for the children of the state of Connecticut, and we've done that. Again, I'm very proud of this Chamber, once again, for the actions we took on this bill.

Thank you, very much, Madam Speaker.

DEPUTY SPEAKER RITTER:

Thank you, Representative.

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

If not, will staff and guests please come to the Well of the House. Will the members please take your seats. The machine will be opened.

THE CLERK:

The House of Representatives is voting by roll. The House of Representatives is voting by roll. Will members please return to the Chamber immediately.

DEPUTY SPEAKER RITTER:

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

Will the members please check the board to determine if their vote has been properly cast.

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

Representative Walker, for what purpose do you rise?

REP. WALKER (93rd):

Thank -- thank you, Madam Speaker.

I'd like to be registered in the affirmative.

DEPUTY SPEAKER RITTER:

Thank you, Representative Walker.

Representative Boukus, what purpose do you rise?

REP. BOUKUS (22nd):

Madam Chair -- Madam Speaker, thank you, so much.

I'd like to be seen in the green, please, the affirmative.

Thank you.

DEPUTY SPEAKER RITTER:

Mr. Clerk, if you will please show that Representative Walker and Representative Boukus wish to vote in the affirmative.

Representative Widlitz, for what purpose do you rise?

REP. WIDLITZ (98th):

Well, thank you, Madam Speaker.

I would like to cast my vote in the affirmative as well.

DEPUTY SPEAKER RITTER:

Thank you, Representative.

Will the Clerk please indicate Representative Widlitz wishes to cast her vote in the affirmative.

The Clerk will please announce the tally.

A VOICE:

Hold on. No. No.

DEPUTY SPEAKER RITTER:

Oh?

A VOICE:

Hold on.

THE CLERK:

Don't ever talk to the Chair; don't ever do that.

DEPUTY SPEAKER RITTER:

The Clerk will please announce the tally.

THE CLERK:

Okay; I'm sorry. House Bill 5113 as amended by House "A" and House "B."

Total number voting	145
Necessary for passage	73
Those voting Yea	145
Those voting Nay	0
Those absent and not voting	5

DEPUTY SPEAKER RITTER:

The bill as amended passes.

Representative Alberts, you have the floor, sir.

REP. ALBERTS (50th):

Good afternoon, Madam Speaker.

I rise for the point of a personal introduction.

DEPUTY SPEAKER RITTER:

Please proceed.

REP. ALBERTS (50th):

Thank you, Madam Speaker.

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Calendar 416, House Bill 5407.

Calendar page 18, Calendar 490, House Bill 5113.

And back on Favorable Reports, Calendar page 6, Calendar 331, House Bill 5248. We might pause for a moment to stand at ease just to verify those items, see if there are any corrections before we ask the Clerk to read the items and move to a Consent Calendar vote.

THE CHAIR:

We will stand at ease, sir.

(Chamber at ease).

THE CHAIR:

Senator Looney.

SENATOR LOONEY:

Thank you, Madam President. Just for purposes of clarification, Madam President, on that item from the last evening's Consent Calendar to be -- HB5380

THE CHAIR:

Reconsider.

SENATOR LOONEY:

Be removed. Obviously I move to reconsider. I think we need a vote on the motion to reconsider.

THE CHAIR:

I will try a voice vote then. All those in favor of reconsidering please say Aye.

SENATORS:

Aye.

THE CHAIR:

Opposed. Reconsideration is passed.

SENATOR LOONEY:

Right now since the matter is before us again, Madam President, I would move to mark it passed temporarily.

THE CHAIR:

So ordered, sir.

SENATOR LOONEY:

Thank you, Madam President. Now if the Clerk would call those Consent Calendar items so that we might move to a vote on the Consent Calendar, and then we might proceed to the items that were marked go.

THE CHAIR:

Mr. Clerk.

THE CLERK:

On page 2 Calendar 166, Senate Bill 427.

Page 4 Calendar 300 Senate Bill 417.

Page 6, Calendar 331, House Bill 5248.

Page 7, Calendar 340, House bill 5273.

On page 10, Calendar 416, House Bill 5407. Calendar 415, House Bill 5518. Calendar 396, Senate Bill 114.

On page 11, Calendar 419, House Bill 5477.

Page 12, Calendar 426, House Bill 5023.

On page 18, Calendar 489, House Bill 5227. Calendar 470, House Bill 5506. Calendar 490, House Bill 5113.

On page 19, Calendar 494, House Bill 5573.

Page 20, Calendar 498, House Bill 5467. Calendar 499, House Bill 5419.

And on page 22 Calendar 513, House Bill 5353. Calendar 515, House Bill 5361.

And on page 24, Calendar 526, House Bill 5556. Calendar 524, House Bill 5219.

Page 25, Calendar 4 -- sorry, Calendar 530, House Bill 5368, page 27, Calendar 546, House Bill 5061. Calendar 543, House Bill 5037.

On page 28, Calendar 550, House Bill 5514.

Page 29, Calendar 554, House Bill 5148.

Page 30, Calendar 563, House Bill 5554.

Page 31, Calendar 567, House Bill 5229. Calendar 565, House Bill 5028.

And on page 42, Calendar 384, Senate Bill 442.

THE CHAIR:

Senator Looney, do you have any more good news for us?

SENATOR LOONEY:

Yes, thank you, Madam President. One additional item to add before we call for the actual vote on the Consent Calendar, and that is item an Calendar page 33, Calendar 575, House Bill 5359. With that one addition it would call for a vote on the Consent Calendar.

THE CHAIR:

Mr. Clerk, please call for a vote on the Consent Calendar, and the machine will be open.

THE CLERK:

Immediate roll call has been ordered in the Senate. Immediate roll call on the second Consent Calendar today has been ordered in the Senate.

THE CHAIR:

If all members have voted? All membered voted, the machine will be closed. Mr. Clerk, will you please call the tally.

THE CLERK:

On the second Consent Calendar for today.

Total number voting	35
Those voting Yea	35
Those voting Nay	0
Absent not voting	1

THE CHAIR:

Consent Calendar passes. Senator Looney.

SENATOR LOONEY:

Thank you, Madam President. If the Clerk would call the first item marked go to follow the Consent Calendar.

THE CHAIR:

Mr. Clerk.

THE CLERK:

On page 33, Calendar 579, Substitute for House Bill Number 5348, AN ACT CONCERNING THE PAYMENT OF DELINQUENT PROPERTY TAXES. Favorable Report of the Committee on Planning and Development.

THE CHAIR:

Senator Kelly.

SENATOR KELLY:

Thank you. Thank you, Madam President. Pursuant to Rule 15 of the Joint Rules, I am recusing myself from consideration of this bill.

THE CHAIR:

Thank you, sir. Please leave the Chamber.

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CHAIRMEN: Senator Bartolomeo
Representative Urban

MEMBERS PRESENT:
SENATORS: Duff, Linares

REPRESENTATIVES: Betts, Candelaria, Fawcett, Hewett, Hoydick, Rose, Vargas, Wood

REP. URBAN: (Inaudible) has a questions on some statistics of data that you present to us, and we would like further information on it, we will simply ask a question for the record and then if that, you don't have that information to back up the data here at this particular point in time, then we will follow up with you and get that data.

We will start with our public officials and we are very happy to have today with us the Commissioner of Public Health, Commissioner Mullen.

Welcome, Commissioner.

COMMISSIONER MULLEN: Good afternoon Senator Bartolomeo, Representative Urban, and distinguished members of the Committee on Children. I'm Commissioner Jewel Mullen of the Department of Public Health and I am here today to testify in strong support of Governor's Bill Number 24, and that's concerning the GOVERNOR'S RECOMMENDATIONS REGARDING ELECTRONIC NICOTINE DELIVERY SYSTEMS AND YOUTH SMOKING PREVENTION. HB5113

By prohibiting the sale of electronic nicotine delivery systems to minors, this bill will reduce the number of youth becoming addicted to nicotine and remove a potential entry point for youth to

Tobacco and Health Trust Fund to recommend the entire unobligated balance remaining in the Fund, subject to a $12 million cap.

I respectfully request that the Committee take favorable action on this bill. Thank you for your consideration of the Department's views.

SENATOR BARTOLOMEO: Commissioner, thank you, and I know you -- did you want to testify on another bill as well?

COMMISSIONER MULLEN: I have one other bill.

SENATOR BARTOLOMEO: Before you do that, I just need to make an announcement that in our rush to get this started in a somewhat timely fashion, we skipped over -- there is one bill with is Senate Bill 204: AN ACT CONCERNING CAMPER'S EDUCATION, which we have substitute language available. At the time that we raised this bill, we had some -- some language that was omitted and we have since fixed that. So, there are copies -- our clerk will pass out copies to the Committee and make copies available to anyone in the audience who would like to be testifying on Senate Bill 204: AN ACT CONCERNING CAMPER'S EDUCATION with the substitute language. I will just help you to find the differences by noting that it is only in the section related to Lyme Disease. There's three types of sections in this bill. So, if you're looking for that current language it will be available. Sorry for the interruption.

COMMISSIONER MULLEN: Would you like me to do the other testimony and then -- okay.

This is for House Bill 5113: AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS.

The Department of Public Health appreciates the opportunity to provide input on House Bill 5113, and to be included as a partner agency addressing

the significant problem of youth concussions. The inclusion of our agency demonstrates that Connecticut recognizes that concussion is a medical condition with public health implications in addition to being one related to athletic participation, and that the consequences for a child's learning must also be considered.

The intent of this bill is to reduce the number of concussions in children by: one, requiring the State Board of Education, DPH and others to develop or approve a concussion education plan; two, requiring the operators of youth athletic activities to provide information on concussions to youth athletes and their parents and guardians; three, requiring youth athletes suspected of sustaining a concussion to provide written clearance from a medical professional prior to returning to athletic activity; four, limiting full contact practices to 90 minutes per week and five, requiring local and regional boards of education to compile and report all instances of concussions suffered by children in school. We hope that another purpose of this proposal is to mitigate the risk of long-term neurologic, cognitive and behavioral disorders associated with concussions.

DPH understands that multiple factors may play a role in complicating the recognition of concussion in athletes. Importantly, young athletes, in addition to not understanding the impact of concussions to their overall well-being, may not be forthcoming with their symptoms for fear of activity restriction. In order to further protect Connecticut's children during this critical period in their brain development, DPH hereby recommends the following:

First, include a Connecticut Pediatrician who is knowledgeable in the diagnosis and management of concussions and other brain injuries to the group

of professionals, which I refer to as professional group, whom the Commissioners of Education and Public Health will consult regarding recognition, medical treatment, and return to play guidelines. [Inaudible] The committee might consult with the Connecticut Chapter of the American Academy of Pediatrics to identify such an expert.

Secondly, include a neuropsychologist in the professional group.

Third, revise the proposal to require that for a student athlete to be deemed cleared for youth athletic activity or return to classroom learning, the clearing licensed health care professional, if not a physician, must consult with and provide written approval from the consulting physician.

Four, consider the adoption of CDC's Heads Up: Concussion in Youth Sports initiative. This evidence-based initiative offers information about concussions to coaches, parents and athletes involved in youth sports.

Finally, DPH supports the underlying concept of this bill, as well as any changes the State Department of Education, as the agency tasked with the administering the majority of this bill's provisions, may have. Developing policies that effectively address the recognition of youth concussions makes good public health sense and will compliment other policies this committee has promulgated to ensure children with the highest levels of physical and behavioral health as well as educational and athletic success.

Thank you for hearing my testimony.

REP. URBAN: Do we have any questions from the committee? Senator Linares.

SENATOR LINARES: Thank you Commissioner for your testimony here today and for being here today.

I just have a few questions, but one specifically in regards to the tobacco vapor bill that you're supporting. SB24

I just wanted to know if you had any evidence that is specific towards if children are using this new technology as a first time experience for - in contact with nicotine, is -- because I, you had mentioned that this -- it's becoming a method for them to experiment with tobacco. I just want to know if you have any information specific to first-time users. Are they tending to use this new technology or are first time users smoking cigarettes or cigars?

COMMISSIONER MULLEN: I don't have that specific differentiation. We can look for it. I'm not sure whether or not we have it. I can ask the director of our Tobacco Control Program. Looking at data that the CDC presents that showed the doubling of use between 2011 and 2012 give us some idea. You know, we have some -- from our Youth Tobacco Survey we also have a sense of the age at which some teens begin smoking but I don't know whether or not the breakdown of which did you start smoking first exists, but I can ask Barb --

SENATOR LINARES: I just think it would certainly help. Thank you. And regarding the concussion legislation, let's say currently if a student athlete has a concussion, what steps do they have to take now? My understanding is that they have to take a test prior to the concussion and then after they have received a concussion they have to take another test and they're not allowed to practice or compete until their tests match the original test. If you can kind of elaborate on that and then also what are the drastic changes are the changes in this law? HB5113

COMMISSIONER MULLEN: So, in the four years since this -- the original bill was passed, I think it was a Public Act 2010, there's been a lot more demonstration of the array of physical and potential psychological dysfunctions that children might have. The specific battery of tests that they undergo right now, I can't say. I understand there are certain things that trainers do on sidelines, for example, and then that might be tracked by the-- whoever is following a child after that.

One of the differences in this legislation, or the proposal, is that it acknowledges the broader spectrum of potential behavioral learning and difficult symptoms that a child might have so that for any specific athlete, whatever else they need to have done, can be detailed and geared to them.

SENATOR LINARES: Okay. And I just had one last question.

You had -- in this bill it references that it would require contact practices, so let's say football, for example, to 90 minutes per week. One football practice might be over 90 minutes. So, would this bill require, and I just want to clarify this, would this bill require that the football practices can only have 90 full minutes of contact in a high school sport?

COMMISSIONER MULLEN: That's my impression but I am, you know -- I am, actually thank you Representative Urban, I am taking the opportunity as they agency that's now been written in to the legislation to add some of the public health and medical considerations to those sports recommendations that I believe were probably tweaked beforehand. But reading it, it sounds like it's the 90 minutes, but how that gets worked out on the athletic field I can't answer.

SENATOR LINARES: Okay well thank you very much Commissioner for your testimony.

REP. URBAN: I believe, Senator, that would be a question, for the record, that you had for the Commissioner initially on the e-cigarettes. So, we'll be sure that they get that back. Okay.

Okay, I'm not -- thank you, Representative. Representative Hoydick. No, Representative Wood. Representative Hoydick. Representative Wood. Come on, girls.

REP. WOOD: Thank you. Phew. Thank you Commissioner. I appreciate your testimony and I certainly support tightening the restrictions on concussions and vigilance on that is something we all need to be more aware of and coaches need to be more participatory and understanding that these kids can't go back into the game and we need to protect that. So thank you very much. Thank you Madame Chair.

REP. URBAN: Thank you Representative. Now, Representative Hoydick.

REP. HOYDICK: Thank you, Madame Chair. Thank you Representative Wood.

Commissioner, Doctor Mullen, thank you for testifying today and I have a couple questions as the expert, I'm going to ask and you can defer if you don't have the answers.

Most school districts have a physician that they consult with. I know when I was on the Board of Education we did. Do you know as a matter of public health if they would be involved in any of these parameters currently set by the CIAC and then adopted by the Boards of Education?

COMMISSIONER MULLEN: That's a great question to also pose to Commissioner Pryor on the Department of Education as it relates to the relationship of

the physician who is the medical director that school nurses consult, et cetera.

Head injuries are a big public health population problem and then they relate to the individual child in the way that, as I envision the recommendation, the planning for an individual child would probably be among the health care professionals that care for that individual child and this would not become a responsibility for the consulting physician for the school district, although, wherever this final legislation lands, I can imagine that the training that is recommended would be also be training that would be advantageous for the medical director to participate in. That would also help people within the system feel like they have somebody else in their system that's helping manage this issue within the town. Did I answer your question?

REP. HOYDICK: You did. And to Representative Wood's point, it needs to be a little more vetted out and everybody knows -- needs to know who's who in the zoo and how this all follows through.

So, my follow up question is -- are you laughing at me about who's who in the zoo? This is the Children's Committee. Next we're going to bring out big books.

Other brain injuries -- Senator Linares touched a little bit about that, but what outside of concussions, and I guess my, not concern, but understanding of it is, you know, there are student athletes that may suffer different maladies or have other things that might affect them neurologically but they're still playing the sport and I'm not -- I'm not quite sure -- I don't understand what other brain injuries are. So, if you could explain a little bit.

COMMISSIONER MULLEN: So, it's hard to just to a test, an imaging test, for example, and say, "Okay, there it is, I see it. You have a concussion." So, the diagnosis is made based on an array of different symptoms that an individual will have in addition to things, asking questions such as whether or not they passed out. So, there can -- there can be the perception or the suspicion that a child has suffered something that's caused some injury, subtle injury to the brain without it being so very clear. And then, in the way that we think about concussions as closed-head injuries, there are also much more severe injuries that students or anybody can suffer as well. So, that allows for a bigger category of other even more severe trauma to the body and the head that can affect the brain.

REP. HOYDICK: Thank you, and as a mother of three female athletes who have all suffered concussions, I do understand that because my youngest was asymptomatic until the next day and that was just an occurrence and I'll talk about her treatment I'm sure when other people are testifying.

But, my last question is what do you, as the Commissioner, consider full contact sports because it's not really defined in the bill. I know we'll have discussion about it after but I'm not really sure what this all includes because my youngest that I mentioned before got her concussion playing soccer and that's not something that I would consider normally full contact. So, if you would give us your opinion I would appreciate it.

COMMISSIONER MULLEN: Well, I have to say, as a doctor I don't have an educated opinion on that one. I actually -- and I probably would defer to the committee and those who advised them, the coaches, the trainers and others. But it's a

really good question because before I worked here in this role, I worked in the Massachusetts Department of Public Health. Back in 2009 and 2010 we were promulgating regulations on this issue and we talked about things such as what about cheerleading. And because of that, it give you a chance to think about body blows or head blows as opposed to things that happen to an individual which exert forces on their body that can then have an impact on the brain. But I'll look forward to learning more about what that definition is and it might also be that that ends up getting hashed out a little bit more.

REP. HOYDICK: Thank you because I think in order to fully understand this law that is proposed to pass, we have to understand what that is because my eldest, who happened to be a competing cheerleader, also suffered a concussion and tore her rotator cuff while cheerleading. So, there's -- the efforts in this bill to protect youth athletes from severe injury are laudable. And we should do this. And I think we just need to be very careful how we process what we're processing and what we're discussing here because, you know, restricting it -- there are going to be some disadvantages with restrictions as well and we have to identify those so everybody understands them.

COMMISSIONER MULLEN: I understand and the science is evolving at the same time, which also makes it very tricky.

REP. HOYDICK: Thank you, Commissioner.

COMMISSIONER MULLEN: You're welcome.

REP. URBAN: Are there any other questions for the Commissioner from the committee? Seeing none. Thank you Commissioner. Next on our list is Senator Carlo Leone. And I would let everyone know that our first hour is devoted to our public

CAYE HELSLEY: Great, thank you.

SENATOR BARTOLOMEO: We have Representative Steinberg and then we will have Paul Slager.

REP. STEINBERG: Good morning Madame Chairs, Ranking Members and esteemed colleagues on the Children's Committee. I am representative Jonathan Steinberg and I am here with a fellow Westporter Anne Sherwood, to talk about 5113, the concussion bill.

I'll start by saying I'm an avid sports fan and I love watching team sports, whether professional or scholastic level and we are all conditioned to cheer for the player who was injured who comes back into the game, who has sucked it up in some fashion. But what we know today, there simply is nothing more wrongheaded, pardon the pun, than to continue to encourage that kind of activity. You'll hear lots of testimony today, I hope you all stay to hear Dr. Cantu, who can give you a lot of the expertise in the science today which I think will answer a lot of your questions.

But right now I'm going to hand this off to Anne Sherwood who will tell you her own story.

ANNE SHERWOOD: Good afternoon distinguished members of the Children's Committee. For the record I'm Anne Sherwood from Westport, Connecticut, and a member of the Parents Concussion Coalition. I'm here to testify in support of AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS. Where'd they go? It's okay.

My son, Luke Foreman, will be testifying about his multiple concussions, missed months of school, and giving up contact sports for life. I'm here to stress the importance of passing this legislation to protect our student athletes. Because of Luke's experience, I became a go-to resource in our community who other parents would

often call when their child suffered a concussion. I've heard many concussion stories; parents not aware of symptoms or the need for both cognitive and physical rest; athletes not thinking his or her concussion was a big deal and continuing to go to practice; a general lack of understanding of the importance of identifying and properly managing concussions. One doesn't fully realize the importance of education until you've mismanaged an injury. I spread the word as well as I could. Luke did what he could to educate other. But all of our youth need education and protection, which is why we're here in front of you today.

Nearly two years ago I crossed paths with two other mothers in my town whose sons have had life changing concussions. We saw the glaring need to take further protection for our youth. We decided to take action and first encourage our own high school to mandate parent and athlete education and informed consent. And while we have a superintendent who was very supportive of this, I'm here today testifying. No other school in lower Fairfield County was doing this. We knew the state law was not as comprehensive as many other state laws and decided we'd dedicate our efforts to updating this, so all young athletes in the state are better protected.

We are aware that CIAC has announced programs in the last few months to begin requiring athlete and parent education. We commend these actions, although we wish it would have been done a couple of years ago, as Connecticut is clearly lagging best practice, with over 80 percent of state laws requiring parent and athlete education. In spite of CIAC's plans to implement an education program, I firmly believe that parent, athlete and official education, along with other important provisions to improve safety, belong in legislation just as much as coach education

currently does and for the same reasons, oversight, accountability, consistency. It's also important our state law reflects this practice, which can be a factor in litigation issues.

While there are details that need to be fleshed out and language that needs to be modified and clarified, I hope we can focus on the intent of this bill and that you will take it upon yourselves to assuage some of the implementation hurdles that will most certainly be presented today. Several attempts have been made to update this bill and many other states have been able to do it. I have trust that Connecticut can as well.

High school and youth athletes are relying on you to provide the safeguards they deserve and so many other states have already provided. Let's get our law to represent best practices and even forge ahead to be the model of concussion legislation. Thank you for introducing this legislation and thank you for your time.

REP. URBAN: Are there any -- thank you Anne for your testimony. Representative Vargas.

REP. VARGAS: Thank you for your testimony. I received numerous emails from coaches claiming that we already have some of the most rigorous standards in the nation and that this is not a major problem. I can see by your testimony that you disagree with that. What would you say to those coaches?

ANNE SHERWOOD: Well, by state law, coaches in Connecticut, interscholastic coaches in Connecticut are trained and they have an excellent training program. It's really a model. We are not proposing any significant change to that. Instead, we are addressing what's lacking in the bill, which is education for parents and

athletes at the interscholastic level, at the youth level and many of the other measures that are new to the bill, including youth athletics 24-hour notice, limiting contact practice time.

REP. URBAN: Representative Fawcett.

REP. FAWCETT: Thank you Representative Urban. Thanks for your testimony and of course for coming up to Hartford today. We're so grateful that you're here and you and I were talking a little bit with Luke outside and talking about parent education specifically. I was wondering if you could tell us a little bit more about your experience where -- because I shared that my daughter had a concussion as well and our joint experience was that the symptoms actually didn't happen within the first two or three days. I was just wondering if you could just talk a little bit about your experience there because that, as a parent, I didn't know that that could happen.

REP. URBAN: Anne, if you would like to bring Luke up, because I know he's on the list and he could answer some questions.

A VOICE: I'm glad he's not in the cafeteria.

ANNE SHERWOOD: Come on up, Luke. Sure, I can talk to the delay in symptoms. You know, I, like many parents, thought a concussion -- in order to have a concussion, you had pass out or you know, be nauseous and getting sick, and clearly not the case. We've learned more than we'd like about how it presents itself. But yes, to your point, it can -- Luke, his first concussion, he had a delay in symptoms, a couple days and the first symptom was confusion. You know, in playing a game he was confused he started to feel a little foggy but nothing that we would associate with concussions. So, I think educating parents and athletes about the signs and symptoms and the

fact that they don't necessarily present immediately is important.

REP. FAWCETT: Yeah, thank you again for bringing that up. It was just such a strange experience for me because I thought being a good parent, my daughter comes home and says, "Oh, mom I hit my head very hard during a soccer game." I said, "Look at me. Do you have a headache? Do you feel nauseous? Are you dizzy?" You know, the things you think you're supposed to ask when you're a mom and she said no to all of them and it wasn't until three or four days later that all of this occurred. It's again, something I didn't know until I went through it and it's critical that parents know.

REP. URBAN: Thank you. And we do have Luke so if Luke would like to give us some testimony on what he was -- what his experience was. I think that's what you're going to tell us about, right?

LUKE FOREMAN: Sure, okay. I'm a senior at Staples High School and I suffered from two life changing concussions. I want to talk from personal experience about the need for parent and athlete education and the need for youth coaches to be trained.

My first concussion was my worst. After falling I didn't have any immediate symptoms. I had a noticeable bump but felt fine otherwise. I went to school and kept playing sports. My parents and I didn't know that concussion symptoms could surface 48 hours after impact. Two days after hitting my head, continuing to go to school and playing sports, I started to feel like something was wrong. I was confused about which way to run when I was playing basketball. I took the CMT's and couldn't focus. We didn't immediately relate the symptoms back to hitting my head. About four days after falling I went to my pediatrician and was told I had a concussion and I should stop

playing sports but could continue my CMT testing at school. This was six years ago before it was well understood that cognitive rest is just as important as physical rest.

My symptoms got dramatically worse and at the end of the week I had a CAT scan. My concussion symptoms, some of which included a pounding headache, nausea, dizziness, fatigue, blurry vision, among others, became very severe and I developed post concussion syndrome and missed three months of school. They were three of the hardest and most miserable months of my life.

A year later, during a very competitive soccer practice in a youth league, I was knocked down and accidently kicked in the head. I was temporarily knocked unconscious and had to be helped off the field. After sitting out for a while the coach then asked me if I wanted to go back out on the field. I felt awful and said I thought I should go home. It wasn't until the coach asked me for my home number and I couldn't recall it, did he realize how concussed I was. Someone finally tracked down my mom and took me straight to the emergency room and had to help me walk. A youth coach with training wouldn't have asked me if I wanted to go back on to the field.

It is my hope that a law can be passed that would ensure that athletes and parents for both high school and youth leagues and coaches for youth leagues all be required to learn the signs and symptoms of concussions and understand the dangers of playing through concussions, or not taking the time to heal before returning to activity. I feel that if I had been able to identify my first concussion sooner, and had physical and cognitive rest, I would not have ended up with post concussion syndrome. After these experiences, I made the difficult choice to stop playing contact sports.

I have done what I can to educate others. I have gone to youth leagues to talk about my concussions and share my experiences. I have spoken at the Brain Injury Alliance on a panel of athletes and I've shared my experiences at a school nurse's professional development training. I made the case to my high school that they should train their athletes, not just their coaches. Connecticut owes it to their youth to improve their law and make education mandatory and uniform across the state.

Thank you for listening.

REP. URBAN: Thank you, Luke, for that firsthand experience. Any questions from -- Representative Hoydick.

REP. HOYDICK: Thank you, Luke, and thank you for coming to testify. When did you -- I missed when you had your concussion, the first one. The one that was the most severe.

LUKE FOREMAN: The first one was in sixth grade, the second was in seventh grade. So both before high school.

REP. HOYDICK: So, what -- could you give me the years of that?

LUKE FOREMAN: 2008 and 2009.

REP. HOYDICK: Thank you so much.

REP. URBAN: Are there any other questions? Seeing none. Representative -- seeing none. Thank you so much for your testimony and Luke thank you very much for being here today and I know we have some other youth that are here today and we're going to try to get them all together so that we can hear from them.

Next on our list, Paul Slager. Oh, I'm sorry I didn't see you coming up. Welcome.

PAUL SLAGER: First of all, distinguished members of the Children's Committee, let me thank you for the work you do keeping our children safe in this state and also thank you for hearing from some of us here today.

My name is Paul Slager. I live in Ridgefield, Connecticut. I'm a current Board Member of the Brain Injury Alliance, the Immediate Past President of the Brain Injury Alliance of Connecticut, formerly the Brain Injury Association of Connecticut. I'm also an attorney who represents brain injury survivors in litigation and it's in both of those capacities that I testify here before the committee and following my testimony I would welcome any questions you would have, including some of those that have already been raised, to the extent that you think further clarification could be helpful and I'll do my best.

For more than 30 years, the Brain Injury Alliance has worked to increase awareness, research, education and prevention of brain injuries in Connecticut. We believe this bill is further advancement of all those policy goals, which are so critical.

I personally believe we have an obligation to protect those who are most vulnerable, which includes our young children and those people don't have a voice unless we give them one. If they did, they'd eat candy every night for dinner. So, we do have a role in protecting our children and in making sure that they're kept as safe as is reasonably possible.

This is why I urge you to support the concussion bill Proposed Bill 5113 because it takes further important steps to do those things.

In 2010, Connecticut became only the third state in the country to enact concussion legislation

such as exists now in the state. When that process was happening, I was personally involved, as was the Brain Injury Association of Connecticut. At the time, we were very proud of what we accomplished with that legislation. And I'm sorry to report that as I sit here today, while it served important purposes, and was indeed a great accomplishment at the time for our legislators to pass that bill, we have now fallen woefully behind other states and that's not a position that we here in Connecticut should be.

You've heard other testimony that Connecticut's fallen behind other states. It is true that the laws in 87 percent of the states of the United States include the education portions that are now included in this bill, and 78 percent of other states require the types of informed consent which are included in this bill. It only stands to reason that educating young athletes as well as their parents, not just the coaches, but also the referees who are on the field and often in a better position than the coaches to see the nature of the injury. I think if Luke was kicked in the head, I think a referee probably had a better vantage point of that than did his coach on the sideline. Those people need education also. It needs to be required legislatively. Connecticut is one of only a small minority now of states that does not provide that.

I think it is significant, there have been some questions, it is significant that in addition to educating and informing those with contact with these students, this bill also would pioneer some legislation in the sense that it would also actively help to prevent head trauma. It would limit full contact practice. There were some questions about that, which I think do need to be clarified in the current proposed language. But limiting full contact in collision sports, and I really, in answer to a question that was raised

earlier, I interpret that only to pertain to football practices. But I think further clarification is necessary and that's not because other sports, and I would include cheerleading, certainly as a sport, and have clients who've been injured with concussions in cheerleading. Those are sports but the practice time devoted to those sports does not involved full speed collisions.

In my capacity as a private attorney who also represents brain injury survivors in court, I also want to address and dispel any suggestion at all that this bill could promote or increase litigation against coaches, schools or referees. Just the opposite is true. One important purpose of this bill is to bring Connecticut up in line with best practices, which are so well recognized across the country, but are not recognized legislatively here. As the law stands here in Connecticut now, a person can fully comply with Connecticut law but still be acting well below the standard of care that would be applicable to those people. So, I actually think this legislation goes a long ways to protecting schools from litigation, protecting coaches from litigation, protecting referees from litigation.

If passed, this bill is going to protect young athletes but just as importantly it's going to educate coaches who are already legislatively educated. It's also going to educate parents and the athletes themselves and it's going to educate referees. We've already heard testimony about why it's so very important for parents and the athletes themselves to learn about this problem. Every kid is going to want to keep playing and parents like to see their kids play. There's just fundamental misunderstandings, even though we've come a long way, there's fundamental misunderstandings about the nature and extent of this injury and how it can affect people. This

bill will serve two purposes. It's going to keep kids safe, it's going to reduce the incidences of litigation and it's going to broaden the education of parents, participants and also those who are supervising directly.

For these reasons, I urge you to support Bill 5113, AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS and I would welcome any questions from the committee.

SENATOR BARTOLOMEO: Attorney Slager thank you very much for adding your input from a variety of perspectives. We do appreciate that. We're having a little challenge with our bell ringing so, we're trying to get that going.

PAUL SLAGER: Perhaps that challenge allowed me to go longer than I should have. I apologize.

SENATOR BARTOLOMEO: I think it did, but that's okay. Not your fault. Any questions? Senator Linares.

SENATOR LINARES: Thank you Attorney Slager-- did I pronounce that correctly--

PAUL SLAGER: -- That's true, thank you Senator --

SENATOR LINARES: -- for your testimony today. You had mentioned that Connecticut is behind on education and informed consent in this area and that this would be -- this legislation would be a pioneer as far as head trauma is concerned related to full contact practices. I guess my question is, as it relates to football, because you had mentioned that the only sport that really is full contact may or may not be football. But as it relates to football, this would limit a full contact practice to 90 minutes. So, I'm assuming that football practices are longer than that. Does that mean that only a football coach or football team in Connecticut can only have one

practice where the athletes can practice tackling?

PAUL SLAGER: Let me --I think that's a very important question and the succinct answer to that is no. But let me explain that answer more and let me also offer that my perspective in answering that question also comes from a personal one in that I played football through high school and I have a son who also plays youth football. He's now a seventh grader.

Practice - football practice-- a very small part of football practice should consist of full speed collisions. Tackling techniques can be taught without those. They should be taught without those even at the NFL level or the NCAA level, tackling techniques are not generally taught in a full collision setting. So, those techniques, which are very important in protecting the athletes, should be taught not a full speed collisions. So, but, in terms of what the law actually would require as drafted, it would limit full speed collisions throughout the week to 90 minutes per week, which I believe is entirely appropriate.

I think there are a number of football coaches just purely for the sake of not tiring out their athletes but also wanted to minimize other sorts of orthopedic injuries as such, that as the course of the season progresses will naturally have already less than 90 minutes.

I think there are others though that really push the envelope and those are the ones that need to be subjected to this sort of legislation to protect the kids. So, yes it would limit the practice, would limit the full-contact full-speed collision aspects of the practice, but the conditioning, the techniques all the other aspects that really make an excellent football team are not limited at all.

SENATOR LINARES: Thank you and I'm sure you know that when training these young athletes on how to play football, it's important that we teach them how to tackle and how to appropriately use full contact at high speeds because if we don't, then it could result in even worse injuries and neck injuries. So, I appreciate that you had some information on that.

I guess what my final question is, as it relates to games, in the event that a team might have more than one game in one week does this limit the amount of actual games that people are allowed to play because I know its specific toward practices but if there is a double header or something like that, does this limit that?

PAUL SLAGER: Well, I think the legislation as written would not limit that, although I think it would be a great idea to limit that. But the legislation, as drafted, would not limit that. I think it's fairly unusual in youth football and also interscholastic football to have more than one game a week. It does happen in some of the preseason, the early season there's shorter scrimmages where they'll line one up after the next, but I think it's fairly unusual. But I don't think the legislation would prevent or restrict that as drafted, Senator.

SENATOR LINARES: Thank you very much.

REP. URBAN: Any other questions from the committee? Oh, sorry. Representative Betts.

REP. BETTS: Thank you Madame Chair and thank you for your testimony, sir. Couple of questions. One is, on the issue of litigation, you don't seem to feel it increases the chances for litigation once people have been informed or educated about concussions. I wonder if you could elaborate for what the basis is for reaching that conclusion.

PAUL SLAGER: Yes, Representative Betts, thank you for the question. I think it's a good one and I think that -- I think I can answer it. I'll do my best and please let me know if I'm not.

I don't think that the reason -- I don't think that the reason there's not more litigation is because parents are not educated about concussion. If that is true I don't think that's a good reason. The reason I think this bill will actually limit concussions is because I think it's going to bring those people who are in the best position to keep kids safe up to the state of the art in terms of understanding what their obligations are and what their obligations should be. I think that the flaw in the bill as it exists today is that it-- by under legislating what's safe for children it lulls those people who are directly involved in practices and games into a false sense that they're taking proper care of children who are participating in sports when in fact they're not. So, that leaves them vulnerable as it stands today to a claim of, wait a minute how could you not have recognized that when this child was limping off the field and dizzy that they couldn't have suffered a concussion? How could you possibly not have recognized that? And they're response, quite naturally, would be, "Well, I was never educated on that."

Well, whose fault is that? Under current law, it's the state's fault or the school districts fault. If this law is enacted as drafted, however, it brings the school district, the state up to the state of art, and by doing that I think it actually provides a really healthy shield to the kinds of litigation that people might be concerned about.

Does that answer your question?

REP. BETTS: It does. Unfortunately, we live in a very litigious society and there are certain attorneys that just are very opportunistic and it puts people who are trying to do the right thing or a good thing in a very awkward position and I'm very sensitive to that because here you're trying to do your job and the next thing you know you find yourself in court. I find that -- I find that tremendously unfair.

PAUL SLAGER: I share your concerns about that because I'm both a coach and an attorney who represents survivors and I think there's a tremendous sense of responsibility-- or there should be -- for people to ensure that the only cases that are brought are meritorious cases. I acknowledge, as you do, that that's not always true and it's unfortunate both to the profession, which I'm very proud of otherwise, and for those who are on the other side of that. So, there's no question there's a problem. I don't see anything in this bill, however, that conflates that problem or creates new opportunities for those people who might wish to abuse the system.

REP. BETTS: A couple other questions. One is, you mentioned this 90-minute limit for practicing in pads. Can you tell us how you arrived at 90 minutes as well as address -- I can't remember where I read it-- in the NFL several coaches were asked why there were so many injuries this past year in particular and many of them responded, "Well, they did not practice enough in pads to avoid this significant increase this year in injuries."

PAUL SLAGER: Sure, yeah. First of all, just tackling the last part of what you said, my suspicion is that the coaches in the NFL would like to have their players in pads for 80 hours per week and the people at that level are, in many cases, certainly now, who are willing to engage in that

are doing so with their eyes wide open, unlike our children. But even just setting that aside, I don't think the bill requires, and I think this is an important clarification, I don't think the bill requires a 90 minute limit to practice in pads at all. And I think that would be something that I, as a person who has played football, would have a hard time understanding. What it does do is it restricts the full speed collision portions of the practices. I actually think it's very important that there be many hours of practice in pads. But I also think that it's equally important that those hours not be spent in full speed collisions. So many injuries happen just in the practice portion and it's not just head injuries. It's orthopedic injuries, it's all different kinds of injuries and I think it just stands to reason that, well, they should just practice in pads longer because they need to be familiar with the equipment, they need to be working on technique and they need to know how those techniques feel when you have pads on, which is very different from walking around like we might on a day like today. But the full speed collision part, as I read the legislation that's been proposed, is the only part that is limited to 90 minutes, and I think it should be.

In terms of where the 90 minutes came from, that's not something I can specifically answer because I didn't come up with that 90-minute figure but I do-- my understanding as it is from a variety of sources and maybe other people today can speak to that.

REP. BETTS: Thank you and finally I'd like to address something. It's my own personal view about legislation. I feel that the General Assembly, whenever we have a problem, we pass a law. A lot of times it can be resolved by simple conversations or administrative policies, especially on the local level.

Has there ever been any attempt to talk to the local school boards about instituting what's being proposed here in the bill or is there some reason that's compelling that requires it to be a law as opposed to simple common sense policies?

PAUL SLAGER: In terms of answering the question of whether those efforts have been made, I don't know the answer to that question. In terms of the second part of your question which is, does this really need to be legislated as opposed to worked through some other means, I think the fact -- one of the questions, I believe it was Representative Vargas, asked earlier, indicating that he had received opposition from coaches. I think that's perhaps the best evidence we have here today that this does need to be the subject of legislation because there's opposition apparently from coaches groups to doing this, although the statute as written doesn't really change the obligations on the coaches. It seems that there's enough resistance to implementing these changes, just based on that evidence alone, which is the only evidence I really can speak to.

REP. BETTS: Well that leads me to an interesting question. Are you aware of what the specific things that they're opposed to and has anybody met with the coaches to try and reach some kind of common understanding on how to address this problem?

PAUL SLAGER: I've seen some of the issues that they're opposed to, which -- and I don't know that I can recite them all now -- but as I went through them and compared those concerns word by word with the legislation as proposed, I felt that most of those concerns came from a fundamental misunderstanding of what this legislation proposes. That was my interpretation. Its seemed very evident from me from reading the language in the statute and

reading some of the concerns expressed by the coaches that there was an impasse in terms of what I felt the legislation was really doing and what the coaches were objecting to. I felt they were objecting to things that weren't even in the legislation. So, perhaps we'll need to hear more from those who have specific concerns on that side in order to address those. I don't feel prepared to go line by line just because I don't remember them all but I do remember believing that to be the case. And in terms of whether those conversations have happened, to try and hash out some sort of agreement, I don't know the answer to that. As far as I know, that has not happened.

REP. BETTS: Thank you very much. I appreciate it.

REP. URBAN: Representative Hoydick.

REP. HOYDICK: Thank you Madame Chair and thank you for coming to testify Attorney Slager. I think you made wonderful points. Thank you for your service regarding brain injuries as well. Not only as a mother of athletes but as a mother of certified teachers and a coach and a volunteer coach myself, I have to be honest with you. Per my questions, I was a little concerned with where we were going with this. Not protecting athletes because I think it's a fundamental importance and I applaud you. Thank you. It's just very unclear and I think that's what the hesitation was from coaches, athletic directors, referees. My husband happens to run a youth sports program as a volunteer. He ran an adult program as a volunteer, so it was very vague and I think we really have to hash this out and I would encourage you to work with the other people who are very concerned here advocating for this law to be modified, to work with the athletic directors and those of organized sports so we can all be on the same page. So, it's more of a

commentary than a question. But I wanted to thank you for being here.

PAUL SLAGER: Thank you for your words and I agree that the language is - -I think the new bill, 5113, is in some ways a victim of trying to build on to the old bill and it's a bit convoluted to read. I had to read it four times myself before I felt like I understood. So, I understand the concern and I agree with you wholeheartedly that I think there's a common interest of making sure athletics are safe for people that's shared by everyone who is involved in this discussion and I share your hope that perhaps we can -- some of that language can be hammered out so we can have some understandings on some of the central issues. Thank you for that.

REP. URBAN: Any other questions? Seeing none. I would also say thank you for your testimony. We deliberately put a lot of stuff into this bill for the public hearing to get as much feedback as we could but I think that your reading of the issues is very close to what it is that we're looking for but we recognize that we have some work to do on the language.

PAUL SLAGER: Thank you very much I appreciate the opportunity to speak.

REP. URBAN: Thank you. Going back to public officials. Is Senator Boucher here? Then I see Senator Lavielle. Oh, Representative. Sorry, I'm promoting you Gail. Senator Boucher.

SENATOR BOUCHER: Good afternoon Chairman Bartolomeo, Chairman Urban, Ranking Member Linares and Ranking Member Betts, other members of this very distinguished Committee on Children.

Thank you very much for the opportunity to testify in support of House Bill 5113 AN ACT CONCERNING YOUTH ATHLETICS ANC CONCUSSIONS.

This bill proposes a number of requirements that expand on current legislation. The purpose of these requirements is to better educate coaches, parents, athletes, on the risks of concussions and other brain injuries, to inform them how to identify the symptoms of these injuries, and to outline the return to play protocol for a student to resume athletic activities.

Under the bill, the State Board of Education would be required to create a concussion education plan, which must be completed by parents and athletes prior to participation in youth sports. Coaches would also be required to take an annual training course for identifying and responding to concussions and to obtain informed consent from parents before the student is allowed to play or practice.

This system would ensure that all parties would have access to the same information and will be able to respond quickly and more effectively if an injury occurs. Coaches must immediately remove any athletes exhibiting symptoms of a concussion from completion-- from competition or practice and notify their parents of any injury within 24 hours. Those students that were impacted would be barred from further play for 24 hours and must obtain written clearance from a medical professional prior to returning to athletic activity.

I believe that these are prudent measures that we can take to safeguard the wellbeing of our student athletes and to ensure that youth sports remain the fun and healthful activities that they were meant to be. Now there are various concerns which are going to be aired and have been aired about the bill, including restrictions on full contact practices and the administrative requirements that the bill places on school districts and other organizations that are

engaged in youth athletics. I hope that the Children's Committee will attempt to address these concerns and work towards a resolution that protects the safety of our student athletes while responding to the organizations that support them. I believe that as you all as a committee work out some of those concerns, and you'll probably be hearing quite a bit of it this afternoon, in this committee process that you'll probably help the bill to gain unanimous support and assure its success when it reaches both the House and the Senate and I think that's our ultimate goal for all of us when we have a bill before us.

Thank you very much. Happy to answer any questions you might have.

REP. URBAN: Thank you for your testimony, Senator. Are there any questions for the Senator? Seeing none. We thank you.

We're calling up next Wendy Ward followed by Representative Lavielle.

WENDY WARD: Thank you. I'm Wendy Ward. I'm not here with any organization I just represent moms and dads. S.B. 203.

When it comes to sexual assault, it is easy to bury ourselves in the very real and depressing statistics. To me, it becomes like the national deficit, so big it almost doesn't seem real. So, we adopt an "It doesn't affect me" mentality. I sat down to write this and I thought I will tell you all the statistics, but what do they really mean? Who are the one in three girls and who are the one in six boys? Are they someone else's kids? The answer is no. They are our kids in our community with no exceptions to race, color, or economic status. In my daughter's second grade class of 18, those statistics would mean that three of her female friends and one of her male

Erin's law wouldn't just work to prevent it. It could catch it. It could stop it. It could educate both the potential victim and the potential abuser. Opening the conversation to all ages would be life altering and would begin the work of raising new generations.

Thank you.

REP. URBAN: Thank you. Do we have any questions? Representative Wood.

REP. WOOD: No question, but I'm very proud to call you a constituent. So thank you for your testimony. I think you made a very good point on this is real and we need to help make this education accessible to people and this is a very good thing. And I think you also said hurt kids, hurt kids. So thank you very much for your testimony. Well done.

REP. URBAN: Do you have any other questions? Seeing none. Thank you for your testimony and now we will ask Representative Lavielle. Welcome.

REP. LAVIELLE: Thank you. Good afternoon and Representative Urban, if you're ever in any doubt you can just call me Madame Lavielle and that will suffice.

HB5113

So, good afternoon Senator Bartolomeo, and Representative Urban, Senator Linares, Representative Betts and all the distinguished members of the committee. I believe you may have received my written testimony. If not, you will receive it later. I will be very quick. I have been persuaded by three of the members of the Parent's Concussion Coalition whom you have seen or will see later, Anne Sherwood, Pippa Bell Ader and Diana Coyne, who are from Westport, who have been very eloquent in expressing to me the gravity of head injuries that are incurred in sports and the gravity of their consequences

later in life and thus the importance of this bill. Also, some work that I've done with the folks on the ABI waiver who have brain injuries.

This is truly serious and I strongly support this bill because of that. I think anything that we can do to protect the health of athletes when they are young is really paramount. We have a situation where there are multiple pressures on people. Pressures on coaches and from coaches, on families, from families and on kids. There are many things this bill does. They have all been gone over with you, the litany is there, I won't go through it. You know what's in the bill. There is one point though that I think stands out and that is the requirement of education for the student athletes themselves, which is a new element for Connecticut. And I think it's very important because it adds that aspect of responsibility that the students have to take for themselves and I think having more knowledge, being better informed and realizing that their own health and wellbeing for the rest of their lives is at stake will help them deal with the pressures that they can feel when they are involved in sports and those have been taken so such an extent that I think that's necessary and I applaud that part of the bill.

There are a couple of concerns that I would just mention. I'm sure that as you deliberate on this bill you'll be looking at them. Others have brought one of them up at least. The first is in section five when we're dealing with volunteer coaches. Some of the folks from the local YMCA's in my district are concerned about liability if they make a mistake what then happens and I know you're aware of that. I just wanted to let you know it's a concern that's been brought to my attention as well.

The other one is the reporting requirements in the bill. We're very actively involved; I am in particular in trying to eliminate as many cumbersome and unfunded mandates from schools as we possibly can. So, in discussing a further requirement in this matter, I just ask that you be conscious of that and try not to encumber our school systems any further than necessary. They have quite enough to deal with.

So, I do strongly support the bill with those couple of caveats and thank you for this opportunity to testify.

REP. URBAN: Thank you Representative. Do we have any questions? Representative Hoydick.

REP. HOYDICK: Thank you, Madame Chair. Thank you Representative for coming to testify I am very happy that you mention the reporting requirements because as I shared the proposed legislation with my superintendent, she is very supportive of anything we can do to protect student athletes and set parameters on proper procedure and instruction. She was very clear about identifying another reporting requirement that we are yet putting on a school district when they don't currently have the time with the current reporting requirements. So, if this is important, and it is, it may be, something has to give or this -- or we're not going to get full compliance. And I thank you so much for bringing that up because I think there are other superintendents and Boards of Education that feel the same way as you do, or that you mention. So thank you.

REP. LAVIELLE: Thank you representative. I think that is very important. I would not suggest that it stand in the way of addressing this very serious problem of continual head injuries, but it is a very important point.

REP. URBAN: [Inaudible] Representative Betts.

REP. BETTS: Senator Lavielle -- I'm sorry. Thank you for coming and for your testimony.

I wonder if you could respond to my concern expressed earlier about the liability issue. All too often we've heard about people trying to do a job, do the right thing, and yet they end up being in court and regardless of whatever the financial settlement is or not, it's a very stressful situation for anybody who has to go through that.

Do you have any suggestions as to how folks who are going to be impacted by this, in terms of educating people on the dangers or what to look out to prevent concussions, can be protected from such, what I call, inappropriate lawsuits?

REP. LAVIELLE: It's a very tough question. I'm not an attorney.

REP. BETTS: Thank you. I know, I'm not trying to put you on the spot, it's more the idea -- I think that that is something that teachers and coaches feel a great deal of stress from and also obviously from the parents as well. I'm trying to be sensitive to not having them get entangled in a situation like that and that's why I commented earlier, asked earlier about trying to meet with the people who are concerned about this to come up with some compromise language and does it really have to be a law because, as you know, we can write a law and then we'll come back next year and we'll have to fix something that was unintended or clarify something that was not really crystal clear and I've always been a proponent of trying to, and I also think it's more expeditious, to try and talk amongst yourselves and work through it on a local level administratively. And I don't know if you feel that this has to be a law or if there's other

ways of being able to try and accomplish the same goal.

REP. LAVIELLE: I think that there are aspects of this that I don't mind seeing be a law. The education requirements I think are-- I think they're a good measure and I think so because as I have understood from the many folks who have spoken to me very eloquently about this, when people are not educated as to the potential consequences of these head injuries and what might constitute a head injury. Sports have taken such a preponderant position in our education system that they may tend to push harder than they might otherwise if they knew what they were doing. Right now, we have professional coaches who have this education obligation. Hopefully that helps in that regard. That keeps them from pushing quite so hard. I don't know, I don't have any data. I would hope that extending this to parents, to the athletes themselves, to volunteers, making sure that they're educated and making that a requirement. I would hope that that would alleviate some of that impulse to put pressure on people and would, in some ways, change that culture a little. Some of the other things may be adjustable. Informed consent, I don't know. Reporting to parents is probably a good thing. But there are -- I'm with you, I don't always think things need to be a law, I think if people did their job you wouldn't need something to be legislated. But there are some things here that I think probably would improve the situation.

REP. BETTS: Thank you. It's a good answer, but I was thinking about, for example, given what's going on and how much focus there is on concussion and the concerns, both long term and short term from it, if I were to coach a team now, whether it was a law or not, I would make myself informed about concussions. So, anybody I think who is involved

in this and is aware of the damage that's happened, whether it's in the NFL, hockey or whatever. If you want to be a coach, it seems to me as if you would really take the initiative to try and understand what's happening so you're not faced with a situation, oh Johnny got knocked down, didn't know how to respond to it. I mean, I would want to be pretty well prepared for it regardless of whether there is a law. But maybe I'm just different. But, thank you for your testimony and I certainly understand the need for having a program like this. Thank you.

REP. LAVIELLE: Representative Betts, you are probably much better than most other people. I think you are.

REP. URBAN: Do you have any questions? Other questions? Other questions? Seeing none. Thank you for your testimony Representative.

REP. LAVIELLE: Thank you Representative, and for the record, I didn't state I was testifying on House Bill 5113, so I was.

REP. URBAN: You got it. Thank you. Next to testify is Karissa Niehoff.

Welcome Karissa.

KARISSA NEIHOFF: Good afternoon and thank you to the committee for the opportunity to testify.

I'm Dr. Karissa Neihoff. I'm the Executive Director of the Connecticut Association of Schools, which is also the CIAC, the Connecticut Interscholastic Athletic Conference. I am here to testify on H.B. 5113 regarding concussions.

While CAS CIAC supports the intent of the bill, we cannot support the bill as written as we feel in places it's overly prescriptive. Our office building, as you probably have heard or surmised by now, houses the Connecticut Coaching Education

Program, The Connecticut Association of Athletic Directors, the Connecticut Officials Association and the Special Olympics Connecticut Unified Sports Program.

The health and safety of students has always been a top priority of our association. The regulations we establish, relevant to health and safety issues to which we hold our member schools accountable, have been developed in conjunction with sports med professionals at the national and state levels, and based on research into best practices. Recently, a concussion interest group said that they had been in a "year long struggle" with us to provide basic safety measures to our children, and I believe a number of you were included on an email in the last couple of days. And I would like to state that nothing could be further from the truth. I was stunned that anyone would suggest that we've been nothing other than collaborative and I find that these remarks were inaccurate, unfair and professionally unkind. Working with Senator Looney in 2009, our association led the way in efforts to protect student athletes. This was long before the formation of this concussion group, however, we've not rested on this issue. We've had numerous meetings with stakeholders, legislators, and colleagues, participated in countless phone calls and provided relevant resources and documents around this issue. That says nothing for the extensive programs we support and implement for our schools, school leaders, AD's, coaches and over 110,000 student athletes.

Today what I'd like to provide for you is some data from a recent survey of state executive directors relevant to the position of where our state is regarding state level legislation. You can see in the spreadsheet I gave you. We had 34 states of the 51 associations respond. Twenty-three states have enacted legislation requiring

the training of coaches; 19 requiring the training of parents and student athletes; 17 directing the state association alone or in combination to provide that training; only four with legislation requiring the training of officials; and no states have enacted legislation addressing contact time in practice or other sport specifics. And I share this with you--

A VOICE: It's working.

KARISSA NIEHOFF: It is? I'd be happy to entertain any of the questions that have come up earlier about what actually we provide in terms of training and the actualities as to what is going on in the association and our efforts.

SENATOR BARTOLOMEO: Thank you, Doctor. Representative Betts.

REP. BETTS: Funny, you read my mind. What kind of training do you actually provide?

KARISSA NIEHOFF: For the coaches?

REP. BETTS: Yes, please.

KARISSA NIEHOFF: Right now it's a law that they are certified, and part of that is a three hour concussion course, which is the most rigorous in the country at this time. We also, for years, have had recommendations for all of our schools to train parents and student athletes. If you look at our website, you'll see the link to all of our resources, the informed consent form that exists, many resources for parents and student athletes. Recently we have, our Board of Control did pass what we call a mandate now that schools are required to train parents and students. We've also recently passed a requirement that all officials are trained in concussion awareness.

REP. BETTS: Thank you. The trouble I'm having with this issue is -- we're all on the same page, we

want to do something about concussions, we all recognize not only the dangers to it, short term and long term, but we'd like to do things to prevent it from happening, particularly to younger people, much less older people.

What I'm trying to do is to find a common ground or common understanding on how to reach that goal between the coaches, your organization, the parents, and up to this point, apparently, there's been no meeting of the different groups?

KARISSA NIEHOFF: Oh, we have. We've had many meetings and I think they've been very productive and I've -- personally I thought that we'd been very collaborative and I believe very strongly in the intent of the bill. We want to make education and awareness better. So, we want to continue to meet with any interested party, yourselves included. We'd love to entertain questions or recommendations from you. Our concern is really the level of prescriptiveness in the language regarding practice, sport-specific and things that if they're not left to the association to administer in a nimble way, as best practices are better understood, then we feel like our job is actually restricted, and if not crippled at times, to be the most responsive in the quickest way possible, which we try to do.

REP. BETTS: So, if I understand you, correctly, and correct -- tell me if I'm mistaken. The common ground is virtually everybody seems to agree that there needs to be some kind of an educational program about concussions. This agreement -- or the dispute seems to lie in the prescriptive side of how long practice is with pads, or contact sports should be.

KARISSA NIEHOFF: And I say that our concern is there because that's the job of our association to do and we feel that we're very -- we are in constant communication with our sports medicine

professionals in our state and at the national level and we wouldn't do anything without their support.

REP. BETTS: One question that comes to my mind as I'm sitting here thinking of everybody -- I mean I love sports, I wish I was as good as some of the athletes out there but I'm not. But I, from time to time, I keep getting concerned that we're getting to a point where you could start playing scared. And what I mean playing scared is, well, look out you don't want to make this type of contact. And as you're starting to play, if you will, for the lack of a better word, defensively, that's when you can get other injuries as well.

Has anybody had any discussions about that or am I just completely wrong about that being a side effect from this?

KARISSA NEIHOFF: I think that that's something that we'll hear about anecdotally. I don't know of any data in that area that would be quantitative but I think with better education on practice techniques, training techniques, coaches can help to address that issue with kids. I will say I spoke with a football coach recently who said, you know, there's a pendulum effect to this -- this awareness of concussions and the attention it's getting. He said, "I've had kids that have bumped their head or something and they'll say, 'Do I need to sit out coach?'" And I don't mean to belittle the issue at all, but I think that's a good thing. I think we're hopefully going to be in a process where we can swing that pendulum back, and that comes from education for kids, for coaches, for parents. The concern we have is really concussion education for everyone that speaks outside of sports because you only have about a quarter of your concussions that are sustained in athletics. You know, you have the

playgrounds, the bus, what kids do outside of school. So, better education is a great thing.

REP. BETTS: Thank you.

REP. URBAN: Senator Linares.

SENATOR LINARES: Thank you, Madame Chairman and thank you for coming here today to testify and I just had a question I was hoping -- I was wondering you might have the answer is where do most of the concussions in sports take place? Are they during the games? Are they during practices-- specifically with football.

KARISSA NEIHOFF: With football. Actually, I don't have the exact answer. You will hear from Dr. Thomas Trojian later and he can probably provide that. Because of the minutes of time spent in practice, I think you have to consider proportionally. What we find is more injuries overall in game situations because that's where kids are playing harder in many cases. The concussions, I can't give you a definite answer on that. I would suspect more are sustained in practice because there is more contact time there.

SENATOR LINARES: Okay, thank you very much. I appreciate it.

REP. URBAN: Are there any other questions? Representative Hoydick.

REP. HOYDICK: Thank you Madame Chair and thank you for coming to testify today. I couldn't find your testimony and so I couldn't find the spreadsheet but I was wondering if you could just run through those numbers for me that you started to before the bell rang.

KARISSA NEIHOFF: Sure. I submitted it electronically and I hope it came through -- it did? Okay,

terrific. I'd be happy to make anything available.

We asked the other Executive Directors and I say 51 associations because Washington DC has its own. And we asked them the questions about state level legislation versus association bylaws. And what we found is that in these numbers there are fewer states with legislation at this level versus requirements in association bylaws and that would support our concern about letting the association do the regulation because we can be more flexible. But we have 23 states out of the 34 that responded within 48 hours that have enacted legislation requiring training of coaches, 19 that have enacted a legislation requiring the training of parents and athletes, 17 with legislation that directs the state association, alone or in combination with others to provide that training in concussion awareness. Only four states with legislation requiring the training of officials and that's something our association does already, and no states with legislation that addresses contact time in practice or other specifics for football or other sports.

REP. HOYDICK: So, as I was doing a little research, I pulled up Texas policy but I don't know if it is passed yet. It's pretty well definitive as referencing football and referencing the 90 minutes, and referencing age appropriateness because as Representative Betts mentioned, and Representative Lavielle, the athletic youth organizations that are not part of the school district, or have an athletic director but volunteer coaches, I mean, I'm thinking of Pop Warner specifically, are a little nervous, a little antsy about this. Not about stopping -- preventing kids from having concussions or bad process or whatever, it's just that they-- it's very unsettling right now. So in Texas's

proposed policy, I guess, I don't think it's passed as law as you mentioned, nobody has passed the law, they limit 90 minutes from middle school up. They define it as full contact with pads for those 90 minutes. If that was prescribed in the legislation, if it was more definitive like that, is that something that you think your association might be able to work with better than this proposed legislation as it is now.

KARISSA NEIHOFF: Actually, we already require -- the football committee just passed a mandate regarding practice time -- contact. We would advocate for 120 minutes for the first two weeks of the season, 90 minutes during the season, and 60 minutes postseason to go in line with recommendations for more time to teach proper technique prior to the season beginning, 90 minutes when they're in season, and then 60 postseason because at that point they're really just in tournament mode and there's less instruction of new skill. We would like to have flexibility in being able to assign those kinds of regulations because we can be more nimble, more responsive and we hold our schools accountable very strictly for things like that. If it goes into legislation at the state level, should there need to be a change, we would have to work through the legislative process to get that to happen. It wouldn't be as quick, and it wouldn't be as responsive. But, we're -- you mentioned something that's really important about the youth leagues that maybe don't have an association that provides guidance. We've already made the offer to all of our schools, our municipalities to provide any concussion training programs, materials, free of charge, available online, in person, in print and our association stands ready to do that, again, free of charge to anyone who would request that.

REP. HOYDICK: And that was going to be my follow up question about what about the youth athletic leagues that don't -- you know -- that aren't part of the school district or private system and offering service feeders. You know, there's a lot of schools in a lot of regions that have wonderful programs and commonality and work with the athletic directors and it's just a really great relationship. And then there's some that don't and if we're protecting or looking out for the advantages or the best practices for all of our youth period, I think it's something that needs to be tied up a little tighter, I'm not sure how we do it, but I think that's one of the things that we should at least be having the conversation on. And I think this collaborative approach is always so much better in my mind, personally, but I thank you very very much for your testimony. I appreciate it.

KARISSA NEIHOFF: You're welcome. And we hope to go forward collaboratively too.

REP. URBAN: Senator Linares.

SENATOR LINARES: I just have one follow up question. In which sports do you see the most amount of concussions in high school sports?

KARISSA NEIHOFF: It's definitely football for boys. Girls, soccer for girls and believe it or not, it's come up earlier, cheerleading is a rising situation. Lacrosse, girl's lacrosse because they're not wearing the helmets, is more than for boys but those are the top sports right now.

SENATOR LINARES: And mostly in games as you had mentioned.

KARISSA NEIHOFF: It's different in each sport. And again, I'd refer to our sports medicine professionals for their most recent data.

SENATOR LINARES: Alright. Thank you.

REP. URBAN: Any other questions from the committee? Seeing none. Thank you for your testimony.

I just wanted to re-up on the -- we are very interested in the 60, 90, 120. We think that makes a lot of sense and we're also looking forward to working with you and our other associations to get this language correct.

KARISSA NEIHOFF: It has been a pleasure working with you so far.

REP. URBAN: Thanks. And I believe we have our final public official is Senator -- Representative O'Dea. I'm making everybody a Senator today.

I know. Seriously. Welcome.

REP. O'DEA: Thank you Madame Chairwoman, fellow legislators, it's a pleasure. I'm sorry, I'm going back and forth between Transportation with Metro North, but this is a very important meeting here. I come to you with two hats, maybe even more. I'm a youth football coach and have been for the last nine years. I've coached my children, both my sons in football and my daughter in basketball and when they asked me when I signed up if I was for or against I put a question mark because I'm not sure ultimately what the goal is and what the bill is going to say. I will tell you in my -- when my son played for seven years, football, and his only concussion came in baseball. My youngest son hasn't gotten a concussion yet, but obviously I'm very much in favor of the ideas behind this legislation. My concern is in limiting the contact to 90 minutes per week, how are we going to measure that? In other words, if I have a practice and I have one -- two kids practicing their tackling drill, which by the way it's very important to do that because the kids have to

learn and practice how to properly use their body and not use their head. In fact, my practices always had the helmets off for the first 30 minutes. Not because we were tackling without helmets but they were getting used-- we were just walking through drills using everything but their heads because they don't have your helmet on they just walk through, they wouldn't stick their head in because its protected. Kind of the whole rugby concept. You take the helmets away, they don't use their head and they don't get as hurt as often.

So, if I'm practicing tackling with those two children and the others are watching, and I've got anywhere from 15 to 22 kids on the team, does that 90 minutes count for the other 15, 16, 17 kids who aren't participating? I would say it shouldn't but that drill lasts for 15 - 20 minutes, how do you tally that time?

So, I'd be careful on how you put the language in limiting the amount of time that you're allowed to have contact. If I have a scrimmage, offence is on the field, the kids that aren't participating, does that scrimmage count towards their 90 minutes and how do I keep track of who was in and who wasn't? And so, I like the flexibility of giving the time to the coaches, but I do believe the education is important.

In the Fairfield County football league where I coach, we require coaches to go through the Heads Up Program. It's an online course, and if you don't go through it you don't coach. So, I do agree with a lot of what's in this proposed legislation, I just have concerns.

And then my last point would be where it says that requiring new athletes suspected of sustaining concussion to provide written clearance from a medical professional prior to returning to an athletic activity. Gone are the

day when I played where you would get hit, maybe even unconscious, stumble off the field and do smelling salt to get back in the game. Clearly, you can tell it's had a lasting effect on me. Short of that, obviously that's a problem and that shouldn't -- that child shouldn't go back on the field, but if the child has a big hit -- and I've seen a lot of big hits- and they're fine, but it's a hard hit and it hurts their chest or their shoulder and they come out and one parent thinks he hit his head, another parent thinks no, he didn't and the coach looks and evaluates the kid and his head is fine, he just got a ding on his shoulder or something like that. If a parent comes running down, he's got a concussion, he's got a concussion --it's not the child's parent or -- you know, how do you measure that and who is the person that makes that decision and then you're pulling that kid off and the parent doesn't want him off and the kid doesn't want to come off, his head's fine, it's his shoulder that bothers him. But somebody yells out that there's a suspected concussion. I'd just be apprehensive how you word that, and believe me, in coaching my boys I wouldn't put them on the field if I had any concerns about safety, they're the most important thing in the world to me-- and the other boys I coach. I'm concerned that you have this requirement and all of a sudden before the end of the game I might not have 11 players to play if I abide by this verbatim and I look, well, geez, you kind of hit the side of your head on that tackle, I know you say you're okay, but I've got to get medical clearance. So I'm just saying, be careful on how you word that and I think it's important to make sure you don't overstep that.

So, thank you very much for the time. I know there's a lot of other people who want to talk. If you have any questions --

REP. URBAN: Did you submit written testimony?

REP. O'DEA: You know what, I did not. I apologize.

REP. URBAN: Okay, no we're just - everybody's looking for it.

REP. O'DEA: I got a phone call from the head coach of New Canaan Football Varsity team. I didn't even know it was on. I apologize.

REP. URBAN: We're just looking for it. Do we have any questions?

REP. O'DEA: Thank you very much. I appreciate it.

REP. URBAN: Next on our list, that completes our list of public officials and we will be doing nothing but the public at this point and Don Romoser, Romoser, I'm sorry if I messed up your name. Don is next on our list.

DON ROMOSER: Good afternoon and thank you for the time here. On behalf of the Parent Teacher Student Association, which represents over 45,000 members in the state, I would like to express our continued concern for the protection of children with regards to concussions and traumatic head injuries.

The PTA has been a leading advocate for the responsible safety rules around sports and recreation, participation, education of all stakeholders in the signs, symptoms and treatment of traumatic head injury, and the overall safety of children in the schools, in sports, in their community.

The Connecticut PTSA has reviewed and analyzed the Raised Bill 5113, Youth Athletics and Concussion, and although we are very strong, very strong advocates of the need for further education and awareness, this bill as raised contains some concern for our membership.

There are several areas of concern. The first being the volunteer and possible overriding of Good Samaritan laws built into this. There are portions in here that talk about civil liability for anyone running a youth sports activity. I would have to counsel my affiliates that they should not be doing youth sports activities because of what this current law, as written, says.

Secondarily, our major concern is of course the children. There is nothing in this law that talks about return to school or what the guidelines are. We talk about return to sports but not return to school. Sports is an important component of youth growth and education but return to school is very important also and kids are being -- we heard it from, I believe it was Luke who said he went back to school and took tests. Should he have been back to school? Probably not. So, we'd like to hear a little bit-- there's a lot vagaries in this law and we're very concerned about them.

The other thing that it does not address is, it was mentioned earlier, is really where most concussions happen, playgrounds, sidewalks, school hallways. The anecdote I have is a friend of mine's daughter who got bumped in a hallway, fell down. She was not diagnosed by the school nurse, she was not diagnosed for several days, went back to school, ended up having a concussion just from being in a hallway and missed a year of school. We've heard those stories, fortunately from our student athletes, but we don't hear the stories about the everyday what happens and this law addresses sports very well, but there are gaps.

We also are-- thank you very much for the time and again, we are strong advocates of helping the education of concussions.

REP. URBAN: Thank you for your testimony. Do we have any questions? Representative Hoydick.

REP. HOYDICK: Thank you very much Madame Chair, and thank you for testifying today. It's an excellent point about returning to school and it's also an excellent point about the criteria for returning to school. You're not supposed to come back if you have a fever or you're vomiting or there's other symptoms you still have. Concussions, it's a little different and it's different only because, speaking from experience as I've already mentioned, the medical doctor may say it's okay to do these things, but the school nurse is under a different set of guidelines where she, in this case, was saying no, you need to relax, you should not be reading, you should not be watching television, you should not be doing this and she was really adamant and you follow the professional who knows more about this than you. But I think along those -- I wish there was something, at least prescriptive, or not prescriptive-- wrong word, in writing that have the guidelines or the basics that we could do that. So thank you so much for bringing that point up.

DON ROMOSER: Thank you.

REP. URBAN: Any other questions? Seeing none. Thank you for your testimony.

DON ROMOSER: Thank you very much.

REP. URBAN: Next up we have Eleni -- and I'm not sure of this name, Eleni, maybe you can just tell us your name.

ELENI DIAKOGEORGIOU: (Inaudible)

REP URBAN: We have taken a look at your testimony and we really appreciate the fact that you've gone line by line and I think my co-chair and I will

be trying to pull a group together for an around the table look at the legislations --

ELENI DIAKOGEORGIOU: (Inaudible)

REP. URBAN: Great, we really appreciate that. Are there any questions? Seeing none. We will be back in touch with you. Thank you for putting your testimony in that form.

ELENI DIAKOGEORGIOU: (Inaudible)

REP. URBAN: Well, you had your three minutes. Okay and I would just say to people that are waiting to testify, we've got a ton of people to testify so if you feel like what you are going to talk about has been said and you want to focus on something that hasn't been said, that's really-- that would really help us out here and we do -- you know, if you have written testimony, we have it in front of us.

Thank you very much. Next on our list is Wendy Rubin followed by Dr. Cantu. So, Wendy.

WENDY RUBIN: Good afternoon Senator Bartolomeo, Representative Urban, members of the committee. My name is Wendy Rubin and I'm here today representing the Connecticut Recreation and Parks Association, as a member of their legislative committee and also as the Recreation Director for the town of Coventry, Connecticut. I've also served as Recreation Director in many other towns over the last 30 years. So, I've been working with coaches and youth sports programs for all that time and I also serve as a volunteer youth coach in my hometown of East Hampton. So, I just wanted to let you know that.

The Connecticut Rec and Park Association represents 600 different individual professionals as well as 128 of the 169 municipal parks and recreation departments in the state. So,

obviously you can see that we have great amount at stake here with this program.

As was said in the press conference earlier, the expectation would be that there'd be some pushback from the Youth Sports Organizations and I just wanted to tell you that we're not here to push back at all. If anything, we'd like to push forward with you. We're very supportive of the intent of this bill, Raised Bill 5113, to safeguard Connecticut's children. Unfortunately, in terms of the logistics and implementation, we have some concerns.

It fails to recognize and consider the importance of the differences between the interscholastic sports programs with paid coaches, athletic trainers and other staff, compared to the volunteer parent-run programs that typically what composes of our local youth sports programs. Many towns have little paid or no paid staff at all and just work under parks and recreation commissions as volunteer members that meet once a month. The administrative resources required to do things like verify the coaches training, the collecting of the parental consent forms or verification of that as well and making sure that the physician consents to return to play are being followed to the letter of the law is unrealistic for many of our departments.

Another point is that the individual youth sports leagues fall under parks and recreation department municipal jurisdiction in some communities but don't in others. Some play solely on school properties. Some play solely on municipal town recreation fields, so there's a big variety in the individual logistical components of each individual community.

We do support the need to train and educate coaches and we also are already doing that in many instances through the CDC Heads Up Program,

the National Alliance of Youth Sports also has a program that's been made available as well as coach training -- providing coaches training for basic sportsmanship and safety and bullying and a lot of other issues that keep coming up. Darn.

REP. URBAN: You can summarize, you don't have to just stop.

WENDY RUBIN: Okay, in summary, our biggest concerns have to do with the logistics. We want to help you and we stand very supportive and willing to be a part of the process and making this work for everybody.

REP. URBAN: We thank you for that and as I said, we're going to be pulling this language together and we hope to be reaching out.

Questions? Senator.

SENATOR BARTOLOMEO: Hi Wendy, thank you for coming. You mentioned a challenge with the things like the form, finding the forms and having parents -- aren't there forms that are currently needed for the parents to sign that this could be a combined effort?

WENDY RUBIN: Absolutely. I think that in most cases that's true. Believe it or not, it's still challenging to even get parents to sign up on time. Many communities actually have to put in late fees. I think I've paid as a parent, late fees for my own family to participate. So, it's there, there's a model in place that can work, making it happen across the board for all communities I think is where the challenge lies and the amount of resources and availability of staff and some accountability. Someone to answer to. I think that's part of the problem.

SENATOR BARTOLOMEO: And I absolutely acknowledge that. I really do. I think that that's youth

athletics most challenging parts of this legislation and making it right. Protecting our children but also not over burdening you know our resources municipally or intimidating people from wanting to be coaches. However, you know, I think that based on the seriousness of this type of a condition, my hope would be that it could somehow be incorporated with some of the forms that are already required even though, you know, people might sign up late. I mean, their child doesn't get on the field unless they have certain forms done. So, even if it's that aspect, I guess I would hope that people could manage that.

WENDY RUBIN: I appreciate that. Definitely. I think that the parent piece is probably one of the more simplified areas that we could easily accommodate versus the coaches and like you said, scaring away the coaches would be a big concern of ours because although we have had some comments like Attorney Slager saying that it might reduce litigation. I honestly think it's probably the opposite. It may reduce litigation because there may not be as many coaches out there and the program could suffer for this. I know as an individual coach myself for my own children and my own community, we're not provided with a lot of training in our own community and to me, it just seems like -- I would like to get more help and support but the organization, the town park and rec department, they just haven't had the wherewithal to make it happen. So, I think that's a bit of a concern.

SENATOR BARTOLOMEO: It would definitely-- our goal is to strike a balance. Are there any other questions? Thank you for being here.

WENDY RUBIN: Thank you, I appreciate it.

REP. URBAN: Next up is Dr. Cantu and that will be followed by Dr. Landon with his student Aly Thomson.

DR. ROBERT CANTU: Good afternoon Representative Urban, Senator Bartolomeo, Representative Betts, Senator Linares and distinguished members of the Children's Committee. For the record, I'm Dr. Robert Cantu from the Boston University School of Medicine and a Co-Director of the Center for the Study of Traumatic Encephalopathy at BU and I'm here to testify in support of House Bill 5113.

After having heard a couple of hours of testimony I think I'm going to try to use my time to just give some comments. You have my written document. I think it's very important that everybody understands that Connecticut is to be commended for having one of the very first concussion bills, but it is now woefully inadequate compared with what other states have more recently brought forward. I don't think anybody can deny that education for parents, education for the athletes themselves as well as those people that come in contact with our kids and that obviously means in the case of sport, coaches, it obviously means in the bigger picture, all school teachers for that matter, should be educated about concussion because kids are going to be returning to school after concussions.

So, I don't think the education can be debated. I'm here because I support it and this bill supports it. The primary reason I'm here today though is because this bill could be trendsetting. It could be ahead of the train rather than carrying the caboose with regard to limiting head trauma on our athletic fields. It's already happening. The National Football League two years ago realized in the Collective Bargaining Agreement that banging heads isn't a good thing. No head trauma is good for the head. You can't condition the head to be better off taking trauma by hitting it more. What you can do is reduce your chance of injury if you hit it

less. So, the National Football League in their Collective Bargaining Agreement does not allow full contact, does not allow pads-on tackling even once a week, and doesn't allow it at all in the off season. So, the National Football League hits less than college hits, high schools hit and our youth hit. And there are many reports out there that per minute of hitting there's no question. The incidence of concussion is two to three times higher at game play as compared with practice because you practice so much more than you are involved with games and because fewer people actually play in games than are involved with practice. The incidence of concussion is much higher over the course of the season in practice; 60 to 75 percent of concussions, depending on what literature you want to cite, and that literature is in the references that I provided for you.

So, there's no question that if you limit the amount of trauma that you take in practice you're going to limit one's chances for developing concussions. In the last year alone, we've had a number of different reports in the world's literature that shows that even at the sub concussive level, just from the repetitive trauma taken in sports like football, ice hockey and soccer, that there have been structural changes shown in the brain and that also can be minimized if we reduce the amount of total contact that's allowed in practice. I believe this bill is written primarily with football in mind. I think 90 minutes is a good place to start, but 90 minutes is even more than the National Football League allows.

REP. URBAN: I think there's some questions for you so we'll start with you Senator.

SENATOR BARTOLOMEO: Thank you. Thank you Doctor and thank you for participating in the press

conference we had earlier, which you said many things that were very enlightening. One of those was you described why a helmet is not necessarily an answer for a concussion. It may be for other types of injuries but not concussions. Can you explain that to the committee now?

DR. ROBERT CANTU: Well, I think it's important to understand what a helmet can do and what it can't do and with every single hit to the head or a hit to the body, it whiplashes the head and causes the brain to move inside the skull and that's what produces a concussion, this rapid shaking of the brain inside the skull. There are two kinds of forces. One is a linear; it goes in a straight direction. And the other's a rotational that spins the brain. That spinning has a greater chance to tear tissue, brain tissue has a greater chance to tear blood vessels and is most associate with those types of injury. What a helmet can do is drastically reduce the focal linear impact, like if you're hit over the head with the stick. It will reduce dramatically virtually eliminate a skull fracture. But what it won't do is very much mitigate those rotational forces which happen primarily from hits to the head where someone with a very stiff neck is lines up hitting somebody else's head, coming with pretty much body mass behind them and the head is quickly whipped to one side or moved. Those rotational forces cannot be dramatically reduced with helmets and therefore although helmets are getting better, the number of concussions are actually going up. We think that's because of better recognition. But although I support better and better helmets, they'll never be the solution. Sorry.

REP. URBAN: Senator Linares.

SENATOR LINARES: Thank you, Doctor, for being here today. You mention that in the Collective

Bargaining Agreement with the NFL that for the past two years there haven't been any practices in the NFL with full contact--

DR. ROBERT CANTU: No, I'm sorry--

SENATOR LINARES: -- is that what you--

DR. ROBERT CANTU: Less than one a week. Fourteen full contact practices are allowed during the 18 weeks of the season. So, once they come off the summer camp, get through with that camp, starting in July, over the next 18 weeks of the season, they're only allowed 14 practices with full pads, full hitting.

SENATOR LINARES: And have you seen -- you had just mentioned that the number of concussions is going up, is that in the NFL as well?

DR. ROBERT CANTU: No, it's a little bit down in the NFL but that's a little deceptive, too. The NFL's reduction in concussion is primarily because they moved the kick off line from back at the 30 yard line to the 35 yard line with the strength of the legs of the NFL kickers, more than 50 percent of their kicks are not returnable and that single play is the most dangerous in all of football, with regard to both head and neck injury and so the reduction in concussions is probably related to that rules change.

SENATOR LINARES: Okay, you mentioned the repetitive contact and a quick contact to the head and the differences in concussion. Are you eluding to that repetitive contact can eventually be a cause of concussion or is it just one direct contact that causes the concussion?

DR. ROBERT CANTU: Repetitive contact can be causing things a lot worse than concussion. Chronic Traumatic Encephalopathy that later life neurodegenerative disease that very much mimics

Alzheimer's Disease cognitively but also has behavior and mood issues more dramatic than Alzheimer's. We have individuals in our brain bank with Chronic Traumatic Encephalopathy who never had a concussion recognized during their entire athletic career but were subjected to tens of thousands of sub concussive blows. And incidentally we have six high school athletes in our brain bank with Chronic Traumatic Encephalopathy.

SENATOR LINARES: Thank you, Doctor.

REP. URBAN: Representative Hoydick.

REP. HOYDICK: Thank you, Madame Chair. Thank you, Doctor, for being here. You -- I was able to write down some of the other sports that you feel, I don't know if you said you feel it might be beneficial for this time limit-- ice hockey, football and I missed the other one that you thought--

DR. ROBERT CANTU: Well, the sports that are at the top of the food chain in terms of concussions are football-- its way out ahead of anything else, but it's a realistic ahead of everything else, and then you also have to realize more people play football than any other sport in this country. But the other sports that are a little bit below it, but still in high risk for a concussion include ice hockey and soccer and below them lacrosse but pretty close. So, you can make the case, I believe, for all of those sports. We've heard cheerleading talked about today. Cheerleading has the highest incidence of head and neck injury for one person cheering. It's not the person at the bottom of the pyramid, and it's not the person running around with a megaphone. They're very safe. The person that's a flyer is at more risk for head and neck injury than anybody else in this country. Now, because there aren't that many flyers, there aren't that

many total number of concussions in that sport compared with other sports. But if you compare it in terms of the denominator of how many do it, it's a very risky activity.

REP. HOYDICK: Thank you, Doctor. It's good to have you here to testify as an expert for our behalf. You mentioned, well I asked the commissioner before about other brain injuries, and you mentioned a term that I couldn't even attempt to remember, but could you share with us some of the other brain injuries that are -- this bill refers to other brain injuries and I'm wondering exactly what that is outside of the long term you just mentioned that is similar to Alzheimer's.

DR. ROBERT CANTU: Well, certainly with regard to concussion, we've heard discussions today about post concussion syndrome, which is basically a concussion symptoms that don't clear up in the seven to 14 days that 80 percent of people with concussions are going to clear their symptoms. People that go on to symptoms that last weeks, months and sometimes years, we call those that go beyond a month post-concussion syndrome and its basically concussion symptoms that haven't cleared and those are the ones that we go beyond just the initial physical and cognitive rest and start to use therapies and if the therapies don't work then we actually go on to pharmacology with those individuals. But other conditions in that spectrum at the extreme end is Chronic Traumatic Encephalopathy that I mentioned and it is the result of total brain trauma. The sub concussive blows add up and count. Concussions obviously count more per concussions than sub concussive blow per sub concussive blow. But if you play a sport like football, and people have done a number of studies for a number of years now recording how many hits occur over the course of a season, well at the high school and college level it's not uncommon to have over 1,000 hits

to the head over the course of a season and some outliers can even be approaching 2,000. So, if an individual has a very high brain trauma load and then is susceptible to developing Chronic Traumatic Encephalopathy, that's a terribly disabling life ending last few years of their life.

REP. HOYDICK: Thank you for explaining that in more detail. I -- when you were talking about repetitive blows, boxing came to mind and I know that's a youth athletic league program that we promote a good amount in the State of Connecticut and I was wondering what your thoughts are about that.

DR. ROBERT CANTU: Over 80 years ago, Chronic Traumatic Encephalopathy was first described in boxers called Dementia pugilistica and subsequently the name Chronic Traumatic Encephalopathy was given to Dimentia pugilistica. Boxing in youth is a very complicated issue. From the standpoint of the brain, it's terrible. It's awful and shouldn't happen. But the reality is that most of the youngsters involved with it may be safer in a gym with a very caring trainer as their pseudo father and so for other reasons, they may be better off in the gym training. But if we think of it purely from the brain standpoint, not a good thing, better that they be trained to hit bags, speed bags and heavy bags, and essentially box aerobics type activities, but not be receiving blows to the head.

REP. HOYDICK: Thank you, Doctor. I appreciate you answering that question.

REP. URBAN: Are there any other questions that are -- I have a question on the nine-- is there someone? No? Okay-- on the 90-minute contact practice limitation. Is there any science on limiting contact practices and what has been your

experience in the limitation for youth football or any other collision contact sport?

DR. ROBERT CANTU: Representative Urban, if I had to give an answer it would be that it's a start and I think the best analogy I can give is that I'm on the International Rugby Board's Concussion Committee for one reason and that is no good deed goes unpublished. I came out very negatively when the International Rugby Board, which previously had no time outs to assess for concussion, in the last year came up with a five minute time that you can come out and be assessed, and I slammed it because five minutes is not enough time to adequately assess a concussion. But on the other side, it's a start. It's better. And the only way to get it beyond five minutes is to work and work and hopefully have it happen.

I think this 90 minutes is commendable. It's a starting point. I would like to see it reduced. I know it can be reduced because there are other ways to practice the skills of tackling other than bashing heads and tackling individuals with full contact. You can tackle dummies, you can have pseudo drills instituted. The winningest football coach in this country, Gagliardi at St. John's University, over the 50 years of his coaching career did not allow tackling during the week at all once the season started and he went on to be the winningest football coach. He's in Division III, that's probably why you don't know his name like you know Papa Joe's and some others.

REP. URBAN: Our State Association just testified asking for 120, 90 and 60. I believe 120 in the preseason, 90 during the season and 60 in postseason. Do you see that as a possible first step compromise or do you think the 90 should be across the board?

DR. ROBERT CANTU: My opinion is why do you allow any in postseason unless you're talking about tournaments or something like that because I believe at the high school age you should be like a pro. You're brain is much more vulnerable to injury when you're young than it is when you're an adult, for a long list of reasons which I can enumerate if you want. But I realize time is probably short. But I think that it is -- it's a starting point. I think that's still higher than need be and I'd like to see it be less but I think anything is better than nothing in the sense of getting started with this because by just getting started, you're bringing awareness that less is better and you're going to start counting the number of minutes. And yes, it's a little awkward how you do it, but you've got to go by the faith that people are going to honor it.

REP. URBAN: Yeah, and that brings up my last question. We've been talking about whether a State Association should have the oversight, which they do, the State Associations have huge input into this, but we actually do have a law and what we're trying to do is update that law. Have you had any experience with a necessity of putting this into law as opposed to just leaving it in the hands of a State Association? Do you see benefits to actually making it the law?

DR. ROBERT CANTU: I'm not aware, and I did receive a very nice very comprehensive two page letter from Paul Hoey, the Associate Director of CIAC and I'm very impressed with their coaching education program, but I'm -- there was nothing in the letter that said they were promoting lesser amounts of hitting time nor am I aware of anyone that's been proactive in that. I think, to me, the purpose of the law is that it mandates, it makes people do things that they might be a little more reticent to getting done. And I think

this is so critical in the area of brain trauma to youths. Youths whose -- the rest of their lives can be altered if concussions are mismanaged. You've heard today from some people who've ultimately had very good outcomes because of being in the field for 45 years I can unfortunately recall a number of people that were never ever able to return to the same form of life that they otherwise would have had.

SENATOR BARTOLOMEO: Thank you, Doctor. Based on your description of how a concussion happens and the rotational forces I guess, I'm really concerned about the return to play time and partly because one of the representatives testified about his experience as coaching and where the hit actually takes place and how they look at and assess the child and he may not have gotten hit in the head but -- you were earlier at the press conference how even hits to the shoulder and the reaction to the head and all of that. So, how do we even approach trying to figure out the optimal time to assess whether or not there's been a negative impact and possibly a concussion? Can you speak to that?

DR. ROBERT CANTU: Yes, I think --I wrote the first return to play guidelines in 1986 and have been a part of four international consensus statements and at least six other concussion statements representing various organizations like the American College of Sports Medicine and NATA, so on. Basically today the unanimous agreement is that the athlete should be asymptomatic at rest and asymptomatic at exertion for a minimum of one week if they are progressed back through a progressive exertional program and remain asymptomatic at each stage of that program. There is not unanimous agreement though as to whether that should be for every single athlete because some athletes may have been symptomatic for two months before they were asymptomatic and

you're not going to let them back in one week. And somebody else may have been with a concussion and their symptoms cleared within an hour and you may expedite them back in less than a week. So, I'm not so sure that that issue is one that legislators probably want to focus on too much except that if in doubt, sit them out and they should be returned by medical personnel with concussion management experience.

REP. URBAN: Now we're teaming this one here. We're talking about 24 hours. Are you suggesting not even having that in the bill, but just to have it be up to a medical professional?

DR. ROBERT CANTU: I think that 24 hours, to me, is a very short period of time. Many people are not going to be ready to go back within 24 -- the overwhelming majority are not going to be ready to go back within 24 hours. The 24 hours, at a minimum would be after they're asymptomatic at rest but then they should be put through a progressive exertional program starting with off field activities, non impact like a treadmill, like a stationary cycle, and then go to impact activities like running and jumping, and the sport specific drills and then ultimately practice with scrimmage. And if they go through all of that, which for most people is going to take a week, you're going to take a week off just doing that and they should-- they must be asymptomatic through all of that if they're going to go back.

SENATOR BARTOLOMEO: Sorry. So, I suspect that if you've got a confirmed concussion, I mean. Okay.

DR. ROBERT CANTU: (Inaudible)

SENATOR BARTOLOMEO: And lastly from me, what -- speak to us a little bit about how long symptoms can take to appear and I guess what would be the average?

DR. ROBERT CANTU: The majority of symptoms are going, with the majority of concussions the overwhelming majority, 90 plus percent, there are going to be symptoms immediately after the impact. Either the direct impact to the head or the indirect impact to another part of the body that causes whiplash symptoms. In a lesser percent, there are going to be symptoms that can be delayed 24-48 hours or usually it's later that day, that night. And what's probably the explanation is that individuals with the adrenaline running of the game and everything else are not as sensitive to whether they're light headed, have a headache, et cetera. Then there are going to be individuals who 24, 48, 72 hours will have concussion symptoms and the only thing you're going to have is the history of the head trauma and if the symptoms fit the diagnosis of concussion is made and they are managed as if they had a concussion. Some concussion symptoms by definition are not immediately there like, trouble falling asleep at night. You're obviously not going to know that within the first few hours after a concussion. The behavior and mood changes, the irritability, the short fuse is often something that's not seen for a few days until after a concussion.

REP. URBAN: Thank you for your testimony. Are there any other questions? I think you've given us a lot of really good information and we really appreciate your spending the time here with us Dr. Cantu.

DR. ROBERT CANTU: Thank you for having me, Representative Urban.

REP. URBAN: Next, we have Dr. Landon with a student from the school, Aly Thomson, and they will be followed by David Knauf and after that, Fred Balsamo.

Welcome, sorry.

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ALISON THOMSON: Good afternoon distinguished members of the Children's Committee. For the record, I am Alison Thomson from Westport, Connecticut. I'm here to testify on AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSIONS.

I'm a senior at Staples High School and I have a younger sister named Lauren who is in eighth grade. Together, my little sister and I have had a total of 11 life altering concussions and we are still recovering from them today. In fact, just this past Monday, February 24, Lauren had to have her second EEG to hopefully diagnose symptoms of severe migraines and twitching that began to surface after her fourth concussion. The doctor's say there is a high possibility that these symptoms could have a direct correlation to the six concussions that she has experienced throughout her life so far.

Lauren is only 13 and due to these brain injuries she may suffer from related health problems for the rest of her life.

My first concussion took place in sixth grade. At that point the only time I had ever heard the word concussion was in movies after someone had gotten in a car accident or gotten beat up. I associated concussions with traumatic harmful events. I never thought that I could get one during a U-12 soccer practice, however that's exactly what happened. I was a soccer goalkeeper and on a breakaway, the forward missed the ball and kicked me in the head. Even though I felt a little dizzy I kept playing. Within the next five minutes I went out and made another break away save but got knocked down and hit my head hard on the turf. At this point, everything was spinning, I was very confused and I felt a little nauseous. My coach helped me off the field and when I told him my symptoms, he handed me an ice pack and sent me home at the end of practice with

no mention of a possible concussion. I still had a headache when I got home. I mentioned my pain to my parents and described what happened. However, neither of my parents are doctors or had had any prior experience with concussions. So, the next day I was back at practice. This was a very dangerous situation to be in because had I gotten hit in the head again at this practice, I could have obtained Second Impact Syndrome, which can be lethal. I did finally get diagnosed. I began cocoon therapy and missed three weeks of school. In total, I've probably missed over four months of school due to concussions. Thankfully, now that my parents have lived through 11 concussions, they now know all the signs and understand the treatment plan.

There is no way to completely prevent kids from getting concussions. They can get hit in the head pretty much doing anything. However, educating parents, coaches, and players themselves about causes, symptoms and long term -- okay, sorry -- will help keep injured players from further putting themselves in harm's way as I did. Yes, many more concussions followed that first one, but becoming more familiar with them led to a safer and quicker recovery. Concussions are serious brain injuries but education on the subject can save young lives from being destroyed by their lasting impact. Thank you.

REP. URBAN: Thank you, Aly. And now we will have your superintendent.

ELLIOT LANDON: Good afternoon, my name is Elliot Landon. For the record, I am superintendent of schools in Westport, Connecticut. I've been a superintendent for the last 37 years. I've served as chair of the Nassau County Superintendents Association while I was in New York State and I served as chair as the Southern Fairfield County Superintendents Association in Connecticut. I am

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speaking today in favor of THE ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS. I share with you my experience because I've been involved as an advocate for interscholastic sports and youth activities throughout my whole life. So, in speaking in favor of this legislation, I'm speaking in favor of it out of a passion for it and for a belief that it's essential that we protect the safety and welfare of our students.

I'm in favor of the brain injury education and concussion education for student athletes, parents, and athletic officials, I think that it's made mandatory is essential. No student may participate in any sport without informed consent having been signed by the student's parent or guardian is essential. Concussion related policies and regulations that are applied to interscholastic sports should be applied equally to youth sports organizations. I've dealt with pre-K through 12 my whole career. To not include children of an early age in this kind of educational activity I think is a serious mistake. I believe in the suspected evidence of a concussion received by a student athlete must be reported to a parent guardian within 24 hours so that a parent may act upon it and go to an approved medical authority, and there are limits, should be limits on the amount of time that may be expended on full-contact practice sessions and as you do your deliberations do not fail to include with that full-contact scrimmages. If we speak only of full contact practice, there will be ways to get around the law by dealing with full-contact scrimmages separately. So, I think whatever you do in the legislation, you have to distinguish practices to include scrimmages.

I believe in this legislation because it guarantees for our children meaningful uniformity, accountability for all who are

involved and oversight of all school districts in the State of Connecticut.

Thank you for your time.

REP. URBAN: Thank you for your testimony. Are there any questions?

SENATOR BARTOLOMEO: Aly, did you submit testimony to us in writing? Okay, I'm sure it's here. I'm just searching and trying to pay attention. Okay, fabulous, thank you.

And, I'm just curious, are you still involved in sports?

ALISON THOMSON: Thank you. I'm not playing soccer anymore. That ended due to concussions and a whole bunch of other injuries as well. I still ski race, but it's at a much lower level than it was. It's mostly just for the school now, which is a much shorter close-- much shorter course and you're a lot less likely to crash on these courses and I've never gotten -- knock on wood -- a concussion so far during ski racing. But that's pretty much all I'm doing at this point.

SENATOR BARTOLOMEO: You remind me of my youngest child. Although he's not had any concussions yet, I feel like I need to wrap him in bubble wrap. If I were your parents you'd be in bubble wrap.

Thank you very much for coming here today.

ALISON THOMSON: Thank you for having me.

REP. URBAN: Thank you for your testimony. I don't see any other questions. Thank you. Next up is David Knauf followed by Fred Balsamo and they will be followed by some experts that will come up together who have to catch a plane. That would be Hosea Harvey, Kerrie Lowrey and Terry O'Neill.

Welcome.

DAVID KNAUF: Thank you and good afternoon distinguished members of the Committee on Children and thank you for all the good work that you do.

My name is David Knauf, I am the Director of Health in the Town of Darien and I'm here to testify in support of the Raised Bill 5113. I also want to add that I had absolutely no idea that I would be following some previous testimony from other folks from Darien and moving testimony it certainly was.

I'm not a medical doctor but I do meet with regularly with our -- with the local doctor who is my medical advisor and we recently had, or fairly a while ago had a discussion on public health issues in the town and one of the issues he raised as being of particular importance is that of concussions sustained by school aged children. He sees a fair amount of that in his practice and when we saw that this bill was come about we felt very strongly that we needed to testify on behalf of it.

I also serve as president of the Connecticut Association of Directors of Health. It's a group of -- its all the directors of health representing local communities in Connecticut, there's 74, and we voted to support, also support this legislation. As a local official I'm also very sensitive to any additional mandates and responsibilities such as reporting and recording and more activities that we have to perform as local officials and it may be that the reporting piece of this legislation may be considered to be onerous. But it is important and it's the way we track what happens in the world. We have that currently for reportable diseases and illness and this is a very important piece to the legislation that we feel is essential for determining the level of problem. We've had lots of discussion

that we're not sure where it happens most, during what part of the sport but reporting would be able to give us this information. The devil is always in the details. With that, I thank you for the opportunity to speak--

REP. URBAN: We have your written testimony.

DAVID KNAUF: We submitted it electronically, yes.

REP. URBAN: Sometimes we have a huge pile here, so we're trying to get through it. Oh, it's electronic, okay. Thanks.

Did you specify in that testimony the 74 figure of the--

DAVID KNAUF: Yes we did.

REP. URBAN: Great. Any other questions. I'm also very -- being the data person and wanting to know the numbers on the concussions, I really appreciate your perspective on that.

Do you feel that it would be an onerous requirement given the other--track of the other things you have to follow in the school system?

DAVID KNAUF: Well, it is reportable and if this was another one of the reportable conditions, it doesn't really take any more time for us to do -- I'm not directly related and can't comment on the school's responsibilities, but the reportable diseases that are mandated to be reported to the local health departments, this would just be one more and it would be an important way to track what's happening in our communities and to know which communities have maybe more issues than others, maybe one way to assess the level of training that is being accomplished within those communities.

REP. URBAN: Yeah, that would exactly be the point. To be able to have some kind of baseline and then to

work from that baseline and see what was going on. So, I appreciate your input on that. Thank you, are there any -- no other questions, seeing none. Thank you for your testimony. Next up is Fred Balsamo and that will be followed by the group of experts which I enumerated.

Welcome.

FRED BALSAMO: Thank you. Good afternoon members of the Children's Committee. For the record, my name is Fred Balsamo. I am a resident of Wallingford and I am here representing two organizations, the Connecticut Coaching Education Program and the Connecticut Association of Athletic Directors and I would like to express some concerns with the language in House Bill 5113 AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS.

You have my written testimony. I also provided you with a curriculum of all the courses we teach that educates coaches as well as a [inaudible] card that has the when in doubt, sit it out signs and symptoms. That goes to every coach in the state.

But I'd like to begin by answering a question that Representative Vargas asked earlier and the answer he got I don't think was very satisfactory. He said, "Why are coaches against this legislation?" The answer was the there -- just the fact that they're against it shows that we need to have legislation and they misunderstand it.

That's the farthest thing from the truth. In actuality, no one, coaches, athletic directors, are not against parent education, student education, consent forms or any of those things. Basically, everything in the law that reflects the schools and what has to be done in schools is

already being done in schools as testified by Dr. Neihoff.

The CIAC, the oversight committee of our state mandates those things, everything pretty much that's in this bill including limiting contact in practice.

What I'd like to do is share some specific concerns with the bill. Initially, point by point, there is mention of just a few words to change to the coaching education piece, but there is no provision of grandfathering coaches nor is there a provision for just updating the coaches who have already taken the course, but the date of implementation stays the same. So it's implying that coaches have to retake the course, and that's a concern.

An educational plan developed for parents and students, we don't feel one plan-- one size does not fit all. What happens in West Hartford may be different than what happens in Bridgeport and vice versa. So we need to give schools the autonomy to develop their plans which best fit the model of implementation and that's what the CIAC is doing.

Regarding the contact in practice, the 90 minutes that you prescribe we do not feel is enough in the preseason. Again, Dr. Cantu is a respected physician and I will close and answer questions because basically that's what I had -- I was going to do anyway.

REP. URBAN: Thank you. Do we have -- thank you -- do we have questions? Representative Betts.

REP.BETTS: Thank you, Madame Chair and thank you for coming up today.

A thought that's come to me as I've been reading this legislation is, what do you think the impact

is going to be in the actual coaching profession if this goes forward?

FRED BALSAMO: Well, that's a concern. And again, we don't regulate youth coaches, but you heard someone testify earlier the concern to bring people into the profession. We don't have people lining up at the doors even to coach at high school and middle school levels. So it's hard to find people. We think the more you put on their plate, the harder it's going to be. Now, it's one thing for the CIAC to regulate it and give the schools the flexibility of implementation as long as we mandate it's being done.

However, when it's law, and you've attached to a law the threat of civil liability with the State Attorney General, that I think is going to put the fear in some coaches and maybe take some coaches who are already in the profession and say this isn't worth it, because they're certainly [inaudible].

REP. BETTS: That's an interesting observation. What about you had said before that a lot of what's in 5113 is currently being done. Could you be specific as to what is currently being covered in this bill, I guess would be making it redundant.

FRED BALSAMO: Well, right now CIAC -- the coaching education piece stands for a reason. People have already testified and I feel very good that they are testifying we have an excellent coaching education program and I feel we do. But as far as the CIAC mandates, all students and parents must be educated on signs and symptoms of concussions, the means of obtaining proper medical treatment for a person suspected of sustaining a concussion, the nature and risks of a concussion, the danger of continuing to play after sustaining a concussion, the proper method of allowing a student athlete who has sustained a concussion to return to play.

REP. BETTS: Just let me- sorry just let me go point by point.

How are they informed or educated about this and who does it?

FRED BALSAMO: We have provided the schools with a multitude of - from the Heads Up Program to the Connecticut Concussion Task Force Video, to written literature, the National Federation Program, research from medical doctors form our own Connecticut medical society. We have provided them with videos, there's -- on the CIAC website there's probably ten different models of implementation. We urge them to use any one or a combination of them, which addresses every one of these things.

REP. BETTS: Thank you.

FRED BALSAMO: In addition to those, the CIAC now mandates a student and parent consent form, it's not just the parents consent form, and we have developed one of those and that's been provided.

REP. BETTS: You mean -- let me interrupt you again -- that provided, are they required to sign it?

FRED BALSAMO: It is now mandated. It went into effect as Dr. Neihoff mentioned earlier, but it is mandated and will be mandated, yes.

REP. BETTS: Thank you.

FRED BALSAMO: Contact football practice is now limited, as I started mentioning to you, that the 90 minutes is not enough, even Dr. Cantu said that in the NFL their contact restrictions start once the season starts, that implies that you need a little extra time in the beginning. However, the most important thing he said is that it's a start, which means, if we find it's too much, or we find it's too little, we're going to be back here a year from now talking about

legislation if it's in law. If the CIAC regulates it, we can alter it. That's what Dr. Neihoff was saying. We're much more nimble and much more flexibility. We can make a change year after year without going back through this legal process.

REP. BETTS: That raises an interesting question. If that's the mission of your organization or the responsibility of your organization and you're going to be doing that, why do we need legislation?

FRED BALSAMO: That's exactly why I was answering Representative Vargas's question. That's why the coaches are against this some of the wording in here because there is a lot of it we don't need or already doing an admirable job and that's the point of me being here testifying today.

Let me continue. No sport can scrimmage until they have three days of practice. No one's mentioned that the CIAC now regulates that. Football, including the concussions -- the football -- CIAC has implemented the [inaudible] heat acclimation program. We are also developing, as I said, I'm director of Connecticut Coaching Education. We are actually developing a three-hour module for coaches in football to actually explain to them what 90 minutes constitutes. Does the 90 minutes follow the individual student, does it follow the entire team, what constitutes live action, what doesn't constitute live action? So, we're going to actually have-- and we will involve the Connecticut Medical Society, based on research and try and impose some of the things you've heard today from some of the medical people that go far beyond concussions and we will use that time wisely to educate football coaches. Also, officials are trained annually in the signs and symptoms.

That's what's being done, to answer your question.

REP. BETTS: Thank you, that's very helpful. The other concern I expressed earlier on, and I don't know if your organization has any data or information about this, we live in a very litigious society. I'm wondering if you track or you have any idea how many lawsuits are filed in terms of athletic injuries and what the outcomes are from that.

FRED BALSAMO: I'm not a legal person. I can tell you this. We do get data from state to state. Again, we're proud to say Connecticut leads the nation in coaching education. Our coaches are better equipped than most states. Therefore, you'll see less litigation in Connecticut than other places. But the actual number of how many there are, again, I mean, you said it, we're in a litigious society. You know, if someone wants to have a lawsuit, certainly some of the language in this bill is concerning. One of the other points that I think will increase liability is the 24-hour notification. You know, again, Dr. Cantu testified it could take up to 48 or 72 hours, but yet you're going to hold the coach accountable for notifying a parent within 24 hours. So, if they go through that 24 hours and don't give parents notification because the signs and symptoms didn't develop in that case, by this law they're still going to be held accountable. So those are the types of things that they're concerned with.

REP. BETTS: And let me -- I'll just paraphrase what I think I've been hearing at the hearing today, and from you just now, but several of the points that you cited that are in this bill are currently being done now and mandated by your organization, is that correct?

FRED BALSAMO: Just about everything in the bill that deals with schools is being mandated. Yes, it's

either covered by the current law or being mandated, yes.

REP. BETTS: So, again, it looks like the area of dispute is on the prescriptive side as to how long practice is or scrimmage is or length of time can be devoted for contact sports. That's primarily where the area of dispute is, is that correct?

FRED BALSAMO: Amongst the other things that I mentioned.

REP. BETTS: Thank you for your testimony.

SENATOR BARTOLOMEO: Hold on. We're not sure if we have more questions. Representative Vargas.

REP. VARGAS: Thank you for fleshing out some of the concerns that the coaches have with the legislation. It's become a little clearer in my mind, I don't want to put words in your mouth, but I think what you're -- the gist of your testimony is that the CIAC works on these regulations and polices these regulations and you feel that the legislative route is the wrong route to go to address these issues. Now, earlier testimony that was presented showed that there were some students that were hurt, some had concussions, they didn't -- the parents didn't realize till days later that the kid was suffering from a concussion. So, apparently some parents didn't have the information that they should keep an eye on the kid for a few days. And there was also some testimony offered that at one point we were at the cutting edge of addressing this issue and now other states have become -- have more stringent regulations. Do you have any thoughts on that?

FRED BALSAMO: There's no question, and I've been a proponent of parent and more importantly student education since 2010. I often use the example,

when that football player comes back to the huddle, you know, with his eyes rolling around, and a referee or coach is not out on the field, but his fellow teammates are in the huddle, they need to be educated to the fact that young man needs to be taken out of the game and call to the attention of the coach or the official, we have a concussed player. Student education is paramount. That's why I was a proponent of having it mandated. We have been telling athletic directors and coaches to educate parents and students and that's been an urge of ours since 2010. Just recently, and again, with the thanks to the Parent Coalition, it helped urge us to mandate it.

REP. VARGAS: Now you heard that approximately 80 percent -- you were here when earlier testimony was presented that 80 percent of the states now have tighter regulations regarding this. Are there any other state statutes in other states that you see as a model that can be utilized--

FRED BALSAMO: I think that 80 percent means that those 80 percents that have the component of parent and student education that we do not. Now don't forget we were the third in the country and they've had the luxury of sitting back and bringing it on and learning from other people. So, that's the piece that is missing in our legislation. However, again, if it can be done through regulation at the State Association level, again, we're concerned with the one-size fits all, the way the law is written. We're talking about one plan and I think that pretty much means every school district is going to follow that same plan and that may be very difficult to implement because of the different populations and demographics and different communities. So, we have to have the ability to tailor some of those things and make it a little bit more easy to implement.

SENATOR BARTOLOMEO: Any other committee members? I have a few for you. Mr. Balsamo, thank you for coming today and I appreciate that you acknowledge that with the help or with the persistence, I guess, of the Parents Coalition, that that has helped to move some of these mandates forward because we're having a lot of conversation about why legislate. So, I think from the perspective of my co-chair and myself, if I could, we've been working with the parent groups since last, late spring I guess, and so we're encouraged that just even the conversation about this legislation coming forward has possibly prompted some of this to be mandated and to be worked on by CIAC as well. What grade, or what ages or grades are covered under CIAC? Is that just high school? Or is that --

FRED BALSAMO: CIAC regulates high school but in that, as Dr. Neihoff mentioned, under the Connecticut Association of Schools, they -- we regulate K-12.

SENATOR BARTOLOMEO: K-12, okay. And that-- so exactly when, I guess, did -- when you say everything that we have in this bill is now mandated -- since when, I guess. Is it actually mandated right now? Is it still in the process?

FRED BALSAMO: The CIAC mandates?

SENATOR BARTOLOMEO: Well, or your Association, which ever -- because what I'm getting at is that, so for instance, we heard from Luke, and Luke was in middle school and he himself did not know the signs and symptoms nor did his parents at the time and it wasn't that long ago. So, when did the educating the other students or the other children what to look for or, educating the parents what to look for, when did all this become mandated to cover all of the grades K-12 and what's still in the process and what's already done? Where are we in that?

FRED BALSAMO: First, I think Luke mentioned his occurrence was back in 2008 or whenever, it was certainly before the concussion law in Connecticut went into effect. And I wasn't clear whether that happened on an athletic field or with not, but I can assure you at this point in time, if that was under the direction of a coach it would not happen, it could not happen. And to verify that, I spoke with the state department yesterday. In the current concussion law there is revocation language for any coach that does not follow the protocol and the return to play protocol. And to date since 2010, zero coaches have lost their permit based on a failure to follow that -- this law.

The CIAC, you know, we -- again we've been providing these materials through the coaching education program to athletic directors informally since 2010. We've also gone out and educated youth programs. We're proud to say we've done about 15 in the state who've come to us and said will you offer concussion -- concussion education for us, and we've done that. You know, again because of and I won't say persistence, it was the logic provided by the parents and the concussion coalition and sitting down with us back June because the CIAC Board of Control had already met and we were going -- schools were ending.

We put out a -- an alert, a bulletin, that over the summer we said schools this is our program, it's going to be mandated, we urge you to start doing that. And a number did. It was mandated effective November 21, 2013, that schools had to develop a plan and -- and most of them are -- either have developed a plan and implemented it or will be implementing -- implementing it at the start of the spring program.

SENATOR BARTOLOMEO: Okay. And -- and I would say

they're very persistent, and I think it's a good thing since I've been working with them. But, yeah, they -- they can be attributed for being very persistent. So since November 2013 it was mandated that the schools develop a program. That I assume is just high schools?

FRED BALSAMO: No.

SENATOR BARTOLOMEO: No.

FRED BALSAMO: It was -- it was filtered down through everybody. And again we didn't just develop a plan, we said to them here are the materials that again the Connecticut Medical Society, these are the approved materials that you can use whether it -- and they're on the website at the CIAC, they're available, they're very comprehensive. The -- what we did for the -- the parent consent form was we developed the -- the coaches are required to take an annual review on the signs and symptoms and the return to play policy which is very comprehensive. We took that and they have to sign that they've read it and understand it every year.

We took that form, which we think is a great form and it has all the signs, it's a two-page document, and we've taken that and converted it to student-parent consent form. Oddly enough that -- that original document was not only approved by the State Department of Education and the Connecticut Medical Society, the athletic trainers, but it also went through a review from the Department of Health. So everybody has had a piece of this and we're using that as a model, and that's what we're giving schools.

SENATOR BARTOLOMEO: And I'm sorry to sound as though

I'm not quite getting it, it's just that you represent two organizations.

FRED BALSAMO: Yes, I'm doing a lot of CIAC talking, but I -- I -- my office is there, but I represent the Connecticut Coaching Education Program. The coaching models that go out to all the coaches come out of my office and my department. And I'm also the Executive Director of the Connecticut Association of Athletic Directors.

SENATOR BARTOLOMEO: Okay. So just to summarize that I'm understanding correctly, so whether it's our middle schools or whether it's our high schools, so you said K through 12, right now is under a mandate to have the parent education, the student education, to have that signed, to have that returned, you know, all of this, everything we're talking about is currently in effect as a mandate?

FRED BALSAMO: Yes, and in addition to that you bring up one other good point. This legislation and the current legislation only extends to public schools. The CIAC has the flexibility to extend that to all CIAC members which are not only public schools. So we are able to regulate parochial schools as well with these mandates and -- and the education piece. So -- but as I said, I can't tell you every school in the state has implemented their plan yet, but the mandate is there and they've been given -- by July 1, okay, it's going to have to be done for the next school year and most of them are already doing it, that I already know.

SENATOR BARTOLOMEO: So then I -- I guess it just leaves me to wonder what's the problem with having it legislated?

FRED BALSAMO: Because the way the law is written does not reflect what we're currently doing. As I said, the law says one -- one program, we don't have one program. We're giving the schools the autonomy to develop their own program, giving them a multitude of different models which -- which are all approved models. The law restricts, you know, the 90 minutes, it doesn't explain what the 90 minutes is, the other brain injury, it doesn't explain what the other brain -- there's a lot of -- there's -- that's why there's concern about the language. It -- it doesn't fit what we're already doing, it doesn't reflect what we're doing. If it reflected what we were doing, you'd get a lot more support.

SENATOR BARTOLOMEO: Okay. So one of the things I've learned since I've been up here is we have to be so particular about words. So whether it's a may or a shall or a this or a that, so when you say that everything that's in here you're already doing, you're doing a version of but -- but differently maybe, perhaps, and with a few omissions?

FRED BALSAMO: Correct.

SENATOR BARTOLOMEO: So we're more than happy to continue to have a conversation about what exactly this looks like. But I just want to clarify that there's a little bit of a difference there that's kind of an important one, and I just wanted to understand exactly that.

FRED BALSAMO: You -- you are correct. We are addressing all of the concerns in this bill, but in a way that our schools can implement much more easier than this law would allow.

SENATOR BARTOLOMEO: Okay. Well, we very much thank you for being here today and for clarifying all of that, and I expect we'll continue to have conversations.

FRED BALSAMO: Thank you very much.

REP. URBAN: Thank you.

If we can have our little expert panel just come up. Harvey -- Hosea Harvey, Terry O'Neil, and Kerri Lowrey, and they will be followed by Trish Witkin. And I would say to -- to our experts if you can direct your remarks to most of what you have heard presented to us so that we -- we don't have a redundancy, that would be great. Thank you, and just continue.

HOSEA HARVEY: Okay. Great. Good afternoon, Representative Urban and distinguished members of the Children's Committee. For the record, my name is Hosea Harvey, I'm Assistant Professor of Law and Political Science at Temple University in Philadelphia. I'm here to testify on the many merits of H.B. 5113. By way of background I'm the author of a series of articles on the subject of youth concussion laws which appeared in leading peer-reviewed health publications. And I run a very cool online health policy portal focused on youth concussion laws as well. You have my written testimony in the record as well.

Basically academics think and don't feel, but I feel very excited about H.B. 5113. I'm excited about it because I and other academics believe that science can inform the law and that relying on science is the ultimately form of good government. All of the proposals in this bill

represent sound, fundamental, evidence-based policymaking. Almost all experts you will find, scientists, doctors, lawyers, and public health advocates will agree that each of the proposed reforms will help to either reduce the instances of first or second TBIs or will help those in public health learn from evidence and shape best practices.

You know that H.B. 5113 brings Connecticut's law back to the state of most existing state laws. It also tracks TBIs as proposed which is a critical and innovative measure that demonstrates Connecticut's commitment to improving the public health through information gathering. Gathering data is the key to understanding this problem. You cannot fully understand this problem unless you get the information. So with that, let me turn to responding to some points that were made earlier today that I think should be addressed.

Let's talk about litigation. Half of the states that have these laws do not have any liability protection whatsoever. And there is no evidence that not having that protection has resulted in any litigation whatsoever. There is no evidence to suggest that these laws cause litigation. Number two, with respect to informed consent, it's not about getting student consent in sort of a contractual or age-of-capacity issue, the consent form serves as an additional form of education and thus the student's signature is a simple act of reflection that they understand. That was fast.

Concluding -- concluding, with respect to voluntary mandates and the question of why legislate, I voluntarily don't discriminate but I sure am glad there is a law that prevents others

from doing so. Sometimes moral force and good intentions are not enough, that is what the law is designed to do in a slightly (inaudible) universe. I thank you for your time and for receiving my testimony, and I'm open to any questions.

REP. URBAN: Well, we've decided we want to get your blog I think. It's a very cool blog.

HOSEA HARVEY: Thank you.

REP. URBAN: Are there any -- are there any questions?

SENATOR BARTOLOMEO: I guess because I'm still searching for your testimony, the information about your opinion on or your data on lawsuits, is that in the testimony because I know my colleagues -- to decide we're very interested in, unfortunately, so I want to be able to point it out. Is it in there?

HOSEA HARVEY: It is not. I'm happy to add that into the record lately if you request that information.

SENATOR BARTOLOMEO: Would you? Yeah, if you could -- so a question for a record, Liz, if you wouldn't mind just e-mailing our clerk, and you can talk to Liz Giannaros if you need that address. We would like to have that data. It's the first time somebody has brought up data regarding that particular issue. Thank you.

HOSEA HARVEY: Thank you.

REP. URBAN: I guess we'll just go down the line here.

KERRI MCGOWAN LOWREY: Good afternoon, Representative HB5113

Urban, and Senator Bartolomeo, and other distinguished -- distinguished members of the Children's Committee who seem to have fled when they heard I was coming. For the record, I am Kerri McGowan Lowrey, I'm Deputy Director of the Network for Public Health Law's Eastern Region which is housed at the University of Maryland Francis King Carey School of Law. The network provides legal technical assistance on policy approaches to public health problems.

We've been monitoring the provisions of state concussion laws since 2011 and conducted an interview survey in late 2012 of those who are charged with implementation of these laws in their state to ascertain their experiences and to inform future policymaking. I'm here to provide information for the Committee on Raised Bill 5113. This legislation will bring Connecticut in line with other state laws specifically with regard to requiring concussion education and informed consent to participate for young athletes and their parents. This is one of the three key provisions of Washington's Lystedt Law which I think we all know has been heralded by advocates at least as a sort of model. Currently 44 state laws require educational materials to be given to parents or guardians with some form of signed acknowledgement of receipt.

With passage of this legislation, Connecticut would also join the 16 states that currently extend protection to participants of recreational as well as school-based athletics. Also the bill's inclusion of the state Department of Public Health in developing the concussion training course will help to ensure that it continues to be based on evolving scientific research regarding the epidemiology, physiology,

and effective methods for primary and secondary prevention. Towards that end, the bill's reporting requirement is significant, allowing for collection of important data that can be used to evaluate the effectiveness of the provisions of the law.

Connecticut is already a national leader in training coaches on concussions. This bill contains provisions that would also make Connecticut a leader in concussion policy, joining other states that are tuned to the ongoing research and are going one step further to make sports safer for the kids. These include mandatory training for referees the adults who often have the best view of the players and the events on the field, limits on full-contact practice time which is a primary prevention strategy, and required phased-in return to physical activity after medical clearance has been given.

Connecticut is to be commended for introducing this legislation in response to ever developing knowledge of the problem of sports-related concussions and the state's experience implementing its existing -- existing law. Indeed Connecticut is not alone. Fourteen states have made substantive changes to their youth sports concussion laws since original adoption. Finally I should note that the consensus among public health, sorry, real quick.

The consensus among public health policy scholars is that formal, codified law is more effective in bringing about progress in combatting public health problems than informal policy or reliance on voluntary compliance. Experience over the last 40 years of public health law in areas like

tobacco and highway safety supports this view. Law helps to ensure statewide consistency, accountability, and oversight. Thank you for your time.

REP. URBAN: Thank you for your testimony. I'm very interested in the perspective on putting it into state statutes. So I think that -- I think it's a good idea to have our state statute actually updated to reflect where we think we should be.

So are there any other questions?

Seeing none, then we can move on to Mr. O'Neil.

TERRY O'NEIL: Thank you, Representative Urban. My name is Terry O'Neil, Greenwich resident. I'm the founder of a movement called Practice Like Pros which advocates practicing high school contact with less contact such as is done in the NFL and college football. I got my football education as a television producer at ABC, NBC, and CBS where I met coaches of the 80s and 90s, Bill Parcells, Joe Gibbs, Dick Vermeil, Mike Ditka, Bill Walsh, and learned on their practice fields how they practice safely and protected their multimillion dollar players to preserve their -- their welfare to play on Sundays.

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A few years ago Mike Ditka took the head coaching job in New Orleans with the Saints. I went along with him for three years as an executive in the front office. A few years after that my son was old enough to play high school football, we came back here to Connecticut on the eve of Hurricane Katrina in 2005. And what I saw in high school football astounded me in comparison to the way the game is practiced in the NFL and in college football. And so I gathered some of these old

friends of mind just within the last year, Ditka, Ronnie Lott, Vermeil, Archie Manning, Sam Wyche, and Dr. Cantu whom you heard from earlier, 21 superstars in football and medicine, to support the notion of practicing high school football with less contact.

We've heard a lot today about how coaches in Connecticut have training on concussion recognition and management. What they now need as the next step and what we're offering is training on how to practice with limited contact, how to practice like pros. Just in moving around the hallways today, I've found in response to the question why must we legislate, couldn't we talk this through, I found a handful of former and current football coaches who'd like to get together as an ad hoc committee and see what common ground we have.

So we've begun to book a meeting among Speaker Joe Aresimowicz of Berlin, Representative Fred Camillo, who is our Representative from Greenwich, Paul Hoey of the CIAC and I had a good conversation downstairs earlier, Steve Filippone, the head of the Connecticut Coaches Association I know from our first clinic back in the summertime. And we're going to get together apart from these deliberations and see if we can come back to you with some common understanding about how best we can bring these top coaches to whom we have access, the Ivy League coaches are at the cutting edge because they've been under practice field restrictions for three years. So Buddy Teevens of Dartmouth is a critical part of this. Sam Wyche is now a volunteer coach, he coached in the Superbowl as a pro, but he's back as a volunteer high school coach in South Carolina right now.

We'd like to bring those -- those experts and video, this is an impossible subject to discuss without video, I'm sure you can appreciate from a coach's point of view, bring them together with these Connecticut high school coaches and see if we can't offer some ideas about how Connecticut can become not just the state that updates its law, but rather a model for the country as a most progressive state in practicing high school football the way it's done in the colleges and the pros. Let me leave you with one fast statistic, there have been a lot of statistics here today. In the 2012 season, in the entire NFL, all 32 teams, all 2,000 players, in the 5 months of regular season that went from Labor Day to the Super Bowl, not the games, in practice only, this tells you how sophisticated it's gotten in the NFL, how many concussions do you think were reported from the league to the player's association? Two thousand players on 32 teams practicing for 5 months, how many concussions? A hundred? That would be five percent. Two hundred would be ten percent.

SENATOR BARTOLOMEO: I have a clarifying question, were there any penalties for the coaches if they are reported?

TERRY O'NEIL: Everything is reported by agreement in the collective bargaining agreement between the league and the players association. And the players association has the right to a second medical opinion, so nothing is hidden. Okay. This is every practice for 5 months, 32 teams, 2,000 players, there were 3 reported concussions, 3. On my son's high school team in his sophomore year, on a 50-man squad in one year, they had 17 concussions reported. In the entire NFL for one

full regular season, they practiced with 3 concussions. Thank you.

REP. URBAN: We get it. Thank you.

Are there any questions?

Representative Vargas? No, you don't have a question?

REP. VARGAS: I just want to thank all three of you for your testimony. And it's very interesting that the -- that the NFL has been able to reduce the number of concussions and I think we have a lot to learn. So, you know, I'm looking forward to those recommendations.

TERRY O'NEIL: Those coaches and their video are available at -- at a moment's notice, and I hope to meeting together with this little ad hoc committee of ours to bring that expertise to Connecticut high school football.

REP. URBAN: And we had -- we had already committed to bringing some associations together to try to get this language right, so I think we should all make that one meeting ASAP because we have -- we're on a timeline here. So that would be great.

TERRY O'NEIL: Sure. We -- Buddy Teevens of Dartmouth would have been here today except for a conflict. And he is, as I say, these Ivy League coaches are on the cutting edge of how to practice with less contact because the university presidents in the Ivy League demanded it three years ago.

REP. URBAN: Okay. We appreciate the -- your testimony. Thank you so very much and we all

look forward to working with you.

Trish Witkin and that will be followed by Paul Hoey.

TRISH WITKIN: Good afternoon. My name is Trish Witkin, I am the Immediate Past President of the Connecticut Association of Athletic Directors and I currently serve as the Director of Athletics at Glastonbury High School. I have been involved in education-based athletics as an administrator for more than 15 years and I am now enjoying the experience of not only being a parent to three athletes heavily involved in youth sports but also serving as a coach and manager myself.

I am a strong proponent of education particularly where the health, the safety, and education of our student athletes is the premise, although I do have concerns with H.B. 5113. In order to not be redundant, I would like to first offer my support to comments made by my colleagues earlier with regard to the programming that's already in place and no mention of grandfathering those coaches who have already complied with the training requirement and are complying with the annual review that is part of that, as well as my feeling that a one-size-fits-all program does not meet the needs of our districts across the state.

I would like to add a few points and then I'm going to jump right to my youth sports experience. I have three daughters that are heavily involved in youth sports including one that is an umpire in our local softball league. I have grave concerns about the added burden that would be putting on our youth programs across the state -- the measures in this bill would be putting on our youth programs. These programs

are run independent of any governing body and the regulation and implementation of this legislation would deter many from volunteering. And I believe parents may be reluctant to allow their -- their athletes to serve as officials in those leagues, which you heard earlier is a big part of how these programs are run. They are volunteers and they are students themselves.

I for one will not allow my 13 year-old daughter to continue to serve as an umpire if these mandates go through because I don't believe the training and expectations are appropriate for the adolescent official. The current legislation provides sound education to the coaches on the high school level. Districts have adopted policies and procedures that incorporate proven return to play policies that addresses the needs of the individual relative to their injury. Athletic trainers are employed by districts and will work with coaches, parents, and the athletes to safely return them to play.

Measures are in place for each district to extend education to their parents and student athletes utilizing workshops, videos, forums, and others that were mentioned -- other programs mentioned previously. Districts such as the one that I work in have forged relationships with these youth programs in town and provided that information and education to their programs. That can continue without mandate. I support education and awareness wholeheartedly, but I feel that there are some best practices already in place and more work needs to be done on the language of a bill such as this.

REP. URBAN: Nice job.

TRISH WITKIN: Thanks.

REP. URBAN: Right to the bell.

Are there any questions from the Committee?

Senator.

SENATOR BARTOLOMEO: Thank you for bringing up the one size fits all because I was thinking of asking one of our previous testifiers, but I forgot. What -- how is it possible, explain to me how different towns and different districts would have different issues or needs when it comes to educating about concussions?

TRISH WITKIN: Well, I think to answer that question best I'll share with you the logistics of my position. I have over -- or nearly 1,200 student athletes that participate in athletics in our programs through the course of the school year. We have three pre-season parent meetings and we have mandated attendance by our student athlete and at least one parent. That is a mandate. And we have added to that clause that if you are not in attendance, you cannot participate on the field until a meeting has been held with the coach to go over what we discussed.

I can't say that the district across town or in an urban setting can have that kind of response from parents attending meetings. You might have single parent families, and we have those and we've put measures in place. But you might have a situation that's different in an urban setting versus a suburban setting where getting parents to the building and having that forum to educate them would be different. So each school district has a means of getting information to their --

their stakeholders. And -- and my feeling is that we should be allowed to continue to do what works best in our community.

SENATOR BARTOLOMEO: Well, and I -- I respect that as a challenge. I represent two urban districts out of the four, and, you know, I think that they -- they recognize those challenges and that they do have their things in place like giving our written materials -- I mean different ways to get to their parents and their students. Not easy, I get that. But I think though the challenge I would have with this particular argument would be that in some ways then the children in our urban districts or less privileged districts are somehow at a disadvantage for staying safe and healthy if we -- if we look at it that way. So I guess I would be concerned about not having a statewide policy because then we are not protecting those children nearly the same way that we are protecting our privileged children.

TRISH WITKIN: Well, and just to clarify on that, my point was that the actual delivery of this education should not be -- it shouldn't be a cookie-cutter mold. We should be afforded the opportunity to do it in many different venues. Maybe it's bringing in guest speakers, maybe it's bringing -- doing a workshop utilizing your athletic trainers. So I'm not suggesting that one should have it and one shouldn't have it. I think just in -- in the delivery in the way that we provide that education, having options helps districts do that.

That also being said, all coaches in the state, across the state that are members of the CIAC, are bound by the same, well, I shouldn't even say the CIAC, by law are required to have that

concussion education. And that's no different whether you're an urban coach or a suburban coach, that's a requirement, that's the law, you are bound by what's in that law. So I don't believe students are at a disadvantage in that regard. We are educating our coaches across the board on the same content. That's current law.

SENATOR BARTOLOMEO: That's current law. So and I guess you said the operative - the operative word is it is how you distribute it. I think what we're talking about is that there be a consistent education plan so we know that each and every school is getting that same plan. How it's delivered and I think that the language can be an or instead of and in some -- in some cases. An or, an or, an or instead of an and would be -- would be the operative issue. At least that's what I'm hearing from you. You're not -- you're not finding it difficult to have a consistent education plan, what you would like is to have the flexibility to deliver that information in whatever way is best in your particular area.

TRISH WITKIN: Yes, that would be fair to say. Yes.

REP. URBAN: Okay. Good.

Any other questions?

Seeing none, thank you for your testimony.

Next up is Paul Hoey.

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PAUL HOEY: Thank you and good afternoon. It's a pleasure to be here. I appreciate the opportunity to -- to meet with the Committee. I'm Paul Hoey, I'm the Associate Executive Director of CIAC. I'm in charge of all sports

operations at CIAC. I'm not sure how much more I can add to the testimony after Mr. Balsamo. I would just like to reaffirm what we are doing already. Yes, we have many things in place to protect the health and safety of our students. Mandatory pre-participation physicals before any individual can participate in athletics in any CIAC school. We do have regulations in place, heat acclimation, hydration guidelines, scrimmage guidelines in the early part of the season for all sports related to heat, related to illnesses. And we also have programs in place for all of our coaches to understand and to know all the particulars of these programs.

Starting this past year as we -- more information became available on concussions, we met with the Parent Concussion Task Force among others and began to develop rules and regulations in CIAC. Yes, we have in place at this point mandatory training for parents and students on the signs and symptoms of concussions and return to play guidelines. We have passed regulations that all schools and coaches -- excuse me, all officials are required now to be trained in the signs and symptoms of concussions as required by national federation rule, and protocol to follow once they suspect that a student is concussed.

CIAC board also has passed regulations along with the football committee limiting the amount of contact at practice, which you've already heard. Additionally, the CIAC football committee, based on recommendations from the State Medical Society, has altered and changed the football playoff format and has reduced the playoff by one game this year so there'd be adequate time between games.

There is one area though that we have not discussed and I think it's important for this Committee to consider and that is data collection and having a well-defined injury surveillance system for all sports-related injuries in Connecticut. We have been working with the State Medical Society to design and implement an injury surveillance system as was required by statute in the last session. We have not been able to secure adequate funding to put a comprehensive program into place. We do not believe that collecting data just on concussions is prudent. We would like this Committee to consider expanding that to all sport-related concussions and finding a way to -- to fund that program. Thank you.

REP. URBAN: Thank you for your testimony.

Are there any questions from the Committee?

I would just ask we did have some testimony saying that if we were asking for those numbers, that it was felt that that would not -- that would not be a significant burden on the school district. So that is something that we'll definitely be looking into. And I realize that you're looking at a full -- what was contained in the original legislation (inaudible) full study. I think we wanted to start with numbers. But I would also ask you with the testimony that we just heard, I still want to be clear.

In your testimony, CIAC believes schools should have the autonomy to develop the educational program that best fits their community. I think we're -- we're getting into some semantics here, what we're concerned with is that that educational program be consistent so that each

and every school has the same material. What we're not -- we don't feel we need to be prescriptive about is the delivery. So is that -- are we now talking on the same page? If we all have the same information --

PAUL HOEY: We have prescribed in our regulations the curriculum areas that must be covered. We opted to go in that direction because that is what schools are used to from the State Board of Education and the Education Department in terms of developing curriculum, whether it's in Common Core (inaudible) programs. The curriculum areas are highlighted or are given to the schools that they must cover these areas. The school then develops the curriculum to deliver those particular topics. That was our intent when we put this rule together. We feel that there's a certain amount of autonomy that should be given to schools to be able to determine what best fits their school district. Templates, formats to assure that certain topics are covered, I don't have any problem with because that's exactly what we're looking at.

But I think we do need to allow districts to -- to design the program that best fits their needs. Now curriculum-wise, you know, I believe we -- we have, you know, outlined the topics. Those topics can be further outlined and delineated so that we're sure that every aspect of what we want each student and parents to know on the signs and symptoms of concussion and return to play is clearly covered in the curriculum. I have no problem with that.

SENATOR BARTOLOMEO: So, you know, on the one hand my thought is that if the CIAC has all this information that it would be easier for school

districts if it was consistent and it was -- the material was provided, the curriculum as you said was provided, and that it was simply a method of delivery that was -- the school districts could do independently. You're seeming to say that you think that the school districts would prefer to do that. So would it be kind of a including but not limited to and then you would set out --

PAUL HOEY: We are fully in support of any curriculum efforts to educate parents and students. Whatever the best method is to get that done, we'll support. And again so we are not -- as a matter of fact, you can see from everything we have already done, we're all on the same page, you know, it's just a matter of sometimes deciding what's the best way to do it.

REP. URBAN: Any other questions?

Seeing none, thank you for your testimony.

PAUL HOEY: Thank you.

REP. URBAN: And next up to testify is Lucy Nolan followed by Karen Laugel. Welcome, Lucy.

LUCY NOLAN: Thank you. Now for something completely different. My name is Lucy Nolan, I am, well, good afternoon, Senator Bartolomeo and Representative Urban, members of the Committee. My name is Lucy Nolan, I'm the Executive Director of End Hunger Connecticut. We are a statewide anti-hunger advocacy and outreach organization. I also sit on the steering committee of the Connecticut Coalition Against Childhood Obesity which is supported by 30 organizations, and we promote policies that will reduce and end childhood obesity.

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LUCY NOLAN: Thanks very much.

REP. URBAN: Any other questions?

Seeing none, we'll have Karen Laugel followed by Chris Coyne followed by Dan Scavone.

DR. KAREN LAUGEL: Good afternoon, Representative Urban, Senator Bartolomeo, and the distinguished two members remaining of the Committee on Children. My name is Karen Laugel, I am Chair of the Connecticut American Academy of Pediatrics TBI Return to Learn Initiative and President of the nonprofit community service organization ConcussionCORPS. I'm also a pediatrician with over 30 years of experience, 5 of those in concussion recovery management.

I'm speaking on behalf of these organizations in support of House Bill 5113 and would like to request the inclusion of legislation that addresses the problems that children in recovery have when they return to school. We know that children with concussions miss a median of 37 school days and that children age 13 to 19 with a history of two concussions suffer a statistically significant decline in attention, concentration, and grade point average even six months to a year after injury. We also know that post-injury children engaging in moderate levels of academic activities when they return actually recover faster than those engaging in the lowest or highest levels of academic challenges.

So I think we can take that knowledge and really try to educate our health care providers, our school nurses, and educators to monitor and pace the injured child's academic return and provide

appropriate academic accommodations and offer long-term learning strategies for those who need it. We have current models from New York, Pennsylvania, Colorado, and Oregon all of which we have permission to use as long as we cite the source, and we can build an online state resource for Connecticut.

We also can pass legislation like Massachusetts, New York, Maryland, Michigan, and Hawaii that includes return to learn provisions. For example, having the Department of Education and Department of Public Health post return to school guidelines on their websites, requiring that schools have policies to address accommodations for school attendance, cognitive limitations, and activities for these children, that schools establish concussion management teams responsible for education and oversight of the school, staff, students, and parents, and that the appropriate school staff and health care provider provide a written graduated reentry plan for the injured student and ongoing management of their academic accommodations.

So in summary, speaking on behalf of the Connecticut American Academy of Pediatrics and ConcussionCORPS, we are in support of Bill 5113 but really request its expansion to include best practice models -- models and resources to address the needs of the recovering child's return to academics. Thank you.

REP. URBAN: Thank you. And we are certainly going to take that under consideration as one of the things that we -- were discussed and we're very happy to get this feedback because we've all thought the return to school would be something very -- return to learn would be something very

important.

DR. KAREN LAUGEL: Great.

REP. URBAN: Any other questions?

Seeing none, I believe Chris is next. Welcome.

CHRISTOPHER COYNE: Thank you. Good afternoon to the distinguished members of the Children's Committee. For the record, my name Christopher Coyne, former Staples High School varsity football captain in Westport, Connecticut, and I'm currently a junior at Yale University studying econ and political science. I'm here to testify in support of Bill 5113.

I don't come here today as a doctor, a Legislator, or a medical expert in any way but instead an example of the flawed system which I grew up in. I accumulated five concussions throughout high school in addition to three separated solders, a broken rib, and a torn thumb, and one in college. While many came from games, I did experience at least one concussion during high school football practice.

The fact of the matter is this, there's no denying that sub-concussive hits add up over time and could eventually be the root of long-lasting brain problems. The issue is that the competitive spirit of athletes and coaches everywhere clouds the better judgment of individuals responsible for limiting contact. The effects of sub-concussive hits aside, both coaches and players alike consider there to be a positive relationship between full contact practice and success on the field. Coaches must continue to be successful or lose their job, and

players, or for me personally, saw two seasons to build an athletic legacy and earn a chance to continue their in college. For me personally there was no time to miss a game.

With such limited education that youth are getting regarding the dangers of concussions, I believe that many do not understand the serious long-term consequences that can result for accumulating hundreds of hits to the head over one season. Personally having never seen any former players experience them first hand, I did not believe that long-term harm could be a result. Perhaps continuing to hit my head over and over again would lead to -- lead to minor health effects later in my life. But my mind wasn't focused on that at the time. To me extended contact practice time was like steroids in baseball in the 90s, possible long-term side effects were just a minor inconvenience compared to the temptation of immediate success. For me and many others, it was a worth -- it was a risk worth taking.

With my experiences in mind, I implore all in attendance today to recognize the need for mandatory education at all levels. Further, I ask you to consider one thing regarding the current proposed 90-minute limit on contact practice. What exactly is 90 minutes? Is it running full contact drills from 3:00 to 4:30? Is it tailored for each player so that each individual gets 90 minutes? Or will this limit turn into what I think it will be, an assistant coach standing on the field using a stopwatch to time the length of each play from hike to the whistle so that teams can run full contact plays for hours and hours on end before encountering the limit? If I was trying to circumvent the

law, that's what I would do.

I'd like to open up to questions and if you have any questions on the structure of practice or how contact limits would come into play, I'd love to be of some assistance. Thank you.

REP. URBAN: Well, I think that you just hit on one right there because we have had several questions about what does full contact mean, what does contact mean, and if you could enlighten the Committee on that, that would be great.

CHRISTOPHER COYNE: Yeah, I mean, I think there's a statistic regarding out of the, you know, total amount of time at a football game, how much of that is actually play time compared to standing around in a huddle. When I was practicing, we usually had three full contact practices a week, usually from about 3:00 to 6:00. And that usually included about 30 minutes of full contact practice followed by about -- well, 30 minutes of stretching, 30 minutes of full contact practice, and an hour and-a-half to two hours of live scrimmaging. So if you put that together, that adds up to about seven and-a-half hours a week of full contact practice. But if, you know, you have a coach who like I said has a stopwatch timing each play from hike to whistle, that wouldn't probably even come close to the proposed limits. So there needs to be some kind of, you know, way to define exactly what 90 minutes is.

REP. URBAN: Yeah, I think that that has -- has become really obvious, Chris. And the other thing that you -- you brought up which is we know we're still struggling with this, should we -- this go into state law? Should the state law reflect what our athletic associations are proposing to

have done by July 2014? And I think that part of that is what you touched on which is that competitive spirit. I coach boys basketball myself and I could get crazy. So and I know that, you know, in the heat of competition that there's certain things that -- that maybe you want to throw by the wayside. And if it has the strength of state law behind it, it might have a different perspective. Do you -- do you sort of feel that way or do you?

CHRISTOPHER COYNE: Yeah, and even kind of moving forward like with regards to education and this, I mean coaches and players -- athletes at any level are just -- their main focus is winning. Without state law, there's really no pressure to follow the rules the way I see it. If my coach during high school came up to me and he said, hey, Chris, you know, we've been trained for sub-concussive hits, we're going to take it easy on practice this week, there's not going to be much contact. I'd say, coach, are you kidding me? Like there's no way, we want to win, let's, you know, let's work hard, let's do some full hitting drills (inaudible). And, you know, he's -- during that kind of process of communication, I think we'd probably come with the result that we're going to do some full contact practice. So without some kind of oversight, you know, that's what's going to happen.

REP. URBAN: Are there any other questions?

Representative Betts.

REP. BETTS: Thank you, Madam Chair. Thank you, Chris. You actually kind of solidified in my mind why this shouldn't be a law. You asked some very good questions, you know, what does 90

minutes mean, what's it cover, is it individual, is it group? That's what happens a lot of times when we have a good intention of trying to do something, but we don't know how to do it or we don't have the expertise to do it. And we could very well end up trying to write something this time, think it's going to meet the objective, but then we'll be back next year having to write -- rewrite the law because sometimes we just can't write it well or good enough in law.

What is your feeling about trying to do it through the coaches or a more informal basis? You said it doesn't get enforced? I think if I were a coach now, football coach let's say now given what's been happening particularly in the last two years about concussions, I'd be hard pressed to believe you'd be able to persuade me to let you carry on making contact if I had concern that you'd been hit in the head until I at least got some medical clearance. Don't you think that that's the protocol now?

CHRISTOPHER COYNE: I think that's a general feeling, but I don't think that's protocol. I mean I can speak from my experiences when I was in high school. And more recently I've done a lot of work speaking to youth teams and whatnot, and still even in the past year or two when I've been doing speaking, it really doesn't seem that that's the standard. I remember just over, I think it was maybe a year ago, I did a event in Bridgeport where we were talking about concussions and youth concussions. And most of these kids are playing football, you know, I think seventh or eighth grade, still didn't know what a concussion was.

REP. BETTS: Well, I'm not talking about the kids.

I'm talking about the attitude of the coaches who have become much more aware of the consequences of concussions.

CHRISTOPHER COYNE: Well, my thinking is that if these kids are playing football and they still don't know what a concussion was even if the coach knows what it is, he's clearly not taking that down and reviewing the protocol. I mean if they play a full season of full contact football and these kids still don't know what a concussion is, I mean you've got to think there's something going on with the coach. Of course, I didn't get the chance to speak to the coaches directly and ask if they're implementing their training, but that's my thought.

REP. BETTS: Okay. I appreciate it. Thank you very much for your testimony.

CHRISTOPHER COYNE: Thank you.

REP. URBAN: Any other, Representative Candelaria.

REP. CANDELARIA: Thank you, Madam Chair. You touched a point that actually I want to probe you a little on, you said that there's no oversight. That the oversight from the state would I guess ensure the coaches are following protocol. Can you expand a little bit upon that and why.

CHRISTOPHER COYNE: From my time playing I know that there was very little oversight from the state. So from my knowledge it was -- I played for the FCAC, it was the FCAC and the CIAC. If there was some kind of protocol in place, I never saw it. With regards to concussions, my coach never, you know, talked to us about concussions. You know, I played for one of the first loving guys ever,

and if -- if we had a concussion, went to him, you know, he'd take us out, you know, right away because he cares about us. But as far as any kind of standard of education, if there was one, it just simply wasn't enforced. And I think putting it into state law would really send a message that we mean business and this has to happen.

REP. CANDELARIA: And do you recall if your parents were informed of any training about concussions or anything like that?

CHRISTOPHER COYNE: I don't believe they were.

REP. CANDELARIA: Okay. Thank you so much.

CHRISTOPHER COYNE: Thank you very much.

REP. URBAN: Any other questions?

Seeing none, Chris, thank you so much for your testimony. We really appreciate it.

CHRISTOPHER COYNE: Thank you very much.

REP. URBAN: Don Scavone is next on our list. Dan, I'm sorry. Dan, followed by Deb Shulansky, followed by Tom Trojian.

DANIEL SCAVONE: I'd like to thank the distinguished members of this Committee for allowing me to speak today on behalf of -- I'm the President-Elect of the Connecticut Association of Athletic Directors. My name is Dan Scavone. I'm also speaking as a certified basketball official. And again I'm not going to reiterate but a lot of the points were well taken in terms of the necessity to make this type of education legislation. I'd

like to just mention that as the athletic director of Berlin High School, we have been doing a very comprehensive educational component to our parent meetings this past year.

We -- we instituted them this past fall in every season. I do have an athletic trainer talk to parents using handouts, using video about some of the signs and symptoms of concussions. We began this before the CIAC had made it a mandate to do this type of education. So there are schools out there that are doing this type of education. And again the type of presentation my trainer was able to prepare was suitable for the population in his audience.

Also as a basketball official I can tell you at every rules interpretation meeting yearly we do have signs and symptoms refreshers. And as an official on the floor, if I observe any of those signs in an athlete, I'm directed to let the coach or the athletic trainer -- notify that -- that personnel rather than making any kind of determination on a concussion or whether that student athlete should be playing. It's not my -- that's not my role.

And lastly I do have a concern about the return to play consent. I fear, and as an athletic director, I can tell you -- and there's a lot of concerned parents here today and I applaud them for speaking on behalf of the safety of their children, I -- I come across many parents who want their kids to get back on the field of play possibly before they're really prepared to. And I often have experienced parents who would go out and to find a medical doctor to write a note saying that this child can return to play. In many cases not their primary physician and in my

cases it puts my athletic trainer in a bind because he works with that athlete on a daily basis. He knows the individual. And many times it puts him in a difficult situation because he knows the athlete is not ready, yet there's a doctor's note saying he or she, excuse me, is.

And until that trainer puts the athlete through the exertional tests, checking for symptoms at rest, and is satisfied, the athlete does not play. I worry about the consent to return that some parents might do some doctor shopping.

REP. URBAN: If you'd like to summarize, that's fine.

DANIEL SCAVONE: Okay. Again, I do feel this type of education is useful. I do think the intent is certainly necessary in a way. I'm just not so sure if it needs to be put in some type of legislation, in the wording, in the language, and in the scope of magnitude of the way it's written.

REP. URBAN: And we really appreciate your input on this, and I think that we're coming to more of a meeting of the minds as to how we're going to be going forward with this and get together to be sure we get the language the way the language should be so that we're making -- we in no way want to restrict what the athletic associations are doing. That's not the point. The point is just to get this protection for the athlete into state law --

DANIEL SCAVONE: And the type of -- and the type of education we did at those parent meetings was very well received by the parents and appreciative -- appreciated by them.

REP. URBAN: That's what we want.

Are there any other, yes, Representative Candelaria.

REP. CANDELARIA: Do the educational components that you spoke about, is it mandatory for the parents to attend?

DANIEL SCAVONE: Yes, our parent meetings are mandatory for parents and student athletes to attend.

REP. CANDELARIA: And another question that I have in regards to the concern that you have with the consent form, what protocols are currently in place?

DANIEL SCAVONE: Right now and again -- again with this bill, with a lot of this bill -- a lot of this -- a lot of these functions are already taking place. Right now my trainer does require a note from a physician. Yet my trainer has the ability to say even though you have that note I'm not completely satisfied getting on the field of play. I'm worried if this goes into law, he won't have that latitude to override that note.

REP. CANDELARIA: Thank you for those answers.

REP. URBAN: Thank you for your testimony.

Next up is Deb Shulansky, followed by Tom Trojian, and Sarah Raskin. Welcome.

DEB SHULANSKY: Thank you. Good afternoon, Representative Urban, Senator Bartolomeo, Representative Betts, and the distinguished members of the Children's Committee. My name is

Deb Shulansky and I'm testifying today in favor of Raised Bill 5113, AN ACT CONCERNING YOUTH ATHLETES AND CONCUSSIONS. I am the director of community outreach and support at the Brain Injury Alliance of Connecticut, a member of the State of Connecticut TBI Advisory Board, the Connecticut Concussion Task Force, and the Connecticut State Team for Community of Practice for Prevention of TBI.

I'm just wondering, can I assume that you have a copy of my testimony in front of you? Okay. Much of what I'm going to say has already been said, so I'm going to go off script. I am also the mother of high school athletes who have sustained several concussions. And one of my daughters had Post-Concussion Syndrome and was on medical leave for three months during her sophomore year of high school. So as someone who works in my job at BIAC in order to increase awareness and understanding of concussions, I absolutely understand the requirement and the need for concussion education.

As a parent I want to tell you what my experience was. My daughter, Caroline, was playing travel soccer, she was the goalie, and she sustained a concussion unknown to me. She went down twice, hit her chin, and it was in the course of a tournament. And her coach, her soccer coach in travel soccer, without any requirement whatsoever came to me and to Caroline and said you're not playing in the final game, even though it was a tournament game, she was the best goalie, and they were expected to win. Caroline said I feel fine, the coach said I don't like the way you look, you're pulled. Okay. That's someone who wasn't mandated.

Fast forward a couple of years. Caroline is a sophomore in high school, now she is in a private high school. She's playing basketball, she now understands concussions. Very similar to how Luke Foreman was testifying and explaining his situation. So Caroline was out on the basketball court and she and another child collided. No hit to the head, but she was pushed up against the wall. She went down, I'm in the audience watching on the bleachers. I knew I had a problem on my hands. I watched, she sat there, she didn't get up. She finally did get up a few minutes later, went out, and there were a few minutes left in the game, and she got some water and she sat there. And her coach came over and said, ready to go back in, and she said no, I'm not going back in.

To summarize, I think that it's great that there are some mandates that are taking place right now. But I absolutely believe legislation is required. You need to have informed consent on the part of parents. They need to be able to look back at something that is on a piece of paper that says these are the signs and the symptoms. And the athlete needs to know. Because my daughter understood why she shouldn't go back in when her coach wanted her too. Thank you.

REP. URBAN: Thank you for your testimony.

Are there any questions?

I would just -- I think what I'm hearing from you is that if we take what we have heard at this hearing, and we work with our athletic associations, and we get the language right, that this actually should be the policy of the State

of Connecticut?

DEB SHULANSKY: Absolutely.

REP. URBAN: That that's what we're talking about here when we're talking about making it into legislation.

DEB SHULANSKY: And that's both -- both as someone who works in brain injury on a daily basis and more importantly as a parent.

REP. URBAN: Thank you. We really appreciate your testimony.

DEB SHULANSKY: Thank you.

REP. URBAN: Up next is Tom and I messed up your name, I know I did.

DR. THOMAS TROJIAN: No worries, Thomas Trojian.

REP. URBAN: So I didn't. Okay. Welcome. You'll be followed Sarah Raskin.

DR. THOMAS TROJIAN: Hi. My name is Thomas Trojian, I'm a physician and I'm speaking for the Connecticut State Medical Society, Senator Bartolomeo -- HB5113

A VOICE: How are you?

DR. THOMAS TROJIAN: -- and Representative Urban and the rest of the Committee on Children. Thank you for letting us testify. You have my testimony. And most of the points that we're going to make have already been made. We are supportive of this idea of concussion legislation and moving forward, but there are many features within the

statute that we have concerns about, and those are laid out in the testimony. We find that words like head injuries may get confusing. There's also wording in here about symptoms at least 24 hours, and that would -- if you read the law that someone with a migraine headache would be excluded from -- from the participation because there's an and in there, they need clearance from a physician and symptoms.

Full contact 90 minutes of basketball practice would fit under your full contact. And it would limit to basketball practice being only 90 minutes. There are youth participation of private institutions and private schools that aren't included that should be included in this. If their -- if her child went to a CIAC school that probably wouldn't have happened, but -- but going to a private school, they're not included. There's, you know, many difficulties with the youth legislation but we fully support expanding the law into youth. And I've done studies looking at do coaches in Connecticut respond to the law? They feel that it should be expanded to youth, both the football coaches and the soccer, and we've published those studies.

We've also published a study looking at the effects of the PA-1062 on emergency room visits. And we saw that youth visits did not go up -- spike after the law, they go on their normal trend. But high school levels of concussion visits to the emergency rooms jumped right after our law. So I think the law is effective, but we need to work on it. Then finally the injury surveillance, the way it's written in the law currently we are going to get poor data back and we don't want bad information back from the schools. And it doesn't include just sports but

all concussions. And we are working with the CIAC on the pilot study out of PA-13234, section 152, which asks for surveillance of high schools. And we've been starting to do that, we have 25 schools. And we would appreciate funding for that to move forward.

But if we're going to get correct data, we need to fund -- we need to have athletic trainers in every school and we need to have every school have school nurses to protect the health and safety of our children in the State of Connecticut. I think there's a lot of things forward that are great in this bill that we can move forward as a group and we'd love to help you model this bill so that we could get to the youth of Connecticut and help youth sports develop. And I think the expansion of the law isn't a bad thing, I think we need to work on the wording. As it's currently written, we can't support it, but we support the idea fully. Thank you.

REP. URBAN: Thank you for your testimony. I think that that's the direction that we will be moving in and getting that language right.

DR. THOMAS TROJIAN: You know, the one thing that I did while I have a few seconds, the 90 minutes I think really needs to be hashed out because of that. You know, I think it applies to just football, and if you look at Alabama, it's 90 minutes (inaudible) full contact practice. We need to define what exactly we're doing. There is a study by (inaudible) that had children, youth sports, not practice in one group and the other group practiced fully, and the number of head contacts jumped 150 percent in games for the teams that did not practice.

So practice has some affect, but we need to limit the amount of head trauma. And we have to be careful and be cautious on how we prescribe that. I think the CIAC at the high school level has the right formula because I have done work on that and so I have to say that that's why I think it works that well.

REP. URBAN: So you're good with the 60-90-120?

DR. THOMAS TROJIAN: And the CIAC had parent education and South Windsor High School has done it for a long time, but it wasn't mandated. And now we've, you know, we've come to realize -- I think the CIAC has come to realize that they have to mandate it. It's always been there and available to them and they have mandated the schools, but it's always been available since 2010.

REP. URBAN: So I can -- I can take away from this that you are in support of the 60-90-120 that CIAC --

DR. THOMAS TROJIAN: I think it's a start. I mean I don't -- I think the -- the difficulty of it being in law is that what if we find out that the number of neck injuries, the number of game concussions go up because the practices are off? I think there needs to be some flexibility, I think best practice. Once it's -- if we go 90 minutes straight across in law, then it's going to be hard if we find out that it shouldn't be 90 minutes, to adjust.

I do think that we should be looking at best practice. I think that youth sports -- just putting into law that all youth organizations or all sports organizations should have concussion education for parents and for their players and

coaches, that in and of itself and then let the organizations work forward is -- is probably, you know, a huge step forward from what we have already. And we already have a great -- for high school, we need more for youth.

REP. URBAN: Right. Thank you.

Any questions?

Seeing none, thank you for your testimony.

DR. THOMAS TROJIAN: Great. Thank you.

REP. URBAN: We have Sarah Raskin next followed by Pippa Ader, Ann Sherwood, and Diana Coyne, I think are coming up as a group. Welcome, Sarah.

DR. SARAH RASKIN: Thank you. Good afternoon, Representative Urban, Senator Bartolomeo, Representative Betts, and Senator Linares, and distinguished members of the Children's Committee. My name is Sarah Raskin, I'm from West Hartford, Connecticut, and I'm here to testify in support of H.B. 5113. By profession I am a Neuropsychologist and a Professor of Psychology and Neuroscience at Trinity College. I am also on the -- member of the Board of Directors of the Brain Injury Alliance of Connecticut. My work involves the assessment and treatment of people who have had brain injuries including concussions. I've published several papers in the area and a volume on the treatment of mild brain injuries.

The point that I want to make for you all today is that we know so little about the effects of concussion on the brain at this time. We don't yet understand why so many people recover

completely and yet some struggle with debilitating symptoms for years. We don't yet know how to accurately diagnose who will be the ones that will have those problems. We know even less about how to treat them. Most treatments simply involve asking the person to give up activities that are necessary to their daily lives and that bring them enjoyment. When it comes to our children, we ask them to miss school which can impact their academic progress for the rest of their lives. For this reason the only real answer at this time is prevention. Rather than wait for a brain injury to happen, we need to do everything we can to protect our children.

I certainly understand the benefits that come from playing sports, physical, social, and cognitive benefits. In fact, I'm the parent of two young athletes. Interestingly, my son was a baseball pitcher and had a pitch count so he could only pitch a certain number of pitches in order to protect his shoulder. I have the absolute full faith that we can do as much to protect brains as we can do to protect shoulders in our athletes.

And none of what -- the benefits that come from athletics to our children right now can possibly outweigh the lifelong struggle of deficits brought on by brain damage. These deficits include physical problems, headache, dizziness, fatigue, emotional problems like depression, trouble sleeping, trouble eating, and cognitive problems that include trouble learning and remembering, trouble paying attention, trouble thinking and problem solving, changes in your personality that go to the very core of who you are as a human being.

It's even worse among children who are still developing these skills because if their development is interrupted even for a few months, the affects can be lifelong. Their brains are still developing and the physical development of the brain can be impacted. So in sum, I just want to urge you to support this bill. I like the components that are in it, and I'd like you to think about when you think about the cost, you know, it's a problem for the coaches or it's a trouble to implement or their might be litigation issues, I want you to weigh that against a child's brain being permanently changed. Thank you.

REP. URBAN: Do we have any questions, comments?

Seeing none, thank you very much for your testimony.

We will be having Pippa Ader, Ann Sherwood, and Diana Coyne coming up as a group. And after that we will have Sherri Hopkins.

DIANA COYNE: Good afternoon or is it good evening, I'm not quite sure.

REP. URBAN: We already heard --

DIANA COYNE: I have to say I'm going to throw away my whole testimony because everyone has spoken what I was going to say and I don't want to waste anyone's time at this hour. But there are a couple of points that I would like to make. First I just want to applaud CIAC and thank them for really stepping up and implementing some of these items that are so important to the safety our children, but I also want to clarify that nothing is being implemented right now. And I

had an email exchange with Karissa Niehoff within the last couple of weeks asking for more specifics about the plan because there's a lot of vagueness to it which really concerns us. It will make the difference between an effective plan and no plan whatsoever. She said that it will be going to a vote at some point soon, and after that point we'll have more specifics of the plan.

But we are concerned especially with the vagueness about the education and the practice limits. Moving on to the practice limits, the 90 minutes is something that we all need to really work on. Initially in the bill our -- our intent was to have it sport-specific to football for a lot of reasons, there's a lot of precedent and a lot of science there. Not to say that we don't need limits on other high-risk sports like lacrosse and ice -- ice hockey, but I think it's easiest to start with something that everyone is already doing.

Having said that, I do think we need to work with the coaches, we need to work with the kids. I think that if we don't define it and be very specific, like my son said, coaches will find a way to get around it. Because many coaches are -- are coaching the way they learned 30 years ago and they think more hitting is better hitting, and that's what I like about Terry O'Neil's plan. But completely aside from all of this, no matter what CIAC does, we still have a youth piece here and it's needed. We can't begin to start changing the culture of these concussions which so many kids view as I'm soft, I'm weak, I'm an embarrassment, it's just a game, unless we can start working with the youngest kids and changing the culture. Thank you.

HB5113

PIPPA ADER: Hi. I too am going to wing it. Good evening, good afternoon, distinguished members of the Children's Committee. For the record, I'm Pippa Bell Ader from Westport, and the Parents Concussion Coalition. I'm going to read a little bit and then talk. I'm in support of this act. To begin with I would like to start with a brief review of how we got here starting with Zachary Lystedt, who was mentioned once. In 2006 Zachary was a Washington State Middle School football player who hit his head during a football game, then he was evaluated by the coach and returned to the field, and toward the end of the game he hit his head again, and came off the field with a massive headache, and collapsed. You know the rest. He subsequently underwent multiple brain surgeries and he's now permanently disabled.

I bring this up because not only, well, the big thing that happened was his parents sued the school system because it was not following current standards of care. And I believe that's where we are at and I think that's a very important issue that we need to be considering. The rest you know about. There was a law that was developed, Connecticut followed two of the components of the Zachary Lystedt Law, the third one is missing, the parent and athlete education and the informed consent. I also want to mention that this is the third time we've tried to update this law. So if anybody says anything about a task force, my personal opinion is we have enough science and precedent from other states to go ahead.

How I got involved was because my son sustained a concussion while playing touch football at recess when he was ten, back in 2007. This was the

Stone Age compared to what we know now. He spent a lot of time in the nurse's office with concussion symptoms after his injury because we didn't know that he should be resting. And then when we did finally figure out, we had a little resistance from the school system about resting. So four months after his concussion, Nicho, who was an above average student tested with an IQ of 75 and had significant cognitive and processing deficits, and he still does now.

So obviously I feel that had I known as a parent and if Nicho had known as an athlete the symptoms, we would have pulled him out and put him on bed rest immediately. He was not involved in organized sports in school because he was not a member of CIAC, he was ten years old. So I am a little confused about the concept about CIAC covering K through 12. Because in Westport as far as I know, it's only high school students who do interscholastic sports, we don't have intramurals. So I think Nicho might have gotten an informed consent -- not an informed, an information sheet from youth soccer which he was doing at the time and that would have educated us. But we wouldn't have gotten anything from CIAC.

Just in conclusion, I do want to mention something that was mentioned by Karen Laugel I believe that we do strongly support the concept that collision and contact sports be reviewed annually and that best practices be implemented with a goal to decrease exposure to brain injuries. This is -- we feel this would protect students more -- sorry, all youth, not just students. I'm nervous. Thank you. Thank you very much.

SENATOR BARTOLOMEO: Ladies, thank you very much for testifying. Don't leave yet. Thank you for being here and being part of the press conference and all of that and to really being a driving force behind bringing this issue to us. And I'll let Diana speak more to that. I just want to clarifying, so Pippa when you mentioned the CIAC and the youth sports, when I was asking those questions, the gentleman I was asking them to was speaking about CIAC but also represented the Connecticut Coaching Education Program. So that's where the under high school age and, you know.

PIPPA ADER: We don't know of anything.

DIANA COYNE: That's news to me. I don't believe -- none of my knowledge suggests that CIAC has any regulations for the youth leagues. I have four kids that --

SENATOR BARTOLOMEO: I believe and we're going to follow up on clarifying with him because if you're confused and we're not explaining it, we'll follow up. But it wasn't that organization, he represents two. So the other organization, the Connecticut Coaching Education Program, I believe. So we'll clarify.

A VOICE: We were confused.

REP. URBAN: You know, I think just because you guys have worked so incredibly hard on this and you have been an amazing source of information and research, I think one of the things that we're looking at right now is do we have a necessity of putting this into state statute. And I'd just like a little feedback from either one of you on that -- on that issue.

DIANA COYNE: I -- I feel strongly that if they're going to do everything anyway, what's the big deal. But I -- I do believe that it's taken much more seriously if you have it in state statute. It -- it will happen. And we originally started on the local level. We had a superintendent that was incredibly supportive. And we struggled every step of the way to make sure it was implemented across the department, every season. And everyone kept telling us the minute it's mandated by state law, we will focus on this and it will be done.

PIPPA ADER: And we really need youth sports covered. And CIAC can do all they want, but they're not going to cover little league and PAL and all that stuff.

DIANA COYNE: And I do think it's important to keep it somewhat non-prescriptive, for instance. I think we all view the education as being -- telling them those five items that they must address, the content of the education. But what we're really hoping for is then a CIAC would step up and say this is the best practice. And the best practice could be we want it in person, we want BIAC if you have it there answering questions, but we also have a minimum standard. And the minimum standard would be handing out an information sheet. And do I think that's effective education? No, but that would be a minimum and a -- and a step forward in my mind.

REP. URBAN: Yeah, I think we're starting -- that's starting to gel in everybody's mind how we can do that. I really do.

DIANA COYNE: But I think CIAC has a very big role

that they could play if they want to developing the minimum standards, developing the best practices. And we're -- we're touching on maybe five things here, but there are a lot of other things that really someone needs to step up and look out for these kids. And one of them are some of the rule changes that have already been made. The NFL made the kick-off that you heard Dr. Cantu, and immediately in one year they had a 40 percent reduction in injury. And that's -- that's, you know, that's a no-brainer in my mind.

PIPPA ADER: And looking to the best practices and really looking at the sports and figuring out what's working and why we should implement it at the younger levels. If it's being done at the professional level, why aren't we doing it at the younger level?

DIANA COYNE: And also the other big thing that I would love CIAC to take a stance on and get more involved in the training and the education and the oversight is officiating. Officiating in football is a major problem. And I've talked to officials, I've talked to parents of kids who have major injuries, and a lot of calls -- a lot of calls that should be made are not.

And I'm a U.S.A. swim official, I know how difficult it is to be an official. You're -- you're under the gun, you see something and you say to yourself, oh, my God, did I just see that? It's very difficult, but there's a lot of calls that should be made that are not being made. And I wish Dr. Cantu had an opportunity to talk about that. He talks a lot about that in high school, a lot of late calls, a lot of (inaudible). And that's something that I think with a little bit of training and a little bit of implementation of

we're going to look at videos every once in a while and, you know, maybe get some more mentoring on the officials.

REP. URBAN: Thank you so much for your -- all your work.

DIANA COYNE: Thank you for everything --

REP. URBAN: You've been amazing. Thank you.

Next up is Sherri Hopkins, followed by Brian Fell, followed by Lorenza Marshall. Sherri? So we have lost Sherri.

Is Brian here?

Lorenzo? Welcome.

LORENZO MARSHALL: First -- first off I would like to commend you all on your perseverance today, Senator Bartolomeo, Representative Urban, and members of the Children's Committee. For the record, my name is Lorenzo Marshall, I am a staff member of the Middlesex County Substance Abuse Action Council or MCSAAC, M - C - S - A - A - C. I come before you today on behalf of the 11 public school superintendents of Middlesex County. The superintendents are very concerned about the thousands of youth in our county who presently have easy, legal access to nicotine through electronic cigarettes. As I brought one today here for those that aren't familiar with the product.

All 11 superintendents have affixed their names to this testimony. We are strongly in favor of Senate Bill 24, AN ACT CONCERNING THE GOVERNOR'S RECOMMENDATIONS REGARDING ELECTRONIC NICOTINE

getting that to Liz, that would be great so that we don't -- we try not to quote statistics when we're on the floor lobbying an issue or a bill unless we have a source for them. Thank you very much.

INGRID GILLESPIE: Thank you.

REP. URBAN: Thank you for your testimony.

And next is John Cattelan. Welcome, John.

JOHN CATTELAN: Senator Bartolomeo, Representative Urban, and I guess there's no members left. Thank you for the opportunity to testify today. My name is John Cattelan, I'm here today on behalf of the Connecticut Alliance of YMCAs. The Alliance represents 22 YMCAs across the State of Connecticut. I'm here today to address three bills.

SB204

The Alliance strongly supports Senate Bill 48, AN ACT CONCERNING NUTRITION STANDARDS FOR CHILD CARE SETTINGS. The Connecticut Alliance of YMCAs is keenly aware of the staggering rates of childhood obesity rates in Connecticut. We understand the need to develop more comprehensive anti-obesity strategies that go beyond simply imposing a ban on certain beverages. This is a start in the right direction.

The Alliance has concerns regarding House Bill 5113, AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS. We do not object to the distribution of educational materials to volunteer coaches, referees, and parents as long as they are easily accessible. We also support the removal of youth athletes from a practice or game if they receive significant contact to the

head area. We do have concerns requiring volunteer coaches and referees to attend a training course. We believe the review of educational materials should suffice.

We strongly oppose legislative language that allows the Attorney General to bring civil action in the Superior Court against an operator or coach. Our youth sports programs already have a difficult time in recruiting volunteers to coach and referee. We feel this would only exasperate this problem. We are obviously concerned about the possibility of litigation.

We also have concerns regarding Senate Bill 204, AN ACT CONCERNING CAMPERS' EDUCATION. Our YMCA camp handbook, parent handbook, and staff manual already contain information regarding ticks, Lyme Disease, injury, and abuse. All camp parents are required to sign a document confirming that they have reviewed all the information before their child is allowed to attend camp. We strongly support background checks of all our staff and volunteers, and that is currently our practice. However, the language in section 4 of the proposed bill would now require fingerprinting. First of all, the fingerprinting of staff and volunteers is a very expensive proposition.

Secondly, the timing to conduct fingerprinting of staff is unattainable. Our camp staff returns from college or university at the end of May and they are interviewed the first two weeks of June. If they are hired, they begin work immediately. Sometimes it takes up to three months for an employee to clear this type of background check. Be happy to answer any questions.

REP. URBAN: Thank you for your testimony.

Are there any questions?

Seeing none, thank you.

JOHN CATTELAN: Thank you.

REP. URBAN: John Bailey? I believe John had to leave.

David Johnson?

A VOICE: (Inaudible.)

REP. URBAN: Joe, please come up. David, thank you for that.

JOE TONELLI: If you would like, in the interest of time, I have --

REP. URBAN: Sure. Bring it.

JOE TONELLI: -- a state rule interpreter in baseball, a state rule interpreter in football, and a state rule interpreter in --

REP. URBAN: Excellent. Bring them -- bring them all up. Let's go for it. When you speak, just say your name for the record so we know.

JOE TONELLI: That means we get three times four. No, I need a note from you because it's my wife's birthday tonight. So I'm in big-time trouble regardless. My name is Joe Tonelli, I'm a former coach, athletic director at Notre Dame High School in West Haven for 40 years. And I certainly could attest to the fact that Martin Looney was an honor student at that school. HB5113

One of my roles is that I oversee the CIAC Officials' Association, and there's approximately 4,000 individual officials. Not enough, but there's 4,000. We do have concerns about the bill as drafted. Everybody connected with sports is really concerned about concussion. I'm going to kind of deviate from all of the things that were said, but I -- I do think that specifically relative to the officials, mandating additional requirements for referees who are independent contractors and increasing the liability exposure for these individuals whether it's at the high school level or at the youth level is going to have a negative impact.

Officiating is not an easy thing to do. And I'm sitting here and I'm thinking that officials are like Legislators because every time they make a call, 50 percent of the people are upset, you know. So it's not an easy job and they have duties and responsibilities that are difficult. It's difficult for us because games on the high school level are played in the afternoon. To recruit new officials and -- and I'm really concerned about some of the things the gentleman from the YMCA said about the liability and responsibilities to the Attorney General. And I do think that it's going to scare some people away.

We're talking about adding liability when some of our neighboring states give immunity to officials and state associations and so forth that are in that business, protecting them against lawsuits. I think the most important thing is to understand the role of the official. And I was here all day and I heard some outstanding speakers. And even Dr. Cantu who was probably up here for a half hour, he never mentioned the officials once. I

don't think officials were mentioned more than two or three times. Everybody said we need education for the coaches -- the coaches, the athletes, and the parents.

And I started to think that was the officials an afterthought? You know, and I really honestly believe you ought to think -- rethink that piece because it's -- it's tough getting officials. And I honestly believe that will be a deterrent. Just to summarize, the national federation regulations tried very carefully not to put the officials in the middle of having to diagnose. Their role out there is -- is really to make sure the game is officiated fairly and impartially.

And also their role is in the -- if they observe anybody with signs and symptoms of a concussion, they refer them to those people in their charge. And they do preparation every year on the signs and symptoms, almost at every meeting they do those kinds of things. And basically they review the information about the signs and symptoms that are consistent with their duties and responsibilities. And basically their duty is to get the kid out of harm's way and deliver them to the medical experts on the sideline, or the coach, or the people in his charge. I'll stop there because we --

REP. URBAN: Thank you for your -- thank you for your testimony. I figure what we'll do is hear from everyone and then see if there are any questions.

RAYMOND FAUSTICH: Good afternoon or good evening, Representative Urban, Senator Bartolomeo, and other distinguished members of the commission. For the record, I am Raymond Faustich, I live in Seymour, Connecticut, and I represent over 900

baseball umpires throughout the state. I am here to testify on H.B. 5113, AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS. I was a teacher, a coach, and athletic director in Connecticut for over 34 years. Joe didn't want me to say this, but I've been umpiring over 50 years. I did start when I was three years old.

Some of the issues here I think that relate to official -- sports officials and more specifically umpires, I believe that a new course in athletic concussion prevention, occurrence, et cetera, is important and probably an integral part, but I believe we've already been doing all of this for the last five years. I was also a member of the National Rules Committee in baseball and for eight years, and a chair of that committee for four years. And back 15 years ago, we started to investigate this very issue. It never got to our rule book until about five years ago, but it is now a part of our rule book.

In fact, one page dedicates itself to concussion symptoms. And all of our umpires have to have a rule book and they have to read that page, it's brought to their attention. In addition, we have safety standards which are included in all of our rules interpretation meetings. In fact, I'm supposed to be there in about an hour, back in Fairfield, back in Trumbull, and supposed to address 170 umpires with that very issue, but I have somebody doing that for me this evening.

We also have a video, *Concussion in Sports*, that is required of all umpires and we have concussion protocol cards, if you'd like to see one of those that are distributed annually to each one of our umpires. We clearly understand that through cooperation of coaches, game officials, and

administrators we can provide a safer -- a safe play environment for our student athletes. But requiring additional hours of coursework for umpires is redundant and unnecessary, we believe. We hope you understand that we have already taken this issue seriously and will continue to do so. Thank you for continued concern in the safety of our student athletes and allowing us to participate in this discussion.

JOE TONELLI: Jeff -- Jeff Smith is the state basketball interpreter and he just did a division one game in North Carolina and he can hardly keep his eyes open. He flew in here. He did not prepare any testimony, but I know he has a couple of comments and then we'll turn it over to Bill Riccio.

JEFFREY SMITH: Well, thank you for the opportunity. And as Joe said, my name is Jeffrey Smith, State Rules Interpreter for Basketball Officials, and I represent about 1,000 basketball officials in the State of Connecticut. Every year we have a mandatory fall rules interpretation meeting somewhere in the country, depending where our incoming president is coming from. But during that meeting we do cover signs, symptoms, and behaviors consistent with concussions. And the individual that gives us this interactive lecture is Alan Goldberger. And I know he's in some of those information packets. He's an attorney, an official, and very knowledgeable on the subject.

And we bring these to our officials every year at our interpretation meetings in addition to every meeting throughout the season. And we ask them to always observe players consistently whether it's concussions or regular injuries. Any questions?

JOE TONELLI: We'll get Billy -- Bill happens -- he was on the national rules committee and he did such a good job that they had -- plus he's a newspaper editor. So he's a good writer, and they needed somebody on the rules writing committee, so he has extended his term for four more years, and he's our state interpreter in football. Bill Riccio.

WILLIAM RICCIO: I just want to say that -- and reiterate what -- what most of these people have already said today as far as -- as far as the law is concerned. We're all working towards making -- making our games safer. What -- what we have -- what we have concerns with as far as -- as far as officiating is considered in section 5 of the law which we believe opens up an exposure to liability. All of us have seen commercials on TV about 1-800-BAD-DRUG, well, we don't want to see 1-800-HARD-HIT and -- and have -- and have somebody -- and have somebody put the officials in this position where they're going to be litigated.

And -- and if you -- I sat on the national federation committee for the last eight years. One of the -- one of the things we do is we talk about the first two hours of every meeting, the last seven years has been -- has been about concussions and about head trauma. And they are the ones that came up with -- with the -- the idea that they wanted to keep the officials out of the loop as much as possible. So they -- so their legal teams in conjunction with the national federation of sports medicine committee decided that we would -- we would no longer become diagnosticians, we would just see signs and symptoms and get them off the field.

And once they're past the sideline, we -- we just leave it up to the medical -- medical people. I'm afraid that with the way the law is -- is written now, we may be put in just the opposite position where we would be part of the litigation and made part of the -- part of the process whereas that's just the opposite of what the -- the SMAC committee of the national federal and the rules that they've written over the last five years have -- have tried to do.

JOE TONELLI: There was a question, I don't know if the young lady that asked it is still here, but she was asking about the rules. And there is a -- there is a significant process, a comprehensive process relative to the rules, national federal rules which all the -- which certainly Connecticut and most of the states in the country follow national federal rules. There is a survey that goes out to all officials, coaches in the country, and state associations, and administrators filling out surveys on the rules every year.

Then there's a rules committee that Bill sits on where they're -- all the states are represented -- the sections of the states. Then when they come up with a -- with a process which also involves sending information to us to -- for possible suggestions on rule changes, then they added another step. Normally when the rules committee makes a rule, it would be done there. Now it goes to the national federation injury surveillance committee, their sports medicine committee, before it then gets approved by the board of directors. So they -- they certainly do have the best interests of kids at heart.

And what we're fortunate that we have a national federation and people like these folks that will serve on these committees. But if I can make an editorial comment, I honestly believe that we're not ready for the Legislature to start making laws that state associations can control. I think once it happens, then like some other states when we go to national meetings, they envy the fact that the Legislator -- legislation has -- has respected the CIAC. Today all of us running out us, we have a board meeting going on.

On that board is principals and superintendents and a rep from the board of education, a rep from sports medicine who happens to be Dr. Trojian that spoke here, a rep from the trainer's association. And everybody really works hard to make regulations that are in the best interest -- and if they're not in the best interest, we don't have a whole lot of red tape that you have to go through to change it and do the right thing.

So I honestly believe that -- that any message is be positive before you want to jump in and make some regulations, because I think it will just start it going that way and I don't know if you want to regulate high school athletics in this state when they've got -- when we have so many volunteers and people that are willing to do it, and I think we do it pretty well.

REP. URBAN: I absolutely appreciate your testimony, all of you. Thank you so much. And I think one of the things that we've been looking at, at least my co-chair and myself, is that this already is in statute. So what we're trying to say is if CIAC is going to move in the direction that we are -- would like to move in ourselves, we would like it to be reflected in the statute.

So that's why we talk so completely about getting the language right, and working together so that we get it right. And we are, believe me, we are listening to you about the referees and about the amount of training that they already get and what is the proper perspective on the referees. We're listening.

JOE TONELLI: They are the best people to educate themselves. We -- we -- because they're part of our team now, they're a team of their own, they're independent contractors. But we decided it would be in the best interest of high school athletics to form an association where all of the -- all of their members join our association. And now we have a representative on every single committee of the officials. We also have an advisory board where every sport is represented so we can get best practices and share that.

Then at the end of the year we have every single board in the state, which is over 50, come into a meeting and we have people sharing best practices. They do it pretty well. But, you know, all of those associations are not LLCs, they're not, you know, 501(c)3s, and they don't charge the members, you know, $500 a year to join, and they don't certainly make a lot of money officiating. But I think that -- put it in the law and bring them into it, you're going to scare a bunch of people away.

REP. URBAN: Believe me, we have been -- we've been listening. We have been listening.

JOE TONELLI: Sorry to take up so much of your time. Can I have a note for my wife?

REP. URBAN: No, our charge --

SENATOR BARTOLOMEO: Only if you go right now. We have to know --

REP. URBAN: -- you don't get any note. No note.

JOE TONELLI: She made the mistake of saying, yes, 46 years ago.

A VOICE: We're looking for that card that you offered at some point. Do you have one on you or do you want to --

A VOICE: And I submitted my testimony to you.

REP. URBAN: Representative Betts.

REP. BETTS: Yes, your wife asked me to ask you a hundred questions. But on a -- on a serious note, at least from my perspective I had not fully appreciated how entangled you'd become in this process. I am very concerned about, as I said with the other speakers, I'm extremely concerned about the litigation exposure to everybody in this. And whether I like it or I don't, we're in a litigious society. And I think it's grossly unfair, I think it's going to occur, and I think it's going to be a nightmare. And I feel terrible for anybody who has to go through it.

But I guess the -- the thing I want to try and be really clear that we all understand it, that there is not an expectation for you to be making any kind of diagnosis or paraprofessional opinion about somebody's condition if they hit their head on the floor or they incur some injury. Your role is to just simply take a timeout and inform the coach or the medical staff that somebody --

needs to be attended to, is that correct?

WILLIAM RICCIO: We've been -- we've been told, and this comes right down from the national federation, our word is supposed to be evaluate. So if we send a kid off, what we say to the coach or the trainer is, coach, take a look at number 54 and evaluate him. We don't offer no -- and we tell our -- we tell our officials don't offer any opinions because once you do that, you become a diagnostician. Don't say I think he might have or she might have, just evaluate.

And once it's -- once the -- the player is off the field, in football they have to stay out for one play. If they come back two plays later, they've been evaluated and that's -- that's all we can do and -- and that's all our -- our expertise is. And we're just afraid that if -- if this gets -- gets codified in law, there's going to be some problem where -- where what becomes a part of a rule is now going to become part of law and it's going to become part of litigation.

JOE TONELLI: When all this started to -- to answer your question, the federation came out with some -- I don't know why I still have it, this is from 2010-2011. Because it used to be the officials if they saw somebody unconscious, then, you know, that person had to be removed. But now there's a greater emphasis on being observant for signs and symptoms because you don't have to be unconscious to get a concussion. And the language they put in, they said the revised language does not create a duty that officials are expected to perform a medical diagnosis.

The change in the rule simply calls for the

officials to be cognizant of athletes who display signs, symptoms, or behaviors of a concussion from the list below. And, you know, call time, remove them from play, and then at that point the official's job is done. You know, they don't -- because, you know, the opposite could happen. You know, a little knowledge sometimes is dangerous -- the officials out there in the striped shirt, you know, saying, oh, this kid has got a concussion, you know, they have no education or authority.

REP. BETTS: So are you looking to be removed from the bill altogether?

JOE TONELLI: Correct.

REP. BETTS: Okay. Thank you very much.

REP. URBAN: Thank you for your testimony.

Next on our list is Katherine Snedaker. Is Katherine here? Welcome, Katherine.

KATHERINE SNEDAKER: Thank you. Let me just pull up my --

REP. URBAN: Are you here with Natalie by any chance?

KATHERINE SNEDAKER: Natalie had to go, but she submitted her testimony.

REP. URBAN: I was going to say if you were together.

KATHERINE SNEDAKER: I guess you could say good evening. My name is Katherine Price Snedaker, I live in Norwalk, Connecticut, and I'm speaking as a parent. I'm also speaking as a master's in social work for my two organizations which are

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Pink Concussions, which is an organization which focuses on female concussions, and SportsCAPP, a youth sports concussion education organization. I'm here to testify in support of the bill in three different ways. I'm here to testify as a parent, as a professional who's been doing concussion education, and as a coach.

I also have given in my testimony three websites that I'd love for you all to check out. In nine minutes, it's one website that talks about why I believe that concussion education should be mandatory. The second website is a four minute video that I use to show parents, athletes, and coaches on concussion education. And the third is a concussion education app which is free. If we could get every parent and every coach to download this free app on their phone, a lot of these issues would be taken care of right away.

I am personally have -- based on my concussion history, I was accepted into the BU CTE Legacy Study. On my death, my brain will be studied for CTE. As a mother I watched my two sons lives affected by 12 concussions. Despite having three sons in daily year-around sports, the only concussion education I ever had was reading an article in *U.S. Lacrosse* magazine. Yet that one article motivated me to take the correct steps to have my sons checked by a doctor. And I'll skip ahead of his ten concussion stories.

As a youth couch for boys lacrosse and girls soccer for five years, I didn't see any head injuries. But after concussion education and with the free app that I talked about, it's designed by Jerry Joy, and in one year alone, I pulled five youth players from lacrosse and soccer games, those I was coaching and those as a

parent assessed they needed to sit it out and see a doctor. All five players I pulled were later diagnosed by their MDs with concussions. I'm convinced sideline concussion education works.

As an expert in mental health in the concussion field, I've attended the NFL's Concussion Health and Safety Meetings and have spoke with Roger Goodell and the CEOs of U.S. Lacrosse, U.S. Hockey, Little League, U.S.A. Cheer, and American Youth Soccer. I asked these CEOs at the NFL meeting what they were doing about youth sports education for concussions. And it is an issue that the CEOs are all clearly aware of and they're working down the ladder. I also was invited to the Institute of Medicine last February to be the representative from the United States on youth concussions and their families. This committee issued the IOM report.

From this I've been able to see from a national perspective. I truly believe concussion education needs to be expanded across to parents, students, and athletes. Concussion education must be expanded vertically down to high school sports to youth sports and communication must be done between school nurses, athletic trainers, parents, and medical providers and data must be collected. We must collect data about the entire athlete. You can't just collect head injuries because what if we have seven head injuries and it turns out five of those had twisted ankles along with them. That may be an issue of the field conditions.

So we really need to look at our athletes and there's a way to do that that we can use free tools that are existing. None of this stuff costs any money because the CDC has great coaches

training, the flyers are already written, and the ability to collect data is also a smartphone app. So thank you for letting me testify today.

REP. URBAN: Thank you for your testimony.

Are there any questions?

SENATOR BARTOLOMEO: Did you -- did you submit it on -- in writing?

KATHERINE SNEDAKER: Yeah, but one piece that I didn't get to submit was just a couple of facts, a couple of -- just a survey that I just want to say really quickly.

SENATOR BARTOLOMEO: Well, actually if you could -- just a question for the record, if you would follow up with Liz, you can submit additional testimony which we will get. And if you could put down some of those apps and stuff if it's not already on your testimony, that would be fabulous. But just out of deference to the people that have been waiting for a really long time, I --

KATHERINE SNEDAKER: Okay. And this study I just wanted to but the study is in a state where they have done all of the concussion education, they just studied about how many coaches actually were -- the trickle down. What is it -- there's data now out there from the State of Washington in what concussion education can do and cannot do, and that was released this week. So I -- and it has to be mandatory.

REP. URBAN: We very definitely want that.

KATHERINE SNEDAKER: It has to be mandatory. The last

state to become -- to adopt concussion education was Mississippi. And everybody knew Mississippi hadn't done it from a national level. And it turns out Mississippi was doing it all at the interscholastic level, but they hadn't made it state law. Now that Mississippi has made is state law, now we have 50 states. So we have to from a -- from a perspective join other states in the nation and bring up that level.

REP. URBAN: Thank you. And thank you for that observation. We appreciate it.

Charlie Wund.

Andrew -- we have someone? We have Charlie. Did somebody say that he's here?

We'll go to the next one.

Andrew? Is Andrew here?

ANDREW KLOC: Yes.

REP. URBAN: Let's do Andrew and then Charlie can be next.

ANDREW KLOC: Chairpersons Bartolomeo, Urban, and distinguished members of the Committee on Children. For the record, my name is Andrew Klok, I live in Naugatuck, and I'm the owner of the Vapor Edge, electronic cigarette store in Connecticut. Vapor Edge is a vaper shop with two locations in Naugatuck and Bristol, Connecticut. During the time I've owned the business my staff and I have witnessed the benefits of tobacco harm reduction among many Connecticut residents. Many adults who have been long-time tobacco users now have the ability to choose an improved lifestyle

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Trinity College, no? Oh, okay. Sorry, it was hard to read your name.

ARLEIGHA COOK: My name is Arleigha, by the way.

REP. URBAN: Arleigha. Okay. And is the last name Cook?

ARLEIGHA COOK: Yes.

REP. URBAN: Okay.

ARLEIGHA COOK: Good evening, Representative Urban, Senator Bartolomeo, and Representative Betts, and the other members of the Children's Committee. For the record, my name is Arleigha Cook and I'm a student at Trinity College. I'm here to testify in support of Bill 5113, AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS. As a brain injury survivor I believe it is of the utmost importance to educate for the prevention of concussions. If laws had mandated education for athletes, trainers, referees, and coaches as Bill 5113 will, there's a chance I may not have Post-Concussion Syndrome today. Training and vigilance is necessary at all levels of play. As my experiences have shown, players are at a risk at the youth level, at the high school level, and at the collegiate level.

I received all of my concussions playing soccer. My first one was in eighth grade at the youth soccer level. The ball hit me directly in the face and I lost part of my vision for a few minutes. I was told by an athletic trainer that I had a mild concussion and that I should stop playing for the day. My second concussion at the high school level resulted in two days absence from school as dictated by my high school's

trainer. My third concussion, again in high school, happened the say way from getting hit in the face with the ball. I continued to play in the game and did not take any time off from school. My fourth, the last one my brain could handle, occurred my freshman year of college and resulted in Post-Concussion Syndrome and my permanent withdrawal from the game I love. I played my last game as a central midfielder for Trinity College on Saturday, October 13, 2012.

That day in October after being hit directly in the forehead I exited the field before the end of the first half with the help of a referee who was trained to look for signs of concussion. Immediately my vision was blurred, I was confused, and I had a deep headache. I was evaluated by a trainer from Trinity who said that I should sit out for the time being to see if the symptoms persisted or faded. They persisted, so I sat and watched the game and then went see Trinity's team physician who diagnosed me with a concussion

After the diagnosis my family took me home and I spent two weeks sleeping around 15 hours per day in a dark, silent room, only getting up to eat. Initially my recovery period was relatively normal and I had passed the physical and mental tests in Trinity's standard return to play procedure. Soccer season was over so I turned to my other priority, indoor track. I began to slowly train and build my strength up, but after a week into my training I began to get nauseous when I sprinted or lifted. That would turn to dizziness and eventually I wouldn't be able to stand it anymore.

Because these symptoms were so overwhelming, I

had to stop training every time it happened. I also started experiencing a strange phenomenon where I would lose control of my eyes. It was then that I saw my doctor again and I was diagnosed with Post-Concussion Syndrome. My fourth and last concussion was the only one that was handled well and with adequate instruction and support because the trainers and the referee were all highly knowledgeable about concussions.

However, because I had already had the buildup of three previous concussions, I wasn't lucky enough to heal completely. On the other hand I was lucky enough to be able miss only two weeks of the first semester of my freshman year and just barely finish on time with the help of my amazing professors.

My concussions changed my life. I now know loss of identity, loss of friends, and loss of part of my life that I will never get back. On top of that I had to deal with different forms of treatment. I went to vestibular therapy for my eyes, balance problems, and general recovery. I was also on a medication that is used to treat Parkinson's and I am now on medication for ADHD so I can focus more easily in class. I'm also on an antidepressant and was recently evaluated by a neuropsychologist to help identify cognitive deficits. I needed none of these treatments before my concussions.

So, in summary, this is why education about concussions is so important. Had my teammates, coaches, and referees known what warning signs to look for when I had any of my first three concussions, I may not have a persistent mild traumatic brain injury today. It is because of my experiences that I unreservedly support Bill

5113 and its goal to educate and spread awareness of the effects of concussions. Players and families need the support at the youth level, at the high school level, and at the college level. I'd be happy to answer any questions about what it is like to live with a brain injury and the changes I've had to deal with, whatever you may have.

REP. URBAN: Arleigha, this is -- your testimony is very powerful and very compelling. And we certainly appreciate your coming here and sharing it with us. One of the things you said was there was a referee who actually recognized that you were in trouble?

ARLEIGHA COOK: Yes, he did send me off the field at first, but after that he did not play any part in it. He asked me after the game whether or not I had a concussion and I was able to respond yes. But otherwise, he didn't know much.

REP. URBAN: Yeah, but I'm heartened that he actually recognized it, so that --

ARLEIGHA COOK: Yes, I think that was a rare case.

REP. URBAN: That gives us some perspective on how much training we want and, you know, how much informed consent we want. I think that you've given us a very complete picture of what you have -- what you have been coping with.

So we really -- are there any other questions from any other Committee members?

SENATOR BARTOLOMEO: Just a comment I guess in general, thank you very much. I'm sure it's not easy to have to talk about such personal

situations. We appreciate your being here and staying. I'm going to pose a question and if anyone here knows the answer, if you could maybe get that Liz, the CIAC whether or not they regulate college? This is kind of the first time, no, they don't. Okay.

ARLEIGHA COOK: They don't. They don't do that at the college. I had mind in Massachusetts actually then I came to Connecticut for college. It was all the schools.

SENATOR BARTOLOMEO: Your fourth one was college --

ARLEIGHA COOK: Yes, my fourth one.

SENATOR BARTOLOMEO: -- so I guess that's leading me to wonder what is in place for college as well.

ARLEIGHA COOK: It's mostly the education of the trainers and the coach. My coach had actually wanted to put me back out on the field and demanded that another trainer evaluate me again. And the trainer --

SENATOR BARTOLOMEO: You demanded, is that right?

ARLEIGHA COOK: Yes.

REP. URBAN: And how long ago was that, the fourth?

ARLEIGHA COOK: This was October 13, 2012. So I'm a year and four months into my recovery.

REP. URBAN: I wish you all the best. Thank you.

Any other questions?

Thank you very much.

victims.

In summary, Bill 203 provides key stakeholders invested in prevention, intervention, outreach, and positive outcomes with the tools that would greatly impact the well-being of the child victim in real time and not retrospectively or retroactively like my crisis hotline clients.

REP. URBAN: If you could just summarize for the Committee.

MARIA JORDAN: I am. Bill 203 also has the potential to close the crucial gaps in the safety net by engaging, empowering, and protecting children. I'm happy to take any questions.

REP. URBAN: Any questions from the Committee?

Seeing none, thank you so much for waiting and your testimony. We really appreciate it.

MARIA JORDAN: Thank you very much. I apologize for the name botching.

SENATOR BARTOLOMEO: It's okay. It happens all the time, understandably.

REP. URBAN: Candi Carroccia. Is she still here? No.

Elaine Whitney. Welcome, Elaine.

ELAINE WHITNEY: Thank you very much for -- members of the Committee, I appreciate your holding this hearing. I'm here to speak regarding the concussion legislation, Act 5113. Just wanted to highlight, I'm going to -- as many have -- much has been said that's been very productive today and just want to -- I have submitted my testimony

electronically and I will set that side. I just wanted to highlight a few key points.

First, in short I strongly support this bill but with the need for some language changes. And just to let you know, I'm speaking today as an individual but just -- in sense of my perspective in terms of my background in this area, I am a parent of three children who play contact sports, one of whom has suffered a concussion. I'm also chair of the Westport Board of Education and as you've heard from some past speakers, our district has done quite a bit proactively to help improve the management of concussions for children. And in addition, I'm an officer of the Connecticut Association of Boards of Education or CABE, so I have also worked with a number of issues at the legislative and regulatory level throughout the state. So that -- just to inform.

Basically, I just wanted to highlight, I think, first of all, this is a critical -- the prevention and management of concussions is an absolutely critical issue for Connecticut's children. And it is of the utmost importance to get it right. And really my testimony boils down to building on what the Commissioner of Public Health said at the very beginning of this hearing, the science is evolving in this area. And it's really because of the evolving nature of this that leads to the concerns I have about some of the specific measures in the bill.

And I just wanted to say I applaud the efforts of this Committee both to bring this forward, to recognize this as a critical issue as well as a number of my compatriots from Westport and throughout the state for bringing this issue forward. I think it's a critical issue, but

again I appreciate your willingness to have some meetings to talk through the specifics of the language.

Broadly what I would propose is to have -- that it is valuable to have legislative action in this area, but in terms of, you know, sending that serious message that has been discussed and to lay the broad guidelines, I look at it as parallel to a policy at the board of education level, these are the priorities, this is something on which action needs to take, here are the priorities, but to also -- and -- and to put in place minimum standards. But I think it's also critical to keep a robust role for the regulatory process, to keep it specific, I'll just quickly wrap, specific and flexible and to allow us to continue to manage with best practices in a manner where we can keep -- keep at the forefront of best practices.

REP. URBAN: Thank you for your testimony.

Do we have any questions?

Seeing none, we really appreciate your taking the time --

ELAINE WHITNEY: Thank you so much. I have some specifics things which are in my electronic testimony, so I will leave it to that.

REP. URBAN: Yeah, we have -- we have -- we will have your testimony, so thank you.

ELAINE WHITNEY: Thank you very much. I appreciate all you do.

REP. URBAN: Ed Kravitz. Welcome, Ed.

EDWARD KRAVITZ: Good evening, ladies and gentleman. Thanks for allowing me to testify on Raised Bill 5113. I graduated -- my name is Edward Kravitz, and I'm a resident of Wallingford, Connecticut. I graduated from Central Connecticut University in 1994 with a B.S. Ed. degree in physical education with a concentration in athletic training. I've been a board certified and Connecticut licensed athletic trainer since 1994.

I am the President of Athletic Trainer Solutions, LLC, ATS, a per-diem athletic trainer placement agency. ATS has a staff of 124 per-diem athletic trainers who currently provide athletic trainer coverage for more than 50 Connecticut high schools as well as middle schools, colleges, youth football, AAU basketball, USA wrestling, youth cheerleading competition, youth lacrosse, and other sporting events.

I'm also President of Innovative CEUs, LLC, ICEU, a national medical-based youth and secondary, middle school, high school, and intramural, online coaching education business. We currently have five Connecticut State Department of Education approved online courses for Connecticut middle school, intramural, and high school coaches. These courses include coaching special populations, female athlete, millennium, and injured athlete, team toughness, team building, developing team cohesion, and developing leadership training, psychological skills training for scholastic teams and athletes, sports nutrition for teenage athletes ages 13 to 18, and teen injury prevention.

We have recently completed a comprehensive concussion course authored by one of the

country's leading neurologists, Barry Jordan, and will be launching additional coaching education courses. All courses follow the best practices and teaching and have an assessment feature to show that learning -- true learning is taking place. I agree to strongly disagree with Dr. Karissa Niehoff from CAS that the CCEP, the Connecticut Coaching Education Program, module for (inaudible) concussion course is the most comprehensive in the country. Our ICEU (inaudible) sports concussion course by Barry Jordan is the most comprehensive concussion course in the United States.

The proposed bill requires that all youth coaches including park and rec, little league, AAU, et cetera, attend and complete an approved concussion course. This bill also proposes that all youth athletes over the age of seven and their parents complete an approved concussion course. Once again this will be impossible to administer, monitor, police, and will create a bureaucratic nightmare. And the proposed bill will also require that they spoke about that all parents, legal guardians, and athletes take an approved concussion course. This will be -- also be impossible to administer, monitor, and enforce.

And then the proposed bill requires all youth coaches including park and rec, little league, AAU, et cetera, to complete an approved concussion course. This bill also proposes that all youth athletes over the age of seven and their parents complete an approved concussion course. Once again this will be impossible to administer, monitor, and police and will create a bureaucratic nightmare.

Can I finish --

REP. URBAN: Yes, finish your sentence.

EDWARD KRAVITZ: In closing, I offer a simple suggestion like Rep. Betts recommended that may resolve if not all the issues and concerns the public has for concussions and cardiac arrest. Rather than pass complex, difficult to enforce laws, the public health department in conjunction with state department of education should simply require that licensed athletic trainers be present at all interscholastic athletic contests involving physical contact. And that Fred Balsama, Trish Wick, and I agree that the group of programs that are established to -- including ours to offer education that youth leagues and high school, middle school, they should be able to determine which programs meet your standard requirement.

And then finally in closing, if this bill becomes law, who's going to police, enforce, and monitor that concussion training is taken annually by these people? Because it's easy to write a bill and say let's enforce something, but who's actually going to monitor that? And in talking to Dr. Cantu, he even said it's -- Boston is having a similar problem. Thank you for your time and any questions?

REP. URBAN: Do we have any questions from the Committee?

SENATOR BARTOLOMEO: Yeah, I'm -- I'm curious, your suggestion that we require licensed athletic trainers to be present at all interscholastic athletic contests involving physical contact. I guess I'm -- I'm thinking that that might be

logistically a nightmare, and I'm not sure how that would even be possible because you have many games going on at the same time.

EDWARD KRAVITZ: Well, you could be an athletic trainer at a school and the school has many fields, most schools have one athletic trainer covering -- they're on call, they're on campus. But they could have the school nurse, an APRN, the doctor, anyone that was approved to return an athlete back to play. It could be one of the people that could monitor -- could be on the sidelines managing these injuries even all the way down to the youth level.

SENATOR BARTOLOMEO: We had a bill that we were working on last session that required a school nurse to be present at something. And anyway the challenge that we heard, which I would think would be multiplied by quite a bit in this situation, was having that person be present and paid for and, you know, all kinds of issues about that. So I guess I was just curious because I -- I'm listening to your testimony and -- and, you know, we take it seriously. But I guess I just can't imagine then how that would interface with traveling teams and multiple things going on at the same time and when there's one athletic director.

EDWARD KRAVITZ: Athletic trainer, you mean?

SENATOR BARTOLOMEO: What did you write?

EDWARD KRAVITZ: Athletic trainer.

SENATOR BARTOLOMEO: Athletic trainer. A high school would have one more?

EDWARD KRAVITZ: Usually a high school has one. Some schools, bigger schools, might have more than one.

SENATOR BARTOLOMEO: And middle schools likely would have none, right?

EDWARD KRAVITZ: Would have none. But -- but if you look back, if you take a step back, in a school where you have kids from 8:00 a.m. to 2:00 p.m. or 7:30 to 1:30, they have a school nurse. They pay for a school nurse. You have athletic events after school and some -- some places don't have any coverage. An example of finding money and funds, I believe every town or every municipality could find funds. As an example is North Haven Board of Ed last year when I had four -- four feet of snow, they found $350,000 to shovel up the snow up the routes out of nowhere. It wasn't a line item, they found the money.

If you're valuing someone's life, that girl that just testified, her health and her well-being and her years down the road, you can't put a value on protecting sports or protecting the athlete. But when you say that we're going to -- we're going to mandate that everyone take education and the referees come up and say we -- we have all this education. And the high school people said they -- they teach their people, and we're an approved (inaudible) each of their sports.

All I'm saying is if you're going to sign a law that mandates it like Rep. Betts said, the law of common sense should say that do we really need a law to mandate all this? And I'm an athletic trainer, I share my education business because I see a need for this, but I don't -- I don't necessarily think that we need a law to mandate

this. Because you're going to come back every session because someone is going to be upset with the law and you're going to have to go through the same thing over and over and over again.

REP. URBAN: Thank you for your testimony.

Suzanne Levasseur, is she here? Suzanne? Okay.

Eve Pensak.

Dorothy Bedford.

You're Eve? Okay. They just said you left. Eve, please.

Eve followed by Dorothy, yes.

EVE PENSAK: Good afternoon. I hate microphones. Good afternoon, Representatives. For the record, I'm Eve Pensak from Westport, Connecticut. I'm here to testify in support of H.B. 5113, AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS. It's important for me to start out by telling you that I have had -- I have had two encounters with brain injuries. I've experienced first-hand the horror and the uncertainty of sports injuries to the brain. And I'm here to tell you that Connecticut can and should do a better job of protecting its young athletes from permanent brain injury.

I'm the mother two athletic sons both of whom have sustained brain injuries in the last four years. I've learned first-hand that treating injuries to the brain is a mysterious, confounding, and unpredictable process. Even with MRIs and top neurosurgeons, it's difficult sometimes impossible to ascertain the extent of

an injury to the brain. The prognosis for a brain injury is usually clinical. By asking questions and observing the patient, the doctor determines a prognosis or simply says we have to wait and see. In many cases the insult to the brain cannot be treated and damage cannot be reversed.

January -- In January 2010 I received a phone call that my 14 year-old son had sustained a traumatic brain injury while skiing with friends in Stowe, Vermont. Over the next nine months he spent five days in a coma, ten days in the ICU, ten days at a rehab hospital, and missed two months of school. He also received intensive tutoring and physical therapy. He woke from his coma at a mental age of 7 and progressed slowly back to the mind of a 14 year old. While he had a full recovery, it was a terrifying experience and he is forever changed. He is now Zack 2.0. We'll never know for sure how compromised he is going forward from his brain injury, although he's doing great in life, it's just an odd kind of thing.

In addition, last fall my younger son, a varsity soccer player and honors student, sustained a moderate concussion in the first three minutes of play. He fell to the ground and because he did not report symptoms, he was kept in the game to play for 77 more minutes, headers and all. After the game he reported nausea, a headache, and extreme fatigue to the trainer and was diagnosed with a moderate concussion. He missed most of the season and became very anxious about keeping up in school.

I believe that the trainer and coaches followed current concussion protocol, and I believe he was

harmed by unclear regulations about what the criteria is for removing an athlete from a game and who is it who decides if that athlete should be evaluated and removed, the coach, the trainer, the referee, who? It was unclear to me when I asked and poked around, I'm almost done, as to what really was the criteria.

My point here is there are terrible gaps in Connecticut's concussion laws which harm children unnecessarily and sometimes permanently. And as people mentioned, we don't know -- we won't know for years to come what the long-term effects of these injuries are, some recover, some don't. We have a responsibility to protect what's most precious, our children's ability to think, feel, and experience life.

Brain injuries rob athletes of their full mental capabilities, but that outcome is often avoidable. Everybody said that. Okay. There are those who say this legislation is imperfect, that we need a task force to study the issue. And I say don't waste another minute. Fast-track this, figure out a way to do it, get something better in place as soon as possible, rework the wording and provisions while moving the legislation toward law. Do not delay. The minds of our children are at stake.

REP. URBAN: Thank you very much for your testimony. And I'm going to assume that you feel strongly that this should be in the state statutes?

EVE PENSAK: Yes, I didn't say that.

REP. URBAN: No, but you said it in the way that you presented. Okay.

Any questions?

Seeing none, thank you very much for waiting and giving us this important testimony.

Dorothy.

DOROTHY BEDFORD: Do I stay here?

REP. URBAN: Sure, that's fine.

DOROTHY BEDFORD: Hi. Good. Good evening to our distinguished, courageous, persistent, and iron-bottomed members of the Children's Committee. For the record, I'm Dorothy Bedford, from Valley Forge, Pennsylvania. I recently retired after six years on the Princeton, New Jersey, Board of Education of the Princeton Public Schools, which is one of the most concussion-forward public school districts in the nation. You have written testimony, and what I'm going to try -- that I submitted early, and what I'm going to try and do is hit highlights and then make some comments on some of the other testimony that was given earlier today.

I have been active in concussion advocacy regarding safety, education, and issues of return to learn since my daughter sustained a concussion in 2010 while playing ice hockey for the Loomis Chaffee School in Windsor. It took 14 months to resolve and endangered her academic career. During that time I pursued attendance at medical conferences and have become a -- a blogger and panelist on topics of concussion safety. I'm here to testify in support of H.B. 5113.

I was also asked to note the support of other entities who submitted written testimony so that

our public could be aware that the Gfeller Foundation of North Carolina. Matt Gfeller died on the football field in 2008. And a parent-advocate, Tom Hern, of Maryland, who's been active in play contact limits in that state. And earlier you had on your witness list, Sean Morey, he had to leave. Sean is a retired NFL player of some note, a Pro Bowler, a Super Bowl winner, and owner of some records that still stand. His Post-Concussion Syndromes overtook him and he had to leave the witness list because of the splitting headache and head home. And Dr. Candi Carroccia was called and had to leave. Dr. Carroccia is a Chiropractic Neurologist in Middletown and is successful -- is a health care professional not an M.D. but who also successfully treats concussion victims.

I assure you that your proposed bill will not kill school or youth sports but rather save them. And following Eve's testimony, time is of the essence because every day more children are brain injured somewhere in Connecticut. So what makes any one school district concussion-forward? Well, I think you've heard from Westport, and I think you've heard from Berlin, Mr. Scavone testified. In Princeton we run a nine-point set of protocols and policies, and we stay on top of new developments in this area. I enumerate some of those points in the submitted testimony. Most of those policies and procedures do not cost hard dollars and are well worth the time invested.

Let me conclude this sentence and then we'll see what other questions you might invite. It seems like many Connecticut schools need the incentive of your legislative language to follow the lead of leaders such as Berlin and Westport. Thank you.

REP. URBAN: Thank you for your testimony and also thank you for letting us know about the -- Mr. Morey who had to leave. I -- I had not gotten that information. I wished I had known, I would've gotten him up sooner so we could have heard from him.

Are there any questions from members of the Committee?

We really appreciate you taking the time to be here with us.

DOROTHY BEDFORD: You're welcome.

REP. URBAN: Maybe I could go back to that other question I keep asking is that the importance of having this in state statute.

DOROTHY BEDFORD: Thank you for asking. It's one point I didn't get to. In New Jersey we actually -- the Legislature passed an act in 2011 -- in 2010 which actually remanded a model policy wording -- a requirement for model policy wording to our board of education, and so all the legislative mandates were actually hammered out at the policy level not the legislative level. Now here's the downside of that. One, it is flexible and it can respond to developments and new technology and research which are happening every month as Dr. Cantu testified earlier.

The downside of that is that not every district elected to endorse a model policy at the local level, and so we do still have students in New Jersey that are not protected by any concussion safety policies at the local level. So it's up to you as Legislators to find a middle ground

there. Those districts are able to get around that because in New Jersey we have a format of an accountability audit every three years and you win and lose points depending how many of the model policies you have in place.

Most districts try to have most policies in place, but there might be a specific reason or possibly cost or laziness why they wouldn't pass that. And I could mention one policy not related to sports that Princeton refuses to pass from the Attorney General's office. So it's an issue in New Jersey where we still have students not covered and that will be an issue for you to decide as Legislators here in Connecticut.

REP. URBAN: You know, we are taking a quick look at your written testimony too. We -- I think we plan on pursuing the return to learn.

DOROTHY BEDFORD: Yes, very -- very important. I'd like to suggest to you to consider using the language of academic adjustments. Some of you will be familiar with the term academic accommodations as defined under 504 plans for accommodations for students with specific needs. And the -- so the language that's coming in among the neuropsych community is academic adjustments for the short-term needs that might only last a few weeks. Because obviously it takes a much longer time to get a 504 or even an IEP into place.

REP. URBAN: Thank you. We appreciate that.

Oh, we have a question for you.

Representative Hoydick.

REP. HOYDICK: Thank you, Madam Chair. Thank you for testifying and staying this long. When you talked about the policy and I -- I had heard the other -- the CIAC talk about policy, and I understand there's that flexibility, but it doesn't seem to address youth sports that aren't connected to an education system. So --

DOROTHY BEDFORD: Exactly.

REP. HOYDICK: And though I appreciate that flexibility and lack of having a law, but sometimes I think you need a law overarching and then policy underneath it.

DOROTHY BEDFORD: I would not disagree with that.

REP. HOYDICK: Yeah, just wondered about your --

DOROTHY BEDFORD: I didn't mean to cut you off. In -- in New Jersey we actually do not cover youth sports. We -- we cover school-based sports. But it's much more difficult for you to address the youth sports issues. In Princeton one of our policy points is that any youth sports organization using one of our school athletic fields, when they do the facility rental form has to acknowledge that they will follow the state suggested model policy -- safety practices.

Right, so there's flexibility. Now you have to get the municipalities to go along with that because you've got a lot of community-owned recreation fields as well, and then you're going to get into other Committees in the Legislature. But you do have degrees of freedom that you might not expect. Anything else?

SENATOR BARTOLOMEO: Any other questions?

SENATOR BARTOLOMEO: Okay. Any other questions?

Thank you very much.

NATALIE CULLEN: Thank you.

SENATOR BARTOLOMEO: Next we have Brett Aranow, maybe. Okay.

Keith Stein.

Jennifer Reid. It's getting easy.

Caye is gone.

Kevin Bowers.

I don't see Merrill Gay.

Mary Kate, come on up. We were waiting for you.

MARY KATE LOWNDES: Because I wasn't sure, I thought maybe it won't still be going at 3:00, little did I know. Good evening, Senator Bartolomeo, Representative Hoydick. Thanks so much for all you're doing today to listen to all this testimony. I'm Mary Kate Lowndes from the Commission on Children and I'm also our agency representative on the Connecticut Coalition Against Childhood Obesity. So for both those roles I am here to testify in favor of S.B. 48, AN ACT CONCERNING NUTRITION STANDARDS FOR THE CHILD CARE SETTINGS. And in my commission role, I am here to testify on behalf of House Bill 5113 and Senate Bill 229.

Both the commission and the coalition support promoting healthy food and beverages in all early childhood settings including center-based, family

in -- in sugar-sweetened beverages, consumption of such by young children. WIC changed its food package guidelines and increased vegetables and fruit and took out fruit juices, cheese, and eggs, or reduced funding for those particular things, so all of that is in my testimony.

I just wanted to go really quickly we also support S.B. 229, AN ACT CONCERNING SUDDEN CARDIAC ARREST PREVENTION, that is the Commission on Children supports that. There's some statistics in my testimony, death from sudden cardiac arrest effects approximately 7,000 U.S. children each year, and mostly in schools without immediate intervention only five to ten percent will survive. But with the right intervention, survival rates can reach 70 percent.

And then as far as AN ACT CONCERNING YOUTH ATHLETICS AND CONSUSSIONS, I am a mother of a son who is now a college athlete who played soccer, basketball, and lacrosse from the time he was a little guy. And so I bring my personal perspective too, but the commission definitely supports this legislation and sees huge value in team athletics, and seeing that it is the role of many including the state to ensure that some of those athletics are as safe as possible for our children.

HB5113

I know that it might sound -- the participation in the discussions at the beginning of each season with the coaches about concussions were not mandatory. And it was always the same group of us that went, all of our kids had to do impacts as a baseline, and I think that's pretty common throughout the state. But I think it really is something that would be of great value to train -- to mandate that parents are trained

on it and athletes as well. Thanks so much and I don't know if you have any questions.

SENATOR BARTOLOMEO: Thank you.

Are there any questions?

SB48

I have one. So what -- what are your thoughts on Representative Candelaria was asking for about what parents should be able to send it as opposed to what the schools supply --

MARY KATE LOWNDES: I know. And I wanted to add too an answer to a question that Representative Urban had asked if we see that. I think I answered in my testimony, but I'll reiterate. So I have to give two different answers to that question, Senator Bartolomeo. So one is with my commission hat on and that is we -- the commission feels that parents once educated should always be given the right to make decisions on behalf of their children.

So that this -- if a parent wants to send in root beer and Fritos, you know, it would be an opportunity to educate not just that parent, but all parents in that particular early child care setting about nutrition guidelines and what is in, you know, nine teaspoons of sugar in a can of soda. A lot of parents don't know that, so to put that information out there and hopefully educate folks and have them choose the healthiest options for their children.

I was even saying as we were discussing that at the commission, when those values went up on a lot of menus around the country or at least in New England, I was ordering things that I thought were incredibly healthy. And then I looked at

State of Connecticut
GENERAL ASSEMBLY

Commission on Children

Testimony before the Committee on Children
Submitted by Mary Kate Lowndes, Director of Special Initiatives & Development
Connecticut Commission on Children
February 27, 2014

Senator Bartolomeo, Representative Urban and members of the Committee on Children:

My name is Mary Kate Lowndes. I am the Director of Special Initiatives and Development for the Connecticut Commission on Children and core member of the CT Coalition Against Childhood Obesity. I am here today to support **SB 48**, *An Act Concerning Nutrition Standards for Child Care Settings.*

HB5113
SB229

Both the Commission and the Coalition support promoting healthy food and beverages in all early childhood settings, including center-based, family child care homes, and family, friend and neighbor.

The Coalition Against Childhood Obesity hosted a forum in November 2012. Topics discussed included how children develop taste preferences, and how helpful it would be in the fight against childhood obesity if we did not engender a craving for sugar at an early age. One direct way to reach this goal is to institute nutrition guidelines for childcare settings and early education programs.

The New York City Department of Health and Mental Hygiene, through the NYC Health Code, has beverage provisions that are mirrored in SB 48.

The Connecticut Department of Public Health Statutes and Regulations for licensing Child Care Centers and Group Day Care Homes specifically speak to the serving of "nutritionally adequate" meals and snacks (Sec. 19a-79-6a). This would be an ideal place to include the beverage guidelines in SB 48.

Concern has been noted about the overlap between this language and the federal Child and Adult Care Food Program (CACFP) guidelines as programs that do not meet those standards are not allowed to participate in this very important food program. Programs enrolled in CACFP must meet USDA meal guidelines in order to claim reimbursement. The beverage types and amounts described in SB 48 do not conflict with CACFP.

An article in the *New York Times* earlier this week states that, "Children who are overweight or obese at 3 to 5 years old are five times as likely to be overweight or obese as adults"[1]. Studies

[1] Obesity Rate for Young Children Plummets 43% in a Decade, *New York Times*, by Sabrina Tavernise. February 25, 2014

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- Another possible explanation is that some combination of state, local and federal policies aimed at reducing obesity is starting to make a difference, including the ban on trans fats in NY City restaurants and the requirement that they publish calories on their menus;
- And perhaps it is a combination of several or all of the above items.

The *Times* article goes on to note that the obesity rate for preschoolers — 2- to 5-year-olds — has fluctuated over the years, but Dr. Ogden said the pattern became clear with a decade's worth of data. About one in 12 children in this age group was obese in 2012. Rates for blacks (one in nine) and Hispanics (one in six) were much higher.

"This is great news, but I'm cautious," said Ruth Loos, a professor of preventive medicine at the Icahn School of Medicine at Mount Sinai hospital in New York. "The picture will be clearer when we have a few more years of data." Still, she added that the 2- to 5-year-olds "might be riding a new wave," in which changes in habits and environment over many years are finally sinking in. She noted that people who are now 60 years old caught the beginning of what she called the obesity wave that carried the next generation with it.

"Once the obesity epidemic emerged in the 1980s, it took us a while to realize that something bad was happening," Dr. Loos said. "We've been trying to educate parents and families about healthy lifestyles, and maybe it's finally having an effect."

Tom Baranowski, a professor of pediatrics at Baylor College of Medicine, said there was not enough data to determine whether the decline would spread to older children. Since 2003, the rate for youths over all — ages 2 to 19 — has remained flat, said Dr. Ogden, author of the C.D.C. report.

But 2- to 5-year-olds are perhaps the most significant age group, as it is in those years that obesity — and all the disease risk that comes with it — becomes established, and it is later very difficult to shake, said Dr. Jeffrey P. Koplan, a professor of medicine and public health at Emory University in Atlanta.

"You have to say maybe some real progress is taking place at the very time it can have the most impact," Dr. Koplan said. He said he believed the decline was real, as the finding followed several studies that detected patterns of decline among young children, including one by researchers in Massachusetts and the large study by the C.D.C. of low-income children.

The Commission on Children also supports HB 5113, *An Act Concerning Youth Athletics and Concussions*. Concussions traumatize the brain and ongoing research shows more and more that those effects can be long-lasting. Athletics are without a doubt opportunities for children and youth to exercise, work together with team mates, and belong to a group of peers, but we owe it to them to ensure these opportunities are as safe as possible. We would recommend that the required concussion and other brain injury education plan be provided to the student and the student's parent or guardian for little or nominal cost.

The Commission on Children also supports SB 229, *An Act Concerning Sudden Cardiac Arrest Prevention*. "Death from sudden cardiac arrest is not age-, gender- or health-specific. Every year, approximately 7,000 U.S. children are stricken, most often at school, because that's where kids

Division of Pediatric Neuropsychology
Gerard A. Gioia, Ph.D., Chief
(301) 765-5430

February 28, 2014

Children's Committee
Connecticut State Legislature
Legislative Office Building
Hartford, CT

RE: HB 5113 AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS

Dear Representative Urban, Senator Bartolomeo, Representative Betts, Senator Linares, and the Distinguished Members of the Children's Committee:

For the record, I am Gerard A. Gioia, PhD, from Children's National Health System in Washington, DC. I am submitting written testimony in support of HB 5113 AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS. Specifically, I write this letter in support of the amendments to the Connecticut State Law by including additional best practices with the intent to further protect the health of the state's student athletes.

As a healthcare professional with expertise in youth concussion evaluation and management, I have been working on the state youth concussion laws locally, regionally and nationally since the first set of laws were passed in 2009/ 2010, starting with Virginia as the third law passed in the US. I have been a member of the American College of Sports Medicine's youth concussion coalition effort since this time, working with the NFL, youth sports organizations, and professional organizations such as the National Academy of Neuropsychology to protect our youth athletes from the risks of concussion. We are proud to now have all 50 states and the District of Columbia with state concussion laws.

I believe strongly in the three provisions advocated for in HB 5113: explicit inclusion of parents and athletes in concussion education, the inclusion of non-scholastic youth sports, and limitations on contact in practice for all contact/ collision sports.

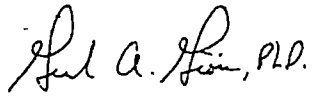
The education of parents and athletes is critical, and in fact central, to the concussion laws being best enforced. I have been an active member of the writing teams for the various CDC Heads Up educational toolkits for parents, athletes, coaches, healthcare providers and school personnel. We have excellent materials ready for use by youth and high school sports organizations to provide necessary education for each of these important stakeholder groups. Our experience is that when all parties – coaches, parents, athletes – are working with the same knowledge, the protections are maximized. Confusion amongst parents about what a concussion is and how it is managed is not uncommon and ultimately works against the most effective recognition and response to suspected injuries. It is not uncommon that injuries are missed on the field but the parent recognizes something amiss in their son/ daughter at home. It is so important that parents know what to look for and the actions to take. Many, many parents have told me they are not clear on the procedures they should take should an injury occur – highlighting the need for their education. Athletes must also be informed about the nature of the injury, its signs and symptoms and its risks. This is important not only for the athlete's own safety but also for that of their teammates. In our education of athletes, we stress the importance of taking responsibility for one's own brain health but also for that of one's teammates, who may not be able to make the appropriate decision in the midst of a concussion to remove themselves from play.

The youth concussion laws must extend beyond the high school level and include organized sports at all ages and levels – recreational, club/ travel teams. Simply stated, all children need the protection of these laws not just one segment. The signature youth concussion law in Washington State – the Zachary Lystedt Law – included youth leagues and high schools. In fact, Zach was an 8th grader when he was injured. Laws that focus only on high schools would not have provided him with the necessary protections. We believe all state laws should apply to the full age range of youth and high school sports. In addition, simply because the implementation mechanism for high school sports has a singular group – NFHS – this does not mean that younger athletes and adolescents in non-scholastic sports need these protections any less. In fact, presently, many of the National Governing Bodies of Sports (USA Football, US Lacrosse, USA Hockey, US Youth Soccer, and USA Rugby) are all examining ways to include concussion education and management in their organizational structures. There are, therefore, emerging mechanisms for making this law work for younger athletes. Presently, 15 of the 50 states include non-scholastic youth sports in their state laws, with others now amending their laws to include the full spectrum of youth sports. I would strongly encourage Connecticut to follow suit.

Finally, I would strongly support the amendment to the bill to limit on contact practices beyond the sport of football. It is critical that the bill include a provision to limit contact exposure for all contact/ collision sports with a goal of decreasing exposure to brain trauma. This is the recommendation of the NFL, Ivy League and Big Ten, Pop Warner Football, and USA Football. In Maryland, whose state sport concussion committee I am a member, made recommendations for state regulations to reduce contact exposure in the follow sports: football, boy's lacrosse, basketball, field hockey, girl's lacrosse, boys and girl's soccer, and wrestling. Ice hockey is not a varsity sport in Maryland so it was not included in the updated regulations. I have included the July 2013 recommendation, which was wholly supported by the Maryland State Board of Education, as an attachment to this letter.

In summary, I strongly support HB 5113 AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS in its efforts to amend the state youth concussion law with the above three issues. I believe this bill will further strengthen Connecticut's law to protect all children from the dangers of concussion.

Sincerely,



Gerard A. Gioia, Ph.D.
Chief, Division of Pediatric Neuropsychology
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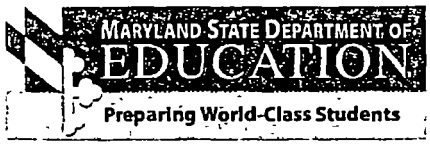

Lillian M. Lowery, Ed.D.
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Identification of Collision, Contact and Non Contact Sports and Recommended Concussion Injury Mitigation and Limitations of Contact Exposure

Sport Classification

Collision	Contact	Limited Contact	Non Contact
Consistent with the purpose of the game athletes hit or collide with each other or inanimate objects including the ground with great force.	*Athletes routinely make contact with each other or inanimate objects but usually with less force than in collision sports.*	*Contact with other athletes or inanimate objects are less frequent or inadvertent.*	*Any contact is inadvertent and not expected.*
Football	Basketball	Baseball	Badminton
Ice Hockey	Field Hockey	Field Events: High Jump Pole Vault	Bowling
Boys Lacrosse	Girls Lacrosse	Softball	Field Events: Discus Shot Put Triple Jump Long Jump
	Soccer	Volleyball	Golf
	Wrestling		Swimming
			Track & Cross Country
			Tennis

Recommendations for Concussion Injury Mitigation and Reduction of Contact Exposure for Collision Sports

By definition, those activities designated as Collision Sports may incur a high rate of concussion for participating athletes. Research indicates that in addition to proper instruction and drills a reduction of exposure to live contact should contribute to a lower rate of concussion injury.

Football

Rationale:
Research has demonstrated the rate of concussion injury in football is the highest among interscholastic sports. The National High School Sports Related Injury Surveillance Study 2011-12 found that head/face concussions accounted for 23.6 % of total injuries. Furthermore, the data details 95% of these injuries occur while blocking, being blocked, tackling or being tackled. Research data by the Ivy League and the NCAA have reported similar findings in the rate on concussions. Currently numerous national and state organizations, as well as three local school systems in the state of Maryland have implemented reductions to contact exposure during practice sessions.

Definitions:

- Live Hitting is defined as football drills or live game simulations where full game speed blocking and tackling of players to the ground occurs.

- Full Padded is defined as players dressed and equipped in accordance with NFHS Football Rule 1-5 (equipment guidelines).

Recommendations:
1. Coaches should place special emphasis during practice sessions on proper techniques for blocking and tackling.

2. The following football practice restrictions are recommended to strike a balance between teaching proper technique and skills while limiting the number of live contact exposures.

Pre-season:

- No live hitting until day 6 of practice (Heat Acclimation Rules)

- Live hitting (full speed, go to ground contact) periods limited to full padded practice days.

In-season (Beginning the Monday prior to the first play date):

- A team may conduct full padded practice days, but may only participate in live hitting drills and live game simulations with live hitting no more than two practice days per week.

- Live hitting drills or live game simulations with live hitting shall not be conducted the day prior to a game.

Boys Lacrosse

Rationale:
Research has demonstrated the rate of concussion injury in boys' lacrosse is among the highest within interscholastic sports. The National High School Sports Related Injury Surveillance Study 2011-12 found that head/face concussions accounted for 34.3 of reported injuries. NCAA data collected from 1988 to 2003 found the concussion injury rate in men's lacrosse to be 2nd only to football. Research by the Ivy League has reported similar collaborative data.

Definition:
- Body Checking is defined as contact typically made with a shoulder or chest to an opponent with both hands of the player applying the check remaining in contact with the cross.

Recommendations:
1. Coaches should place special emphasis during practice sessions on proper techniques for body checking that avoids contact with or to the head.

2. The following boy's lacrosse practice restrictions are recommended to strike a balance between teaching proper technique and skills while limiting the number of live contact exposures.

- After the 1st play date, schools are limited to a maximum of one full-contact practice per day.

- No live body checking allowed in practice the day prior to a game. (Stick checking is permitted.)

Recommendations for Concussion Injury Mitigation in Contact Sports

While activities classified as Contact Sports are not specifically structured to provide for intentional physical contact between participants like Collision Sports, the incidence of game/sport related contact between players and/or equipment cannot be totally avoided. Providing athletes with proper instruction and drills emphasizing proper techniques should contribute to a lower rate of concussion injury.

Rationale:
Research has demonstrated that the rate of concussion in contact sports indicates the need for special emphasis on specific sports related skills. The National High School Sports Related Injury Surveillance Study 2011-12 indicated skill-related activities that led to the highest incidents of head/face concussion injury. Thus the instruction and drill of proper techniques in these specific sport segments is essential in order to minimize potential for injury.

Sport Recommendations:

Basketball
- Coaches will place special emphasis on proper techniques on play involving body-to- body contact specifically rebounding, picking, screening and shot blockage.

Field Hockey
- Coaches will place special emphasis on proper techniques on dual challenges specifically where the potential for body-to-body or body-to-stick contact can occur.

Girl's Lacrosse
- Coaches will place special emphasis on proper techniques specifically for player positioning and stick checking.

Soccer
- Coaches will place special emphasis during practice sessions specifically on proper individual heading techniques, heading duals and aerial challenges.

Wrestling
- Coaches will place special emphasis specifically on proper takedown techniques and aspects of competitions involving contact to the head.

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Testimony for HB 5113

February 27, 2014

Committee on Children Public Hearing Testimony

An Act Concerning Youth Athletes And Concussions
Tucker Callanan

Good Afternoon Representative Urban, Senator Bartolomeo, Representative Betts and Senator Linares and the distinguished members of the Children's Committee. My name is Tucker Callanan, and I am testifying today in favor of Raised Bill 5113: An Act Concerning Youth Athletes And Concussions.

Not many twenty one year old students can say that their college major has greatly changed, or possibly saved their lives. However, I can truthfully say that if I had not been a neuroscience major at Trinity College, there is a strong possibility that I would be living a completely different and worse-off life. When I enrolled at Trinity College with hopes of a long and successful soccer career, I barely knew what a concussion was. I had heard of the term being used and lethargically took the "IMPACT" test that all college athletes at Trinity were required to take, however, I thought that concussions were limited to football and that they would never be relevant to me. After suffering two concussions in back to back seasons, I learned how relevant they were, even in a game with limited contact like soccer. Thankfully, both of my concussions were properly diagnosed and treated. I was kept off the field and given adequate time to recover in both cases. However, this was mostly due to the fact that I had a lot of respect for my training staff, and as I mentioned earlier, my major. Being a Neuroscience major at Trinity, by the time I suffered my first concussion sophomore year I had already taken multiple psychology and neuroscience classes, where I learned the severity of concussions and the impact they can have. If not for these classes, I may have been less likely to tell my trainers the extent of my symptoms. During my four years, I witnessed over a dozen of my teammates suffer concussions, a third of whom never told a soul. As athletes, we have been taught from a young age to play through the pain and sacrifice for the team. By telling your trainer that you have a headache or aren't feeling normal after a blow to the head, athletes are going against their engrained instincts to tough it out. If it weren't for my extensive knowledge on the subject, I probably would have not been entirely truthful with my trainers either. For that reason, I fully support this bill to provide more knowledge and awareness to parents, players, refs, etc. about the severe impact concussions can have. This knowledge potentially saved my life and career, and I believe it needs to be shared with everyone.

Madam Chairman, members of the committee, ladies and gentlemen:

My name is William Riccio, Jr., and I serve as the football State Interpreter working as a member of the Connecticut Football Officials Association

I am also a member of the National Federation of State High School Associations Football Rules Committee and a member of the NFHS Football Officials Manual Committee. I come today to discuss Section 5 of the proposed act 5113, the section having to do with officials.

My concern has to do with those sections that would require additional training of officials in recognition of concussion and head trauma. That concern is such that I believe if enacted, officials will be given a liability that the NFHS Rules Committee, its Sports Medicine Advisory Committee and the legal experts at NFHS have worked to limit.

Let me assure the committee officials have for the last several years reviewed those signs and symptoms of concussion with all of our members at the mandatory interpretation meeting and is also reviewed at other meetings during the year. It is part of the discussion each year at the annual CFOA state clinic, and at the various local chapter clinics prior to the season.

Five years ago, under the direction and advice of the Sports Medicine Advisory Committee and the legal team at NFHS, rules and protocols were changed regarding what officials should and should not do in the case of injuries. We are to defer any decisions regarding head injury – or any other injury – to medical professionals. Our job is to get a player "evaluated" – the term we teach our officials to use – by the medical team.

Since the rules and protocols were changed, the responsibilities for evaluating the players are where they should be: with the medical staff, coaches and athletic professionals who see these players each and every day. Officials are there only For scrimmages and games and are not privy to the individual players' histories – nor should we be.

The proposal, I believe, will increase our liability – putting us in the position of diagnosticians

Officials have a responsibility to be cognizant of players showing signs or symptoms of concussion: a responsibility medical and legal experts have determined as sufficient. In passing section 5 of this act, we are not advancing the cause, only the liability. I ask that officials be stricken from the act should it go onto further consideration.

Thank-you for allowing me to speak before you today.

Good Morning!

HB5113

I was planning on coming to Hartford today to tell a bit about our story, sadly my son Remi who suffered a concussion on February 8, 2014 is still having symptoms and is unable to withstand a full day of school, so he is home this morning with me.

Our Story...Remi age 10 was playing in a Darien, CT house hockey game on February 8th, 2014 when he went to block a shot on goal and ran into the boards, not head first, but with enough force to take a blow to his brain. He acted like he got the wind knocked out of him, "tried to stand up, felt dizzy, lost consciousness for a split second, went back down"...all while play continued, finally the ref blew the whistle. Remi did get up, was a bit shaken, but after a couple minutes on the bench the coach asked if he was okay to go back in. Remi played the rest of the game.

After the game, he did not complain about his head, he just said he wanted to "chill out". A couple hours later he said he was okay to go to play in his soccer game. My husband took him and dropped him at Chelsea Piers to play in a 5 a side match. The minute my husband pulled back into our garage, my intuition told me something was not right. I got into the car, drove back to CPCT to be at the game. Remi was disorientated and just looked off. After the game, it was clear that something was not right. We started researching concussions and he seemed to be having most of the symptoms.

Both of the coaches in these games were volunteer coaches, both Dad's. The more I research and learn about concussions, the more I know that those involved in sports and in schools, need to become educated about the symtoms. If we had known the warning signs, Remi would not have continued playing in the hockey game and would NEVER have gone to play in the soccer game. The fact that he went on to play compromised his injury.

I would personally like to thank Katherine Snedaker who has taken time to not only educate me on the medical portion of a concussion, but also has taken so much of her own time to fill me on "the tricks" of dealing with a very active 10 year old boy, who does not necessarly understand the importance of healing his brain.

Thank you, I am in full support of educating, preventing, and supporting the healing process of this difficult injury we call concussions.

Regards,

Susan Zachary Maher
Remi Maher's Mom

Testimony for 5113

Dear Legislator,

My name is Tony Lopes and I am a sports official in the sport of Basketball I live in the town of Tolland

I also serve as Secretary-Treasurer of Central CT Board 6 IAABO Basketball Officials, with over 300 members serving schools in Hartford, Middlesex and Tolland Counties

I am writing to express my serious concerns regarding HB 5113 as drafted – AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS.

Although everyone connected with high school athletics is genuinely concerned about the health and safety of the participants, HB 5113 as drafted is ill conceived and takes a "One size fits all" approach which is problematic. It will result in numerous unintended consequences that will be detrimental to high school and youth sports.

Since many others will attest to what CIAC, schools, athletic directors, coaches and trainers are doing and will continue to do to make sports safer for the participants, I will focus on the detrimental effect this proposed legislation is certain to have on the 4,000 high school officials and numerous youth officials Specifically, mandating additional requirements for referees, who are independent contractors, and increasing the liability exposure for these individuals who serve high school and youth sports, will have a major negative impact.

There is a shortage of officials on all levels of amateur sports and HB 5113, as drafted, is certain to be a deterrent to attracting new officials and keeping the ones we have While several states, including New Jersey, Rhode Island and Massachusetts, have laws that extend immunity to officials against law suits to reduce their liability, this proposed law would increase the exposure for officials in Connecticut, which would be devastating.

It is important for you to understand that the role of the referees is to fairly and impartially enforce the NFHS playing rules while helping to ensure that the games are conducted in a safe environment to minimize risks for the participants. The NFHS 'concussion rule" does not create a duty that officials are expected to perform a medical diagnosis. Referees are simply being asked to use their best judgment in observing and being more cognizant of athletes that may be displaying signs, symptoms and behaviors consistent with concussion, and stop play to provide the opportunity for the athlete to be properly checked by the individuals in charge of their care

The officials in our state are dedicated men and women who serve the sport(s) in which they officiate, not for the fee involved, but rather for the love of the game and to help our youth In short, although this proposed legislation is very well intended, HB 5113 should not be passed as drafted It is not in the best interest of high school or youth sports.

Respectfully submitted,

Tony Lopes/Secretary-Treasurer
Central CT Board 6
IAABO Basketball Officials

Connecticut State Medical Society Testimony in Support of
House Bill 5113 An Act Concerning Youth Athletics and Concussions
Committee on Children
February 27, 2014

Senator Bartolommeo, Representative Urban and members of the Committee on Children, on behalf of the physicians and physicians in training of the Connecticut State Medical Society (CSMS) thank you for the opportunity to present this testimony to you today on House Bill 5113 An Act Concerning Youth Athletics and Concussions.

CSMS fully supports the intent of the language and the concepts which it contains to strengthen our current head injury statutes and expand their protections for as many of our youth athletes as possible.

The original statute that took effect in 2010 required education and training on head injuries for trainers, coaches and officials, as well as the need for involvement and sign off by a trained medical professional prior to student athletes returning to play. This 2010 statute was developed though a comprehensive and inclusive process which resulted in the strongest possible language acknowledging the seriousness of youth head injuries, and our collective responsibilities to address the issue. This year, House Bill 5113 provides the opportunity to strengthen our current statute with the experience of that earlier legislation, as well as an increasing national focus on head injuries, and growing involvement and concern about youth sports safety issues here in Connecticut.

Again, CSMS supports the intent and concepts of the bill. As physicians, our main goal is to protect our patients However, in the interest of ensuring the most accurate language and the best approach to moving forward, we would like to raise several concerns regarding the clinically-related aspects of the bill:

- Several sections of the bill change underlying statute from "concussion and head injuries" and replace "head injuries" with "other brain injuries." The term "other brain injuries" is unclear from the standpoint of medical professionals. In addition, it raises the question about how a non-medical professional, even with training in recognizing head injuries and concussion symptoms, would be able to identify an injury to the brain. Furthermore, it remains unclear when used in conjunction with training courses, whether revision of existing educational material is required. Similar questions are raised by the addition of the term "current best practice." Again, the term is unclear. The definition of "best current practices" could be subjective and lead to confusion and a lack of consistency in interpretation.

- Several sections of the legislation are not supported by current research. Section 2(a)(2) would require that "*at least twenty-four hours have elapsed since such student athlete has exhibited signs, symptoms or behaviors consistent with a concussion or other brain injury or has been diagnosed with a concussion or other brain injury*" before a youth athlete can return to any activity involving physical exertion. This runs counter to current research. Current research encourages exercise in the subacute phase to facilitate resolution of symptoms. In addition, it would remove a youth athlete from participation whom might have incidental symptoms during the period after a physician has already given clearance.

- Section 3 would limit "full contact" activities to ninety minutes a week. First, no sport is specified. While we assume it applies to football, we are not certain of the spectrum of sports that would be included. Second, while a discussion on the possible need to place a time limit on full contact activities, there is no data or research to support the restriction of ninety minutes.

In addition, there are non-clinical aspects of the bill that should also be addressed.

- A significant number of youth participate in sports at private institutions and in private programs. Yet, the bill's language does not extend to private schools or private programs, leaving a large number of children unprotected.
- Many sections intended to capture organized youth sports activities, while well-intentioned, may actually serve as an impediment to their operation and simply be unattainable. While establishing appropriate protections related to concussions and head injuries must be a priority, an adverse impact that reduces opportunities for our children to participate in organized physical activities is also not beneficial to their overall health and well-being.

- CSMS also supported the establishment of a surveillance program for concussion injuries. Additionally, we have been working with Connecticut Interscholastic Athletic Conference (CIAC) to implement an injury surveillance system in Connecticut High Schools as suggested by PA 13-234 sec 152. Our organizations will to report to the Commissioner of the Department of Education (DOE) upon the completion of this year's data collection. However, for all concussions to be reported at all schools in the state of Connecticut, both accurately, numerically and diagnostically, all schools would need to employ school nurses and school athletic trainers. For that reason alone, we support the provision of funding to all schools for the purpose of employing nurses and athletic trainers to help protect the health and safety of our children. Without the ability of every school to appropriate report to the injury surveillance system, reporting will be inaccurate, incomplete and imprecise which will lead to inappropriate data collection.

As previously mentioned, the original statute related to concussions and head injuries was the outcome of a comprehensive, inclusive and thoughtful process. Learning from that successful endeavor, and in light of the concerns we have raised, we recommend the same approach be taken by the committee. We continue to ardently support extending protections of our current laws to all children participating in organized athletics. However, the language before you is ambiguous in many areas and in some instances runs counter to recent research findings.

We strongly recommend that prior to the passage of any legislation, a comprehensive Task Force be established that includes all stake holders and concerned organizations. Such an action would allow us to collectively develop the best possible legislation to accomplish our goals.

We feel that these clinical and non-clinical concerns can be addressed collectively as we work to accomplish our shared goal of protecting the health and safety of youth athletes.

Thank you again for the opportunity to present this testimony today.

Testimony for HB 5113

Dear Legislator,

My name is Grant Manning and I have been coach and soccer referee for 21 years in the town of Glastonbury where I live. I am writing to express my concern regarding HB 5113 - an act concerning youth athletics and concussion.

While everyone connected with youth athletics is concerned about the safety of the players, HB 5113 as drafted is ill conceived and takes a "one size fits all" approach. It will result in numerous unintended consequences that will be detrimental to youth sports. Specifically, mandating additional requirements for referees, who are independent contractors, and increasing the liability exposure for these individuals who serve high school and youth sports, will have a major negative impact.

There is a shortage of referees and HB 5113, as drafted, is certain to be a deterrent to attracting new officials and keeping the ones we have. Several states have laws that extend immunity to officials against law suits to reduce their liability, this proposed law would increase the exposure for officials in Connecticut, which would be devastating.

The dedicated teenagers, men and women serve the sport not only for the fee involved, but also for the love of the game and to help our youth. In short, although this proposed legislation is very well intended, HB 5113 should not be passed as drafted. It is not in the best interest of high school or youth sports Thank you for the opportunity to express my views.

Respectfully submitted,

Grant Manning PhD.

Testimony for HB 5113

Dear Legislator,

My name is Alan walker and I represent the athletic coaches, parents and athletes in the community of Somers.

I am wring to express my concern for HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS. Connecticut already has the most stringent coaching permit and coaching education requirements in the country. We offer the most extensive concussion education course required for coaches in the country. The Connecticut course covers the signs and symptoms of concussions and the chemical occurrence that happens in the brain during the concussed state, it covers other brain injuries such as brain bleeds and skull fractures, scalp and neck injuries. It also trains the coach in an extensive "return to play protocol" which is annually reviewed with all coaches. The current concussion law, the extensive coaching education requirements and the recent actions and mandates put out by the CIAC requiring concussion education for parents and students and limiting contact in football practice far exceeds what is being done in other states and is more than adequately serving and insuring the safety of our student-athletes in the state of Connecticut.

I also have concerns with SB 229- AN ACT CONCERNING SUDDEN CARDIAC ARREST PREVENTION. The current coaching law requires all coaches to maintain current first aid and cardiopulmonary resuscitation (CPR). In addition to cardio-pulmonary resuscitation and rescue breathing CPR courses include signs, symptoms and prevention of heart attacks, causes of heart disease, breathing emergencies such as choking and the proper method for obtaining medical treatment for a student in distress. Also, many courses now include training in the use of an AED machine. Additionally, non-teacher coaches by statute must take a 45 clock hour course which includes 15 hours of instruction on the medical aspects of interscholastic coaching. During those 15 hours our course covers sudden cardiac arrest in great detail. Furthermore, this law places the onus for implementation and notification on the coach rather than the school district that has many more resources to deal with these requirements. This will cause coaches to leave the profession where there is already a shortage of qualified individuals. Because state laws already exist that require coaches to have extensive ongoing education and continual first aid & CPR training the portions of this law that place additional requirements on coaches would create an unnecessary burden for coaches thus causing some to leave the profession and deter any newcomers

Sincerely,
Alan Walker

February 23, 2014

RE: February 27, 2014: Raised Bill 5113: *An Act Concerning Youth Athletes About Concussions*

Greetings,

My name is Catherine Skarzynski and I am writing in support of this bill. I feel strongly that all stakeholders (coaches, parents, referees, and athletes themselves) in youth sports, not only need to be aware of the latest research on concussions and concussion recovery, but must do as much as possible to prevent concussions.

I am the mother of two children who have had concussions. My son has had two diagnosed concussions, the first was in 2006 and the second one was 15 months ago (and there is a possible one we missed in between). After the last one, he suffered post-concussion syndrome and is still under doctor's care. My son would describe himself as "90-95% of the way back to normal." I truly believe my son's slow recovery was caused by a late diagnosis, as he only had a few minor symptoms initially. Therefore, he did not receive the immediate care necessary which we believe greatly delayed his recovery. My daughter sustained an injury that caused a concussion last week. As a family, we know a great deal more than we did a year ago. In addition, the medical community seems to be slightly more unified and knowledgeable than last year. It is clear that the field of research regarding concussions has expanded rapidly even within the last year. As a result, I feel my daughter will make a full recovery quickly. As my children are both currently in the recovery process, it is yet to be determined if they will return to organized contact sports.

I have done a great deal of reading about concussion research and recovery. What is not mentioned is one point that I believe is missed in young athletes. In my experience, younger

children cannot fully express how they feel after an injury to the head. They either don't have a frame of reference or simply can't explain that they just don't feel like themselves. This, combined with the excitement of play, competition, and peer pressure, can lead to children returning to play too soon. A mild concussions can easily be missed, becoming a much bigger issue if the child returns to play and is injured a second time, as second impact syndrome is much more severe and can take a longer to recover. This is where notification and timing of return to play is important. It is critical that more than one adult who is knowledgeable about concussions is involved in the decision to return to play. In addition, educating students about the symptoms of concussions and their significance will help mitigate many of these challenges. This bill helps ensure that the adults responsible for working with youth sports, as well as the athletes themselves, have the training to possess this information.

I urge you to pass this bill. As the number of concussions seems to be on the rise, please consider the safety of the children of Connecticut. From a parent perspective, concussion is a very scary injury and an even scarier recovery, full of uncertainty. I know if I could prevent even one family from dealing with concussion and post-concussion syndrome, it would be a victory.

Most sincerely,

Catherine Skarzynski

P.S. Ironically I will not be providing testimony in person today as my daughter is on a reduced school schedule due to concussion.

My name is Michael Cyr, and I am testifying in favor of Raised Bill 5113: An Act Concerning Youth Athletes About Concussions. I apologize for my absence and thank whoever is reading my testimony on my behalf. I am currently a junior at Trinity College in Hartford, and working towards a degree in Neuroscience. Before arriving at Trinity College I had never suffered a concussion despite a childhood packed with constant roughhousing and contact sports like football, lacrosse and wrestling. Being a successful high school athlete who rarely had to miss a single practice I was under the impression that concussions were a concept schemed up by the kids who'd rather make water cooler talk than practice.

I was recruited for football at Trinity College and after a year of sitting on the bench I thought it was finally my time to make an impact as a sophomore. During a preseason scrimmage I took a hit on a play and blacked out for a split second. Shaking off the stars I ignored the subtle symptoms of dizziness and forgetting my locker combination later after practice. Trying to make the roster on a competitive team I kept things to myself. I kept playing for over a month sustaining comparable and more severe hits to the head. Finally, in late October my symptoms caught up with me. I could no longer focus in class and when walking outside the slightest breeze against my forehead would bring on terrible headaches. Unable to function I was forced to tell my trainer and was almost relieved when I was pulled from practice. Not only was I feeling terrible but I was playing terrible as well. My coaches and trainers followed every protocol to keep me safe and healthy but given that I had hidden my symptoms for so long there was not much that could be done. I

missed the rest of what would be an undefeated season for Trinity but my problems continued long after.

I suffered post concussion symptoms that kept me out of classes and landed me in the hospital twice with seizure-like symptoms. Along with some attentional problems and struggling to keep up with my school work I suddenly became an emotional, over-anxious version of myself. I was forgetting sentences mid conversation and getting lost shopping in the supermarket. After a year of healing I started to feel better and the athlete in me took over again. As a junior I joined the wrestling team thinking I would be at a lower risk than playing football. A little over a month into the season I suffered another concussion and just like that, the doctors told me my athletic career was over for good. Luckily, I had been through the ringer and now knew how to take care of myself this time around. This was in December and even though I still deal with headaches and minor memory lapses today, I was able to avoid some of the worst symptoms simply due to the hard earned knowledge I acquired.

I share my story not to scare away athletes and parents but to inform them on how important proper education is. If I can I'd like to prevent my situation from happening to others, especially those younger, more vulnerable and less equipped to cope than me. Sitting in my room trying to ignore the thumping headaches I remember thinking, "how did this happen? And why now? Concussion dialogue didn't exist when I was playing youth football, and I never got one I don't think?" The truth is when a tree falls in the woods and no one is around to hear it, it does make a sound. Concussions exist at all levels and often many go undiagnosed.

Whether or not we choose to address it, kids are suffering minor traumatic brain injuries all the time on the playing field. I played my youth years in the era of the "just getting your bell rung" mentality. Thankfully in my college years when I was injured badly there was a protocol in place on how to deal with me. I can only imagine what would have happened had I been in a similar position when I was 12 and my brain that much more vulnerable.

I am now on the upswing of healing and realize that I learned everything I know about concussions the hard way, through first hand experience. I now know things that could have significantly reduced my recovery time and maybe have kept me on the field today. Nowadays this problem has seen a lot of new light with ex-NFL players coming forward with an array of cognitive problems. Unfortunately in some places the young children in youth leagues aren't afforded the same pool of knowledge, resources and regulations that these professional men are. The more we can arm people with knowledge the safer the participants will be. This begins with informing and training the key players in the system (i.e coaches, managers supervisors) and mandating that they then make that information accessible to parents and participants. It is my feeling that this bill covers the most basic, common sense approach to keeping of your kids safe.

As a 20 year old neuroscience major it was hard for me to make the right decisions regarding my health with concussions. We can't leave young kids out to dry. It is essential that parents, guardians, coaches and and gate keepers of these sports have all of the available facts to best protect the children that rely on them, and that is why I am in full support of this bill. Thank you.

Committee on Children

Testimony for Bill No. 5113

An Act Concerning Youth and Concussions

Marie Billye Simmers
Southington, Connecticut
February 27, 2014

Good Day Members of the Committee on Children; my name is Marie Billye Simmers.

I am writing in support of Bill No. 5113: An Act Concerning Youth and Concussions.

I am a member of the Connecticut Traumatic Brain Injury (TBI) Advisory Board which has been active in our state since 2004 when the Department of Social Services was awarded a Grant from the Health Resources and Services Administration (HRSA) to establish a TBI Advisory Board and a Statewide Action Plan to address issues facing persons with brain injury.

The Mission for the CT TBI Advisory Board is: To promote the creation, collaboration and coordination of person-driven, accessible, supports, programs and services for persons with traumatic brain injury, their families and significant others.

I am, also, the Team Leader for the Connecticut Community of Practice for the Prevention of Traumatic Brain Injury. We are focusing on the issues facing children and youth (ages 0-26) with brain injury.

The members of both of these organizations include brain injury survivors, their families, as well as representatives from public and private agencies and advocacy organizations. As you can imagine both organizations are very interested in understanding the incidence and prevalence of brain injury in Connecticut.

A concussion is a traumatic brain injury.

The Connecticut Department of Public Health completed a non-redundant Prevalence Study 1996-2000 identifying 95,000 individuals in Connecticut with a diagnosis of Acquired Brain Injury (ABI), which includes 64,000 individuals with a diagnosis of traumatic brain injury. However when we inquired about the number of children identified with a brain injury we were told by the Connecticut Department of Education and the Bureau of Special Education that there are only 110 school age children with brain injury. We feel this is grossly under reported.

Injury reporting is critical to policy decision making. At this point there are no valid data to help us understand the impact of childhood brain injury but Bill No. 5113 can address this issue through the addition of the language in Section 6 (see below).

Sec. 6. (NEW) (*Effective July 1, 2014*) (a) For the school year commencing July 1, 2014, the State Board of Education shall require all local and regional school districts to collect and report all occurrences of concussions and other brain injuries to the board not less than twice each school year. Each report shall contain, if known: (1) The nature and extent of the concussion or other brain injury, and (2) the circumstances in which the student sustained the concussion or other brain injury.

(b) For the school year commencing July 1, 2015, and each school year thereafter, the State Board of Education shall send a concussion and other brain injury report to the Department of Public Health containing all of the information received pursuant to subsection (a) of this section.

(c) Not later than October 1, 2015, and annually thereafter, the Commissioner of Public Health shall report, in accordance with section 11-4a of the general statutes, to the joint standing committees of the General Assembly having cognizance of matters relating to children and public health on the findings of the concussion and brain injury report provided to the department pursuant to subsection (b) of this section.

Please support the Bill No. 5113: An Act Concerning Youth and Concussions.

If I can be of further service, please contact me.

Phone: 203-525-2725

Email: Billye.simmers@gmail.com

Thank you for your time.

CTChiro

Connecticut Chiropractic Association
2257 Silas Deane Highway
Rocky Hill, Connecticut 06067

Statement of Candito Carroccia, D.C. DABCN
before the Children's Committee
House Bill 5113
February 27, 2014

Sen. Bartolomeo, Rep. Urban, Sen. Linares, Rep. Betts and members of the Children's Committee:

My name is Dr. Candito Carroccia, I am a licensed chiropractic physician here in the state of Connecticut where I have practiced for 25 years. My office is in Middletown and I reside in Plainville. I have held numerous leadership positions in my profession at both the state and national level and I am here today representing the Connecticut Chiropractic Association in regard to House Bill 5113, *An Act Concerning Youth Athletics and Concussions.*

As you know, a law was enacted in 2010 that requires primary and secondary school coaches and athletic staff to be trained to recognize the signs and symptoms of concussions, and to refer to a licensed healthcare professional any student athlete who is suspected of sustaining a concussion. The student athlete is then examined and must be cleared in writing by a licensed health care professional before he or she can rejoin the team and engage in contact sports.

Unfortunately, the 2010 law did not include members of the chiropractic profession as drafted. The bill defines health care professionals as *"a physician licensed pursuant to chapter 370, a physician assistant licensed pursuant to chapter 370, an advanced practice registered nurse licensed pursuant to chapter 378 or an athletic trainer licensed pursuant to chapter 375a.*

Our profession was not included on this list due to a controversy that related to an issue of informed consent. That issue has been resolved, and we are asking that you amend House Bill 5113 to add chiropractic physicians licensed under Chapter 372 to this list. This would occur in lines 149 to 153 and lines 269 to 274.

I have examined and treated many patients including student athletes who have had concussions or TBI's. In fact many of the cases I receive are referrals from the medical community. We are fully capable of evaluating, intervening and treating patients in this regard and would ask that we be recognized by permitting chiropractic physicians to not only treat student athletes for concussions but also make the appropriate written certification to determine if they are capable of rejoining the team. Our inability to certify a student athlete is often times a burden on our patients, when I must, according to the law, refer the patient to another office after I have treated them so they can return to the playing field.

I would be happy to provide you with more details or answer any questions that you may have about the profession of chiropractic or how it relates to the diagnosis and treatment of concussions. Thank you for your consideration on this matter.

Testimony for HB 5113

I am writing in strong support of HB 5113. Connecticut currently has a law that is missing the basic provisions of athlete/parent education and informed consent. What does it say about our state when we do not even provide the most basic tenants of keeping our student athletes safe? We have an obligation to protect our youngest and most vulnerable children; who do not have a voice. As a leader of the Westport PTA Council how can I stand up and NOT be for this bill? After all, our motto is every child..one voice. We need to be that voice. This is a landmark bill that is the first to address PRIMARY ways to prevent head injuries, instead of just addressing measures ***after the injuries occur.*** Every stakeholder should strongly protect the health and welfare of our most precious assets…our children. I urge your support of this historic bill.

Sheila Flinn
Westport PTA council

REGIONAL SCHOOL DISTRICT NO. 16
BEACON FALLS AND PROSPECT

Woodland Regional High School

Kurt C. Ogren
Principal

Dana M. Mulligan, ED.D.
Assistant Principal

Brian Fell
Assistant Principal
Athletic Director

February 24, 2014

Testimony and Concern Regarding
House Bill 5113 - AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS

My name is Brian Fell and I am the Athletic Director at Woodland Regional High School in Beacon Falls, serving the towns of Prospect and Beacon Falls. I am also the President of the Connecticut Association of Athletic Directors (CAAD). I have been an Athletic Director for more than 20 years and I am writing this testimony with concerns over House Bill 5113.

As Athletic Directors, student safety is our primary concern. While we applaud the committee's efforts to improve the safety of student-athletes with regard to concussions and other head injuries, we have significant concerns with the means and methods that this bill dictates. Connecticut currently has the most comprehensive and strict rules in the nation for training and treating concussed athletes, and returning them to play. This bill, while well-intended, would make the process cumbersome and costly, while duplicating much of what is currently done under current statutes.

Specifically:

- Having one training course that would be appropriate to students from age seven through high school, as well as parents, is not educationally sound. Schools and municipal programs need to have the flexibility to tailor their training programs to specific audiences as appropriate.
- The proposed consent form would supplant the form which has already been approved by the State Department of Education, Department of Health, Connecticut Medical Society, and the Connecticut Association of Athletic Trainers; and is currently in use in schools.
- Limiting contact hours to 90 minutes per week as written is counter-intuitive and would have an opposite impact on student safety as intended. CIAC regulations are in place to monitor and regulate contact hours in practice to appropriate levels at specific times of the season. We are the only state in the nation to regulate this. Coaches need additional time early in a season to properly teach tackling and blocking techniques, as well as prepare for full game contact through controlled scrimmages. Without the appropriate time needed for these activities, injuries could actually increase.
- Collecting and reporting of data would place additional responsibilities on school staff and may require additional staff. Either way, there would be an increased financial burden on schools.

As Athletic Directors, we are dedicated to student safety, and are proud of the fact that our state has been on the leading edge of concussion management and return-to-play. I believe our current practices regarding concussion education and contact hours are exceptional and are ensuring that our student-athletes are getting a safe and productive experience. Additional or replacement rules would only make our practices overly burdensome without added benefit.

Sincerely,

Brian Fell

Brian Fell,
Athletic Director, Woodland Regional High School
President, Connecticut Association of Athletic Directors

135 BACK RIMMON ROAD • BEACON FALLS, CT 06403 • (203) 881-5551 • FAX (203) 881-2015

JOINT
STANDING
COMMITTEE
HEARINGS

CHILDREN
PART 2
489 – 936

2014

Testimony for 5113

Dear Legislator,

My name is Robert Casey and I represent the athletic coaches parents and athletes in the community of Fairfield. I am a member of the Southern Connecticut Soccer Officials Association, an organization of high school soccer officials for most of Fairfield County and Board 9 of International Association of Approved Basketball Officials, an organization of high school basketball officials for Fairfield County. I am writing to express my concern for HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSION.

Although everyone connected with high school athletics is genuinely concerned about the health and safety of the participants, HB 5113 as drafted is ill conceived and takes a "One size fits all" approach which is problematic. It will result in numerous unintended consequences that will be detrimental to high school and youth sports. Since many others will attest to what CIAC, schools, athletic directors, coaches and trainers are doing and will continue to do to make sports safer for the participants, I will focus on the detrimental effect this proposed legislation is certain to have on the 4,000 high school officials and numerous youth officials. Specifically, mandating additional requirements for referees, who are independent contractors, and increasing the liability exposure for these individuals who serve high school and youth sports, will have a major negative impact.

There is a shortage of officials on all levels of amateur sports and HB 5113, as drafted, is certain to be a deterrent to attracting new officials and keeping the ones we have. While several states, including New Jersey, Rhode Island and Massachusetts, have laws that extend immunity to officials against law suits to reduce their liability, this proposed law would increase the exposure for officials in Connecticut, which would be devastating.
It is important for you to understand that the role of the referees is to fairly and impartially enforce the NFHS playing rules while helping to ensure that the games are conducted in a safe environment to minimize risks for the participants. The NFHS 'concussion rule" does not create a duty that officials are expected to perform a medical diagnosis. Referees are simply being asked to use their best judgment in observing and being more cognizant of athletes that may be displaying signs, symptoms and behaviors consistent with concussion, and stop play to provide the opportunity for the athlete to be properly checked by the individuals in charge of their care.

To prepare for this role, each year the officials are required to complete in -service training clinics, and an annual examination on the NFHS rules, including an annual review in recognizing the signs and symptoms of concussions in accordance with NFHS rules in all sports. To assist local and state official's boards, the CIAC has provided concussion cards that contain the signs and symptoms of concussion and other pertinent information and a protocol for officials to follow for all injuries, including concussions.

The officials in our state are dedicated men and women who serve the sport(s) in which they officiate, not for the fee involved, but rather for the love of the game and to help our youth. In short, although this proposed legislation is very well intended, HB 5113 should not be passed as drafted. It is not in the best interest of high school or youth sports. Thank you for the opportunity to express my views.

Respectfully submitted,

Robby Casey
210 James Street
Fairfield, CT 06824

Testimony for 5113

Dear Legislator,
My name is Sal Corsino and I am a sports official in the sport of __Soccer_. I live in the town of Portland.
I am writing to express my concern regarding HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS

Although everyone connected with high school athletics is genuinely concerned about the health and safety of the participants, HB 5113 as drafted is ill conceived and takes a "One size fits all" approach which is problematic. It will result in numerous unintended consequences that will be detrimental to high school and youth sports.
Since many others will attest to what CIAC, schools, athletic directors, coaches and trainers are doing and will continue to do to make sports safer for the participants, I will focus on the detrimental effect this proposed legislation is certain to have on the 4,000 high school officials and numerous youth officials. Specifically, mandating additional requirements for referees, who are independent contractors, and increasing the liability exposure for these individuals who serve high school and youth sports, will have a major negative impact.
There is a shortage of officials on all levels of amateur sports and HB 5113, as drafted, is certain to be a deterrent to attracting new officials and keeping the ones we have While several states, including New Jersey, Rhode Island and Massachusetts, have laws that extend immunity to officials against law suits to reduce their liability, this proposed law would increase the exposure for officials in Connecticut, which would be devastating.
It is important for you to understand that the role of the referees is to fairly and impartially enforce the NFHS playing rules while helping to ensure that the games are conducted in a safe environment to minimize risks for the participants. The NFHS 'concussion rule" does not create a duty that officials are expected to perform a medical diagnosis. Referees are simply being asked to use their best judgment in observing and being more cognizant of athletes that may be displaying signs, symptoms and behaviors consistent with concussion, and stop play to provide the opportunity for the athlete to be properly checked by the individuals in charge of their care
To prepare for this role, each year the officials are required to complete in -service training clinics, and an annual examination on the NFHS rules, including an annual review in recognizing the signs and symptoms of concussions in accordance with NFHS rules in all sports. To assist local and state official's boards, the CIAC has provided concussion cards that contain the signs and symptoms of concussion and other pertinent information and a protocol for officials to follow for all injuries, including concussions.
The officials in our state are dedicated men and women who serve the sport(s) in which they officiate, not for the fee involved, but rather for the love of the game and to help our youth. In short, although this proposed legislation is very well intended, HB 5113 should not be passed as drafted. It is not in the best interest of high school or youth sports. Thank you for the opportunity to express my views.

Respectfully submitted,
Sal Corsino

TOWN OF STAFFORD
DEPARTMENT OF ATHLETICS AND RECREATION
145 ORCUTTVILLE ROAD, STAFFORD SPRINGS, CT 06076

February 25, 2014

Testimony Regarding: ***H.B 5113 - AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS.***

My name is Damian Frassinelli and I serve the Town of Stafford as the Director of Athletics and Recreation, my position oversees all aspects of Educational Based Athletics and Recreation Activities at all levels. I am the Second Vice President of the Connecticut Association of Athletic Directors and I am writing this testimony with concerns over House Bill 5113.

- Under the current legislation, the State of Connecticut has the most stringent coaching permit and coaching education requirements in the country. We offer the most extensive concussion education course required for coaches in the country, which includes the signs and symptoms of concussions and other brain injuries such as brain bleeds and skull fractures, scalp and neck injuries. Coaches are trained in return to play protocols and this content is reviewed annually with all coaches.
- Because of the diversity in school populations and demographic s, our schools need the autonomy to develop their own plans and methods of implementation that will allow them to effectively reach every student and parent. It would be very difficult to adequately reach every student and parent by using only one plan developed by the State Department of Education.
- H.B. 5113 requires the use of a consent form. This form has already been developed using the coaches annual review form previously approved by the SDE, Department of Health, Connecticut Medical Society and Athletic Trainers as the template. Schools are already using this form with their parents and athletes.
- School districts employ trained medical professionals (such as athletic trainers) who work together with the coaches and athletic directors to provide notification to parents when their child exhibits signs and symptoms of a concussion. This bill puts the responsibility on the coach rather than on the school district that employs trained medical professionals who are providing prompt notification at this time.
- School districts do not have the resources to accomplish this without employing additional staff. This would create an unfunded mandate and a burden to our schools.
- There is no statewide governing body for all youth sports and many operate as an independent entity. The implementation and regulating of this requirement would be nearly impossible. Furthermore, many park and recreation programs utilize unpaid parents and students to coach and referee their contests. This legislation would deter many from volunteering. While I can support some level of concussion education for youth coaches, parents and participants, HB 5113 is far too extensive for their needs. Concussion Educations is very important but Background checks and first aid/CPR is equally important.

In summary, I commend the committee for its concern with student safety however the current law, the extensive coaching education requirements and the recent actions and mandates put out by the CIAC requiring concussion education for parents & students and limiting contact in football practice far exceeds what is being done in other states and is more than adequately serving and insuring the safety of our student-athletes in the state of Connecticut.

Sincerely,

Damian Frassinelli

Damian Frassinelli, CAA

Damian Frassinelli, Director of Athletics and Recreation
860-684-4233 ext 3010
frassined@stafford.k12.ct.us

To whom it may concern:

This email is to express our support for the CT HB 5113 – Concussions. We are the Matthew Gfeller Foundation of North Carolina and we are very active in the support of keeping our young athletes safe. Our Foundation supported the 2011 passing of the Gfeller-Waller Concussion Law in NC. We formed our Foundation after our son, Matthew, died in 2008 from a TBI he sustained in a high school football game.

Many of the tenants of the Gfeller - Waller law are also in the new CT bill. The CT bill has even gone further to support concussion awareness and action plans below the high school level, which is very commendable. This bill covers youth sports in a non-prescriptive way and leaves it up to youth organizations to determine how to do it. This is a landmark bill in that it is the first to address primary ways to prevent head injuries, instead of just addressing measures after the injuries occur – like the 90 minute contact practice limit. The passing of HB 5113 – Concussions in CT would give CT an up to date law, replacing one that is very out dated. The vast majority of states include certain basic provisions for education (87% of states) and informed consent (78% of states) but the current CT law does not.

We hope that this campaign is a success for the youth and parents of CT. For more information about the Matthew Gfeller Foundation, please see our web site at matthewgfellerfoundation.org.

Sincerely, Lisa and Bob Gfeller

Testimony for 5113

Dear Legislator,
My name is Tom Dooley and I am a sports official in the sport of _Swimming I live in the town of Waterbury.
I am writing to express my concern regarding HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSION.

I would like to forward a letter written by Joe Tonelli of the CIAC> Mr Tonelli very eloquently point out the major issues with this bill.

"Although everyone connected with high school athletics is genuinely concerned about the health and safety of the participants, HB 5113 as drafted is ill conceived and takes a **"One size fits all"** approach which is problematic. It will result in numerous unintended consequences that will be detrimental to high school and youth sports.
Since many others will attest to what CIAC, schools, athletic directors, coaches and trainers are doing and will continue to do to make sports safer for the participants, I will focus on the detrimental effect this proposed legislation is certain to have on the 4,000 high school officials and numerous youth officials. Specifically, mandating additional requirements for referees, who are independent contractors, and **increasing the liability exposure for these individuals** who serve high school and youth sports, will have a major negative impact.
There is a shortage of officials on all levels of amateur sports and HB 5113, as drafted, is certain to be a deterrent to attracting new officials and keeping the ones we have. While several states, including New Jersey, Rhode Island and Massachusetts, have laws that extend immunity to officials against law suits to reduce their liability, this proposed law would increase the exposure for officials in Connecticut, which would be devastating.
It is important for you to understand that the role of the referees is to fairly and impartially enforce the NFHS playing rules while helping to ensure that the games are conducted in a safe environment to minimize risks for the participants. The NFHS 'concussion rule" does not create a duty that officials are expected to perform a medical diagnosis. Referees are simply being asked to use their best judgment in observing and being more cognizant of athletes that may be displaying signs, symptoms and behaviors consistent with concussion, and stop play to provide the opportunity for the athlete to be properly checked by the individuals in charge of their care.
To prepare for this role, each year the officials are required to complete in -service training clinics, and an annual examination on the NFHS rules, including an annual review in recognizing the signs and symptoms of concussions in accordance with NFHS rules in all sports. To assist local and state official's boards, the CIAC has provided concussion cards that contain the signs and symptoms of concussion and other pertinent information and a protocol for officials to follow for all injuries, including concussions.
The officials in our state are dedicated men and women who serve the sport(s) in which they officiate, not for the fee involved, but rather for the love of the game and to help our youth. **In short, although this proposed legislation is very well intended, HB 5113 should not be passed as drafted. It is not in the best interest of high school or youth sports."** Joe Tonelli

I would just like to add that you can't just legislate every situation, and throw a blanket law into the books, It doesn't work! If you want to pass the law saying trainers are required at all meets,games,matches, that is fine. However you should and cannot put this responsiblity into the hands of officials.

Hello:

I am writing to support Bill No. 5113, An Act Concerning Youth Athletics and Concussions. As parent, coach and journalist, I am very much aware of the weakness in the existing law in Connecticut regarding concussion safety.

Connecticut's existing concussion law was passed in 2010, and is now one of the most outdated laws in the country. Our law does not contain any provisions for athlete and parent education, which are contained in the vast majority of state laws.

As a parent and coach, I have seen firsthand the need for such legislation. Frequently in youth sports, and the volunteers and parents associated with the team have no idea of proper protocols to follow. This happened with my own daughter several years ago, and I was the team's coach. I did not know how to respond. Fortunately, a nurse saw the injury occur and wisely held my daughter from participation. She went to the hospital and was diagnosed with a concussion. It was scary, traumatic and an eye-opener, because I learned I needed to do more to become more aware in how to treat concussions.

Since then, as a journalist, I have written frequently about the impact of concussions of young athletes. Many of the stories are sad, startling and quite honestly, unnecessary. Some precautions by coaches to remove athletes from games when a young athlete gets a head injury could go a long way toward reducing further complications. Too many times coaches force young athletes to remain in the game and to "shake off" the injury.

A concussion cannot be dismissed so easily. The coaches at the youth level are frequently volunteers who are handling the role of a coach to support their child. That is a noble gesture, and they are doing the best that they can. But they need education on concussion safety. This bill would help provide that, and is an important component to this legislation.

The new legislation would also provide informed consent prior to athlete participation in a sport, limited full contact practice to 90 minutes, and for youth sports organizations to adopt policies similar to high school sports.

The Senior Advisor to the National Football League's Head, Neck and Spine Committee has even endorsed this bill. Dr. Robert Cantu said "This legislation is a dramatic positive step in the right direction and has my enthusiastic support."

Connecticut's law needs to updated, we are putting children at risk. I urge you to approve this law, and help make the state's playing fields safer for all children.

Sincerely,

Tom Renner
tomrenner50@gmail.com
203-947-4815
3 Settlers Road
Bethel, CT 06801

Dear Legislator,

My name is Mark Scozzafava and I live in Kent, where I have been a teacher, coach, and sports official for thirty-seven years and counting.

I am writing to express my concern for HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS as well as SB 229- AN ACT CONCERNING SUDDEN CARDIAC ARREST PREVENTION.

Connecticut already has the most stringent coaching permit and coaching education requirements in the country. This state offers the most extensive concussion education course required for coaches in the country. The Connecticut course covers the signs and symptoms of concussions and the chemical occurrence that happens in the brain during the concussed state. It covers other brain injuries such as brain bleeds and skull fractures, scalp and neck injuries. It also trains the coach in an extensive "return to play protocol", which is reviewed annually with all coaches. The current concussion law, the extensive coaching education requirements and the recent actions and mandates put out by the CIAC requiring concussion education for parents & students and limiting contact in football practice far exceeds what is being done in other states and is more than adequately serving and insuring the safety of our student-athletes in the state of Connecticut.

The current coaching law requires all coaches to maintain current first aid and cardiopulmonary resuscitation (CPR) certificates. In addition, these courses include signs, symptoms and prevention of heart attacks, causes of heart disease, breathing emergencies such as choking and the proper method for obtaining medical treatment for a student in distress. Many courses now include training in the use of an AED machine. Additionally, non-teacher coaches by statute must take a 45 clock-hour course which includes 15 hours of instruction on the medical aspects of interscholastic coaching. During those 15 hours the course covers sudden cardiac arrest in great detail. Furthermore, this law places the onus for implementation and notification on the coach rather than the school district that has many more resources to deal with these requirements.

Because state laws already exist that require coaches to have extensive ongoing education and continual first aid & CPR training, the portions of these bills that place additional requirements on coaches would create an unnecessary burden. There is already a shortage of qualified coaches. Many more will leave the profession and newcomers will be deterred. I ask that you vote against these acts.

Sincerely,

Mark Scozzafava
24 Elizabeth St
Kent, CT 06757

Dear Legislator,
My name is Joseph Miller and I am a sports official in the sport of Soccer. I live in the town of Meriden, CT.
I am writing to express my concern regarding HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS

Although everyone connected with high school athletics is genuinely concerned about the health and safety of the participants, HB 5113 as drafted is ill conceived and takes a "One size fits all" approach which is problematic. It will result in numerous unintended consequences that will be detrimental to high school and youth sports.
Since many others will attest to what CIAC, schools, athletic directors, coaches and trainers are doing and will continue to do to make sports safer for the participants, I will focus on the detrimental effect this proposed legislation is certain to have on the 4,000 high school officials and numerous youth officials. Specifically, mandating additional requirements for referees, who are independent contractors, and increasing the liability exposure for these individuals who serve high school and youth sports, will have a major negative impact.
There is a shortage of officials on all levels of amateur sports and HB 5113, as drafted, is certain to be a deterrent to attracting new officials and keeping the ones we have. While several states, including New Jersey, Rhode Island and Massachusetts, have laws that extend immunity to officials against law suits to reduce their liability, this proposed law would increase the exposure for officials in Connecticut, which would be devastating.
It is important for you to understand that the role of the referees is to fairly and impartially enforce the NFHS playing rules while helping to ensure that the games are conducted in a safe environment to minimize risks for the participants. The NFHS 'concussion rule" does not create a duty that officials are expected to perform a medical diagnosis. Referees are simply being asked to use their best judgment in observing and being more cognizant of athletes that may be displaying signs, symptoms and behaviors consistent with concussion, and stop play to provide the opportunity for the athlete to be properly checked by the individuals in charge of their care.
To prepare for this role, each year the officials are required to complete in -service training clinics, and an annual examination on the NFHS rules, including an annual review in recognizing the signs and symptoms of concussions in accordance with NFHS rules in all sports. To assist local and state official's boards, the CIAC has provided concussion cards that contain the signs and symptoms of concussion and other pertinent information and a protocol for officials to follow for all injuries, including concussions.
The officials in our state are dedicated men and women who serve the sport(s) in which they officiate, not for the fee involved, but rather for the love of the game and to help our youth. In short, although this proposed legislation is very well intended, HB 5113 should not be passed as drafted It is not in the best interest of high school or youth sports.
Thank you for the opportunity to express my views.

Respectfully submitted,
Joseph Miller

SUPPORTERS OF HB 5113,
AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS.

Organizations Supporting Bill
Association of School Nurses of CT
CT American Academy of Pediatrics
Brain Injury Alliance of CT
Korey Stringer Institute-UCONN
CT Traumatic Brain Injury Advisory Board
ConcussionCorp
CT Occupational Therapy Association
Sports Legacy Institute
Matthew Gfeller Foundation
Derek Sheely Foundation

"I am proud of Connecticut for being one of the first states to endorse concussion legislation for our youth and now being the first state to address concussion prevention by limiting youth exposure to head trauma. This legislation is a dramatic positive step in the right direction and has my enthusiastic support."--**Robert C. Cantu, MA, MD, FACS, FAANS, FACSM Clinical Professor of Neurology and Neurosurgery, Boston University Medical School, Senior Advisor NFL Head Neck and Spine Committee**

Dr. Gerry Gioia Ph.D.Pediatric Neuropsychologist, Director, Children's National Medical Center. Major contributing author to the updated 2007 edition of the CDC's Physician tool kit for Mild Traumatic Brain Injury "Heads Up: Brain Injury in your Practice" and the tool kits for parents and young athletes entitled "Heads Up: Concussion in Youth Sports" and for school personnel "Heads Up to Schools: Know Your Concussion ABCs."

" We can change lives with this legislation." -- **Buddy Teevens, Head Football Coach, Dartmouth University**

" The Korey Stringer Institute at the U. of Connecticut strongly supports the proposed CT legislation regarding updating the concussion policies. Concussion is a serious medical condition that is an important consideration in a wide variety of youth sports. We are especially excited that this legislation will address youth sports beyond just high school, and will focus on all sports where concussion is a concern. The media has focused a lot of attention on football, but this has done a disservice from an educational perspective, sports like soccer, field hockey, lacrosse, ice hockey, wrestling, gymnastics, and many others pose a realistic risk of a youth athlete having a concussion. This legislation helps to educate that the risk is ever-present in sport and knowledge will help us to better prevent, recognize, and treat the condition. The benefits of physical activity far outweigh the risks of potential injury, and we want kids to increase activity level. But, we need to do so in an environment that nurtures appropriate knowledge about potential injuries." --**Douglas J. Casa, PhD, ATC, FACSM, FNATA, Chief Operating Officer, Korey Stringer Institute,**

"This legislation will bring Connecticut in line with other state laws on important provisions like parent and athlete education, inclusion of recreational sports, and involvement of the state Department of Public Health. Connecticut is already a national model for training coaches on concussions. This bill would make Connecticut a leader in concussion policy, joining a handful of other states that are tuned to ongoing research and are going one step further to make sports safer for kids with primary prevention strategies and data collection to enable researchers to study the problem and evaluate the impact of the law."--**Kerri McGowan Lowrey, JD, MPH, Deputy Director, The Network for Public Health Law**

"The Brain Injury Alliance of Connecticut was pleased to help author the original Concussion Act which was passed 2010, making Connecticut one of the first states to pass concussion legislation. This bill further strengthens that law and will help protect thousands of Connecticut children now and in the future." **Julie Peters, CBIS, Executive Director**

"In regard to TBI and sports, we can identify the vulnerable child and we can identify the factors that place that child at risk. Parents, coaches, referees, doctors, nurses, teachers, lawmakers: we are all links in that child's safety belt and we are only as strong as the weakest link. The revision to CT Bill 5113 unite us through education and serve to strengthen our ability to promote safe play."—**Karen Laugel, MD, President, ConcussionCorps,Inc., Chair CT American Academy of Pediatrics TBI Return to Learn**

"Thanks for your persistence in Connecticut. There are a lot of unnamed lives being changed because of your foresight." -- **Sam Wyche, former head coach, Cincinnati Bengals, Tampa Bay Bucs, Super Bowl participant.**

"Sports have inherent risk, and it is our responsibility to ensure those risks are minimized for youth athletes. Without this legislation, athletes will continue to suffer unnecessary brain damage from preventable and unrecognized concussions."--**Chris Nowinski, Founding Executive Director, Sports Legacy Institute**

" We must all face the fact that the game must be made safer. As a former head coach, I often wonder how many wins I left on the practice field by over-emphasizing technique, tempo and toughness." -- **Dick Vermeil, former head coach, Philadelphia Eagles, St. Louis Rams, Kansas City Chiefs, Super Bowl champion.**

"Children are some of those who are most vulnerable to the significant effects of TBI and repetitive head trauma. It only stands to reason that educating young athletes, their parents and referees about concussions will result in more effective recognition and diagnosis, as well as much needed early treatment, of head trauma. This crucial education, combined with limiting the volume of full speed practice collisions in practice, are crucial steps Connecticut should take to protect our young athletes from the long term effects of concussions". — **Paul Slager, brain injury attorney and former President and Member of the Board of Directors, The Brain Injury Alliance of Connecticut"**

Much like seat belts and car seats, safety measures like these are critical components of ensuring that our children can enjoy sports and continue with their lives after sports. We should not regret taking simple steps to protect our children."--**Kristen L. Sheely, Executive Director, The Derek Sheely Foundation**

"Your message is a good one. Safety at the high school and younger level should be the number one goal." -- **Mike Holmgren, former head coach, Green Bay Packers, Seattle Seahawks, Super Bowl champion.**

"There's a way to practice intelligently. It's not about colliding all the time. You're going to have enough contact when the game starts. In practice, the more controlled action you have, the better. That way, you'll be fit and ready to play the game. I think this approach is much needed all over the country. Help these young football players enhance their careers, but do it the right way." -- **Mike Ditka, former head coach, Chicago Bears, New Orleans Saints, Super Bowl champion.**

"As a coach, parent and expert on youth sport concussions, I believe CT needs to update our outdated law. Education for coaches/parents/athletes is a basic need. Data collection will reap essential research. CT was a leader 2010, and needs to lead again in 2014."--**Katherine Snedaker, MSW, Contributor on youth sport concussions for IOM/NRC Report; Founder SportsCAPP, PinkConcussions**

Testimony for 5113

Dear Legislators,

My name is Susan Thomson and I'm a parent of two children who have both had 6 concussions. I support the concussion law because education is absolutely critical to preventing future injuries and the life changing consequences of those injuries. My daughter Alison Thomson is here today to discuss the implications of her concussions, one of which kept her out of school for months. If we and her premier soccer coach had been educated about concussions and the consequences of sustaining a second concussion while still impaired from the first, as well as the long term implications, Ali would not have missed 3 months of 8th grade and have permanent issues she may have for the rest of her life. This is totally preventable. Not a week goes by where I don't have a conversation with a parent, educating them about the symptoms and treatment of a concussion. Sometimes begging them to keep their child quiet (just for a few days to let their brain heal) and out of sports until they are fully recovered. This education should be happening on every team at every level. I'm sure I sound like a crazy parent but this is a very real issue for our children and an issue that this bill can help solve. My youngest daughter (14 years old) spent Monday at a neurologist having a 24 hour EEG because after 6 concussions she has Migraines and other symptoms. We will never eliminate concussions but if we can prevent the preventable second impact syndrome and some of the long term issues that athletes potentially face, that will go a long way.

The current Connecticut law is a shell of a law- it is missing basic provisions of athlete/parent education, informed consent etc.The vast majority of states include these basic provisions. (87% of states include education/78% informed consent) but CT does not.
Education requirements can be simple and non-prescriptive. There are many resources to choose from, many are free and take little time to complete. We have an obligation to protect our youngest and most vulnerable children. This bill extends basic safety measures to youth sports. This bill does it in a non-prescriptive way and leaves it up to youth organizations to determine how to do it.
This is a landmark bill: It is the first to address primary ways to prevent head injuries, instead of just addressing measures after the injuries occur. (90 minute contact practice limit) Injury reporting is critical to evaluating the effects of the bill, and to policy decision-making. Children don't have a voice and it's time that we demand basic safety measures for them.

Thanks for listening.

Susan Thomson
Westport, CT

HB 5113

I think it is very important to update the existing concussion bill that presently exists in the state of Connecticut. While I have concerns that the bill, in its current form, is vague in some areas, it is better to pass this bill than not passing anything. I would hope that the bill might be altered, proir to passage, so as to include the recommendations that were developed by the Connecticut State Medical Society working closely with its Committee on Sport Medicine, CIAC and CATA.

In the future, it might be more prudent to work with medical organizations (CSMS and its Committee on the Medical Aspects of Sports) to help draft a bill that addresses all the issues on this matter to create a bill that would better serve the constituents of this state. I am very concerned that some items have been left out, including the guidelines in the November 2014 American Academy of Pediatrics publication on Returning to Learning After a Concussion of which I was one of the authors.

Article can be found at: pediatrics.aappublications.org/content/132/5/948.full

Michael A. Lee, M.D.
Connecticut Children's Medical Center
Former Chairman CSMS Committee on the Medical Aspects of Sports
Cerified ImPACT Consultant

Testimony for HB 5113

Dear Legislator,

My name is Kevin Albanese and I am a sports official in the sport of football. I live in the town of Ledyard.

I am writing to express my concern regarding HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSION.

Although everyone connected with high school athletics is genuinely concerned about the health and safety of the participants, HB 5113 as drafted is ill conceived and takes a "One size fits all" approach which is problematic. It will result in numerous unintended consequences that will be detrimental to high school and youth sports.

This proposed legislature will be detrimental to all of the high school officials in Connecticut regardless of the sport. Mandating additional requirements for referees, who are independent contractors, and increasing the liability exposure for these individuals who serve high school and youth sports, will have a major negative impact.

There is a shortage of officials on all levels of amateur sports and HB 5113, as drafted, is certain to be a deterrent to attracting new officials and keeping the ones we have. While several states, including New Jersey, Rhode Island and Massachusetts, have laws that extend immunity to officials against law suits to reduce their liability, this proposed law would increase the exposure for officials in Connecticut, which would be devastating. I, for one, will seriously consider either retiring from officiating or officiate in a different state.

It is important for you to understand that the role of the referees is to fairly and impartially enforce the NFHS playing rules while helping to ensure that the games are conducted in a safe environment to minimize risks for the participants. The NFHS 'concussion rule" does not create a duty that officials are expected to perform a medical diagnosis. Referees are simply being asked to use their best judgment in observing and being more cognizant of athletes that may be displaying signs, symptoms and behaviors consistent with concussion, and stop play to provide the opportunity for the athlete to be properly checked by the individuals in charge of their care.

To prepare for this role, each year the officials are required to complete in - service training clinics, and an annual examination on the NFHS rules, including an annual review in recognizing the signs and symptoms of concussions in accordance with NFHS rules in all sports. To assist local and state official's boards, the CIAC has provided concussion cards that contain the signs and symptoms of concussion and other pertinent information and a protocol for officials to follow for all injuries, including concussions.

The officials in our state are dedicated men and women who serve the sport(s) in which they officiate, not for the fee involved, but rather for the love of the game and to help our youth. In short, although this proposed legislation is very well intended, HB 5113 should not be passed as drafted. It is not in the best interest of high school or youth sports. Thank you for the opportunity to express my views.

Respectfully submitted,

Kevin Albanese

27 February 2014 Testimony 5113
Attn: Members of the Children's Committee

Good Afternoon Representative Urban, Senator Bartolomeo, Representative Betts and Senator Linares and the distinguished members of the Children's Committee. For the record, I am Natalie Intemann, from Trumbull, CT. I am here to testify in support of HB 5113, AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS.

Two years ago, I was diagnosed with a concussion. Two years ago, I spent my days cocooned in my room, shades drawn, noises muffled, medicated to help me manage my pain. A year ago, the lights in this room and the noise of your chairs scraping the floor would cause me to leave these proceedings. Two years ago, on December 1st 2011, my whole life changed.

I am 16 years old and currently a junior in public school in Trumbull, CT. I graduated eighth grade with solid As, dreams of being a Supreme Court Justice and awarded top honors for my class. I was a 14-year old with limitless potential, ready to conquer the world. One day in December brought my life to a halt. I was hit in the head with a volleyball during gym class. From that moment forward, my life and my family's life turned upside down. With only minimal knowledge of concussions and how to recognize symptoms or how to return to learning, I walked blindly into my recovery, led by one specialist or neurologist or by advice from other victims.

At the time of my injury, concussions were widespread in professional sports, but not widely reported. When I was injured, there was a lack of knowledge and lack of strong legislation, both of which could have made a difference in my recovery. PA 10-62, being one of the first concussion laws, is merely an introductory fix on a severe child health issue. In the 2+ years that I have spent recovering from an injury that could have been prevented, legislation was too weak to help other suffering athletes.

Most people are not educated enough on concussion symptoms, return-to-play and return-to-learn protocol, and what to do when athletes show symptoms and signs of a concussion. Reporting a concussion is the first step to a successful recovery but educating parents and athletes can make a difference in recognizing concussive symptoms. Without this bill, students will continue to be led blindly down an unknown path that could ruin their athletic and academic futures.

As a student myself, I recognize that my voice is not always heard clearly by the right people. As a youth, I am relying on adults to make decisions that will keep me safe. By passing this law, our legislature can show investment in the future of Connecticut's children. It is my generation and the generations that come after me that need to be protected. You invest in the brainpower of our country when you support this bill, the exact brainpower that will eventually make decisions for the generations to come. You would not hesitate to protect your own child; please do not hesitate to protect all of us.

Thank you for your generous time and thoughtful consideration in this most critical matter.

Testimony 5113

Good Afternoon Representative Urban, Senator Bartolomeo, Representative Betts and Senator Linares and the distinguished members of the Children's Committee. For the record, my name is Charlie Wund, I am the president and founder of the Agency for Student Health Research based in San Diego, CA. I am a former classroom teacher and athletic director and I am here to testify in support of HB 5113, AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS as I truly believe:

1. Communication must be improved between coaches, school nurses, athletic trainers, parents and medical providers.

2. Data must be gathered on all student-athlete injuries to evaluate the effects of the current law, any changes to the law, and for research to direct future policy.

3. All changes in policy, rules and training should be mindful of the administrative burden placed on educators.

I represent an organization acting to effect positive change. Following the recommendations of the National Athletic Trainers Association and the Natioanl Academies of Science Institute Of Medicine, we work to increase the medical oversight at the youth sports level and establish a national database of youth sports injuries for the purpose of intervention development. Over the past three years, my company has developed a web-based injury reporting platform designed to relieve the administrative burden when documenting injuries and improve the communication for all caregivers of student athletes.

The adoption of our platform by high schools, youth sports teams, research organizations, health systems and government agencies has propelled our capacity for understanding the individual rates of injuries within athletic populations. For example, the Australian Centre for Research into Injury in Sport & it's Prevention (ACRISP), one of the four International Olympic Committee Research Centers in the world, has customized our platform to monitor and record injuries within a population of professional rugby players. In California, the Schools Excess Liability Fund (SELF), the largest statewide school insurance pool, has vested our platform and actively promotes it's use to members as a "loss control tool". Lastly, youth football leagues in Ontario, Canada, are establishing a systematic approach to player development and using our platform to monitor the effect rule changes have on the rates of injury of their players.

Though the centralization of data, we are able to coordinate best practices throughout the different populations. One example comes from a high school football team in San Diego where during the first three weeks of the season, eight concussions were reported using our mobile application. This number was shockingly high, but further investigation uncovered all eight occurrences involved the same type of helmet which was different than the school issued helmet.

The timing of these concussions followed the suicide of Jr Seau and the parents of these students had purchased the "top of the line" helmets for fear the school issued equipment was sub-par.

These best intentions resulted in the fitting of the equipment by a store clerk and not an athletic trainer. We sent an email alert to the parents of over 150 student athletes on the football team to have their helmet fitted by the school athletic trainer and during the following 12 weeks of the season, only two concussions were reported.

In addition to the real-time monitoring of injury trends, longitudinal studies are currently being conducted as we are able to connect research organizations, medical providers and government agencies to regional populations. Within a HIPAA and FERPA compliant structure, we are able to coordinate regional oversight as well as provide schools a secure method of compliance.

To support the progress being proposed, I would like to offer the use of our injury reporting platform, InjureFREE to every high school and youth sport team in the state of Connecticut at no cost for a two year pilot program. A registry of state-wide youth sport injuries, including concussions, will result and access to the de-identified data can be assigned to a task force as directed by this committee. It is essential a report on the current status of athletic injuries be developed to better assist the decision on policy implementation.

We have received support from local health systems and medical providers to provide funding for the initial pilot program and continue beyond the two year period, if deemed appropriate. This would allow for coordination between the task force and the CAIC and become a yearly practice to ensure current trends are reflected when appropriating resources. The statewide adoption of a centralized injury reporting platform would set an example to other states looking for a way to implement feasible youth sport injury interventions, and position Connecticut as a leader towards the creation of a national registry.

Be Healthy,

Charlie Wund
Founder & President
Agency for Student Health Research
Cell: 858-997-5045
Office: 866-591-2747 x801
www.InjureFREE.com

Testimony for 5113

Dear Legislator,

My name is Fred Capozziello, and I am a lacrosse/football high school(and youth) official. I live in the town of North Haven and I am writing to express my concern for HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSION

The NFHS 'concussion rule" does not create a duty that officials are expected to perform a medical diagnosis. Referees are simpl asked to use their best judgment in observing and being more cognizant of athletes that may be displaying signs, symptoms and behaviors consistent with concussion, and stop play to provide the opportunity for the athlete to be properly checked by the individuals in charge of their care. Specifically, mandating additional requirements for referees, who are independent contractors, and increasing the liability exposure for these individuals who serve high school and youth sports, will have a major negative impact. We are not doctors. All we can do is recognize the symptoms of a possible concussion and seek medical relief from the site directors of the venue we working at.

While several states, including New Jersey, Rhode Island and Massachusetts, have laws that extend immunity to officials against law suits to reduce their liability, this proposed law would ***increase*** the exposure for officials in Connecticut. Increasing the liability exposure for these individuals who serve high school and youth sports, will have a major negative impact. There is a shortage of officials on all levels of amateur sports and HB 5113, as drafted, is certain to be a deterrent to attracting new officials (and keeping the ones we have). The officials in our state are dedicated men and women who serve the sport(s) in which they officiate, not for the fee involved, but rather for the love of the game and to help our youth. In short, although this proposed legislation is very well intended, HB 5113 should not be passed as drafted.

Testimony for 5113

My name is Matt Jacobs I am a teacher and school administrator, former lacrosse coach and and lacrosse referee for he past 10 years in the CTLOA, Inc I am writing to express my serious concerns regarding HB 5113 as drafted – AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS

Although everyone connected with high school athletics is genuinely concerned about the health and safety of the participants, HB 5113 as drafted is ill conceived and takes a "One size fits all" approach which is problematic It will result in numerous unintended consequences that will be detrimental to high school and youth sports

Since many others will attest to what CIAC, schools, athletic directors, coaches and trainers are doing and will continue to do to make sports safer for the participants, I will focus on the detrimental effect this proposed legislation is certain to have on the 4,000 high school officials and numerous youth officials Specifically, mandating additional requirements for referees, who are independent contractors, and increasing the liability exposure for these individuals who serve high school and youth sports, will have a major negative impact

There is a shortage of officials on all levels of amateur sports and HB 5113, as drafted, is certain to be a deterrent to attracting new officials and keeping the ones we have. While several states, including New Jersey, Rhode Island and Massachusetts, have laws that extend immunity to officials against law suits to reduce their liability, this proposed law would increase the exposure for officials in Connecticut, which would be devastating

It is important for you to understand that the role of the referees is to fairly and impartially enforce the NFHS playing rules while helping to ensure that the games are conducted in a safe environment to minimize risks for the participants The NFHS 'concussion rule" does not create a duty that officials are expected to perform a medical diagnosis Referees are simply being asked to use their best judgment in observing and being more cognizant of athletes that may be displaying signs, symptoms and behaviors consistent with concussion, and stop play to provide the opportunity for the athlete to be properly checked by the individuals in charge of their care

To prepare for this role, each year the officials are required to complete in -service training clinics, and an annual examination on the NFHS rules, including an annual review in recognizing the signs and symptoms of concussions in accordance with NFHS rules in all sports To assist local and state official's boards, the CIAC has provided concussion cards that contain the signs and symptoms of concussion and other pertinent information and a protocol for officials to follow for all injuries, including concussions

The officials in our state are dedicated men and women who serve the sport(s) in which they officiate, not for the fee involved, but rather for the love of the game and to help our youth In short, although this proposed legislation is very well intended, HB 5113 should not be passed as drafted. It is not in the best interest of high school or youth sports Thank you for the opportunity to express my views

Respectfully submitted,
MJJ

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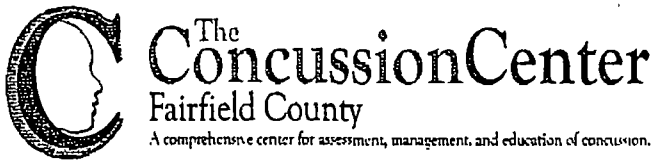
Matthew J. Jacobs
Shattuck House - Administrative Intern
Science Teacher (Human Anatomy & Forensic Science)
The Norwich Free Academy
305 Broadway
Norwich, Connecticut 06360
(860) 425.5783



Jeanne M Marconi MD
Medical Director
Ellen M Fahey DNP
Clinical Director
Tricia McDonough-Ryan PhD
Pediatric Neuro-Psychologist
Consultant

AN ACT CONCERNING YOUTH ATHLETES AND CONCUSSIONS: HB 5113-CONCUSSIONS

I am a Pediatric Neuropsychologists with a specialization in traumatic brain injury. Pediatric Neuropsychology is the medical profession with an expertise in neurodevelopment and the impact of neurological disease or neurological trauma on the developing brain. Neuropsychology is the lens that looks at cognitive and behavioral changes associated with neurological trauma and plays an instrumental role in the research of concussions in children and adolescence with significant National Institutes of Health and Center for Disease Control grant money targeting longitudinal studies of the effects of mild to severe brain injury on cognitive and behavioral development. This research has been instrumental not only for helping legislators realize the economic burden of brain injury on society and need for an increase in education for prevention, but for developing standards of care for diagnosis and medical interventions.

I completed my Pediatric Neuropsychology Fellowship specialization and served on medical faculty for 10 years in traumatic brain injury at Cincinnati Children's Hospital Medical Center, an institution consistently awarded in the Top 3 Best Pediatric Medical Centers by USA World News report on Best Hospitals. I am currently a neuropsychological consultant to multiple schools in Fairfield County in prevention and management of concussions, as well a primary referral source to pediatricians, neurologists, neurosurgeons and other concussion specialists for treatment of children suffering from complicated recovery and for diagnosis and treatment in the elementary to middle school age athlete. In addition, I am a Brain Injury Consultant to the ONS Foundation for Research and Education. In this capacity, I provide education to parents, athletes, teachers and coaches in Fairfield County and collaborate with the NFL Alumni Association to improve education and early diagnosis in the elementary and middle school age athlete.

I enthusiastically support additional legislation outlined in HB5113-Concussions for education to the youth athlete. There is a significant gap in our current legislation that neglects the health and safety of elementary and middle school athletes. Connecticut is behind the rest of the nation in extending policy for this age group and in essence, without it, we are placing these children at significant risk.

As you know, there is a significant increase in organized and commercialization of youth sports that involve contact. Though there is a dearth of studies on the incidence of concussions in the elementary and middle school athlete, a recent prospective study by Kontos et al. (Incidence of Sports-Related Concussions among Youth Football Players Aged 8-12; Journal of Pediatrics, September 2013) found that the overall injury rate for concussion in youth football players was comparable with that reported for high school samples. The NIH and CDC have identified this age group as at greater risk for concussions because the neuromuscular and neurological development of this age group leaves it at significant risk for concussion. Specifically:

85 Old Kings Highway North, Darien Connecticut 06820
Phone: 203-656-2666 Fax: 203-656-4666
www.concussioncenterct.com

Testimony for 5113

Dear Legislators,
My name is Al Harrison and I am a trained and certified softball official and currently the Vice-President of the North Central CT Board of Softball Umpires which services public and private high school and middle schools in the Greater Hartford area I am writing to express my concern for HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSION

Although everyone connected with high school and youth sports is genuinely concerned about the health and safety of the players, HB 5113 as drafted is ill conceived and takes a "One size fits all" approach which will result in numerous unintended consequences that will be detrimental to high school and youth sports.
Since many others will attest to what CIAC, schools, athletic directors, coaches and trainers are doing and will continue to do to make sports safer for the participants, I will focus on the detrimental effect this proposed legislation is certain to have on the high school and numerous youth sports officials. Specifically, mandating additional requirements for referees, who are independent contractors, and increasing the liability exposure for these individuals who serve high school and youth sports, will have a major negative impact.
There is a shortage of officials on all levels of amateur sports and HB 5113, as drafted, is certain to be a deterrent to attracting new officials and keeping the ones we have While several states, including New Jersey, Rhode Island and Massachusetts, have laws that extend immunity to officials against law suits to reduce their liability, this proposed law would increase the exposure for officials in Connecticut, which would be devastating.
It is important for you to understand that the role of the referees is to fairly and impartially enforce the playing rules while helping to ensure that the games are conducted in a safe environment to minimize risks for the players. The NFHS 'concussion rule" does not create a duty that officials are expected to perform a medical diagnosis. Referees are simply being asked to use their best judgment in observing and being more cognizant of athletes that may be displaying signs, symptoms and behaviors consistent with concussion, and stop play to provide the opportunity for the athlete to be properly checked by the individuals in charge of their care
Each year the officials are required to complete in -service training clinics, and an annual examination on the NFHS rules, including an annual review in recognizing the signs and symptoms of concussions in accordance with NFHS rules in all sports To assist local and state official's boards, the CIAC has provided concussion cards that contain the signs and symptoms of concussion and other pertinent information and a protocol for officials to follow for all injuries, including concussions.
The members of our board are dedicated men and women who serve the sport(s) in which they officiate, not for the fee involved, but rather for the love of the game and to help our youth In short, although this proposed legislation is very well intended, HB 5113 should not be passed as drafted It is not in the best interest of high school or youth sports Thank you for the opportunity to express my thoughts on this important matter

Best regards,

Al Harrison, Vice-President
North Central CT Board of Softball Umpires
Enfield, CT

Testimony for HB 5113

Dear Legislator,

My name is Thomas Sparks and I am a sports official in the sport of Football. I live in the town of Berlin. I am writing to express my concern regarding HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSION. Section 5 of this bill would require all interscholastic and youth officials to complete training in regards to concussions before being able to referee any games. If this section of the bill passes referees would incur increased liability because of this training. While all officials are concerned with the safety and wellbeing of all athletes we are in no position to diagnose or evaluate the condition of an athlete. As it is now, we do everything we can to notify coaches and/or trainers of players we perceive to have any type of injuries, especially head injuries.

The bottom line is that we now have a shortage of officials and this increase liability will be a deterrent to attracting new officials and may cause some existing officials to leave our ranks. Many other states have laws that give immunity to officials against law suits, to decrease their liability. This bill would increase the liability of officials.

In conclusion, HB 5113 should not be passed as it is currently drafted. The bill is well meaning, but needs to be redrafted. Thank you for the opportunity to express my views.

Respectfully submitted,

Tom Sparks
Chief Estimator / Outside Sales
Buckley Associates Inc.
15 Progress Circle
Newington, CT 06111
860-768-3122 – Direct Dial
860-666-0555 – Office
860-666-3035 – Fax

Testimony for 5113

Dear Legislator,
My name is David Pretlove and I am a sports official for boys lacrosse, football and field hockey I live in the town of Orange.
I am writing to express my concern for HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSION

I am writing to express my serious concerns regarding HB 5113 as drafted – AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS
Although everyone connected with high school athletics is genuinely concerned about the health and safety of the participants, HB 5113 as drafted is ill conceived and takes a "One size fits all" approach which is problematic It will result in numerous unintended consequences that will be detrimental to high school and youth sports.
Since many others will attest to what CIAC, schools, athletic directors, coaches and trainers are doing and will continue to do to make sports safer for the participants, I will focus on the detrimental effect this proposed legislation is certain to have on the 4,000 high school officials and numerous youth officials Specifically, mandating additional requirements for referees, who are independent contractors, and increasing the liability exposure for these individuals who serve high school and youth sports, will have a major negative impact.
There is a shortage of officials on all levels of amateur sports and HB 5113, as drafted, is certain to be a deterrent to attracting new officials and keeping the ones we have. While several states, including New Jersey, Rhode Island and Massachusetts, have laws that extend immunity to officials against law suits to reduce their liability, this proposed law would increase the exposure for officials in Connecticut, which would be devastating
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The officials in our state are dedicated men and women who serve the sport(s) in which they officiate, not for the fee involved, but rather for the love of the game and to help our youth In short, although this proposed legislation is very well intended, HB 5113 should not be passed as drafted. It is not in the best interest of high school or youth sports Thank you for the opportunity to express my views.

Yours sincerely

David Pretlove

Dear Representative Urban, Senator Bartolomeo, Representative Betts and Senator Linares and the distinguished members of the Children's

Committee. For the record, my name is Victoria Bonitatebus from Ridgefield, Connecticut this is my testimony in support of/on HB 5113, AN

ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS.

I speak from personal experience as a mother whose son suffered from Mild Traumatic Brain Injury (MTBI) and Post Concussion Syndrome for 2

years. This son will also send in his testimony and was in Hartford to testify for the original Concussion bill that was passed in 2010.

For the first six weeks of my son's suffering it was so frustrating, not knowing how to help him, going from doctor to doctor until we finally

found the answers we needed and the help and knowledge necessary to start his recovery. We were finally educated in spotting

the signs and symptoms of a concussion and realizing a concussion IS a Head Injury to the brain. I honestly did not know this originally. Even though my son

is better, I continue to be an advocate and to share my story with other mothers whose children have had or are currently suffering from a concussion and it always

seems to come down to the fact that most of these children do not admit to having symptoms when they continue to play contact sports and

therefore put themselves in additional danger. That is why this bill is so important and future education is necessary.

The 2010 concussion bill is outdated and mainly focuses on what happens after a child is suspected of having a concussion. It does have an

excellent education program for our coaches but is seriously lacking in education where it really counts and that is with the possible victim and

their parents. If education starts at the youth sports level as this bill recommends then our children WILL experience fewer cases of Second

Impact Syndrome or Post Concussion Syndrome. I wish we had this information before my son was hurt.

If we pass this bill it will be considered a landmark bill, the first to address ways to prevent head injuries by putting a limit on contact practices to

90 minutes. It also includes keeping track of head injuries which is critical to evaluating the effects of the bill, and to help with additional policy

decision making to further reduce future exposure to brain injuries. Other states would now follow the guidelines that Connecticut puts in place.

Connecticut cannot continue to be considered a state that does not have the standard of care that other states have. We need to keep our

children safe in every possible way and protecting the brain from Head Injuries is most important.

Simply put, not having this bill in place is just not acceptable, it is absolutely necessary.

Testimony for HB 5113

Dear Legislator,
My name is Anthony Suppa and I am a sports official in the sports of Baseball and Basketball . I live in the town of Norwalk.

I am writing to express my concern regarding HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSION. Although everyone connected with high school athletics is genuinely concerned about the health and safety of the participants, HB 5113 as drafted is ill conceived and takes a "One size fits all" approach which is problematic. It will result in numerous unintended consequences that will be detrimental to high school and youth sports.

Since many others will attest to what CIAC, schools, athletic directors, coaches and trainers are doing and will continue to do to make sports safer for the participants, I will focus on the detrimental effect this proposed legislation is certain to have on the 4,000 high school officials and numerous youth officials. Specifically, mandating additional requirements for referees, who are independent contractors, and increasing the liability exposure for these individuals who serve high school and youth sports, will have a major negative impact.

There is a shortage of officials on all levels of amateur sports and HB 5113, as drafted, is certain to be a deterrent to attracting new officials and keeping the ones we have. While several states, including New Jersey, Rhode Island and Massachusetts, have laws that extend immunity to officials against law suits to reduce their liability, this proposed law would increase the exposure for officials in Connecticut, which would be devastating.
It is important for you to understand that the role of the referees is to fairly and impartially enforce the NFHS playing rules while helping to ensure that the games are conducted in a safe environment to minimize risks for the participants. The NFHS 'concussion rule" does not create a duty that officials are expected to perform a medical diagnosis. Referees are simply being asked to use their best judgment in observing and being more cognizant of athletes that may be displaying signs, symptoms and behaviors consistent with concussion, and stop play to provide the opportunity for the athlete to be properly checked by the individuals in charge of their care.

To prepare for this role, each year the officials are required to complete in -service training clinics, and an annual examination on the NFHS rules, including an annual review in recognizing the signs and symptoms of concussions in accordance with NFHS rules in all sports To assist local and state official's boards, the CIAC has provided concussion cards that contain the signs and symptoms of concussion and other pertinent information and a protocol for officials to follow for all injuries, including concussions.

The officials in our state are dedicated men and women who serve the sport(s) in which they officiate, not for the fee involved, but rather for the love of the game and to help our youth. In short, although this proposed legislation is very well intended, HB 5113 should not be passed as drafted It is not in the best interest of high school or youth sports. Thank you for the opportunity to express my views.

Respectfully submitted,

Anthony Suppa

Testimony for 5113

Co-Chairs Bartolome and Urban and members of the Committee on Children. Following up on my email from yesterday, I support HB 5113, and suggest the attached 3 amendments for the Committee's consideration that address the following issues:

Return to Learn–Amendment #1 would require a student's return to play after a concussion on him or her having returned to full participation in school without the need for academic accommodations.

Parent Informed Consent–Amendment #2 would expand the requirements of the proposed parent consent form so that all relevant factors are disclosed

Concussion-Related Neck and other CNS Injuries–Amendment #3 would amend the bill to include references to concussion-related neck and other central nervous symptom injuries, i e., the spinal cord.

I appreciate you taking an interest in this important issue and I appreciate Reps. Ryan, Riley, Miller, and Steinberg for co-sponsoring the bill.

Sincerely,

Tom Hearn

On Wednesday, February 26, 2014 11 37 AM, Tom Hearn <concussionchangemcps@verizon net> wrote:
Co-Chairs Bartolome and Urban and members of the Committee on Children. My name is Tom Hearn. Two years ago, my son sustained a serious concussion and related neck injury while playing high school football in Maryland. In the wake of my son's injuries, I have been advocating in Maryland for changes to reduce concussions and related injuries in school-sponsored athletics and to improve procedures for managing such injuries when they occur

Friends and relatives who reside in Connecticut have asked me to review HB 5113, *An Act Concerning Youth Athletics and Concussions* and provide you with comments I have concerning the bill HB 5113 contains important improvements to Connecticut's previous efforts to address sports concussion in children. I encourage you to report it favorably so that it may be enacted into law.

I plan to draft several amendments to the bill for your consideration and forward them to you later today with my written testimony. Attached is one of the amendments I would like you to consider. The amendment would require that a student has returned to full academic participation in school prior to being cleared for return to play.

Thank you for your work in this area.

Sincerely,

Tom Hearn

HB 5113 An Act Concerning Athletic Concussions
Hearn Amendment #1
Return-to-Play Only After Return-to-Learn

Amend the Raised Bill HB 5113[1] on page 5 so that lines 122-131 read as follows:

(2) The coach shall not permit such student athlete to participate in any supervised [team] athletic activities involving physical exertion, including, but not limited to, practices, games or competitions, until (A) at least twenty-four hours have elapsed since such student athlete has exhibited signs, symptoms or behaviors consistent with a concussion or other brain injury or has been diagnosed with a concussion or other brain injury; ~~, and~~ (B) such student athlete receives written clearance to participate in such supervised [team] athletic activities involving physical exertion from a licensed health care provider trained in the evaluation and management of concussions; and (C) such student athlete has returned to full academic activity without the need for accommodations.

Rationale

It is important that the return-to-play requirements incorporate the recommendation of the 2012 Zurich Consensus Statement on Sports Concussions that no student return to play until after he or she has returned to full academic participation.

> *It was agreed by the panel that no return to sport activity should occur until the child/adolescent athlete has managed to return to school successfully.*[2]

A full return-to-learn, without the need for any accommodations, would appear to be relevant to a physician's diagnosis of whether the student who no longer reports concussion symptoms has, in fact, recovered from the concussion.

The return-to-learn prerequisite needs to be included so that a school official certifies that the student has returned to full academic participation and no longer needs academic accommodations to do so.

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[1] http://www.scribd.com/doc/209560480/CT-Concussion-Bill-HB-5113

[2] Consensus statement on concussion in sport: the 4th International Conference on Concussion in Sport held in Zurich, November 2012 **http://bjsm.bmj.com/content/47/5/250.full**

HB 5113 An Act Concerning Athletic Concussions
Hearn Amendment #2
Informed Consent Requirements

Amend HB 5113 Raised Bill[1] on page 4 so that lines 83 to 93 read as follow:

(e) (1) On or before July 1, 2015, the State Board of Education, in consultation with the organizations described in subparagraphs (A) to (D), inclusive, of subdivision (1) of subsection (b) of this section, shall develop and approve an informed consent form to distribute to the parents and legal guardians of student athletes involved in intramural or interscholastic athletic activities regarding concussions and other brain injuries. Such informed consent form shall include all relevant information about the risks associated with the sport the parent is consenting to allow his or her child to participate in, both in general and risks specific to the sports program the child will be participating in. Such information shall include, at a minimum: ~~,~~(A) a summary of the concussion and other brain injury education plan described in subsection (c) of this section~~,~~; ~~and~~ (B) a summary of the applicable local or regional board of education's policies regarding concussions and other brain injuries; (C) sports-specific risks in the sport the child is joining~~.~~, such as: (i) the risk of repetitive subconcussive blows to the head in American football and hockey and their effects on a child thinking ability even in the absence of a diagnosed concussion; and (ii) the increased risk of whiplash and related brain and neck trauma from the weight of the helmet used in the sport; (D) the number of concussions and other injuries in the sports program in the previous 3 years; (E) whether coaches have received certification in coaching techniques for their sport in the previous year; (F) whether coaches teach dangerous techniques such as leading with the head when tackling, i.e., "helmet-on-the football" tackling; (G) whether the sports program has a certified athletic trainer present at all practices and games; and (H) whether coaches and their employer conduct the sports program under legal immunity from liability that prevent them and the sports program from being held accountable for failing to exercise reasonable care in conducting the sports program.

Rationale

[1] http://www.scribd.com/doc/209560480/CT-Concussion-Bill-HB-5113

For a parent's consent to allow their child to participate in a sport to be truly informed, it must include all relevant information about the risks of the sport, in general, as well as risks specific to the program the child will be playing in. The above amendment would address these issues.

HB 5113, An Act Concerning Athletic Concussions
Hearn Amendment #3
Include Reference to Neck and Other CNS Injuries

Amend HB 5113 Raised Bill[1] to replace proposed references to "brain" injuries throughout the bill to reference related injuries to the cervical neck and other parts of the central nervous system. For example, on page 1, line 7, change as follow:

Concussions, head, neck, and other central nervous system injuries,

Deleted: and [
Deleted:]
Deleted: brain

Rationale

The head trauma that can result in a sports concussion can also create a whiplash injury to the cervical neck. Also, a blow to the body in sports can also cause a whiplash injury to the cervical neck.

Sports medicine professionals are growing in the awareness of this risk and the overlap of symptoms associated with a concussion and with a cervical neck injury.

> "Concussion symptoms can emanate from the cervical spine. First, whiplash mechanisms of injury are identical to the "impulsive forces" described in concussive injuries. Second, the symptoms of concussion and whiplash-associated disorders (WAD) display remarkable similarity. Notably, symptoms such as headache, neck pain, disturbance of concentration or memory, dizziness, irritability, sleep disturbance, and fatigue, have been described in both concussion[6,9,10] and whiplash[11–13] patients. Symptom inventories initially designed for WAD patients have demonstrated application to patients diagnosed with concussion.[14] Furthermore, cervical zygapophyseal joints have been implicated as generators of headache and dizziness, with diagnostic and therapeutic anesthetic blocks in whiplash patients.[15–17] If the headache associated with concussion can potentially be of cervical spine origin, we would suggest that there is no certainty that *any* of the common concussion symptoms are specific to brain injury."

Concussion, Purely a Brain Injury? Clinical Journal of Sports Medicine, Editorial, September 2013, Volume 23, Issue 5, pp. 331-332
http://journals.lww.com/cjsportsmed/Fulltext/2013/09000/Concussion__Purely_a_Brain_Injury_.1.aspx

[1] http://www.scribd.com/doc/209560480/CT-Concussion-Bill-HB-5113

Testimony for HB 5113

Dear Legislator,
My name is Harry Dauphinais and I am a sports official in the sport of Swimming. I live in the town of Winsted.
I am writing to express my concern regarding HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSION

I can understand the need to have coaches take the concussion training as they see the athletes on a daily basis during their coaching season. They would have a much better opportunity to observe behavior that might indicate a concussion. As an official I may only see an athlete once during a season for approximately an hour and a half. I don't believe that having all officials take the concussion training is necessary, or will make any significant changes in identifying concussions. Coaches and athletic trainers, who are more familiar with their athletes than officials, are present at meets to evaluate their athletes if the need arises.

I urge you to reconsider section 5 of HB 5113.

Sincerely

Harry L. Dauphinais

Testimony for HB 5113

Honorable Legislators,

I am writing to ask you to support the Bill before you today, An Act Concerning Youth Athletics and Concussions.

In October of 2011 my son, then a 12 year old seventh grader at an Independent School in Fairfield, sustained a severe concussion during a school football practice drill called 'Bull In The Ring'.

"Bull In The Ring" puts one player in the middle of a circle made up of many team members, whose numbers are called by a coach, at random, to tackle the one in the middle. From all different sides, from the front, and from behind. It is known as a particularly dangerous practice drill, one that has been banned by many organizations. Due to the severity of his concussion, my son missed 6 months of school and was medicated for debilitating headaches for over a year.

The bill before you recommends limits on full contact practices and a provision to identify and recommend best practices for contact sport safety, with a goal of decreasing exposure to concussion and brain injury. Had this legislation been in place, chances are the "Bull in The Ring" drill would have been banned at my son's school as it has been voluntarily in numerous CT school districts and youth sports organizations.

Simply put, ***this legislation addresses the critical need for uniform prevention education, informed consent, and best practice identification for concussion safety.*** *Connecticut's existing law does not contain these basic provisions; ones that a vast majority of states do include (87% of states include education/78% informed consent).*

State legislation is essential as CIAC mandates do not cover independent school or non-school based youth sports programs*. This bill extends basic safety measures to independent school and non-school based youth sports, and does it in a non-prescriptive way which leaves specific implementation up to youth organizations/schools.*

I urge your support of this Bill.

With sincere thanks,

Melissa Kane
Westport, CT

The Connecticut Occupational Therapy Association
379 Prospect Street, Wethersfield, CT 06109

Testimony of Sharon McCloskey,
Chair, Government Affairs

Re: Raised Bill No. 5113
AN ACT CONCERNING YOUTH ATHLETES AND CONCUSSIONS
February 23, 2014

To the Honorable Members of the Committee on Children:

As Board Member and Chair of Government Affairs of the Connecticut Occupational Therapy Association (ConnOTA), I am writing in support of HB 5113. We support the intent behind this legislation to reduce the number of concussions in children and youth as a result of athletic activities. We are in support of strategies that help educate coaches, parents and youths about this issue, and help protect children and teens from concussion and other serious brain injuries.

Occupational therapy practitioners are highly qualified, licensed professionals who work in the school setting, acute care hospitals, acute rehabilitation facilities and medically based outpatient therapy centers to name a few of the settings. Occupational Therapists have expertise in promoting the function and engagement of all children in their everyday learning and routines, to support successful school participation and independence in daily life skills. Occupational therapy addresses the physical, cognitive, psychosocial and sensory components of performance. In schools, occupational therapy practitioners focus on academics, play and

leisure, social participation, and self-care skills (ADLs or Activities of Daily Living), and extra-curricular activities. In the school setting Occupational therapy's expertise includes activity and environmental analysis and modification, with a goal of reducing the barriers to participation. Occupational therapists have both a direct and indirect impact on student's readiness for learning, success in academics and school participation. In the medically based setting Occupational Therapists provide direct intervention to patients after sustaining a concussion / brain injury with a goal to return to the prior level of function.

Concussion is a brain injury, and all concussions are serious. Most concussions occur without loss of consciousness. Concussions can cause a wide range of functional short-term or long-term changes affecting thinking, sensation, language, or emotions; therefore recognition and response is critical to successful child outcomes. Following a concussion a student can present with a number of possible symptoms - increased problems paying attention or concentrating; increased problems remembering or learning new information; longer time needed to complete tasks or assignments; or difficulty organizing tasks. **Symptomatic students may require active supports and accommodations in school, which may be gradually decreased as their functioning improves. Other students may require hospitalization and intensive rehabilitation after the injury.** Occupational therapists are a school and medically based professional who can best support a student's return to school and recovery, in collaboration with the educational and medical team.

I sincerely thank you for the opportunity to provide comment on this important legislation. We support all efforts to prevent brain injury. OT's are instrumental in the care of patients after an injury. With passage of this legislation, the goal is to prevent the need for medically based services after an avoidable injury and keep our students healthy.

Respectfully submitted,

Sharon M McCloskey MBA OTR/L

Testimony for HB 5113

My name is John Christos and I am a sports official in the sport of basketball and baseball. I live in the town of Danbury.

I am writing to express my concern regarding HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSION. Although everyone connected with high school athletics is genuinely concerned about the health and safety of the participants, HB 5113 as drafted is ill conceived and takes a "One size fits all" approach which is problematic. It will result in numerous unintended consequences that will be detrimental to high school and youth sports. Since many others will attest to what CIAC, schools, athletic directors, coaches and trainers are doing and will continue to do to make sports safer for the participants, I will focus on the detrimental effect this proposed legislation is certain to have on the 4,000 high school officials and numerous youth officials. Specifically, mandating additional requirements for referees, who are independent contractors, and increasing the liability exposure for these individuals who serve high school and youth sports, will have a major negative impact.

There is a shortage of officials on all levels of amateur sports and HB 5113, as drafted, is certain to be a deterrent to attracting new officials and keeping the ones we have. While several states, including New Jersey, Rhode Island and Massachusetts, have laws that extend immunity to officials against law suits to reduce their liability, this proposed law would increase the exposure for officials in Connecticut, which would be devastating.

It is important for you to understand that the role of the referees is to fairly and impartially enforce the NFHS playing rules while helping to ensure that the games are conducted in a safe environment to minimize risks for the participants. The NFHS 'concussion rule" does not create a duty that officials are expected to perform a medical diagnosis. Referees are simply being asked to use their best judgment in observing and being more cognizant of athletes that may be displaying signs, symptoms and behaviors consistent with concussion, and stop play to provide the opportunity for the athlete to be properly checked by the individuals in charge of their care. To prepare for this role, each year the officials are required to complete in -service training clinics, and an annual examination on the NFHS rules, including an annual review in recognizing the signs and symptoms of concussions in accordance with NFHS rules in all sports. To assist local and state official's boards, the CIAC has provided concussion cards that contain the signs and symptoms of concussion and other pertinent information and a protocol for officials to follow for all injuries, including concussions.

The officials in our state are dedicated men and women who serve the sport(s) in which they officiate, not for the fee involved, but rather for the love of the game and to help our youth. In short, although this proposed legislation is very well intended, HB 5113 should not be passed as drafted. It is not in the best interest of high school or youth sports. Thank you for the opportunity to express my views.

Respectfully submitted,

John Christos

Testimony for HB 5113

Suzanne Levasseur MS APRN CPNP
Supervisor of Health Services
Westport, CT
203-341-1250 (phone)
slevasseur@westport.k12.ct.us
Association of School Nurses of Connecticut

Greetings Representative Urban, Senator Bartolomeo, Representative Betts and Senator Linares and the distinguished members of the Children's Committee. For the record, I am Suzanne Levasseur the Health Service Supervisor for the Westport Public School District, a Pediatric Nurse Practitioner, and the President- Elect of the Association of School Nurses of Connecticut (ASNC). I am respectfully submitting written testimony in support of:

Raised Bill 5113 *AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS.*

As the knowledge of concussions has increased and our treatment of athletes who have sustained a head injury has changed over the past several years, "minor head injuries" which were frequently called "bell-ringers" are often now being diagnosed as concussions. Many, including the athletes and their parents, still believe that a student has to lose consciousness or be knocked out to suffer a concussion. We have seen first- hand in the educational setting that when a student suffers a concussion and returns to play prior to the resolution of symptoms, those symptoms persist longer, the chance of a second concussion is much more likely, and the overall condition is more severe. This impacts educational, social, and overall functioning of the student. It results in missed school days, in some cases for an extended period of time. While most concussions resolve in a relatively short time, the risk of a second impact prior to complete resolution greatly inhibits the healing process. Changing the culture of "toughing it out" and "taking one for the team" will require sustained and ongoing education. Starting this education and awareness in the youth sports arena will have the desired impact of standardizing this prevention model and will have a positive impact throughout the student's athletic career.

As concussions cannot be seen or even diagnosed by a CT scan or MRI, it becomes imperative that the athlete, with the support of their parents and coaches, understand the importance of accurately and immediately reporting their symptoms so they may be removed from play to assure the best possible outcome. Student- athlete awareness of the recognition of symptoms related to a possible concussion, as well as recognition of the danger of continuing to play is crucial, and can prevent potentially devastating complications. It is also important that the parent, who knows the student-athlete best, be able to recognize sometimes subtle changes in their child.

In the Westport Public School District we began this formal educational process this year. Athletes were educated with their teams and parents were provided with written information, a video link, and informed consent was requested. This collaboration between our athletic department, health services,

and our administrative leadership is the start of a program we hope will continue to evolve and improve to help minimize the incidence and long-term complications of concussions.

The concussion law of 2010 to educate coaches was an excellent step in the right direction, but the effectiveness of that legislation relies on the student athlete themselves accurately and honestly reporting their symptoms. This Bill will bring CT law closer to national best practices. The reporting of suspected concussions to the CT Department of Public Health will help us obtain the data to continue to develop best practices that will reduce the occurrence and morbidity related to concussions in our student athletes.

As the knowledge about concussions and its ramifications continue to evolve so must our actions to protect our children and students. In summary as a member of ConcussionCORPS as a representative of the Association of School Nurses of Connecticut we are in support of Bill No. 5113. "An Act Concerning Youth Athletics and Concussions".

Testimony for HB 5113

I am Lesley Vandermark from the Korey Stringer Institute at the University of Connecticut. I am in support of HB5113, an act concerning youth athletics and concussions. The Korey Stringer Institute at the University of Connecticut strongly supports the proposed Connecticut legislation regarding updating the concussion policies.

Concussion is a serious medical condition that is an important consideration in a wide variety of youth sports. We are especially excited that this legislation will address youth sports beyond just high school, and will focus on all sports where concussion is a concern. As a former high school athletic trainer, I have seen the benefits of the current legislation in providing education to high school coaches. Coaches and athletic administrators are more aware of concussions and more willing to seek appropriate medical attention for their athletes. But high school athletes aren't the only ones getting hurt. It's time to extend those benefits to athletes of all ages.

The media has focused a lot of attention on football, but we believe this has done a disservice from an educational perspective. Sports like soccer, field hockey, lacrosse, ice hockey, wrestling, gymnastics, and many others pose a realistic risk of a youth athlete having a concussion. This legislation helps to educate everyone involved with youth athletics that the risk is ever-present in sport, and knowledge will help us to better prevent, recognize, and treat the condition. The benefits of physical activity far outweigh the risks of potential injury, but only in an environment which strives to protect athletes wherever possible.

We believe this bill helps to create an environment that nurtures appropriate knowledge about potential injuries, while protecting our most vulnerable athletic population.

--

Lesley W. Vandermark
Assistant Director of Research
Korey Stringer Institute, University of Connecticut
2095 Hillside Road U-1110, Storrs, CT 06269
Office: 860-486-0265
Email: lesley.willis@uconn.edu
Website: ksi.uconn.edu

Dear Representative Urban, Senator Bartolomeo, Representative Betts, and Senetor Linares and the distinguished members of the Children's Committee. For the record, my name is Joseph Bonitatebus from Ridgefield Connecticut, and this is my testimony in support of/on HB 5113, AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS.

March 9th, 2008, a day I will not forget. This is the day I sustained a concussion that affected me for two years, from a simple game of street hockey in the driveway with my brother. I caught a stick to the face, right on the bridge of my nose, and my life changed just like that.

About a half an hour after I was hit I started to feel very fatigued and tired and I kept saying to my parents that I wanted to lie down and go to sleep. My mom then knew something else was going on besides my bruised nose. She immediately called a friend who was a nurse and was told that I may have a concussion and should be taken to the hospital. Once we got to the hospital the doctor had me walk in a straight line and asked me simple questions, like if I knew where I was, what the date was, etc. I had a cat scan done just to make sure there was nothing going on in my head that we could not see. That came back normal, but concussions do not show up on these scans, so I was diagnosed with a mild concussion and a broken nose and was told to take some aspirin and I would be fine within a couple days.

The next day my mom came in to wake me up for school and she had a difficult time doing so, normally I would wake up right away but not this day. I got up and complained about having a pounding headache so she gave me some aspirin decided to let me stay home from school. Even though I was home with a headache I still did all the things I would normally do while I was sick, watch TV, play video games, go on the computer, and listen to music. I had no idea that doing these simple activities would set me back even more. The next day I went to school even

with the pounding headaches. I made it through just a couple of classes and after staring at the computer screens to read for too long I just could not take it, I had to come home.

Weeks passed and we went from doctor to doctor, medication to medication, and my headaches were not getting any better. It was a frustrating time for my whole family; we did not know what we could do. It was not until 6 weeks later that we found a doctor who specialized in sports type injuries and especially concussions and got the help we needed. He said I was suffering from Post Concussion Syndrome and that it was a very serious thing. He talked about symptoms that I did not even realize I was suffering from other than the headaches, I was sensitive to light and noise and I felt like I was in a fog. He told me that I needed to stop going to school and stop doing all of my normal day activities, I needed to shut down and just rest. This method was what he called cocoon therapy which removes all the things that stimulate the brain the most to allow it to heal naturally without stimulation. There was a long list of things I could not do from seeing my friends, doing anything active, watching TV, playing video games, texting, going on a computer, all of the things kids my age, at the time, do every day. I just had to sit at home and the most I could do was listen to books on tape, play cards, or play with Legos. And even then I could only do these things for small amounts of time. I went through this style of treatment for a couple of months before I started to ease back into everything. If we had known this right away I could have recovered quicker and it could have saved us years of trouble.

This not only affected me but it affected my family as well. My little sister, who was three at the time, would want to play with me but did not understand that I was not able to. She had to be quiet around the house for the most part because of my headaches and this frustrated her. My parents also felt helpless since there was not much for them to do except letting my brain heal itself.

After six months of constant pounding headaches, getting caught up on the school work I had missed, and being eased back into reality, I was finally almost healed. My headaches were very minimum and I was not in that fog anymore. But just like that I got hit in the head again while I was at the pool resting with my family and I immediately felt the headaches come back. Since my initial concussion was not healed all the way, this second blow to my head brought back my symptoms just like that. Thankfully this time they were not as bad as before. But after this I went basically one whole year with bad headaches every day.

It took me two years before I was symptom free. I then started doing work with the Brain Injury Association of Connecticut, talking to numerous parents and students about how serious concussions are. I did not want anyone to go through what I had to go through and I hoped that by sharing my knowledge and story that people would know what to do and would not feel lost or uneducated.

How can we expect kids or parents to know what a concussion is, the affects they have, or how to treat one without the proper education. By not passing this bill would be not protecting our young athletes and it will continue to be detrimental to their safety.

Testimony for HB 5113

Good Afternoon Representative Urban, Senator Bartolomeo, Representative Betts and Senator Linares and the distinguished members of the Children's Committee. My name is Brett Aronow. I am both a parent and a member of the Westport Board of Education. As a member of the Board of Education I am very concerned about the safety and well-being of children as well as their ability to achieve their maximum potential in the school setting.

However, I speak to you today about the Concussion legislation at hand solely as a parent who believes it is essential to educate parents regarding concussions, symptoms, recovery and prevention. I am here today on behalf of myself as a parent and coach to testify in support of/on HB 5113, AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS.

Nearly 3 years ago my daughter a 13 year old playing in a town soccer league was concussed during a game that I was watching. She was hit inadvertently in the face with the ball. She did not stop playing or ask to come out of the game although I thought she was hit quite hard. But I guess she was tough.

As a busy parent of 3 children and co-president of the Westport PTA, her vague symptoms of mainly "I just don't feel well", "I'm tired" went unaddressed. She had also received travel inoculations the following day after school that could have produced side effects of nausea and general malaise as well. Her continued complaints mainly about school hours subsided a bit when she returned home and relaxed. I thought perhaps she was under stress in school and or too busy so encouraged her to slow down, but did not take her to be tested. I had suffered two concussions as a teenager and in both cases my symptoms were more pronounced so I thought I knew about concussions.

After about a week off from soccer she returned to play, however when she tried to practice she didn't feel well. Fortunately, the coach had her sit the next game even when she told him she was okay to play, and luckily we had to miss that weekend's game due to a family trip. It wasn't until 2 full weeks of continued vague complaints now mainly focusing on orchestra and an inexplicable bad grade in math that the nurse recommended that I take her to the pediatrician.

At that point she was diagnosed with a past mild concussion and was still suffering from lingering post-concussive symptoms. My daughter followed the protocol by the pediatrician and still it took several weeks to return to feeling better.

Four months later in her first freshman high school soccer game she was concussed again while playing goalie. Another girl tried to dive over her to avoid, but her feet landed on the back of my daughter's head. Once again she did not remove herself from the game, but the next day she had a headache so we immediately took her out

of school, was diagnosed by a doctor and limited her activity. Because of our previous experience and new knowledge, she recovered more quickly from this event. We strongly encouraged her to stop playing soccer after her 2nd concussion and she obliged.

I am here today to support legislation that would help raise education and awareness of symptoms of concussion for parents in youth sports by making concussion education mandatory and accessible. In addition, I believe that the coaches should not only have mandatory education regarding concussions, but also be required to contact the parents directly if they suspect a potential concussion. In this case, the coach did the right thing by not allowing her to practice and play, but had he advised me of her complaints possibly being consistent with post-concussion symptoms, she may have been treated earlier, and the symptoms may have gone away sooner.

Concussions can occur in a number of sports, girls are particularly vulnerable. Because I was unaware that the symptoms for concussion might be very vague, I didn't take her for treatment in a timely manner. I just want to make sure parents and coaches of children in youth sports and high school sports are educated properly and take all potential injuries seriously.

Respectfully,

Brett Aronow
36 Minute Man Hill
Westport, CT 06880

Testimony for HB 5113

Good Afternoon Representative Urban, Senator Bartolomeo, Representative Betts, ranking members and all distinguished members of the Children's Committee. My name is Keith Stein from Westport. I am a parent of two boys and a girl who have all played sports each season from pre-school now through high school. I played sports myself through college and have coached youth sports teams in over 20 seasons in girls and boys basketball, baseball, softball and soccer. I have been a board member of our little league for seven years and serve as the league's safety officer. I also am a board member of the Westport Weston Health District. I am here today on behalf of myself as a parent to testify in support of/on HB 5113, AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS.

I think efforts to improve the education of parents of both high school and all youth league athletics will help improve awareness allowing injuries to be identified more quickly and more often which will minimize the impact on our children. As we all know, the impact of multiple concussions before a child has recovered from an initial one often results in much more severe problems.

From my personal experience as well as those of many of my friends, parents and players often only become properly educated about concussions after they had to deal with one themselves and would have acted much more cautiously if they had obtained some basic knowledge earlier. I get the sense that today more high school parents have some knowledge about the risks of concussions only because by high school they have had a child or one of a close friend who has dealt with a significant injury. If we can mandate basic education for all parents and coaches at the youngest levels, I believe we will be able to reduce the risk of severe injuries resulting from undiagnosed concussions.

Every sport I have been involved in already has preseason meeting(s) educating coaches, as well as officials, on rules and guidelines for the season. It should not be difficult to provide a brief discussion on concussion awareness as well. In Westport, our town mandates that every youth coach complete a short online coaching course on proper behavior through National Alliance for Youth Sports (NAYS - www.nays.org) I noticed that that they have a supplemental online concussion course which I tried out. It took me less than 15 minutes and provided decent basic training. As long as the legislation gives youth sports organizations some flexibility to choose and design their own training which should not have to be as comprehensive as the requirement for high school coaches, I don't believe the requirement would be too onerous. I do think that you should make it clear that youth sports coaches only have to complete or update their concussion training once a year since very often the same parents coach several sports in multiple seasons.

Finally, I do support the requirement that coaches at every level have to notify a player's parent within 24 hours if they suspect a child has suffered a concussion (or in fact any injury that prevented the child from continuing to participate.) It is vital that the parent be aware so that they can monitor the child's progress and take action to provide the needed recovery time particularly when many are involved in multiple activities and sports. A few years ago, my daughter suffered a concussion during a travel soccer practice. Luckily the coach was aware enough to have her sit out the remainder of the practice, however he unfortunately never told us that he suspected a concussion and my daughter only casually mentioned that she wasn't feel well that evening. It

wasn't until she told us that her coach made her sit out her next practice later in the week that we were able to piece together that it was a concussion. In the meantime she had continued with all her other activities (instead of immediately taking the necessary rest to recover) which prolonged her recovery. So while it's important that youth coaches are aware of concussions, it's just as important that they immediately share their concerns with parents.

In closing, I applaud your efforts for mandating improved education and communication regarding this important health issue. Many youth sports organizations have taken steps to improve their awareness and response to concussion injuries already but I do think it is important that the state institute sensible minimum requirements for all organizations which will hopefully lead to a consistent and reinforced message to coaches, parents and players. I would encourage that you provide broad enough language particularly at the youth sports level to allow each town the flexibility to design a program that is logistically feasible while still meeting your requirements.

****

Keith Stein
36 Minute Man Hill
Westport, CT 06880
Home: (203) 222-7554
Cell: (203) 952-3002
Email keithstein@optonline.net

Testimony for HB 5113

Dear Legislator,

My name is David DeMartino and I am an official of youth and high school sports in Connecticut. I am a member in good standing of 3 boards within the state and part of the CIAC Officials Association that has a membership of 4,000 high school officials in all sports I am writing to express my serious concerns regarding HB 5113 as drafted – AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS

Although everyone connected with high school athletics is genuinely concerned about the health and safety of the participants, HB 5113 as drafted is ill conceived and takes a "One size fits all" approach which is problematic It will result in numerous unintended consequences that will be detrimental to high school and youth sports.
Since many others will attest to what CIAC, schools, athletic directors, coaches and trainers are doing and will continue to do to make sports safer for the participants, I will focus on the detrimental effect this proposed legislation is certain to have on the 4,000 high school officials and numerous youth officials. Specifically, mandating additional requirements for referees, who are independent contractors, and increasing the liability exposure for these individuals who serve high school and youth sports, will have a major negative impact.
There is a shortage of officials on all levels of amateur sports and HB 5113, as drafted, is certain to be a deterrent to attracting new officials and keeping the ones we have While several states, including New Jersey, Rhode Island and Massachusetts, have laws that extend immunity to officials against law suits to reduce their liability, this proposed law would increase the exposure for officials in Connecticut, which would be devastating
It is important for you to understand that the role of the referees is to fairly and impartially enforce the NFHS playing rules while helping to ensure that the games are conducted in a safe environment to minimize risks for the participants The NFHS 'concussion rule" does not create a duty that officials are expected to perform a medical diagnosis. Referees are simply being asked to use their best judgment in observing and being more cognizant of athletes that may be displaying signs, symptoms and behaviors consistent with concussion, and stop play to provide the opportunity for the athlete to be properly checked by the individuals in charge of their care
To prepare for this role, each year the officials are required to complete in -service training clinics, and an annual examination on the NFHS rules, including an annual review in recognizing the signs and symptoms of concussions in accordance with NFHS rules in all sports To assist local and state official's boards, the CIAC has provided concussion cards that contain the signs and symptoms of concussion and other pertinent information and a protocol for officials to follow for all injuries, including concussions
The officials in our state are dedicated men and women who serve the sport(s) in which they officiate, not for the fee involved, but rather for the love of the game and to help our youth. In short, although this proposed legislation is very well intended, HB 5113 should not be passed as drafted It is not in the best interest of high school or youth sports
Thank you for the opportunity to express my views.
Respectfully submitted,

David DeMartino

Testimony for 5113

Dear Legislator,

My name is Barry Chasen, and I represent the athletic coaches, officials, parents and athletes in the community of Simsbury.

I am writing to express my concern with HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSION

I, Barry Chasen, am a former teacher and coach for 38 years at both New London High School and Windsor High School. I am presently a baseball umpire, entering my 49th year in that avocation. I work college, high school, American Legion, semi-pro and other youth programs, and have worked fifteen amateur world tournaments. I am writing to express my concerns regarding HB 5113 as presently constituted-AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS.

While all of us in high school and youth athletics is very concerned with the health, safety and overall well-being of the student/athletes, HB 5113 as drafted is not the answer to the concussion issue.

All schools and their athletic personnel are doing everything possible to make athletics as safe as they can. However, mandating additional requirements will have a negative impact, as many present officials will more than likely depart from this avocation and potential new officials will more than likely not want to have to pursue more than is already required of us as officials.

If anything, I would suggest, if it is not presently the situation, that all schools be required to have a trainer on site for their home games, as that is the individual with the most training regarding concussions and other injuries. While none of us wants to see any child suffer a concussion, the game officials are responsible for enough happenings, we have been told what to observe if an athlete suffers an injury, and we are to suggest to the coaches that it may well be best if they remove the player. However, we are not health professionals, and it would be foolish for us to have to remove a player from a contest, if in fact, the individual is deemed able to perform by the experts in the field. Most places take a "save harmless" approach for the game officials, who are responsible for certain safety aspects, like playing conditions prior to and during the game.

The main job of the officials is to see that the playing rules are enforced and to maintain the integrity of the contests. That is all we can hang our hats on, our integrity. If we lose that, we have lost everything, because without honest officials, there is no reason to play the games, which would eliminate these concussion concerns. However, I highly doubt you are looking to eliminate the playing of the games, and honestly, injuries occur no matter how many precautions are taken, how many medical personnel is present, etc. Collisions occur, people fall on hard surfaces in gyms, players get hit

with baseballs and softballs, but in all of these sports, everyone responsible is doing what they are charged with doing at the present time, and officials do not need any added requirements.

Those of us who officiate, do it for the love of the game and to give back to the games we so loved to play ourselves. At the same time, we are in position, as are the coaches to work with young people and help them grow into productive human beings.

While I deeply respect the work put into drafting HB 5113, at this time, this measure should not be passed as constituted. It is not in the best interest of high school or youth sports, and I doubt you would want to negatively impact the opportunities provided by athletic participation, by passing a bill that will more than likely lead to less officials, at a time when we need more to insure the games can be played under proper supervision.

Respectfully submitted,

Barry Chasen
President
Hartford Board of Approved Baseball Umpires

Each year we have to complete in-service training, attend clinics and meetings that address rules and participant safety, and pass a yearly exam, which consists for the most part of 100 questions. To require us to have additional requirements, is asking a bit much.

Testimony for HB 5113

Dear Legislator,
My name is Bob Bernier and represent the athletic coaches parents and athletes in the community of Killingly.
I am wring to express my concern for HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSION

My name is Bob Bernier..... I was a former CT DOT PERMIT INSPECTOR/SUPERVISOR. Our paths may have crossed during our lifetimes, especially Tony Gugliemo, Danny Rovero and Don Williams. I especially respect you three as individuals and your continued years of commitment to "simply do the right thing" for the people of Connecticut. For 37 years, I also have been an active member of the largest sports officiating organization in the world, The International Association of Approved Basketball Officials(IAABO). This 16,000 member organization officiates high school basketball games. I am writing to express my serious concerns regarding HB 5113 as drafted – AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS. I am also a member of the CIAC Girls Basketball Committee and national chairperson of the IAABO Women's Coordinating Committee.
Although everyone connected with high school athletics is genuinely concerned about the health and safety of the participants, HB 5113 as drafted is ill conceived and takes a "One size fits all" approach which is problematic. It will result in numerous unintended consequences that will be detrimental to high school and youth sports.
Since many others will attest to what CIAC, schools, athletic directors, coaches and trainers are doing and will continue to do to make sports safer for the participants, I will focus on the detrimental effect this proposed legislation is certain to have on the 4,000 high school officials and numerous youth officials. Specifically, mandating additional requirements for referees, who are independent contractors, and increasing the liability exposure for these individuals who serve high school and youth sports, will have a major negative impact.
There is a shortage of officials on all levels of amateur sports and HB 5113, as drafted, is certain to be a deterrent to attracting new officials and keeping the ones we have. While several states, including New Jersey, Rhode Island and Massachusetts, have laws that extend immunity to officials against law suits to reduce their liability, this proposed law would increase the exposure for officials in Connecticut, which would be devastating.
It is important for you to understand that the role of the referees is to fairly and impartially enforce the NFHS playing rules while helping to ensure that the games are conducted in a safe environment to minimize risks for the participants. The NFHS 'concussion rule" does not create a duty that officials are expected to perform a medical diagnosis. Referees are simply being asked to use their best judgment in observing and being more cognizant of athletes that may be displaying signs, symptoms and behaviors consistent with concussion, and stop play to provide the opportunity for the athlete to be properly checked by the individuals in charge of their care. To prepare for this role, each year the officials are required to complete in -service training clinics, and an annual examination on the NFHS rules, including an annual review in recognizing the signs and symptoms of concussions in accordance with NFHS rules in all sports. To assist local and state official's boards, the CIAC has provided concussion cards that contain the signs

and symptoms of concussion and other pertinent information and a protocol for officials to follow for all injuries, including concussions.
The officials in our state are dedicated men and women who serve the sport(s) in which they officiate, not for the fee involved, but rather for the love of the game and to help our youth. In short, although this proposed legislation is very well intended, HB 5113 should not be passed as drafted. It is not in the best interest of high school or youth sports. Thank you for the opportunity to express my views.
Please feel free to contact me for additional information or questions. 860-465-7771 or iaabo8@snet.net
Respectfully submitted,
Bob Bernier

Testimony for HB 5113

Dear Legislator,

My name is Bill Peet and I am a sports official in the sport of football as a member of the Colonial Football Officials Association as well as a softball umpire as a member of the Greater Fairfield County Umpires Association. I live in the town of Monroe and I'm writing to express my concern regarding HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSION.

Although everyone connected with high school athletics is genuinely concerned about the health and safety of the participants, HB 5113, as drafted, is ill conceived, takes a "One size fits all" approach to the issue and is therefore problematic. It will result in numerous unintended consequences that will be detrimental to high school and youth sports. Since many others will attest to what CIAC, schools, athletic directors, coaches and trainers are doing and will continue to do to make sports safer for the participants, I will focus on the
detrimental effect this proposed legislation is certain to have on the 4,000 high school officials and numerous youth officials. Specifically, mandating additional requirements for referees/umpires, who are independent contractors, by increasing the liability exposure for these individuals who serve high school and youth sports, will have a major negative impact.

There is a shortage of officials on all levels of amateur sports and HB 5113, as drafted, is certain to be a deterrent to attracting new officials as well as retaining current officials. While several states, including New Jersey, Rhode Island and Massachusetts, have laws that extend immunity to officials against law suits to reduce their liability, this proposed law would increase the exposure for officials in Connecticut. This will have a devastating effect on being able to attract and retain officials.

It is important for you to understand that the role of the referee/umpire is to fairly and impartially enforce the NFHS playing rules while helping to ensure that the games are conducted in a safe environment to minimize risks for the participants. The NFHS 'concussion rule" does not create a duty that officials are expected to perform a medical diagnosis. Referees are simply being asked to use their best judgment in observing and being more cognizant of athletes that may be
displaying signs, symptoms and behaviors consistent with concussion,
and stop play to provide the opportunity for the athlete to be properly checked by the individuals in charge of their care. To prepare for this role, each year the officials are required to complete in -service training clinics, and an annual examination on the NFHS rules, including an annual review in recognizing the signs and symptoms of concussions in accordance with NFHS rules in all
sports. To assist local and state official's boards, the CIAC has provided concussion cards that contain the signs and symptoms of concussion and other pertinent information and a protocol for officials to follow for all injuries, including concussions. The officials in our state are dedicated men and women who serve the sport(s) in which they officiate, not for the fee involved, but rather for the love of the game and to help our youth.

In conclusion, although this proposed legislation is very well intended, HB 5113 should not be passed as currently drafted as will not best serve the needs of high school or youth sports.

I respectfully ask that you heed the opinions articulated above and of those of my brother and sister officials. And I sincerely thank you for the opportunity to express my views.

Respectfully submitted,

Bill Peet

Testimony for HB 5113

Dear Legislator,
My name is Chris Burns and I am a sports official in the sport of Swimming. I live in the town of North Haven.
I am writing to express my concern regarding HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSION Although everyone connected with high school athletics is genuinely concerned about the health and safety of the participants, HB 5113 as drafted is ill conceived and takes a "One size fits all" approach which is problematic. It will result in numerous unintended consequences that will be detrimental to high school and youth sports.
Since many others will attest to what CIAC, schools, athletic directors, coaches and trainers are doing and will continue to do to make sports safer for the participants, I will focus on the detrimental effect this proposed legislation is certain to have on the 4,000 high school officials and numerous youth officials Specifically, mandating additional requirements for referees, who are independent contractors, and increasing the liability exposure for these individuals who serve high school and youth sports, will have a major negative impact.
There is a shortage of officials on all levels of amateur sports and HB 5113, as drafted, is certain to be a deterrent to attracting new officials and keeping the ones we have. While several states, including New Jersey, Rhode Island and Massachusetts, have laws that extend immunity to officials against law suits to reduce their liability, this proposed law would increase the exposure for officials in Connecticut, which would be devastating.
It is important for you to understand that the role of the referees is to fairly and impartially enforce the NFHS playing rules while helping to ensure that the games are conducted in a safe environment to minimize risks for the participants The NFHS 'concussion rule" does not create a duty that officials are expected to perform a medical diagnosis. Referees are simply being asked to use their best judgment in observing and being more cognizant of athletes that may be displaying signs, symptoms and behaviors consistent with concussion, and stop play to provide the opportunity for the athlete to be properly checked by the individuals in charge of their care.
To prepare for this role, each year the officials are required to complete in -service training clinics, and an annual examination on the NFHS rules, including an annual review in recognizing the signs and symptoms of concussions in accordance with NFHS rules in all sports. To assist local and state official's boards, the CIAC has provided concussion cards that contain the signs and symptoms of concussion and other pertinent information and a protocol for officials to follow for all injuries, including concussions.
The officials in our state are dedicated men and women who serve the sport(s) in which they officiate, not for the fee involved, but rather for the love of the game and to help our youth. In short, although this proposed legislation is very well intended, HB 5113 should not be passed as drafted It is not in the best interest of high school or youth sports Thank you for the opportunity to express my views

Respectfully submitted,

Chris Burns

Connecticut Association of Boards of Education, Inc.

81 Wolcott Hill Road, Wethersfield, CT 06109-1242 - (860) 571-7446

Testimony
Submitted to the
Committee on Children
February 27, 2014

HB 5113 AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS

The Connecticut Association of Boards of Education works diligently to provide guidance to boards of education to protect the health and safety of students in the school environment. We provide a multitude of policies addressing health and safety issues within the school setting, during school transportation, and during extracurricular activities, including athletics. We also disseminate the latest in best practices on these and other issues.

CABE is very concerned that while the intent of HB 5113, An Act Concerning Youth Athletics and Concussions is laudable, the bill as drafted is overly prescriptive and, in fact, will limit the ability of those who oversee school athletic programs at the local and state level to respond and implement best practices in a timely manner. We have worked closely with the Connecticut Association of Schools, the Connecticut Interscholastic Athletic Association, a coalition of parents concerned about these issues and others over the past 6 months. This bill, rather than supporting the existing structures in place to regulate and train those involved with student athletics through CIAC, imposes additional burdens on the State Department of Education. At a time when there are a multitude of pressures on the Department to implement educational reforms, it will not be effective to put these additional requirements within the State Department of Education.

CABE strongly believes that implementation of training and enforcement is best placed with the CIAC.

We look forward to working with you to ensure that student health and safety needs are met effectively.

We appreciate your attention to this issue.

Testimony for HB 5113

Dear Legislator,
My name is David McDowell and I am a sports official in the sport of Football I live in the town of Lebanon CT. I am writing to express my concern regarding HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSION

As a coach of 15 years in youth football and now a member of the CIAC (football officials) This bill being considered concerns me greatly. As a football official I do not have the ability nor do I want the responsibility or liability in determining a football players health or well being. As an official when I see a player with a issue I stop the game and have the teams coach look at the player and the coach has the option to call in a trainer and or a medical professional/ EMT that is trained for such evaluations As a coach for 15 years I would want this no other way A coach knows his players and a medical professional knows how to evaluate the players. Asking an official who may be paid but for all practical purposes is a volunteer who is donating his time to officiate a game he loves for what amounts to gas money to get to and from the game is a huge mistake If this law passes the liability placed on an official is unacceptable and would cause I fear many to stop officiating In a time when officials numbers are low and need is high this seems like the wrong bill to pass at this time

Thank you for your consideration in this matter.

David McDowell
www.SignProfessionals.com
860-823-1122 / F. 860-823-1244
303 West Main Street
Norwich, CT 06360

Testimony for HB 5113

Dear Legislator,

Please vote No to this proposed HB 5113 legislation.

My name is Donald M. Costello and I am a sports official in the sport of lacrosse. I live in the town of Danbury, Conn. I am writing to express my concern regarding HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSION I am wring to express my concern for HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSION I am writing to express my serious concerns regarding HB 5113 as drafted ◆ AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS. Although everyone connected with high school athletics is genuinely concerned about the health and safety of the participants, HB 5113 as drafted is ill conceived and takes a ◆One size fits all◆ approach which is problematic. It will result in numerous unintended consequences that will be detrimental to high school and youth sports. Since many others will attest to what CIAC, schools, athletic directors, coaches and trainers are doing and will continue to do to make sports safer for the participants, I will focus on the detrimental effect this proposed legislation is certain to have on the 4,000 high school officials and numerous youth officials. Specifically, mandating additional requirements for referees, who are independent contractors, and increasing the liability exposure for these individuals who serve high school and youth sports, will have a major negative impact. There is a shortage of officials on all levels of amateur sports and HB 5113, as drafted, is certain to be a deterrent to attracting new officials and keeping the ones we have. While several states, including New Jersey, Rhode Island and Massachusetts, have laws that extend immunity to officials against law suits to reduce their liability, this proposed law would increase the exposure for officials in Connecticut, which would be devastating. It is important for you to understand that the role of the referees is to fairly and impartially enforce the NFHS playing rules while helping to ensure that the games are conducted in a safe environment to minimize risks for the participants. The NFHS ◆concussion rule◆ does not create a duty that officials are expected to perform a medical diagnosis. Referees are simply being asked to use their best judgment in observing and being more cognizant of athletes that may be displaying signs, symptoms and behaviors consistent with concussion, and stop play to provide the opportunity for the athlete to be properly checked by the individuals in charge of their care. To prepare for this role, each year the officials are required to complete in -service training clinics, and an annual examination on the NFHS rules, including an annual review in recognizing the signs and symptoms of concussions in accordance with NFHS rules in all sports. To assist local and state official◆s boards, the CIAC has provided concussion cards that contain the signs and symptoms of concussion and other pertinent information and a protocol for officials to follow for all injuries, including concussions. The officials in our state are dedicated men and women who serve the sport(s) in which they officiate, not for the fee involved, but rather for the love of the game and to help our youth. In short, although this proposed legislation is very well intended, HB 5113 should not be passed as drafted. It is not in the best interest of high school or youth sports. Thank you for the opportunity to express my views.
Donald M. Costello

Testimony for HB 5113

Dear Legislator,

My name is Joe Halloran and I am a sports official in the sport of football and I live in the town of Brookfield I am writing to express my concern regarding HB5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSION

I am not a medical person and cannot diagnose a concussion nor do I believe that even after attending a training course to determine if a player has a concussion will I be able to make that diagnosis This is a issue of liability on my part as an official. The current guidelines is that we as officials if we believe that someone might be hurt or injured we send them to the sideline for evaluation It is at that point that a certified person can do a diagnosis and make the decision if the player has a concussion I believe that this is the best, there is no way even with training that I can make that call this is just a liability issue and I will be open for lawsuits

Please reject this p[proposal

Regards,

Joe Halloran
203-775-5554

Testimony for HB 5113

Dear Legislator,

My name is Rocco Sanzo. I am a certified official and referee and belong to the Central Connecticut Association of Football Officials. I am wring to express my concern for HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSION

It is important for you to understand that the role of the referees are to fairly and impartially enforce the NFHS playing rules while helping to ensure that the games are conducted in a safe environment to minimize risks for the participants. The NFHS 'concussion rule" does not create a duty that officials are expected to perform a medical diagnosis. Referees are simply being asked to use their best judgment in observing and being more cognizant of athletes that may be displaying signs, symptoms and behaviors consistent with concussion, and stop play to provide the opportunity for the athlete to be properly checked by the individuals in charge of their care.

To prepare for this role, each year the officials are required to complete in -service training clinics, and an annual examination on the NFHS rules, including an annual review in recognizing the signs and symptoms of concussions in accordance with NFHS rules in all sports. To assist local and state official's boards, the CIAC has provided concussion cards that contain the signs and symptoms of concussion and other pertinent information and a protocol for officials to follow for all injuries, including concussions.

The officials in our state are dedicated men and women who serve the sport(s) in which they officiate, not for the fee involved, but rather for the love of the game and to help our youth. In short, although this proposed legislation is very well intended, HB 5113 should not be passed as drafted. It is not in the best interest of high school or youth sports. Thank you for the opportunity to express my views.

Regards,
Rocco Sanzo

Testimony for HB 5113

Dear Legislators,

My name is James Gartner and I am a sport! s official in the sport of Baseball I live in the town of Greenwich.

I am writing to express my concern regarding HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSION. Although, everyone connected with high school athletics is genuinely concerned about the health and safety of the participants, HB 5113 as drafted is ill conceived and takes a "One size fits all" approach which is problematic. It will result in numerous unintended consequences that will be detrimental to high school and youth sports.

Since many others will attest to what CIAC, schools, athletic directors, coaches and trainers are doing and will continue to do to make sports safer for the participants, I will focus on the detrimental effect this proposed legislation is certain to have on the 4,000 high school officials and numerous youth officials Specifically, mandating additional requirements for referees, who are independent contractors, and increasing the liability exposure for these individuals who serve high school an! d youth sports, will have a major negative impact.

There is a shortage of officials on all levels of amateur sports and HB 5113, as drafted, is certain to be a deterrent to attracting new officials and keeping the ones we have. While several states, including New Jersey, Rhode Island and Massachusetts, have laws that extend immunity to officials against law suits to reduce their liability, this proposed law would increase the exposure for officials in Connecticut, which would be devastating

It is important for you to understand that the role of the referees is to fairly and impartially enforce the NFHS playing rules while helping to ensure that the games are conducted in a safe environment to minimize risks for the participants The NFHS 'concussion rule" does not create a duty that officials are expected to perform a medical diagnosis Referees are simply being asked to use their best judgment in observing and being more cognizant of athletes that m! ay be displaying signs, symptoms and behaviors consistent with concuss ion, and stop play to provide the opportunity for the athlete to be properly checked by the individuals in charge of their care.

To prepare for this role, each year the officials are required to complete in -service training clinics, and an annual examination on the NFHS rules, including an annual review in recognizing the signs and symptoms of concussions in accordance with NFHS rules in all sports. To assist local and state official's boards, the CIAC has provided concussion cards that contain the signs and symptoms of concussion and other pertinent information and a protocol for officials to follow for all injuries, including concussions.

The officials in our state are dedicated men and women who serve the sport(s) in which they officiate, not for the fee involved, but rather for the love of the game and to help our youth. In short, although this proposed legislation is very well intended, HB 5113 should not be passed as drafted. It is not in the be! st interest of high school or youth sports Thank you for the opportunity to express my views

Sincerely,
Jim Gartner

Testimony for HB 5113

My name is Jason Kasprzyk, and although I have only been a certified official for one season, I can very much see how this legislation would impact intramural sports altogether.

There has to be some form of control over the safety of our children, but that should fall upon the individual schools to acquire and maintain training staff to handle injuries, both minor and severe. It should not fall upon officials to determine the severity of an injury, nor to determine if a player is fit to play. Our main concern should be the conducting of the sport, and while player safety is still one of our top priorities, we should not be responsible for the hundreds of children we referee in a season.

As students, they should understand the risks of contact sports...and their parents should also be educated in the risks of concussive injuries. It is, however, unrealistic to ask that every student and parent, for EVERY SPORT be required to take time out of their schedules to do so. It will, at the very least, make entering into a sport more difficult...and in doing so, we stand to lose plenty of talent in our younger generations from being fostered and developed.

I must protest to the passing of HB 5113, and I must insist upon its revision to a better, more intensely focused bill...one that operates as intended, and doesn't place forced impositions upon an already dwindling roster of officials.

Respectfully,
Jason Kasprzyk
Bridgeport, CT

Testimony for HB 5113

Dear Legislator,

My name is Julie Harvey, and I am a high school athletics official in the community of Bristol and Northwestern CT. I am wring to express my concern for HB 5113 - AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSION, specifically Section 5(a)(2) & 5(a)(3) (lines 280 - 295), which mandates concussion training for all youth sports referees.

It appears that the legislature is taking a "shot gun" approach to concussion identification & management in youth athletes, by obligating not only the coaches and athletic trainers, but now bringing referees into the mix. By distributing responsibility across numerous parties, I am afraid the decision process regarding an injured athlete may become much more controversial than it needs to be. What happens when the coach and trainer say the athlete is good to go, but the referee(s) (often taking a conservative approach out of personal liability concerns) disagree? I foresee a rash of suspended competitions and protests arising from involving sports referees in the concussion decision.

As referees, we trust the coaches and trainers to make good decisions regarding the personal health and safety of youth athletes. If you insist on including referees as a second line of defense, please include language stating so, and protect us from yet another layer of liability and controversy. Scholastic sports officials (and many other youth sports officials) are independent contractors, and we already assume personal liability for ensuring the safety of facilities and equipment prior to competition. Increasing our liability by including medical decisions as an added responsibility will place a strain on the already inadequate supply of referees in our state, by forcing out and/or discouraging those who take a conservative approach and do not want yet another area for argument with coaches, parents and fans. The service officials provide in ensuring safe, fair, and legal events is fundamental to athletic competition, and essential to league & CIAC state tournament competition.

I am 100% committed to the safety and health of our youth athletes. However, it must be done in a way that ensures that the competitions may proceed in the manner they were intended. **I respectfully request that the legislature keep primary responsibility for concussion identification and management with the coaches, operators and athletic trainers of youth sports.** Your personal response with your views regarding referee responsibility for concussions management in youth sports is appreciated. I am happy to answer any questions you may have.

Sincerely,

Julie Harvey
27 Wilderness Way
Bristol, CT 06010
(203) 525-5659

Testimony for HB 5113

Dear Legislator,

My name is Mike Barbaro and I am a sports official in the sport of Football. I live in the town of Wallingford.

I am writing to express my concern regarding HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSION

I have been a football official for 35 years. I have the responsibility to teach new officials the rules of the game, including identifying players with concussion like symptoms.

The rule book that we use to officiate the game is clear that we are not doctors and we should not act like doctors on the field. It is our responsibility to identify players who we feel may show signs of a concussion and when we do see players with these signs we are to escort them to the sideline where someone with the medical credentials determines whether that player should sit or play.

Over the past several years Concussions have been a major point of emphasis with officials, coaches and medical personnel attending to the players on the sideline.

I can tell you that from my personal experience that I have not seen one instance where we have identified a player with concussion like symptoms who reentered the game. Everyone has always taken the side of caution to protect the player.

Every year the rules committee does everything they can to protect the players. Rule changes for 2014 include a penalty for "Targeting" to further prevent this type of injury from happening.

As an official I will always enforce the rules to protect players from injury, but to ask me to make a medical diagnosis about a players medical condition is unfair and will only allow an attorney to come after me for failure to make the proper diagnosis.

I ask you to strongly consider voting against HB 5113.

Thank you,

Michael L Barbaro
Town Fair Tire
460 Coe Ave
East Haven, CT 06512
203-467-8600 EXT 105

Testimony for HB 5113

Dear Legislator,
My name is Chris Gluz and I am a sports official in the sport of baseball. I live in the town of Danbury.

I am writing to express my concern regarding HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSION. Although everyone connected with high school athletics is genuinely concerned about the health and safety of the participants, HB 5113 as drafted is ill conceived and takes a "One size fits all" approach which is problematic. It will result in numerous unintended consequences that will be detrimental to high school and youth sports. Since many others will attest to what CIAC, schools, athletic
directors, coaches and trainers are doing and will continue to do to make sports safer for the participants, I will focus on the detrimental effect this proposed legislation is certain to have on the 4,000 high school officials and numerous youth officials. Specifically, mandating additional requirements for referees, who are independent contractors, and increasing the liability exposure for these
individuals who serve high school an! d youth sports, will have a major negative impact. There is a shortage of officials on all levels of amateur sports and HB 5113, as drafted, is certain to be a deterrent to attracting new officials and keeping the ones we have. While several states, including New Jersey, Rhode Island and Massachusetts, have laws that extend immunity to officials against law suits to reduce their liability, this proposed law would increase the exposure for officials in Connecticut, which would be devastating.
It is important for you to understand that the role of the referees is to fairly and impartially enforce the NFHS playing rules while helping to ensure that the games are conducted in a safe environment to minimize risks for the participants. The NFHS 'concussion rule" does not create a duty that officials
are expected to perform a medical diagnosis. Referees are simply being asked to use their best judgment in observing and being more cognizant of athletes that may be displaying signs, symptoms and behaviors consistent with concuss ion, and stop play to provide the opportunity for the athlete to be properly checked by the individuals in charge of their care. To prepare for this role, each year the officials are required to complete in -service training clinics, and an annual examination on the NFHS rules, including an annual review in recognizing the signs and symptoms of concussions in accordance with NFHS rules in all sports. To assist local and state official's boards, the CIAC has provided concussion cards that contain the signs and symptoms of concussion and other pertinent information and a protocol for officials to follow for all injuries, including concussions. The officials in our state are dedicated men and women who serve the sport(s) in which they officiate, not for the fee involved, but
rather for the love of the game and to help our youth. In short, although this proposed legislation is very well intended, HB 5113 should not be passed as drafted. It is not in the best interest of high school or youth sports. Thank you for the opportunity to express my views.

Best Regards

Christopher Gluz

Norwalk Lacrosse Association

Johnson Couch, Jr , President
6 Rowan Street
Unit #4
Norwalk, Connecticut 06855-1936

Telephone (203) 838-0232
Mobile (203) 952-4661
e-mail laxdad@aol com

27 February 2014

Committee on Children
Room 011, Capitol Building
Hartford, Connecticut 06106

Subject: AN ACT CONCERNING YOUTH ATHLETES AND CONCUSSIONS

Distinguished Members of the Committee on Children;

I am writing in support of HB 5113-Concussions as the president of a community-based youth lacrosse program in Norwalk, as Secretary of the Connecticut-New York Youth Lacrosse Association (CONNY), and as youth representative on the US Lacrosse Men's Game Rules Subcommittee.

Throughout my nearly sixty years around the game, lacrosse has always been a "contact sport," rather than a "collision sport." This is born out by NCAA data* that shows the concussion injury rates for men's and women's lacrosse are significantly below those for football, ice hockey (especially women's), and women's soccer and on a par with men's soccer and women's basketball. However, with our rapid growth over recent decades (lacrosse is the nation's fastest growing team sport), violent collision has crept into the game. There are several causes for this, perhaps the most prominent of which is the influx into lacrosse of players and coaches from sports that either depend upon or tolerate such collisions.

US Lacrosse is committed to further reducing the sport's relatively low concussion rates and has funded extensive research to identify the mechanism of concussions in lacrosse. This research revealed that concussions in the men's game result mostly from blows to the head in violent collisions or from the head hitting the ground as a result of violent collisions. (In the women's game, which prohibits body checks, concussions most often result from stick to head contact.) Thus, men's lacrosse rules writers at all levels have sought to reduce the incidence of violent collisions with more severe penalties, including ejection, for blows to the head and neck and violent collision with a defenseless player. Furthermore, because research shows that (1) children are more susceptible to concussion, (2) injuries are more likely to result from unanticipated collisions than from anticipated hits, and (3) many children don't develop full peripheral vision before about age 15, rules further restrict body checks for players aged 12 to 15, and allow no body checking below age 12. Extensive training of coaches and officials seeks to assure that violent collision is neither taught nor condoned. We also train coaches and officials to recognize and take responsibility for concussion symptoms, and CONNY as a league adheres to the

National Federation of State High School Associations (NFHS) concussion management guidelines.

Thus, it is easy for me to support HB 5113-Concussions.

However, I want to introduce one caveat, and request. We must not so restrict and complicate the provision of youth sports opportunities that participation declines, especially among disadvantaged kids. Too much regulation and excessive requirements can discourage volunteers, which leads to either restricting participation or compensating coaches to take on the increased burden, which drives up costs.

In a Wall Street Journal article late last month William W. Dexter, president of the American College of Sports Medicine, was quoted as saying, "It is much more likely that someone who is active in their childhood is going to remain active into their adulthood." In recent decades many traditional forms of outdoor play—climbing trees, jumping rope, playing tag, bike riding, the informal sandlot sports many of us grew up with—have faded. Also, around 30 years ago, middle school interscholastic sports were discontinued across the country for budgetary reasons.

Perhaps not coincidentally, the federal Centers for Disease Control and Prevention has noted a sharp increase in youth obesity since the 1980s. Despite recent encouraging child obesity data, high rates of disease-inducing inactivity among America's youth remain a problem, especially among those who are disadvantaged. Over the decades, organized sports have grown dramatically, taking up some of the slack in youth activity.

But recently that has begun to change. According to the same Journal article, combined participation in the four most-popular U.S. team sports—basketball, soccer, baseball and football—fell among boys and girls aged 6 through 17 by roughly 4% from 2008 to 2012.

Some of that activity has moved to other sports; according to a survey conducted by the Physical Activity Council and the Sports & Fitness Industry Association reported in the same Journal article, from 2008 through 2012 youth participation was up 64% in ice-hockey and 158% in lacrosse ... which I totally understand. However, those sports are relatively small: with 549,000 and 770,000 youth playing organized hockey and lacrosse, respectively, compared with about 7.0 million in basketball and 6.6 million in soccer. Overall participation, then, is still down.

This shift in youth participation worries public-health officials who see organized sports as an antidote to growing problems like youth obesity. That Journal story quotes Dr. Michael Bergeron, Executive Director of the National Youth Sports Health & Safety Institute, saying, "Youth sports can become the choice solution to the public-health problem based around inactivity."

However, as an administrator of a youth program and member of the US Lacrosse Men's Game Youth & Interscholastic Subcommittee, I am troubled by the increasing difficulty youth sports organizations are having in attracting and retaining volunteer coaches. The more time consuming hurdles and conditions we place on volunteers, the harder it is to recruit them.

As we move to make sure children participating in youth sports are better protected from concussion (through rules and coaches/officials training) and concussions when they occur are managed optimally, let us make sure we don't impose requirements on volunteers that are so onerous we deprive children of the opportunity to play. An inevitable result will be the substitution of private enterprises for community-based programs, at much higher fees. The victims of such a trend will be the least advantaged children.

So, by all means approve HB 5113-Concussions, but be very careful in drawing up the specific requirements of the measure.

Sincerely,

Johnson Couch, Jr.
President, Norwalk Lacrosse Association
Secretary, CONNY Lacrosse
US Lacrosse Men's Game Rules Subcommittee

* NCAA Summary ISS 1988-1989 through 2003-2004
Frequency, Distribution, and Rates of Select Injuries (Ankle Ligament Sprains, Anterior Cruciate Ligament Injuries, and Concussions) for Games and Practices for 15 Sports

Concussion Incidence by Selected Sports	Injury Rate*	% of All Injuries
Men's Spring Football	0.54	5.6%
Men's Football	0.37	6.0%
Men's Ice Hockey	0.41	7.9%
Women's Ice Hockey **	0.91	18.3%
Men's Soccer	0.28	3.9%
Women's Soccer	0.41	5.3%
Men's Lacrosse	0.26	5.6%
Women's Lacrosse	0.25	6.3%
Men's Wrestling	0.25	3.3%
Men's Basketball	0.16	3.2%
Women's Basketball	0.22	4.7%
Total Concussions	0.25	5.0%

* Injury Rate per 1000 Athletic-Exposures
** Data collection for women's ice hockey began in 2000-2001

Testimony for HB 5113

Dear Legislator,

My name is Tom Casey and I am a sports official in the sport of Baseball.
I live in the City of Shelton and work throughout Fairfield and New Haven Counties.

I am writing to express my concern regarding HB 5113 - AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSION.

Although everyone connected with high school athletics is genuinely concerned about the health and safety of the participants, HB 5113 as drafted is ill conceived and takes a "One size fits all" approach which is problematic. It will result in numerous unintended consequences that will be detrimental to high school and youth sports.
Since many others will attest to what CIAC, schools, athletic directors, coaches and trainers are doing and will continue to do to make sports
safer for the participants, I will focus on the detrimental effect this proposed legislation is certain to have on the 4,000 high school officials and numerous
youth officials. Specifically, mandating additional requirements for referees, who are independent contractors, and increasing the liability exposure for these
individuals who serve high school and youth sports, will have a major negative impact.
There is a shortage of officials on all levels of amateur sports and HB 5113, as drafted, is certain to be a deterrent to attracting new officials and keeping the ones we have. While several states, including New Jersey, Rhode Island and Massachusetts, have laws that extend immunity to officials against law suits to reduce their liability, this proposed law would increase the exposure for officials in Connecticut, which would be devastating.
It is important for you to understand that the role of the referees is to fairly and impartially enforce the NFHS playing rules while helping to ensure that the
games are conducted in a safe environment to minimize risks for the participants. The NFHS 'concussion rule" does not create a duty that officials
are expected to perform a medical diagnosis Referees are simply being asked to use their best judgment in observing and being more cognizant of athletes that may be displaying signs, symptoms and behaviors consistent with concussion, and stop play to provide the opportunity for the athlete to be properly checked by the individuals in charge of their care To prepare for this role, each year the officials are required to complete in -service training clinics, and an annual examination on the NFHS rules, including an annual review in recognizing the signs and symptoms of concussions in accordance with NFHS rules in all sports. To assist local and state official's boards, the CIAC has provided concussion cards that contain the signs and symptoms of concussion and other pertinent information and a protocol for officials to follow for all injuries,including concussions.
The officials in our state are dedicated men and women who serve the sport(s) in which they officiate, not for the fee involved, but rather for the love of the game and to help our youth. In short, although this proposed legislation is very well intended, HB 5113 should not be passed as drafted. It is not in the best interest of high school or youth sports

Thank you for the opportunity to express my views.
Respectfully submitted,

THOMAS J CASEY
4 Waterford Lane
Shelton, CT 06484
203.925.2600 voice

Testimony for HB 5113

As a college and high school football official, I strongly object to the above listed proposed legislation, which, in effect, makes a sports official EMS-EMT certified to make a judgment on the health of a sports participant.

There is a shortage of high school and youth officials across the country as legislatures attempt to pile on additional responsibilities and requirements for what ends up being a voluntary job. A high school varsity football official in Connecticut makes about $85 to officiate a game. We spend well over 4 hours per assignment with requirements to be at the game site one hour before the contest starts and the average drive time to reach the field. That amounts to about $20 per hour. And with this proposed legislation, officials will be required to make medical assessments that we are not qualified to do, paid to do and be liable for our actions should something occur.

Medical assessments should be left up to the medical staff that is present at every contest.
I have been an official for almost 40 years at every level from Pop Warner to the collegiate national championship game. It is a difficult avocation requiring long hours of rules study, mechanics training, clinic attendance--but it is an AVOCATION. This legislation will make it more difficult to recruit new officials and add medical requirements that are clearly beyond the purview of a football official. Maybe all legislators should try passing legislation and making medical decisions on concussions on the next person who hits his head on the wall in Hartford. I'm sure that that happens all the time.

I urge all of you to reject this legislation.

Tom DeJoseph
Atlantic Coast Conference Football Official Colonial Football Officials Association, Connecticut
16 Barnum Road
Danbury, CT 06811

Addendum to the testimony of Dorothy Bedford, 2/27/14 on HB 5113

Because I was called to testify so late in the day, I believe I can make useful comments pursuant to the testimony given by earlier witnesses.

1. Re: the CAS-CIAC statement that *not one other state has legislated limits* on full contact practices.

   While technically true, this statement glides over the fact that in at least one case (Texas), the legislature's impending action, approximately a year ago in the spring of 2013, motivated the high school athletic association to enact its own limits on full contact. The Texas University Interscholastic League (UIL) quickly surveyed the high school coaches as legislative momentum built. It discovered that 85% of coaches were not conducting more than two full contact practices per week (in season). The UIL reasoned that a state-wide policy introduction would not meet with much local resistance, and the outliers should probably be reined in anyway. Hence, local Texas press reported that the coaching community found the limits on full contact were "no big deal."

2. Re: Dr. Cantu's statement disclosing that high school football players are subject to, on average, 1,000 hits per season (A figure which studies indicate may range from 600 to 2500)

   "No hit to the head is a good hit to the head." We count pitches in Little League, and steps for cardiac health – so it makes sense to count hits to the head. New, certified, hit count sensor technology will be commercially available later this year. An alternative NO COST and viable public policy option for reducing contact exposures immediately is the proposed limit on full contact practices, which will help reduce the average number of hits per player per season. I support the 90 minute rule, and await detailed language to address Chris Coyne's concerns.

   BTW, the sensoring company Triax, of Norwalk, was present in the gallery, observing the hearings. Because I have had confidential conversations with two manufacturers, I would like to make two general comments on this technology. Although not specifically relevant to HB 5113, the committee should be up to date on the concept of sensors. Researchers are delivering new information every month in the area of concussion safety.

   First, for the foreseeable future, outfitting an entire team with sensors will prohibitively expensive for public schools (at roughly $100 per). Yet, even a few sensors per team will be very useful, because units can be shared or redeployed among individual athletes. The hit data accumulated can be used to teach better technique (to reduce the number of contacts), to adjust position assignments (to reduce frequency of contact as the tally mounts), or retire a player for the season. We know from research studies that certain players in any data set are huge outliers in hit count. Either they have very poor technique or perhaps they play "both ways" and have more exposure to hits, as stalwarts of their teams. With the sensors available as a teaching tool, a coach has access to good data, and can address any one player's technical weakness or safety profile.

Second, there is a significant sociological element to the introduction of sensors. The "culture of silence" about brain injury is a well-known phenomenon. Kids do not want to be seen as weak, and they don't want to let anyone down: coach, teammates, parents or themselves. Sensors take the responsibility for the decision to report a hit away from the player. It becomes the sensor's job to say "you're benched." The coach has data on a hit he may not have even seen, and the child doesn't have to rat himself out. According to the researchers, kids on teams in studies love their sensors.

3. Re: Dr. Thomas Trojian's testimony

"More voices representing different point of views make better public policy," this was a favorite quote of former NJ Governor Christie Todd Whitman. She was referring to getting more women into senior elected and policy positions, but the same holds true for any multi-disciplinary problem, such as concussion.

Dr. Trojian appeared as a member of the CAS- CIAC Sports Medicine Advisory Committee, or SMAC. (The chair of the committee, Dr. Carl Nissen, was also in attendance earlier in the day). Dr Trojian's appearance reminds me that the committee should understand that the CAS-CIAC SMAC is very narrowly comprised of MDs (orthopedists, pediatricians, family doctors and one allergist). In contrast, the SMACs in many other states are comprised of a wide mix of health professionals: MDs, neuropsychologists, certified athletic trainers, nurses, plus school administrators (superintendents). I suggest that Connecticut *would not have fallen behind* current concussion standards of care if the voices of ATCs, neuropsychs and administrators had been represented on the committee. These two specific health professional groups have been very active nationwide in calling attention to the crisis. After Dr. Cantu, two of the most prominent members of the concussion safety movement are neuropsychs: Dr. Michael Collins, PhD., of the University of Pittsburgh Medical Center's Sports Concussion Clinic, and Dr. Gerald Gioia, PhD., of Children's National Medical Center in Washington, DC. (Like Dr. Cantu, Dr. Gioia donates a considerable amount of his time to concussion safety. He was not able to attend your hearings due to a conflict with CDC meetings in Atlanta. I asked, and he agreed, to try to submit a letter of support, but I am not sure he made the deadline.) Similarly, in terms of school officials' participation, in Princeton it was our superintendent who recognized the threat hiding among student health statistical data and reports of school days lost due to concussions in soccer, lacrosse and field hockey. As a result, she asked the Board of Ed to act on head protection in those sports in June 2013.

4. Concern for litigation: Professor Hosea Harvey's testimony

I want to point out that the vast majority of lawsuits over concussion safety to date focus on *failure to inform.* More communication with parents and students about standard of care are likely to *prevent* future lawsuits. Parental and (high school) student informed consent forms help put the risk and liability where it belongs: on the family, when properly informed.

5. Coach concussion safety training.

   I noticed the proposed bill language called for coach refresher training every five years. Given how fast the neuroscience of concussions is expanding, literally month by month, five years is much too long. If we think back to where our concussion knowledge was five years ago in 2009, the first model concussion safety law still had wet ink. I recommend the language be changed to *re-certification in concussion safety every two to three years*.

6. The *need for education data* related to student's *lost class time* due to brain injury

   "You measure what you care about." As a point related to the Princeton story in comment 3, above, if the legislative process doesn't call for accountability by way of state-wide data collection, your action will be much less likely to be able to contribute furthering concussion safety thinking to benefit Connecticut students. Schools are already required to maintain attendance records. As a Board of Ed member, I reviewed many attendance reports. It's no big deal to capture whether an absence is related to concussion ("Class Days Lost"). I also recommend you consider capturing "Days of Academic Adjustment" (anything less than a full day of school). It's less important whether you capture "days until return to play" because that is not an EDUCATIONAL statistic. Similarly, the attendance data can still be collected even if the concussion originated from youth/ recreational sports or "other" accidents (school bus, playground, vehicle collisions, or domestic events).

7. The need for trainers.

   Knowledgeable observers say that having a trainer available is the single best protection for young athletes against irresponsible coaches, over-enthusiastic parents, and brain-washed players.

   Connecticut probably has either a law or educational policy that a school building must have a chief building officer. It also follows that to have a football team there must be a coach, even if that isn't written anywhere. What is the coach's job? It is to condition the athletes, run practices, and manage play during competition. It is much less his or her job to be the athlete's advocate, because that might represent a conflict of interest in compiling a winning record. The person charged with responsibility for the athlete's medical condition should be a medical professional: the ATC.

   In Princeton, we have made a commitment to our students to have one full time athletic trainer. She is a very busy person. On any given afternoon, she may be found at any of our athletic facilities, circulating via golf cart and available to any given team via walkie-talkie. On game days, she does not travel but is responsible for treating both the home and visiting teams for any sport.

In North Carolina, after the SIS death of high school player Jaquan Waller in 2008 (the same year as Matthew Gfeller's death due to traumatic cervical injury), funding was found in Wake County for a three-year trial of part time trainers, and they immediately became so indispensable to both the coaches and the students that continuity of the program has been assured. (This is run out of Wake Forest Baptist Medical Center). North Carolina became very attentive to issues of sports safety after the pair of fatalities. The Gfellers, who have roots in Connecticut, now run the Gfeller Foundation, which is a big name in North Carolina athletics. You have a letter of support for HB 5113 from the Gfeller Foundation, written at my request. Charles Gfeller, the uncle of Matthew, is an attorney in West Hartford and has been involved in other youth sports safety conversations here.

Many states, counties, districts, and schools struggle to come up with funding for trainers, asking parents for financial support, for instance. To me, having a trainer is a no-brainer. If a school chooses to participate in contact sports, there must be a trainer to protect students as both LEARNERS and ATHLETES. Otherwise, eliminate the contact sports. The districts would save even more money.

8. Protecting athletes of modest financial circumstances.

I observed that there were a number of personal concussion stories submitted to you, many by high school athletes from Fairfield County which is a relatively wealthy area. (I am well aware that Greenwich has many students receiving free or reduced lunch, as do Stamford and Bridgeport. Surprisingly, Princeton also has a significant number, at about 15%). In most cases, these stories have *relatively* happy endings due to the focused efforts of educated parents, adequate access to medical care, and supportive schools. However, the Connecticut students who need the most protection are those who do not have access to those resources, whatever their ethnicity. The parents, high school students and even coaches, may be focused on the child's winning an athletic scholarship as a ticket to a college education. An invisible injury seems like a distant threat. There is a conflict of interest between the financial incentives to continue playing vs. protecting the student's long term brain health. It is important that the committee keep these students in mind as legislation or policy is developed.

9. Re: my own testimony on what constitutes a "concussion-forward" district.

I realized upon delivery of my statement that I had omitted one important point from the written testimony. To wit: The Princeton Public schools include a required check box on all facility rental forms related to use of athletic facilities, by which the renting organization acknowledges that its staff is aware of the New Jersey State concussion safety guidelines. Princeton does not ask for related documentation of any kind, but we feel that this checkbox protects district assets and heightens concussion safety awareness among youth sports organizations.

10. The day after the hearings (Feb 28th), I attended a concussion safety conference at New York University Medical School. I typically attend two per year to stay up to date. I want to report a very interesting finding about baseline testing (not the computerized kind).

    The talks I am referring to were delivered by Dr. Laura Balce about visual processing disruption due to concussion. She noted that vision is such a fundamental sense that it is processed through the brainstem. Dr Gerard Varlotta then presented data that strongly suggests the combination of the Sideline Concussion Assessment Test (SCAT), the Balance Error Scoring System (BESS), and the King-Devick® visual processing assessment (a card-based test) can get to virtually 100% accuracy in detecting concussion on the field. The BESS and King-Devick ® require base-lining. While many districts have declined to institute mandatory computerized neuro-cognitive baseline testing (such ASAM, Mind Reader or ImPACT) due to cost, I want the committee to know that BESS is free and King-Devick® cards can be purchased for $45 (ten score sheets), plus $5 per every set of 50 extra sheets.

Thank you very much for your continuing interest in the public health problem of youth concussion safety

P21
L 6

Good Afternoon Representative Urban, distinguished members of the Children's Committee. For the record, I am Dorothy Bedford, from Valley Forge, PA. I am recently retired after six years on the Board of Education of the Princeton Public Schools in NJ, which is one of the most concussion-forward public school districts in the nation. I have been active in concussion advocacy regarding safety, education and issues of "Return to Learn" since my daughter sustained a concussion in 2010 while playing ice hockey as a student at The Loomis Chaffee School in Windsor. Her concussion needed fourteen months to resolve and endangered her academic career. I am here to testify in support of HB 5113, **AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS,** and the effort to bring Connecticut up to date in concussion safety. I assure you that this bill will NOT kill school sports, but rather save them.

(A) So what makes any one school district "concussion forward"? In Princeton, in order of importance we have 1) A full time trainer, 2) "sit it out" rules when a blow to the head is suspected, 3) Free biennial neurocognitive testing for all athletes and coaches, 4) Return to learn protocols, 5) Return to play protocols, 6) Unilaterally introduced contact limits for our high school football team when the Ivy League did. We also 7) monitor the effectiveness of the sports officials we hire for safety compliance, 8) deliver in-service training to teachers about classroom adjustments for brain injuries, and 8) we are piloting mandatory soft headgear for our soccer and field hockey teams. We continue to monitor developments in this area. Most of these policies and procedures do not cost hard dollars, and are well worth the time invested.

(B) I would like to speak specifically about the need for the bill to address Return to Learn protocols.

R-T-L protocols provide support for cognitive recovery from concussion or other brain injury. School and youth sports are wonderful co-curricular activities, but our students are in school to be learners, not athletes. Brain injuries such as concussion have much greater potential to affect the long-term academic prospects and appropriate workplace skills of many more students than any possible athletic career of a single student, no matter how devoted you might be to the Huskies' athletics programs.

In 2014 we now know that injured brains need *cognitive rest as soon as possible, and as long as necessary* to recover. That is why it makes sense to require that your Connecticut athletes should complete their Return to Learn before they can commence Return to Play protocols.

In New Jersey, State Board of Education regulations adopted in 2011 required all local Boards of Ed to pass standard concussion policies, including academic accommodations. (By the way, the term Academic "Adjustments" is coming into use, to distinguish short term recovery needs from long-term accommodations as described in Federal 504 plans.) Short term needs are addressed by simple elements such as:

1. Taking rest breaks as needed.
2. Spending fewer hours at school.
3. Being given more time to take tests or complete assignments. (All courses should be considered)
4. Receiving help with schoolwork.
5. Reducing time spent on the computer, reading, and writing.
6. Granting early dismissal at passing time to avoid crowded hallways.

In Princeton, we have added other items such as *reduced assignments* (such as reducing the number of problems in a math assignment) and *assessment accommodations*. The latter addresses the matter of significant lost class time or constraints on assignments while on cognitive rest. Thus, an assessment adjustment might be a "custom" test whose scope is limited to material for which she/he can reasonably be held responsible. In practice, the concussed student might simply be excused from certain questions or essays. Or perhaps an oral test might be appropriate if reading and writing remain difficult. My own daughter was granted assessment adjustments at Loomis Chaffee after her return from extended medical leave.

Now, if New Jersey used regulations to promote model policy on Return to Learn, why should Connecticut *legislate* Return to Learn? Because the sad state of affairs is that, in fact, many of New Jersey's school districts never did pass the model policy, and their students remain unprotected by concussion education, return to play protocols, or return to learn adjustments. Connecticut has the chance to do better.

In closing I'd like to make two more points.

First, it is becoming clear that the social-emotional consequences of concussions need to be recognized and addressed by schools. When the American Academy of Pediatrics issued its Return to Learn Clinical report last October, the omission of discussion concerning social-emotional consequences was a great disservice to doctors and the families they serve (link to my blog post below). Slowly coming into focus is the fact that many more students are at risk of concussion-related suicide than face Sudden Impact Syndrome. In eastern Pennsylvania, we have had two suicides suspected of being

concussion related in the last few months, one was a hockey player, one a lacrosse player. Yesterday, a high school senior who played football, but has been out of school since a pre-season injury, was involuntarily committed after brandishing a knife at home with intent to hurt himself. You will not find any of these in press reports or the obituaries, but I am now personally acquainted with all three families. I assure you that eastern PA did not have three Sudden Impact deaths this year.

Last, I want to include a brief mention that, with the Core Curriculum Content Standards and high-stakes testing sweeping the nation, little or no attention has been paid anywhere to the problem of concussed students faced with fixed tests of extended duration. A single make-up date the following week just may not be manageable for a brain-injured students. This has ramifications for everyone involved in the enterprise of learning and for whom the testing holds great meaning: the student, the teachers, and the administrators. The Department of Education should be prepared to attend to this matter, which eventually will involve other big national standardized tests such as the PSAT, the ACT PLAN test, and certain SAT II (subject) tests offered on limited dates. In retrospect, my daughter's recovery was stalled from the get-go because she was required to take a four hour standardized test the morning following her concussion, before the injury could be diagnosed properly. The demands of such cognitive exertion came at a time when her brain was in a metabolic crisis. The test actually exacerbated her injury by making such demands, and the recovery was much longer as a result.

Please make every effort to protect your learners, they are the future of the Nutmeg state. Thank you. (Attachments)

Attachments to testimony of Dorothy Bedford, Valley Forge, PA. Feb 27, 2014

- New Jersey model policy, here:

http://www.nj.gov/education/aps/cccs/chpe/concussions/policy.pdf

- American Academy of Pediatrics "Return to Learn" report, here:

http://pediatrics.aappublications.org/content/early/2013/10/23/peds.2013-2867.full pdf+html

This report was said to be modeled on Rocky Mountain Children's Hospital R-T-L protocols, but ignored their material on social-emotional aspect of concussion symptoms.

- My blog post commenting on AAP report, here:

http://theconcussionblog.com/2013/11/04/what-about-return-to-learn/

- The story of our family's journey through Post Concussion Syndrome, here:

http://www.momsteam.com/health-safety/unmarked-detour-one-familys-journey-through-post-concussion-syndrome

February 27, 2014

Testimony on HB 5113, AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS
by Eve Pensak on behalf of myself, my family and the youth athletes of Connecticut
9 Valley Field Road, Westport, CT 06880
203-545-5782

Good Afternoon Representative Urban, Senator Bartolomeo, Representative Betts and Senator Linares and the distinguished members of the Children's Committee. For the record, I am Eve Pensak from Westport CT. I am here to testify in support of HB 5113, AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS. It is important for me to tell you that I have had 2 encounters with brain injuries. I have experienced firsthand the horror and uncertainty of sports injuries to the brain and am here to tell you that Connecticut can and should do a better job of protecting its young athletics from permanent brain injury.

I am the mother of 2 athletic sons, both of whom have sustained brain injuries in the last 4 years. I have learned firsthand that treating injuries to the brain is a mysterious, confounding, and unpredictable process. Even with MRI's and top neurosurgeons, it is difficult, sometimes impossible, to ascertain the extent of an injury to the brain. The prognosis for a brain injury is usually clinical – by asking questions and observing the patient, the doctor determines the prognosis, or simply says, "We have to wait and see " In many cases, the insult to the brain cannot be treated and the damage cannot be reversed In January 2010, I received a phone call that my 14 year-old son sustained a traumatic brain injury while skiing with friends at Stowe, Vermont. Over the next 9 months, he spent 5 days in a coma, 10 days in the ICU, 10 days at a rehab hospital, missed 2 months of school, and received intensive tutoring and physical therapy, He awoke from his coma at a mental age of 7 and progressed slowly back to the mind of a 14 year old, While he had a "full recovery," it was a terrifying experience and he is forever changed. He is now "Zack 2.0." I have learned that the brain is a precious and mysterious thing.

Last fall, my younger son, a Varsity soccer player and honors student, sustained a moderate concussion from head-to-head contact in the first 3 minutes of play. He fell to the ground and, because he did not take himself out of the game, was kept in the game to play for 77 more minutes, headers-and-all! After the game, he reported nausea, a headache and extreme fatigue and was diagnosed with a moderate concussion. He missed most of the season and became very anxious about keeping up with his schoolwork. I believe that the trainer and coaches followed current concussion protocol, and I believe he was harmed by unclear regulations about what the criteria is to remove an athlete from a game and who decides – the coach, the trainer, the referee, the parent??

My point is there are terrible gaps in Connecticut's concussion laws, which harm children every day, unnecessarily and sometimes permanently. We won't know the damage for years to come, if ever because it is so difficult to predict long term impact of brain injuries. Some recover and some don't.

As parents and caretakers of athletes of all ages, we have a responsibility to protect what is most precious about our children: their ability to think, feel and experience life. Brain injuries rob athletes of their full mental capabilities, sometimes permanently. This outcome is often avoidable. Current Connecticut legislation is woefully inadequate, a shell of a law – lacking basic provisions of athlete/parent education and informed consent. This law provides protection for athletes by expanding safety measures sports. This is accomplished in a non-prescriptive way, leaving it up to sports organizations to administer.

There are those who say this legislation is imperfect, that we need a task force to study the issue I say, "Don't waste another minute. Fast-track this. Get something better in place as soon as possible. Rework the wording and provisions while moving the legislation toward law. Do not delay." The minds of our children are at stake!

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HB5113
3B229

February 27, 2014

Good Afternoon ladies and gentleman. My Name is Edward Kravitz. I am a resident of Wallingford, CT. I graduated from Central Connecticut University in 1994 with a BSED degree in Physical Education with a concentration in Athletic Training I have been a board-certified and Connecticut licensed athletic trainer since 1994.

I am the president of Athletic Trainer Solutions, LLC (ATS) a per-diem athletic trainer placement agency ATS has a staff of 124 per-diem athletic trainers. We currently provide athletic trainer coverage for more than 50 Connecticut high schools as well as middle schools, colleges, youth football, AAU Basketball, USA Wrestling, youth cheer leading competitions, youth lacrosse and other sporting events.

I am also the President of Innovative CEUs, LLC (ICEU) a National medical-based youth and secondary (middle school, and high school), on-line coaching educational program. We currently have five state department of education approved on-line courses for middle school, intramural and high school coaches. These courses include:

- Coaching Special Populations: Female Athlete, Millennium and Injured Athlete
- Team Toughness, Team Building, Developing Team Cohesion and Developing Leadership Training
- Psychological Skills Training for Scholastic Teams and Athletes
- Sports Nutrition for Teenage Athletes (Ages 13-18)
- Teen Injury Prevention

We have recently completed a comprehensive concussion course authored by one of the country's leading neurologist and will soon be launching additional coaching education courses. All courses follow the best practices of teaching and have an assessment feature to show that learning is taking place.

As you know, Connecticut already has a law that requires all interscholastic coaches to take an approved concussion course We are far ahead of most if not all other states in this regard.

The proposed bill will require all parents, legal guardians and athletes to take an approved concussion course This will be impossible to administer, monitor and enforce.

The proposed bill will require signed consent forms from athletes and their parents or legal guardians Consent forms must be witnessed Parents will be reluctant to sign these forms for fear of releasing parties from possible liability

The coach must notify parents or legal guardians of possible concussion signs or symptoms within 24 hours. This places an undue burden of liability upon a coach

There is a proposed 24 hour waiting period before athletes can return to practice and/or play if one suspects the signs and/or symptoms of a concussion are present. The current concussion law states that a player may return to play or practice without a waiting period provided the player is examined and released by a physician, physician's assistant, nurse practitioner or licensed athletic trainer. Why require a waiting period if the athlete is immediately released by a trained and licensed medical expert?

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The proposed bill requires a parent or legal guardian to provide a written approval for an athlete to return to play How does this apply if the athlete is examined and immediately released by a medical expert? Does a non-symptomatic athlete sit if a parent is not present?

The proposed bill limits contact to 90 minutes. Once again how is this monitored, policed and enforced? What are the consequences for a coach that exceeds this limit?

This bill states that all referees shall complete the proposed course I have personally spoken with several football and basketball officials and they were all quick to agree that under no circumstances would they take such a course out of fear that this would expose them to liability and law suits.

This bill requires that reports of concussions be filed with the state department of education twice a year. Why is this necessary and what does the DOE intend to do with these reports? Is this simply more bureaucracy interfering with our personal lives?

The proposed bill requires that all youth coaches, including park and recreation, little league, AAU etc. complete an approved concussion course. This bill also proposes that all youth athletes over the age of 7 and their parents complete an approved concussion course. Once again, this will be impossible to administer, monitor and police and it will create a bureaucratic nightmare.

As for SB 229 An act concerning sudden cardiac arrest prevention, I am opposed to this bill for all of the reasons stated above.

In conclusion, may I offer a simple suggestion that may resolve some if not all of the issues and concerns that the public has for concussions and cardiac arrest. Rather than pass complex difficult to enforce laws, the Public Health Department in conjunction with the State Department of Education should simply required that licensed athletic trainers be present at all interscholastic athletic contests involving physical contact. Thank you for your time.

Respectfully submitted,

Edward Kravitz, MS, ATC, LAT
President
Athletic Trainer Solutions, LLC

February 27, 2014

Good Afternoon Representative Urban, Senator Bartolomeo, Representative Betts, Senator Linares and the other distinguished members of the Committee on Children.

My name is Elaine Whitney, and I am from Westport, Connecticut. **I am here to testify on HB 5113, AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS.** I strongly endorse the intent of Raised Bill 5113 and appreciate the efforts which have been made to bring it forward; however, I cannot support the bill as written.

For the record, I am speaking today simply as an individual. That said, I feel it is important to note that my knowledge of and perspective on this matter has been shaped by three different roles I play: 1) first, I am a parent of three children who all play or have played competitive contact sports, and one of whom has suffered a concussion; 2) second, I am Chair of the Westport Board of Education, and our district has implemented a number of measures to significantly strengthen our practices in concussion education, prevention and management; and 3) third, I am an officer of the Connecticut Association of Boards of Education (CABE), through which I have been involved at the state level with a number of legislative and regulatory issues which impact the well being of Connecticut's children.

I have two main points to share with you today:

First, I am strongly in favor of the *intent* of this legislation: to protect our children from the debilitating and sometimes long-term effects of concussions and other head injuries.

Second, I am very concerned about the *prescriptiveness of the language* in the current form of the bill, and I therefore cannot support it as it is currently drafted.

Why I support the intent of the bill

The health and safety of our children is one of the most important responsibilities of the state, boards of education, local communities, and our families.

It is critical that Connecticut remains at the forefront of education, prevention, and management of concussions and other brain injuries, which can have substantial and long-term debilitative effects, especially if they are not managed promptly and effectively. And I believe that codifying an initiative such as this in legislation can be a very effective means of increasing public awareness about its importance and putting in place incentives and mechanisms to address it.

Why I cannot support the language as currently drafted

Concussion and brain injury prevention and management is an area of scientific understanding which is rapidly evolving. As such, I believe that it is essential to build in regulatory flexibility in order to effectively achieve the goals of the bill.

Regulatory flexibility would allow responsiveness to new information, grounded in a deep and up-to-date understanding of related operational considerations. It is far easier, more effective, and faster to modify regulations in order to implement an emerging understanding of best practice, rather than to require legislative action for changes which become necessitated by unnecessarily prescriptive or burdensome legislative language.

For example, the very element of the bill which has perhaps the greatest potential to help prevent injuries – limitations on contact time – is currently drafted so specifically – 90 minutes per week of contact practice – that it would seriously impede the ability of schools and youth programs to meet the current understanding of best practice on this dimension. That understanding is to provide for somewhat *more* time during the preseason, when safety is enhanced by spending adequate time to teach proper techniques, and *less* time in the postseason, when skill instruction is less necessary.

Further, this is one of the proactive measures which CAS-CIAC has already put in place, effective with the upcoming school year. Yet the current language of the bill would prevent that important regulatory and oversight body from being able to follow current best practice, and would instead require them to water down the new rule.

It is important to note that CAS-CIAC is also working to limit contact time in another important way: restrictions on the number of games in a season, as well as the minimum time between games. This is another example of an evolving area best managed through regulation rather than highly specific provisions in legislation.

****

In closing, the prevention and management of concussions and other head injuries is a critical issue for Connecticut's children... and *it is of the utmost importance to get it right.*

Legislation has the potential to raise the level of attention to an issue and to help ensure that it will be a priority. However, if it is too prescriptive – particularly in an area where scientific understanding is rapidly evolving, such as is the case here – it can actually impede the achievement of the results it is intended to achieve.

Respectfully submitted,

Elaine Whitney

Elaine Whitney
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Testimony for HB 5113

February 27, 2014
Committee on Children Public Hearing Testimony
Arleigha Cook – Trinity College Student and Brain Injury Survivor

Good Afternoon Representative Urban, Senator Bartolomeo, Representative Betts and Senator Linares and the distinguished members of the Children's Committee. For the record, my name is Arleigha Cook, and I'm a student at Trinity College. I am here to testify in support of HB 5113, AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS. As a brain injury survivor, I believe it is of the utmost importance to educate for the prevention of concussions. If laws had mandated education for athletes, trainers, referees, and coaches as Bill 5113 will, there is a chance I may not have Post-Concussion Syndrome today. Training and vigilance is necessary at all levels of play. As my experiences have shown, players are at risk at the youth level, at the high school level, and at the collegiate level.

I received all of my concussions playing soccer. My first one was in eighth grade, at the youth soccer level. The ball hit me directly in the face and I lost part of my vision for a few minutes. I was told by an athletic trainer that I had a mild concussion, and that I should stop playing for the day. My second concussion, at the high school level, resulted in two days' absence from school, as dictated by my high school's trainer. My third concussion, again in high school, happened the same way, from getting hit in the face with the ball. I continued to play in the game and did not take any time off from school. My fourth, the last one my brain could handle, occurred my freshman year of college and resulted in Post-Concussion Syndrome and my permanent withdrawal from the game I love. I played my last game, as a central midfielder for Trinity College, on Saturday October 13, 2012.

That day in October, after being hit directly in the forehead, I exited the field before the end of the first half with the help of a referee who was trained to look for signs of concussion. Immediately my vision was blurred, I was confused, and I had a deep headache. I was evaluated by a trainer from Trinity who said that I should sit out for the time being to see if the symptoms persisted or faded. They persisted, so I sat and watched the game, and then went to see Trinity's team physician, who diagnosed me with a concussion. After the diagnosis, my family took me home and I spent two weeks sleeping around fifteen hours per day in a dark,

silent room, only getting up to eat. Initially, my recovery period was relatively normal, and I had passed the physical and mental tests in Trinity's standard return-to-play procedure. Soccer season was over, so I turned to my other priority: indoor track. I began to slowly train and build up my strength again, but after a week into my training I began to get nauseous when I sprinted or lifted. That would turn into dizziness, and eventually I wouldn't be able to stand anymore. Because these symptoms were so overwhelming, I had to stop training every time that happened. I also started experiencing a strange phenomenon where I would lose control of my eyes. It was then that I saw my doctor again and was diagnosed with Post-Concussion Syndrome.

My fourth and last concussion was the only one that was handled well and with adequate instruction and support, because the trainers and referee were all highly knowledgeable about concussions. However, because I had already had the buildup of three previous concussions, I wasn't lucky enough to heal completely. On the other hand, I was lucky enough to be able to miss only two weeks of first semester of my freshman year and just barely finish on time with the help of my amazing professors.

My concussions changed my life. I now know loss of identity, loss of friends, and loss of part of my life that I will never get back. On top of that, I had to deal with different forms of treatment – I went to vestibular therapy for my eyes, balance problems, and general recovery. I also was on medication that is used to treat Parkinson's, and now I am on medication for Attention Deficit Hyperactivity Disorder, or ADHD, so that I can focus more easily in class. I am also on an antidepressant and was recently evaluated by a neuropsychologist to identify cognitive deficits. I needed none of these treatments before my concussions.

This is why education about concussions is so important. Had my teammates, coaches, and referees known what warning signs to look for when I had any of my first three concussions, I may not have a persistent mild Traumatic Brain Injury today. It is because of my experiences that I unreservedly support Bill 5113 and its goal to educate and spread awareness of the effects of concussions. Players and families need this support at the youth level, at the high school level, and at the collegiate level.

Testimony for HB 5113

Good Afternoon Representative Urban, Senator Bartolomeo, Representative Betts and Senator Linares and the distinguished members of the Children's Committee. For the record, my name is Katherine Price Snedaker, and I live in Norwalk, CT, and speaking as a parent and also as an MSW for Pink Concussions.com - an organization which focusing on female concussions - and SportsCAPP.com - a youth sport concussion educational organization.

I am here to testify in support of HB 5113, AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS. Before I continue, I want to take this chance to show you how powerful, simple and free concussion education can be. I have listed three websites which will take in total 9 minutes to view which I believe will show why concussion education is essential, give you the education you need and load a app on your phone which will allow you to help any child or adult who has a possible concussion.

http://www.theguardian.com/sport/video/2013/dec/13/concussion-sport-death-ben-robinson-video
http://brain101.orcasinc.com/5000/
http://www4.parinc.com/products/Product.aspx?ProductID=CRR_APP

From a personal and professional prospective, concussions have changed my life. In and out of sports, I have suffered many concussions. Based on my double digit concussion history, I was accepted in BU CTE Legacy Study 2 years ago and on my death my brain will studied for signs of CTE. As a mother, watching as my two sons' lives affected by concussions. Despite having three sons in daily year around sports, the only concussion education I had was having read article in US Lacrosse magazine, yet that one article motivated me to take the correct steps to have my son checked by a doctor. One son now 14 suffered two concussions, my other son now 17 has suffered ten concussions – 1 at school recess, 2 on the school bus, 2 in youth sports. He was a straight A student - a few years of perfect scores on the CMTs - and in a matter of hours, was reduced to a child who couldn't read more than two lines of text. One night when he was healing from the first concussion, I asked if he wanted chicken or steak for dinner, he started to cry and said he didn't know how to decide. Now as junior, he is back in honors classes but cannot still suffers with weekly headaches and issues with executive functioning. Just a few minutes of concussion education, a article, a flyer and iPhone app can make the difference in how a parent responds to their child's possible head injury

As youth coach for boys lacrosse and soccer for five years, I just didn't see head injuries. But after concussion education and with the free PAR CRR app designed by Dr. Gerry Gioia on my iPhone, in one year alone, I pulled at five youth players from lax and soccer games and assessed they needed to "sit it out and see a doctor." All five players I pulled were later diagnosed by their MDs with concussions, and I was convinced sideline concussion education works.

Now as mental health expert in concussion field, I attend the NFL's Concussion Health & Safety Meetings and have spoken to Commissioner Roger Goodell, and the CEOs of US Lacrosse, US Hockey, Little League, USA Cheer, and American Youth Soccer. These leaders are very aware of need for safer sports and the liability issues of concussions facing youth sport. Some organizations have already educated all their coaches and others are preparing to move in that direction as time and resources allow. I also was invited the Institute of Medicine present to them on the effects of concussions on youth athletes and their families. This committee issued the IOM federal report on youth sport concussions this past fall. Through these experiences, I have been able to view concussions from a national prospective, and I truly believe:

1. **Concussion Education must be expanded** horizontally from middle and high schools coaches to include students, parents and school staff on concussion facts and the consequences of not reporting head injuries. Education must be mandatory for parents. I know from years of experience, parents do not attend concussion events unless they are required for their children to play a sport.

2. **Concussion Education must be expanded** vertically down from the high school to youth sports which include elementary and middle school age students, coaches, parents include youth sports organizations in a non-prescriptive way. This is not the huge burden it is made out to be. There is a free 20 minute course on the CDC website for coaches to take at home and print a certificate which can be given to their sports team. The CDC has free flyers for sports teams to use for parent and athletes.

3 **Communication must be improved** between coaches, school nurses, athletic trainers, parents and medical providers. Again this is possible with free technology available today for Connecticut schools and sports leagues - it must be smart-phone based, real-time, tracable and be FERPA and HIPAA Compliance.

4. **Data must be collected** at local, regional, state levels on all student-athlete injuries to evaluate the effects of the current law, any changes to the law, and for research to direct future policy. Our current data is weak on all aspects of concussions. Data is essential and I believe the key to collecting data is streamlined, app-based, paper-free, smart-phone apps.

So much has changed in the six years, I have been studying concussions. As this science is in its infancy, I would urge the committee to pass law that is flexible as I believe many the "facts" of today will need to be modified in the future. Connecticut led the way in the first round of concussion legislation in 2010, and will return to the leadership role when this bill becomes law in 2014.

Katherine Price Snedaker, MSW

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Concussion Education Advocate
Concussion Mental Health Social Worker
Mom of Two Sons with Multiple Concussions
Founder, PinkConcussions.com
Founder, SportsCAPP.com
Founder, THECONCUSSIONCONFERENCE.com

Testimony 5113

My name is Raymond Faustich and I was a Teacher, Coach and Athletic Director in Connecticut for over 34 years. I am presently the CSBABU (Connecticut State Board of Approved Baseball Umpires) Baseball Rules Interpreter and I am also a member of their Executive Board. I was previously a member of the NFHS (National Federation of High Schools) Baseball Rules Committee for eight years and served as that group's chairman for four years. I have umpired baseball for many years and it is with great honor that I represent over 900 baseball umpires throughout the State of Connecticut. It has come to my attention that a bill: **HB 5113- ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS** is being proposed by the **Children's Committee** to the **Connecticut State Legislature** that would require all **Sports Officials** to participate and complete a new course in athletic concussion prevention ; occurrence and protocol for return to participation. I believe that game officials are an important and integral part of the "safety umbrella" afforded athletes in our state. I further believe that we have already provided more than adequate concussion training for our umpires.

These are the steps that the NFHS, CIAC and CSBABU have taken over the past five years:

- Inclusion of ***Guidelines for Management of Concussion*** in the NFHS Rules Book;
- Inclusion of safety standards (including ***Concussion Protocol***) that all CSBABU chapters must attest to in order to be contracted by and through the CIAC Board of Control;
- A yearly CIAC/CSBABU statewide **Interpreters Meeting** (which includes ***Concussion Protocol***)at which the rules interpreters of all nine chapters of the CSBABU are required to attend;
- Inclusion of the CIAC ***Concussion Protocol*** at every local CSBABU interpretation meeting.
- Inclusion of the NFHS Video; **"Concussion in Sports"** which is provided to all of our members through the NFHS Education Center.
- Distribution of laminated ***Concussion Protocol Cards*** to all of our members.

We clearly understand that through the cooperation of coaches, game officials and administrators; we can provide a safe playing environment for our student athletes but, requiring additional hours of course work for our umpires is redundant and unnecessary. We hope you will understand that we have already taken this issue seriously and will continue to do so. Thank you for your continued concern in the safety of our student athletes and allowing us to participate in this discussion.

Raymond Faustich

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THE CONNECTICUT INTERSCHOLASTIC ATHLETIC CONFERENCE, INC.

CIAC OFFICIALS' ASSOCIATION

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Robert Hale
Principal, Westbrook High School, Westbrook

Karissa Niehoff
Executive Director, CAS/CIAC

Joe Tonelli
Director, CIAC Officials' Association

Matthew J. Fischer
Director, Information Services

My name is Joe Tonelli. I was a former, teacher, coach and athletic director for 40 years at Notr Dame High School in West Haven before joining the staff at CAS-CIAC. I also serve as the Director of the CIAC Officials Association that has a membership of 4,000 high school officials in all sports. I am writing to express my serious concerns regarding HB 5113 as drafted – AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS

Although everyone connected with high school athletics is genuinely concerned about the health and safety of the participants, HB 5113 as drafted is ill conceived and takes a "One size fits all" approach which is problematic. It will result in numerous unintended consequences that will be detrimental to high school and youth sports.

Since many others will attest to what CIAC, schools, athletic directors, coaches and trainers are doing and will continue to do to make sports safer for the participants, I will focus on the detrimental effect this proposed legislation is certain to have on the 4,000 high school officials and numerous youth officials. Specifically, mandating additional requirements for referees, who are independent contractors, and increasing the liability exposure for these individuals who serve high school and youth sports, will have a major negative impact.

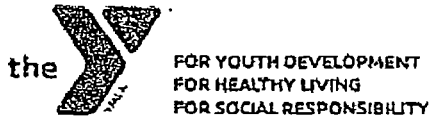
There is a shortage of officials on all levels of amateur sports and HB 5113, as drafted, is certain to be a deterrent to attracting new officials and keeping the ones we have. While several states, including New Jersey, Rhode Island and Massachusetts, have laws that extend immunity to officials against law suits to reduce their liability, this proposed law would increase the exposure for officials in Connecticut, which would be devastating.

It is important for you to understand that the role of the referees is to fairly and impartially enforce the NFHS playing rules while helping to ensure that the games are conducted in a safe environment to minimize risks for the participants. The NFHS 'concussion rule" does not create a duty that officials are expected to perform a medical diagnosis. Referees are simply being asked to use their best judgment in observing and being more cognizant of athletes that may be displaying signs, symptoms and behaviors consistent with concussion, and stop play to provide the opportunity for the athlete to be properly checked by the individuals in charge of their care.

To prepare for this role, each year the officials are required to complete in -service training clinics, and an annual examination on the NFHS rules, including an annual review in recognizing the signs and symptoms of concussions in accordance with NFHS rules in all sports. To assist local and state official's boards, the CIAC has provided concussion cards that contain the signs and symptoms of concussion and other pertinent information and a protocol for officials to follow for all injuries, including concussions

The officials in our state are dedicated men and women who serve the sport(s) in which they officiate, not for the fee involved, but rather for the love of the game and to help our youth. In short, although this proposed legislation is very well intended, HB 5113 should not be passed as drafted. It is not in the best interest of high school or youth sports. Thank you for the opportunity to express my views.

Respectfully submitted,
Joe Tonelli
Joe Tonelli



John L. Cattelan
Executive Director, Connecticut Alliance of YMCAs
H.B. 5113, AN ACT CONCERNING
YOUTH ATHLETICS AND CONCUSSIONS
Children Committee
February 27, 2014

Senator Bartolomeo, Representative Urban and members of the Children Committee, thank you for the opportunity to testify today. My name is John Cattelan and I am here today on behalf of the Connecticut Alliance of YMCAs. The Alliance represents 22 YMCAs across the state of Connecticut.

I'm here today to raise concerns regarding H.B. 5113, An Act Concerning Youth Athletics and Concussions.

The Connecticut Alliance of YMCAs is mindful of the growing awareness among parents and coaches, and the public as a whole, about the need for individuals with a suspected head injury to be removed from a game or practice, and seek medical attention. We take the issue of concussions and head injuries, in particular with our youth, very seriously.

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We do not object to the distribution of educational materials to volunteer coaches, referees and parents, as long as they are easily accessible. We also support the removal of a youth athletes from a practice or game if they receive significant contact to the head area. We do have concerns with requiring volunteer coaches and referees to attend a training course and believe the review of educational materials should suffice.

The Connecticut Alliance of YMCAs is concerned about the possible perception that a volunteer coach or referee would be expected make a judgment that is designated for a medical professional. This may have some unintended consequences that negatively impact our volunteers, coaches and organization.

We strongly oppose legislative language that allows the Attorney General to bring a civil action in the superior court against an operator or coach. Our youth sports programs already have a very difficult time in recruiting volunteers to coach and referee. We feel this would only exasperate this problem and we are obviously concerned about the possibility of litigation.

The Connecticut Alliance of YMCAs supports the overall intentions of the bill and recognizes the severity of this issue. However, we would urge the members of the Children Committee to make this legislation easier to implement without placing a burden on our organization.

Testimony for HB 5113

To Committee On Children,

Please find the legal cases that are associated with Youth Concussions in CT, as per Kerri McGowan Lowrey, JD, MPH, Deputy Director, The Network for Public Health Law - Eastern Region. Please contact Ms. Lowrey directly if you have any questions about this data.

Pippa Bell Ader
Westport, CT
(203) 803-3247

Begin forwarded message:

From: "Lowrey, Kerri" <klowrey@law.umaryland.edu>
Subject: RE: CT Concussion Law update
Date: January 13, 2014 3:52:30 PM EST
To: Pippa Ader <bellader@gmail.com>

Hi Pippa,

Here's what I've found:

Connecticut and the Second Circuit

I found only one case in Connecticut or the Second Circuit that deals with concussion protocols (e.g., return-to-play) and children. *Mercier v. Greenwich Academy Inc.* (2013) involves a high school basketball player who suffered a concussion during a game. She sued her coach, her school, and the opposing (host) team's school for negligence—which requires proving 4 elements: that the defendant owed plaintiff a duty of care, the duty was breached, the plaintiff was injured, and the breach was the proximal cause of the injury. The plaintiff argued that her coach was negligent in failing to have her examined/evaluated after the first strike to her head, for failing to remove her from the game after she reported concussion-like symptoms, and for failing to keep her out of the game until cleared by a licensed health care professional. It is worth noting that the court cited concern for increased litigation as a factor in its decision: "Holding coaches to a negligence standard of conduct for decisions made during athletic competitions would certainly create an influx of litigation against coaches and schools for injuries directly caused by other players." (*Mercier* at 4). It also cited an interest in encouraging continued vigorous participation in sports: "Coaches are often required to make splitsecond decisions during a game, and holding coaches liable for negligence for such decisions, including player substitution decisions, would dampen their willingness to coach aggressively and would 'unreasonably threaten to chill competitive play'." (*Mercier* at 4.) The court rests its decision on the assertion that there the duty of care owed by the schools and coach does not rise to the standard required for negligence. So, the court threw out the negligence claim, but it did not throw out the plaintiff's recklessness claims. I assume they settled out of court on that matter, since there is no record of it in Westlaw.

The decision I find most interesting in this case is the court's rejection of negligence per se. Negligence per se applies when a defendant violates a statute, creating an assumption of negligence. The plaintiff specifically raises Connecticut's concussion law in her complaint, but the court rejects the argument. Here's the pertinent part of the decision.

2. Negligence Per Se

Mercier also argues that he Westminster Defendants "had a statutory duty [under Conn. Gen Stat. § 10–149c] to remove her from the game "as a result of her concussion like symptoms" and to keep her out of the game "until

she received written clearance from a licensed health care professional " Am. Compl at 7, ¶ 22(b)-(c). The court does not need to determine whether, as the Westminster Defendants argue, section 10–149c does not apply to them. These Counts, like Counts Two and Four, sound in negligence Accordingly, for the same reasons described in Part IV.A.1, the court grants the Westminster Defendants' Motion to Dismiss with respect to Counts Three and Five of the Amended Complaint.

The only other negligence cases in Connecticut/Second Circuit that I found involve negligence for improper maintenance of equipment and/or playing surfaces or insufficient training/safety precautions—not for return-to-play decisions. They also involve older plaintiffs (e.g , college students). For example, *Zides v Quinnipiac University* (2006) involved a baseball player injured during batting practice because of a faulty L-screen; and *Gonzalez v. University System of New Hampshire* (2005) involved a cheerleader injured during a fall who alleged improper training for cheerleaders and coaches and lack of proper safety precautions/supervision during stunts. There is one case involving a minor who was injured by a soccer goal post, but it does not involve return-to-play protocols and the child was not playing soccer at the time (*Esposito v City of Shelton*).

<u>Other Jurisdictions</u>

As far as return-to-play cases in other jurisdictions, there are only a few dealing with children:

- *Zemke v. Arreola* (Cal., 2006) finding no negligence. "But on the undisputed evidence submitted to the trial court, there are no facts that would have given the coaches any reason to suspect that Zemke had suffered a brain injury or that would have alerted them that his participation in the game should be restricted. Accordingly, there is no evidence that the defendants increased the risks to Zemke beyond those that were inherent in the football game." (Zemke at 5.)
- *Cerny v. Cedar Bluffs Junior/Senior Public School* (Neb , 2004), which found that coaches' conduct in evaluating the player and decision to readmit him to the game were "actions that would have been taken by reasonable state endorsed football coach under similar circumstances." (*Cerdy* at 1.)
- *Serrell v Connetquot Cent. School Dist. of Islip* (NY, 2005), which held that a school district was not liable for injuries.

I have to run to a meeting, but there is a great discussion of RTP case law in this article:http://scholarship.law.marquette.edu/cgi/viewcontent.cgi?article=1500&context=sportslaw

I hope this helps, Pippa! Good luck with your meeting and let me know how it goes.

-Kerri

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P16
L 15

Testimony for HB 5113

Good Afternoon Representative Urban, Senator Bartolomeo, Representative Betts and Senator Linares and the distinguished members of the Children's Committee. For the record, I am Pippa Bell Ader, from Westport, CT, and the Parents Concussion Coalition. I am here to testify in support of:
AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS.
To begin with, I would like to give a brief review of how we got here, starting with Zachary Lystedt.
In 2006 Zachary was a Washington State middle school football player who hit his head during a football game. He was evaluated by his coach and returned to the field. Toward the end of the game he hit his head again, came off the field, complained of a massive headache, and collapsed. He subsequently underwent multiple brain surgeries and is now permanently disabled. His parents sued the school system because it was NOT FOLLOWING CURRENT STANDARDS OF CARE, and won over $14 million. But they didn't stop there. Zachary and his parents made it their mission to prevent further injuries like his, and in 2009 the Zachary Lystedt Concussion Law was passed in Washington State. This consisted of 3 components, 2 of which CT follows. By 2010 CT was the 3rd state in the nation to pass its own concussion law, and requires education for interscholastic coaches and remove and return to play guidelines. The 3rd component of the Lystedt Law is missing from CT's law: athlete and parent concussion education, and a signed informed consent before the athlete can participate in an athletic activity. CT is one of the few states in the nation that does NOT include athlete and parent education and informed consent.
This is the third attempt to update the CT law. At this time all 50 states have concussion laws, and over a third include Youth Athletic Activities and non-public schools.

So how did I get involved in this? My son, Nicho, sustained a concussion while playing touch football at recess, at age 10, back in 2007. This was the Stone Age, in light of what we now understand about concussions and sub-concussive blows. Nicho spent a lot of time in the nurse's office with concussion symptoms after his injury. Initially we didn't know he should be resting, and then, when we did know, we got some resistance. 4 months after

his concussion, Nicho, an above-average student, tested with an IQ of 75 and had significant cognitive and processing deficits, some of which he still has.

I believe that had we, the parents and athlete, been better educated through, say the youth soccer league, Nicho would have been put on immediate bedrest and would have healed faster and better. Even a simple information sheet about concussions would have been helpful. But Youth Sports are not currently covered by the law, leaving our most vulnerable at risk.

But the story does not stop there. Last year, while representing his high school in wrestling, Nicho sustained another concussion. He was thrown around a lot, in an attempt to avoid being pinned, but he never hit his head.
It is now known that children who have sustained one concussion are more susceptible to additional concussions. We think Nicho may have sustained a concussion from a series of sub-concussive blows. The good news is that this time we immediately confined him to rest, and within 2 weeks he was back at school, on a modified educational program. When things are done right, the outcome is usually good.

Please consider seriously the need to provide ALL young athletes, and their parents, coaches and referees with the knowledge to recognize a concussion, and manage it correctly. Even better, the Parents Concussion Coalition requests that all collision and contact sports be reviewed annually, and that best practices be implemented with a goal to decrease exposure to brain injuries. Including such a provision in the bill would further protect young athletes from unnecessary brain injury.

With regards the Youth Athletic Activity component of the bill, it was the intention of the Parents Concussion Coalition to have Youth coaches complete a briefer concussion education training, not the 3 hour training that the Interscholastic coaches complete. We believe that the bill is worded in a non-prescriptive way, and allows the authorized entities to develop OR APPROVE an initial training course, such as the online CDC coach training program. The same goes for Youth Referees. As for Youth athletes and parents, the bill stipulates that they receive a written statement which must be signed by a parent. We feel all of these requirements are reasonable and beneficial to the health of Connecticut's children.

P/6
L 10

Good afternoon Representative Urban and the distinguished members of the Children's Committee. For the record, I am Diana Coyne, from Westport CT and a member of the Parents Concussion Coalition. I am here to testify in support of HB 5113 AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS.

I am here because I know all too well the seriousness of these brain injuries and that these injuries change lives. I am also a huge believer in the benefits of sports, but I know that we can make sports safer by taking simple measures to provide basic protections for our youth athletes. Many of these measures are already being done in most states throughout the country.

You will hear the testimony of my son, Chris who had 5 concussions in high school—most that he didn't report. He was then recruited to play football at Yale and had what turned out to be his 6th concussion while playing early his freshman year.

These brain injuries can affect memory, concentration, decision-making, sleep, and all too often cause mental health issues, and occur much more frequently than people think. The Institute of Medicine's report on youth concussions documented that in football, high school athletes had twice the rate of concussions as their collegiate counterparts. And it's not just football; other sports such as hockey, lacrosse, soccer and cheerleading also have high rates.

Over the past 4 years, we have seen the NFL and other leagues make sweeping changes to player safety at all levels of play. The NFL allows just 14 contact practices per season. The Ivy League is entering into its 4th year of contact practice limits and Pop Warner (our youngest athletes) also implemented limits a couple years ago. But there are no limitations protecting high school athletes and other youth athletes in children in CT.

If passed, this landmark legislation will change that. CT will be the first state in the county that focuses on primary measures to prevent brain injuries, instead of just measures to manage the injury after it has occurred.

This bill includes a provision that limits full contact practice to 90 minutes per week, defined in such a way that it could apply to many contact sports. In prior drafts of the bill, this practice limitation was sport specific just to football, and we recommend that the language be changed back to just include football. We also applaud CIAC's recent announcement mandating full contact practice limits of 60-120 minutes per week and we recommend that the bill reflect this sliding scale. It is important that both the law and CIAC's directive clearly define contact practices and how the time is calculated. We have heard from many coaches that CIAC's directive leaves too much leeway for interpretation, which will result in no protect at all for our children.

Lastly, we worked very hard for the past year in a half. It was only after we found a champion in the Children's Committee did steps for these updated concussion policies begin in CT. We are very concerned that the stakeholder groups will recommend that we continue to "study this issue" or "form a task force" or somehow continue to kick the can down the street. I urge you--these children don't have a voice and its time that we enact these safety measures for them. Thank you

P16
L 8

Trinity College
HARTFORD CONNECTICUT

February 26, 2014

Good Afternoon Representative Urban, Senator Bartolomeo, Representative Betts and Senator Linares and the distinguished members of the Children's Committee. For the record, I am Sarah Raskin, from West Hartford, CT. I am here to testify in support of/on HB 5113, AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS.

I am a neuropsychologist and a professor of Psychology and Neuroscience at Trinity College. My work involves assessment and treatment of people who have had brain injuries, including concussions. I have published several papers and a volume on the treatment of mild brain injuries.

We know so little about the effects of concussion on the brain. We don't yet understand why so many people recover completely and yet some seem to struggle with debilitating symptoms for years. We don't yet know how to accurately diagnose who will have problems. We know even less about how to treat those that do. Most treatments simply involve asking the person to give up activities that are necessary to their daily lives and that bring them enjoyment. When it comes to children, we ask them to miss school which can impact their progress for the rest of their lives.

For these reasons, the only real answer is prevention. Rather than wait for a brain injury to happen we need to do everything we can to protect these children. I certainly understand all the benefits that come from playing sports, physical, social and cognitive benefits. However, none of these outweigh having a lifelong struggle with the deficits brought on by brain damage.

These deficits include trouble learning and remembering, trouble paying attention, trouble thinking and problem-solving. These problems would be difficult for anyone but they are particularly difficult for children. Children are still developing these skills. If that development is interrupted, even for a few months, the effects can be devastating. And because their brains themselves are still developing, this physical development can be impacted.

I strongly urge you to support this bill. It includes an educational component so that parents can make informed choices when signing a child up for a sport. It includes limits on contact time to directly reduce the numbers of injuries. And it includes data collection that can help us in the future decide what steps are really necessary. There are wonderful models already in place in other states and I urge you to look at some of them. One, example, is the school based program http://brain101.orcasinc.com/.

Thank you very much for your time.

Sincerely,

Sarah A. Raskin, Ph.D., ABBP/ABCN

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February 27, 2014

Committee on Children Public Hearing Testimony
Deb Shulansky, *Director of Community Outreach and Support*
Brain Injury Alliance of Connecticut (BIAC)

Good Afternoon Representative Urban, Senator Bartolomeo, Representative Betts and Senator Linares and the distinguished members of the Children's Committee. My name is Deb Shulansky, and I am testifying today in favor of Raised Bill 5113: *An Act Concerning Youth Athletes And Concussions*, as the Director of Community Outreach and Support at the Brain Injury Alliance of Connecticut (BIAC), a member of the State of CT TBI Advisory Board, the Connecticut Concussion Task Force, and the CT State Team for Community of Practice for Prevention of TBI. Additionally, I am the mother of high school athletes who have sustained several concussions. In fact, one of my daughters had post-concussion syndrome and was on medical leave for 3 months during her sophomore year of high school.

In my role at BIAC, I work to increase awareness and understanding of concussion and other brain injuries. According to the Center for Disease Control (CDC), as many as 3.8 million sports and recreation-related concussions occur in the United States each year. While concussion awareness is increasing, there remains a lack of public understanding of brain injury and its consequences. The only ***REAL CURE*** for a brain injury is prevention.

Young, developing brains are more sensitive to trauma, and children have weaker necks than adults, making brain trauma more damaging. As a result, 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 significant long-term brain impairments. Returning to play before a concussed brain has healed can sometimes 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.

In 2010, this State passed Senate Bill 456: *An Act Concerning Student Athletes and Concussions*. This Legislation gave coaches necessary tools to keep our student

athletes safe and it is an important first step in concussion management, however, too many individuals are not sufficiently able to recognize the signs and symptoms of concussion.

It is **precisely** for this reason that Raised Bill 5113 should be passed. Concussion education which provides accurate information about the signs and symptoms of concussion, to athletes, parents and referees, in addition to coaches, will help to facilitate recognition, proper diagnosis and needed treatment of concussion.

Recognizing and properly responding to a concussion when it first occurs is critical, and the proper management of a concussion is key. However, since it may not be evident right away if an athlete has sustained a concussion, requiring concussion education and informed consent prior to participation in a sport is equally necessary and important. Requiring acknowledgment by parents and guardians that they have been educated about concussion signs, symptoms, management and potential consequences will help to fill a gap in what is understood about concussion, and more important, enable informed consent to the inherent risk of concussion in sports.

In 2012, the youth football organization, Pop Warner, limited the amount of full-speed collisions and other contact allowed during football practices as a result of studies that have shown that repetitive brain trauma may result in a permanent decline in cognitive function. This bill seeks to limit full contact practice to 90 minutes per week. Limiting contact during practice is an easy and feasible way to reduce the risk of concussion.

Accordingly, I urge you to pass Raised House Bill 5113 to reduce the number of concussions in children in our state.

Thank you.

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PH
L5

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ATHLETIC DEPARTMENT
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February 24, 2014

Testimony and Concern regarding:

House Bill 5113 – AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS

My name is Daniel Scavone and I serve as Director of Athletics for The Berlin Public Schools in Berlin, Connecticut. I am also President-Elect of the Connecticut Association of Athletic Directors (CAAD) and a state certified basketball official. I have been an Educator, Coach and Administrator in this state for the past 24 years and I am writing this testimony with concerns over this proposed legislation.

I clearly understand that the intention of this bill is to enhance safety measures for students and youth across the state of Connecticut. While I do advocate for safety through education, I must state that this bill goes well beyond the scope of practicality and cost effectiveness in relation to what is already being done in Connecticut. Currently, we are and have been leaders in implementing Concussion Education and Management Programs throughout the United States. I would like to comment on some specific items of concern both as an Athletic Director and a Basketball Official for over 20 years.

- **Having one uniform training program to meet the needs of various groups such as students of varied ages, sports officials, coaches and parents is not optimal and wouldn't adequately serve the purpose of quality education. Schools, Communities, and Official's Groups need to have the flexibility to design programs to effectively reach the intended audience. They know best how to design, plan and implement such a program that will be functional and well received.**
- **I am adamantly opposed to any type of wait period or the ability of parents to utilize a consent release form. Concussion Signs and Symptoms can mimic other physical maladies which can be the result of lack of sleep, proper nutrition, even stress. I unequivocally trust our trained medical staff to make critical assessments related to suspected concussions. They are familiar with our student athlete's medical histories, and know them as individuals. Thus they can make informed decisions and institute an already medically sound return to play protocol without having to worry about parents demanding their child to take the field of play after a pre-determined time limit. In addition, some parents have tried and would be empowered to search for doctors who would be willing to authorize a return to play release based on limited information. The current law prevents these types of occurrences and ensures that the child returns to play in a safe reliable manner of time.**
- **As a basketball official, we and every other sports official are required to attend annual rules interpretation meetings under the umbrella of the National Federation of High Schools. Included in this program is training and a thorough annual review of the signs and symptoms of concussions. It is not our role as independent contractors to diagnose concussions. It is merely to be able to identify the signs and symptoms in athletes who may have sustained a concussion and then notify the appropriate team personnel such as athletic trainer and/or the coach.**

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- **Collecting and reporting occurrences would be a tremendous burden for schools that, most likely, already are short staffed and financially strapped. It would certainly in my opinion not be cost effective.**

In summary, the current law has shown to be very effective in educating the many coaches, parents, athletes and officials that make our programs both successful and safe as possible. Our state association, the CIAC has worked diligently in providing the resources needed to carry out this important mission. As a matter of fact, at Berlin High School during each seasonal student athlete/parent meeting, I have my Athletic Trainer do a presentation on the signs and symptoms of concussions and our protocol in how to manage them. I do not feel any added mandates would add any benefits without the additional burdens that would come along with it. I believe it would deter many from participating in athletics and that would negatively impact the educational benefits that sports programs provide.

Sincerely,

Daniel Scavone

Daniel Scavone, CMAA

Dan Scavone, CAA
Athletic Director

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Testimony for HB 5113

Good Afternoon Representative Urban, Senator Bartolomeo, Representative Betts and Senator Linares and the distinguished members of the Children's Committee. For the record, I am Chris Coyne from, a student at Yale studying economics and political science. I am here to testify in support of HB 5113, AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS.

I don't come here today as a doctor, a legislator, or a concussion expert. But rather, I come here today as an example of the flawed system which I grew up in. I accumulated five concussions throughout high school, and one in college; and while many came from games, I did experience at least one concussion during high school football practice.

The fact of the matter is this: there is no denying that subconcusive hits add up over time, and can eventually be the root of lasting brain problems. The issue is that the competitive spirit of athletes and coaches everywhere clouds the better judgment of individuals responsible for limiting contact. The effects of subconcusive hits aside, both coaches and players alike consider there to be a positive relationship with success on the field. Coaches must continue to be successful or lose their job, and players--or for me personally- -saw two seasons to build an athletic legacy and earn a chance to continue their careers in college.

With such limited education that youth are getting regarding the dangers of concussions, I believe that many do not understand the serious long-term consequences that can result from accumulating hundreds or thousands of hits to the head over one season. Personally, having never seen any former players

experience serious health issues first hand, I did not believe that long-term harm could be a result. Perhaps continuing to hit my head over and over would lead to minor health defects later in life, but my mind wasn't focused on that at the time. To me, extended contact practice time was like steroids in baseball during the 90s: possible long-term side effects were just a minor inconvenience compared to the temptation of immediate victory. For me, and many others, it was a risk worth taking.

With my experiences in mind, I implore all in attendance today to recognize the need for mandatory education at all levels. Further, I ask you to consider one thing regarding the current 90- minute limit on contact practices: What exactly *is* 90 minutes of contact? Is it running full contact drills from 3:00-4:30? Is it tailored for each player, so that each *individual* gets 90 full minutes? Or will this limit turn into what I think it will be: an assistant coach standing on the field, using a stopwatch to time the length of each play from "hike" to "whistle", so that teams can run full- contact plays for hours, and hours on end before encountering the limit? If I was trying to circumvent the law, this is what I'd do.

In closing, I ask you all to look at the real victims here: the youth. Reporting a head injury is truly a "judgment" call by a teenage kid: if the teen doesn't want to report it, he or she can hide it for as long as they'd like. But the government doesn't let 16 year old kids make the decision to drink alcohol, smoke cigarettes, or even get a tattoo... are we really trusting them to make the right decision regarding their own long term health?

Thank you.

P14
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American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Hezekiah Beardsley Connecticut Chapter

February 27, 2014: Good afternoon Representative Urban, Senator Bartolomeo, Representative Betts and Senator Linares, and the distinguished Members of the Committee on Children.

My name is Karen Laugel. I am Chair of the Connecticut American Academy of Pediatrics Traumatic Brain Injury-'Return to Learn' Initiative and President of the non-profit community educational organization, ConcussionCORPS. I am also a pediatrician with over thirty years of experience, five of those in concussion recovery management. I speak on behalf of these organizations in support of Bill No. 5113, "An Act Concerning Youth Athletics and Concussions," but with a request for its expansion to include public and private schools and sports organizations for children of all ages, and to include 'best practice' models and resources for "Return to Learn".

Like many of you, I come to the table with a great appreciation of the benefits that organized sports provide our children and teens. All three of my children were student athletes, participating in baseball, basketball, ice hockey, lacrosse, track, and football. I am convinced that my oldest son, a US Naval Academy graduate and now a Marine officer stationed in Afghanistan, would not have been as successful in his career if it had not been for the outstanding mentorship of his high school football coaches.

I would not have wanted any of my children or the children in my pediatric practice to have missed the experience of growing up as part of a team. However, it is our job as responsible adults to create a nurturing environment for our young people, and that includes attending to their health and safety. As we gain knowledge about concussion injury and its ramifications, we must take action on that knowledge; an expansion of Bill 5113 can give us that opportunity. For example:

- We know that being female, fatigued, or having a history of prior concussion or loss of consciousness increases the risk for injury (PM&R, Vol. 3, Iss. 10S2, 2011; S452; Am J Sports Med 2000 & 2003; Res Sports Med 2008; Clin J Sports Med 2000) . What can we do with this knowledge? ...**We can do screening histories prior to the season and identify athletes at risks—perhaps that's an athlete who should not be asked to play offense and defense in the same game, or to play multiple games in the same day, or to play in the positions at highest risk for collision.**

- We know that 70% of concussions are caused, not by head impact, but by rotational injuries (including body collision) and that helmets are not protective (Neurosurgery 2003; 4: 799). What can we do with this knowledge? ...**We can educate referees and coaches to encourage fair play and discourage high risk behavior. For example, Minnesota Hockey and the Mayo Clinic awarded youth hockey athletes 'Fair Play points' and saw a 30% reduction in checking and hits to the head (J. ASTM Intl., Vol. 6, 4/09). We can educate our athletes to take themselves out of play if they experience headache or dizziness after a collision.**

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- We know that the neurological damage from repetitive sub-concussive blows can be measured by blood tests and by special MRI's, and that these sub-concussive blows result in cognitive changes (poor impulse control) and balance abnormalities (67 college football players, Cleveland and Rochester; Marchi N, Bazarian JJ, (March 2013) Consequences of Repeated Blood-Brain Barrier Disruption in Football Players. PLOS ONE 8(3): e56805. doi:10.1371/journal.pone.0056805). We also know that repetitive head trauma, with or without symptomatic concussion, has been linked to chronic traumatic encephalopathy (CTE) (PM R 2011; 3: S460-S467) and that evidence of CTE has been found in the brains of adolescent athletes (Nathan Stiles, 17 y.o. 2010; Eric Pelly 18 y.o.; Owen Thomas, 21 y.o.; Ann McKee, MD, BU Center for the Study of CTE). What can we do with this knowledge? ... **We can educate athletes, parents, coaches, referees, and trainers (of children of all ages and all sports organizations: from public and private schools, and from public and private teams) to recognize and respond appropriately to injuries and to put limits on those circumstances where we know those injuries occur; and we can educate doctors in 'best practices' to optimize the injured child's full recovery and safe return, and require their medical clearance for the child's return to school and play.**

- We know that children with concussions miss a median of 37 school days (Corwin, CHOP, AMS Sports Med Conference, April 2013) and that children aged 13-19 years old with a history of two concussions suffer a significant decline in attention, concentration, and grade point average (GPA) even six months to one year post- injury (Moser RS: Neurosurgery, Vol. 57(2), August 2005) . We also know that post-injury children engaging in moderate levels of cognitive activity recover faster than those engaging in highest and lowest levels of cognitive activity. (Mean age 15yo; mean duration of symptoms 43 days; PEDIATRICS Volume 133, Number 2, February 2014; 335 pts, prospective study 10/09-7/11, Boston Children's Hospital). What can we do with that knowledge? ... **We can educate our physicians, school nurses, and educators to monitor and pace an injured child's academic return, provide appropriate academic accommodations, and offer academic support with long-term learning strategies for those who need it. Using the current models from New York, Pennsylvania, Colorado, and Oregon, we can build a state resource for physicians, educators, and schools that provides model concussion management protocols, best practice guidelines, online training modules, guidance for long-term learning strategies, and access to psycho-educational services.**

In summary, speaking on behalf of the Connecticut American Academy of Pediatrics and the non-profit educational organization, ConcussionCORPS, we are in support of Bill No. 5113, "An Act Concerning Youth Athletics and Concussions," but request expansion of the Bill to include public and private schools and sports organizations for children of all ages, and to include 'best practice' models and resources for "Return to Learn".

Thank you, Representative Urban, Senator Bartolomeo, Representative Betts and Senator Linares, and the distinguished Members of the Committee on Children, for giving me the opportunity to speak before you today.

Karen L. Laugel, MD
Chair, CT American Academy of Pediatrics TBI-RTL Initiative
President, Concussion CORPS, Inc.

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Glastonbury High School Athletics
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Trish Witkin, CMAA, Director of Athletics

February 26, 2014

My name is Trish Witkin. I am the immediate past president of the Connecticut Association of Athletic Directors and currently serve as the Director of Athletics at Glastonbury High School. I have been involved in athletics as an administrator for more than 15 years and am now experiencing being a parent to three athletes heavily involved in youth sports.

While I am a strong proponent of education particularly where the health, safety and education of our student-athletes is the premise, I submit this testimony in opposition of **HB 5113- An Act Concerning Youth Athletics and Concussions.** I appreciate the efforts of the committee to address the very important topic of concussions and other brain injuries, but I feel this bill does not take into consideration the diversity of our school districts and subsequent athletic programs across the state, the financial toll this will take on school districts trying to meet the unfunded mandates and the impact this will have on youth programs across the state who rely heavily on volunteers to coach their teams and officiate their games.

Here are some specific concerns I have with H.B. 5113:

- Currently, there is curriculum that has been created that addresses the signs and symptoms of concussions as well as the care and prevention of head injuries. We have provided that coursework to more than 13,000 coaches, athletic trainers and athletic directors across the state. This course and the annual refreshers that follow are taught by athletic directors and athletic trainers who are trained in the content. Further, these are the individuals who will work with the coaching staff, athlete and parents to safely return the athlete to play after suffering a head injury. There is no provision made in this bill for those coaches, athletic directors and athletic trainers to be grandfathered in.
- Creating one program to meet the needs of all age groups and programs is concerning to me. While I appreciate the need to educate parents, athletes and coaches at all levels, a course taken by a senior in high school for example, with this particular content, is not age appropriate for a first year player at age seven. Additionally, the method by which a district or town provides education should be left to that district or town. What works in my community might not necessarily work in the next.
- The collection and reporting of data of this magnitude will place a tremendous burden on districts and programs who are already struggling to run their programs with the resources available to them. Additionally, many of these programs are run by volunteers. Another unfunded mandate and I fear we will lose those people we rely on to run these programs.
- Lastly, as a parent of three daughters involved in youth sports, including one who is an umpire in our local little league softball program, I have grave concerns with the added burden this bill would be putting on the youth programs across the state. These programs are run independent of any governing body and the regulation and implementation of this legislation would fall on the many volunteers that keep these programs going. I believe this legislation would deter many from volunteering. I for one would not allow my thirteen year old daughter to continue being a softball umpire should these mandates in place.

In closing, the current legislation provides sound education to the coaches on the high school level. Districts have adopted policies and procedures that incorporate proven return to play policies that addresses the needs of the individual relative to their injury. Measures are in place for each district to extend education to their parents and student-athletes utilizing workshops, forums or seasonal parent meetings. Districts, such as the one I work in, have forged relationships with the youth programs in town and provided this information to their coaches. That can continue without mandate. I feel strongly that the program that is in place is sufficient and will serve the athletes in our state best.

Respectfully submitted,

Trish Witkin

Trish Witkin, CMAA

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Testimony of Terry O'Neil to Public Hearing on Bill #5113, in Hartford, February 27, 2014

My name is Terry O'Neil, resident of Greenwich. I had a career in network television at ABC, CBS and NBC.... produced a lot of NFL football games, a few Super Bowls, was privileged to meet the top coaches of that generation -- Bill Parcells of the Giants, Joe Gibbs of the Redskins, Dick Vermeil of the Eagles, Mike Ditka, Chicago Bears, Bill Walsh, San Francisco 49ers. I was allowed to watch their practices, saw how effectively and safely they practiced.

In the late '90s, when Mike Ditka took the head coaching job at the New Orleans Saints, he asked me to come along. My office on the second floor overlooked the practice fields....dream job.....I watched our team practice every day -- skillfully, efficiently, without injury.

A few years later, when we returned to Connecticut, my oldest son was ready for high school football. As a freshman, on the third day of his high school career, he threw a 37-yard touchdown pass, but fractured his right index finger on the helmet of an onrushing lineman. This would never have happened in the NFL or college football, where they practice with a 5-yard restricted zone, known as a "halo", around the quarterback.

When I asked one of his coaches about rules of engagement in practice, he said, "Every player, every day, every practice, every drill, is live, including the quarterback." I told the story to Dick Vermeil.....he exhaled deeply and said, "Wow."

The next year, it happened again. On the day before the spring game, my son was scheduled to start at quarterback, but fractured his thumb on a defender's helmet.

And for some boys, the injuries were not merely orthopaedic.....that season, 17 of his teammates suffered concussions.....17 players on a 50-man squad.....way too many, most of them occurring in practice.

The ***Sports Legacy Institute*** of Boston University, co-founded by Dr. Robert Cantu, who is here today, estimates that 60-to-75% of high school football concussions are suffered **in practice, not in games.** They further estimate that nationally 1 billion blows to the head are suffered every season in youth and high school football practice. One billion.

This is madness. In the entire 2012 NFL football season, involving 2000 players on all 32 teams, across five full months of regular season and post-season, from Labor Day through the Super Bowl, how many concussions do you think were suffered by NFL players in practice? 1000? 500? 200? The answer is: 3. Three concussions.....because they've learned how to practice.

In the past year, I've collaborated with Mike Ditka, Dick Vermeil, Archie Manning, Ronnie Lott, Dr. Cantu -- 21 big names in football and medical science -- to form ***Practice Like Pros,*** a movement to practice high school football with less contact.

We've been solicited by groups all over the country. We've heard the differing viewpoints that are echoing in this room today. Those differences shrink when we make our presentation. Check our Web site, www.practicelikepros.com, for New England coaches' reaction to our clinic last August in Worcester, Massachusetts.

We'd like to be part of the solution here in Connecticut. Please allow us to bring Dartmouth Coach Buddy Teevens and Dick Vermeil or Sam Wyche or Mike Ditka to show your high school coaches and athletic directors how to ***Practice Like Pros.***

-- Terry O'Neil

The Network
for Public Health Law

Ideas.
Experience.
Practical answers.

The Network – Eastern Region
Kerri McGowan Lowrey, JD, MPH
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University of Maryland Francis King Carey School of Law
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TESTIMONY OF KERRI MCGOWAN LOWREY, JD, MPH
DEPUTY DIRECTOR,
NETWORK FOR PUBLIC HEALTH LAW, EASTERN REGION

Raised Bill No. 5113
AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS

Committee on Children
February 27, 2014

Good morning Representative Urban, Senator Bartolomeo, Representative Betts, Senator Linares, and the distinguished members of the Children's Committee. For the record, I am Kerri McGowan Lowrey, Deputy Director of the Network for Public Health Law's Eastern Region, which is housed at the University of Maryland Francis King Carey School of Law. The Network provides legal technical assistance on policy approaches to public health issues. We have been monitoring the provisions of state concussion laws since 2011, and conducted an interview survey in late 2012 of those charged with implementation of the laws in their states to ascertain their experiences and to inform future policymaking in this area. I am here to provide information for the Committee on Raised Bill No. 5113, AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS.

This legislation will bring Connecticut in line with other state laws, specifically with regard to requiring concussion education and informed consent to participate for young athletes and their parents. This is one of the three key provisions of Washington's Lystedt Law, which has been heralded by advocates as a sort of model. Currently, 44 state laws require educational materials to be given to parents or guardians with some form of signed acknowledgment of receipt.[1]

With passage of this legislation, Connecticut would also join the 16 states that currently extend protections to participants of recreational, as well as school-based, athletics.[2] Also, the bill's inclusion of the state Department of Public Health in developing the concussion-training

[1] Georgia, Idaho, New Hampshire, and Wyoming laws require concussion education information or materials to be developed for this purpose, but do not require acknowledgment of receipt prior to a youth athlete's participation in sports Only Arkansas, Colorado, and Connecticut currently do not require any form of education for parents or guardians of youth athletes

[2] Alabama, Colorado, District of Columbia, Florida, Georgia, Louisiana, Maryland, Michigan, Minnesota, Nebraska, Nevada, Ohio, Oregon, Tennessee, Utah, and Wisconsin Arizona requires recreational sports organizations to comply with provisions of the law if the organization uses school facilities or property

course will help to ensure that it continues to be based on evolving scientific research regarding the epidemiology, physiology, and effective methods for primary and secondary prevention of sports-related head injury. Toward that end, the bill's reporting requirement is also significant—allowing for collection of important data that can be used to evaluate the effectiveness of the provisions of the law.

Connecticut is already a national leader in training coaches on concussion. This bill contains provisions that also would make Connecticut a leader in concussion policy, joining other states that are tuned to the ongoing research and are going one step further to make sports safer for kids. These include:

- Mandatory training for referees—those adults who often have the best view of the players and events on the field;
- Limits on full-contact practice time (a primary prevention strategy); and
- Required phased-in return to physical activity after medical clearance has been given.

Connecticut is to be commended for introducing this legislation in response to ever-developing knowledge of the problem of sports-related concussion and the state's experience implementing its existing law. Indeed, Connecticut is not alone; fourteen states[3] have made substantive changes to their youth sports concussion laws since original adoption.

Finally, I should note that the consensus among public health policy scholars is that formal, codified law is more effective in bringing about progress in combatting public health problems than informal policy or reliance on voluntary compliance.[4] Experience over the last 40 years of public health law in areas like tobacco control and traffic safety supports this view—law helps to ensure statewide consistency, accountability, and oversight.

Thank you for your time and your consideration of the health and safety of young athletes.

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[3] Alabama, Alaska, California, Iowa, Illinois, Kentucky, New Hampshire, New Jersey, North Dakota, Oregon, Rhode Island, Utah, Vermont, and Wisconsin have made substantive changes to their youth sports concussion laws since original passage

[4] *See, e.g.*, Scott Burris and Evan Anderson, Legal Regulation of Health-Related Behavior: A Half Century of Public Health Law Research *Annu Rev Law Soc Sci* 2013 9 95–117

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Date: February 27, 2014

To: Representative Diana Urban, Senator Bartolomeo, Representative Betts and Senator Linares and the distinguished members of the Children's Committee

From: Hosea H. Harvey, Assistant Professor of Law and Political Science, Temple University

Re: Testimony on Merits of HB 5113, An Act Concerning Youth Athletics and Concussions

Thank you for receiving this written testimony in advance of today's public hearing. For the last several years, researching youth sports traumatic brain injury (TBI) laws has been my life's work, and thus I am pleased to provide additional context for some provisions in HB 5113.

By way of background, in 2013, I authored two peer-reviewed articles on the subject of youth sports TBI laws. One appeared in the American Journal of Public Health and the other is forthcoming in the Yale Journal of Health Policy, Law, and Ethics. In addition, I am the curator for the youth sports law section of an online public-health law database and portal called LawAtlas (lawatlas.org), which comprehensively tracks a variety of public health-related laws. Although my work has been grant-supported, I am appearing here as myself and not as the representative of any organization.

The thrust of my research focuses on the scientific basis for key provisions in youth sports TBI laws and whether evidence from public-health and medicine can be used by legislatures to optimize and improve public health through lawmaking. With respect to youth TBIs, most experts now agree that the law can and should be used to impact the public health by focusing on some key provisions, such as: (1) educating students, parents, coaches, schools, and health professionals about recognizing concussions

and minimizing their short and long-term consequences and (2) implementing safeguards to prevent those who might have concussions from aggravating the injury. But states differ upon how to accomplish those goals. Since Connecticut passed its pioneering youth sports TBI law, evidence based lawmaking in this area has been transformed by other states that have expanded the reach and scope of youth sports TBI laws. As a result, by comparison, Connecticut's original law is now no longer aligned with what scientists and policy-makers know about optimal concussion reduction strategies.

It is clear that Connecticut was among the first states to think broadly about the scope of the problem, and to enact a concussion law. Connecticut is still a leader in its expansive coach-training component. Likewise, Connecticut led the way in requiring that the health professional providing return to play clearance be trained in TBI management. But while Connecticut's early law set several evidence-based standards, important aspects of its law now lag behind the evidence-based norm set by other states.

In December of 2013, at the request of the PCC, I undertook an evaluation of Connecticut's existing youth sports TBI law and compared it to the provisions of the laws of 50 other jurisdictions. I found that, with respect to existing science and policy, Connecticut's law no longer represented the public-health consensus as determined by a majority of other states, for a variety of reasons.

This Committee's bill, HB 5113, directly addresses much of what was previously missing from Connecticut's existing law. For example, HB 5113 updates the Connecticut law to explicitly require annual completion of a concussion education plan by student athletes and their parent or guardian, and distribution of an informed consent form to parents and legal guardians of student athletes. This is consistent with all but a few states, which have similar (almost identical) requirements. That having been said, most states require informed consent on an annual basis from parents and students, and thus this new provision still does not conform to most state laws. Connecticut's existing youth sports TBI law

did not require parental notification of a suspected concussion, which would be a scientific best-practice. HB 5113 responds by updating Connecticut law to require parental notification of a suspected or actual TBI.

In other areas, HB 5113 may allow Connecticut to resume its original position as a leader in public health innovations with respect to youth sports TBIs. For example, the CDC and a host of other organizations have long suggested that optimal practice with respect to youth concussions requires more and better data. Most states have not yet moved to gather such data, although a few state laws and public-health departments (such as in Massachusetts) are moving in that direction. HB 5113 updates the Connecticut law to include provisions for tracking TBIs and requiring analysis of this data to evaluate trends and inform best practices. This is an innovative public-health measure, which is supported by ample public-health law and evidence-based policy-making research. Additional provisions, such as directly regulating conduct (and contact) within particular sports, are path breaking. Doctors familiar with the impact of such provisions will likely positively testify regarding their proposed impact on the public health of Connecticut youth.

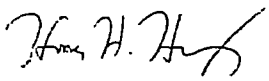
Conclusion

HB 5113 updates Connecticut law in a variety of ways to conform to existing national best practices adopted by the vast majority of states. Further, HB 5113 innovates in key ways that are squarely situated in evidence-based policy-making and public-health law legislative principles. These innovations, including the tracking and parental notification provisions, will allow for additional information gathering, which will in turn help all Connecticut stake-holders further understand the scope and consequence of youth TBIs. The committee may want to revisit a few points of ambiguity in HB 5113, such as the training requirement provisions Further, there are other policy solutions that are

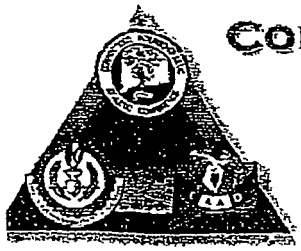
not addressed in HB 5113 that may also be best practices, including broadening the power to remove students from play.

I applaud this Committee's effort to follow sound evidence based public-health lawmaking principles, which will serve as a model to other states looking to improve their own youth sports TBI laws. Thank you for the opportunity to speak at the hearing and for receiving this written testimony.

Best Regards,



Hosea H. Harvey



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
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Testimony and Concern for:

H.B 5113 - AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS.

My name is Fred Balsamo and I am a Wallingford resident and manage the coaching education program for the Connecticut Interscholastic Athletic Conference (CIAC), Connecticut Association of Athletic directors (CAAD) and the Connecticut High School Coaches Association (CHSCA). I am also the executive director of CAAD, which represents the athletic directors in 188 high school and 150 middle school athletic programs across the state.

I have dedicated most of my career in the development of educational programs for coaches to insure the safety of our student-athletes in Connecticut. While I applaud the committee for taking an interest in student safety I have several serious concerns with the law as written. This legislation is far reaching and was written with the assumption there are currently many problems and little being done to educate coaches parents, students and referees. It implies mistrust in the ability of school districts and the coaches they hire.

Connecticut has the most stringent coaching permit and coaching education requirements in the country. State statute mandates that certified teachers must complete the concussion education course in addition to CPR/First Aid. Non-teachers must complete a 45 clock hour course including concussion education and in addition must maintain current CPR/First Aid. All coaches must take 15 hours of ongoing training in order to renew their permit every year. We have developed the curriculum for those training courses with student safety as a priority as illustrated in the list of courses in the attached brochure.

The Connecticut concussion legislation spearheaded by Senator Looney in 2010 requires the most extensive concussion education course required for coaches in the country. The Connecticut course covers the signs and symptoms of concussions and the chemical cascade effect that occurs in the brain during the concussed state, it covers other brain injuries such as brain bleeds and skull fractures, scalp and neck injuries. The course explains the law, the requirements of removing an athlete from participation and the revocation process for failure to follow all aspects of the law. It thoroughly explains Second Impact Syndrome and Post Concussion Syndrome. It also trains the coach in an extensive "return to play protocol" which is annually reviewed with all coaches.

Testimony for HB 5113 and SB 229

Dear Members of the Children's Committee and Legislative Leaders,
The Connecticut Coaching Education Program and the Connecticut Association of Athletic Directors have serious concerns about the language in both of these Bills.

The Connecticut concussion legislation spearheaded by Senator Looney in 2010 requires the most extensive concussion education course required for coaches in the country. The Connecticut course covers the signs and symptoms of concussions and the chemical cascade effect that occurs in the brain during the concussed state, it covers other brain injuries such as brain bleeds and skull fractures, scalp and neck injuries. The course explains the law, the requirements of removing an athlete from participation and the revocation process for failure to follow all aspects of the law. It thoroughly explains Second Impact Syndrome and Post Concussion Syndrome. It also trains the coach in an extensive "return to play protocol" which is annually reviewed with all coaches.

The concussion law, the extensive coaching education requirements and the recent actions and mandates put out by the CIAC requiring concussion education for parents, students & referees and limiting contact in football practice far exceeds what is being done in other states and is more than adequately serving and insuring the safety of our student-athletes in the state of Connecticut

Please see the attached documents pertaining to HB 5113 & SB 229 that I will address in my testimony tomorrow.

—
Fred P. Balsamo, CMAA
Executive Director
Connecticut Association of Athletic Directors
Connecticut Coaching Education Program
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For more CAAD and CCEP info:
www.caadinc.org or http://www.ctcoachinged.org/
For CT State Department Forms
http://www.sde.ct.gov/sde/cwp/view.asp?a=2613&q=321402

Specifically here are my points of concern with H.B 5113:

- **Changing the content of the course "other brain injuries"** - Since the current concussion law was enacted in 2010 over 13,232 school coaches have already taken the course. There is no provision for grandfathering those coaches implying they all have to retake the course. There is no provision to allow us to provide coaches with just the new updated material which was the original intent of the current law and the reason for having only one unified course for coaches.

- **Only one concussion and other brain injury parent/student plan** – It would be nearly impossible to effectively reach every student and parent by using only one plan developed by the State Department of Education. Because of the diversity in school populations and demographic s, our schools need the autonomy to develop their own plans and methods of implementation that will allow them to effectively reach every student and parent. Currently the CIAC mandates schools educate parents and students and provides several delivery methods.

- **Consent form** – This form has already been developed using the coaches annual review form previously approved by the SDE, Department of Health, Connecticut Medical Society and Athletic Trainers as the template. It is being used in our schools at the present time.

- **24 hour Notification** – This puts the responsibility on the coach rather than on the school district that employs trained medical professionals. Currently most notifications are occurring almost immediately unless there are delayed signs and symptoms.

- **24 hour Wait period** - Not all students who show signs and symptoms of a concussion actually have a concussion. An athlete feeling woozy may have simply not eaten properly that day. We currently rely on trained medical people to make these assessments and if the signs and symptoms are in fact suspected to be a concussion, students are not allowed to return to play until they have been medically cleared and then they must follow the return to play protocol. The current legislation allows medical clearance to serve as notification that a student may begin the return to "play protocol" and not a clearance to retune to full activity. This 24 hour wait period usurps that process and can empower parents to demand their child return to play immediately after the 24 hour wait period.

- **Consent release form** – This step in the process will only serve to empower parents who want their child back to participation sooner than they should be allowed to. We have documented cases where parents have doctor shopped to get a return to play release and then demanded their child be allowed to play. The current law as written prevents this.

- **Regulating Contact in practice** – First, NO state in the country has a law that legislates contact in practice. Furthermore, Connecticut has consulted with other states and has taken the initiative to regulate contact time in football practice. The CIAC has developed a stringent program that was approved by the Connecticut Medical Society. The 90 minute restriction as written in HB 5113 would not allow sufficient time for coaches in the preseason to teach the proper techniques of tackling to prevent injury The 90

minute restriction would force schools to decide whether they want to prepare the team by having a scrimmage or by teaching the necessary skills to compete in that scrimmage. The proposed language has the potential to increase injuries.

- **Requiring referees to take the a course** – Currently all school referees must annually train and review all National Federation of High school rules which include the signs and symptoms of concussions. We rely on referees to assist the coach and athletic trainer in identifying athletes who potentially may have sustained a concussion. Their level of expertise should not go beyond that.

- **Collecting and Reporting Occurrences** – School districts do not have the resources to accomplish this effectively without employing additional staff. Many Athletic Trainers are hired to cover events on an hourly basis and would not have time to complete this task without additional compensation. This would create an unfunded mandate and a burden to our schools.

- **Youth Sports** – There is no statewide governing body for youth sports and many operate as an independent entity. The implementation and regulating of this requirement would be nearly impossible. Furthermore, many park and recreation programs utilize unpaid parents and students to coach and referee their contests. This legislation would deter many from volunteering. Additionally, many youth programs such as AAU act as an independent entity and should not be governed by the State Department of Education. While I can support some level of concussion education for youth coaches, parents and participants, HB 5113 is far too extensive for their needs.

In closing, the concussion law, the extensive coaching education requirements and the recent actions and mandates put out by the CIAC requiring concussion education for parents, students & referees and limiting contact in football practice far exceeds what is being done in other states and is more than adequately serving and insuring the safety of our student-athletes in the state of Connecticut.

Sincerely,

Fred Balsamo

Fred Balsamo, CMAA

000613

Connecticut Coaching Education Program

SDE Approved Module Offerings
(3 Hours Each)

Module 1 Revised	Coaching Principles & Practice – Philosophy, Motivation and Character
Module 2	Communication, Public Revised Relations and Organization
Module 3 Revised	Safety Rules, Care & Prevention of Athletic Injuries
Module 4	Legal Aspects of Interscholastic Coaching I – (14 Duties)
Module 5	CIAC Rules and Regulation
Module 6	Legal Aspects of Interscholastic Coaching II - Revocation, Hazing, Harassment
Module 7	CIAC Guide To the Roles and Responsibilities of a Coach
Module 8	Strength & Conditioning Design for Interscholastic Athletic Programs
Module 9	Sport Psychology for Interscholastic Coaches
Module 10	Gender Equity & Diversity Awareness for Coaches
Module 11	Coaching the Female Athlete
Module 12	All-Adult Construct of Coaching
Module 13	Nutrition, Performing Enhancing Supplements
Module 14	Emergency & Critical Incident Response for Interscholastic Athletic Programs
Module 15	Concussion Management
Module 16	Proper Use of Electronic Media by Coaches
Module 17	Dealing with Parents of Athletes
Module 18	Dealing with the College Bound Athlete
Module 19	The Impact of Ethical Standards on Youth
Module 50	Swimming Pool Safety Training for Swim Coaches and PE Instructors
Module 51	CIAC Safety Training for Football Coaches (under development)
Module 52	CSAC Safety Training for Cheerleading (under development)
Module 78	Coaching at the Middle School Level
Module 101	Fundamentals of Coaching Online -6 Hours

Online Modules

CCEP now offers online modules for your convenience. More info can be found at www.ctcoachinged.org

All Module workshops will be conducted at the CIAC building located at 30 Realty Drive Cheshire, CT 06410.

For specific Module offerings and information go to www.ctcoachinged.org

Connecticut Coaching Education Program

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

Providing Coaches with the Necessary Education to Obtain Their 5 Year Renewable Coaching Permit & 15 Hours of Continuing Education

Coaching Education Made "User Friendly"

The Alliance

In June 2007 an agreement was reached among the Connecticut Interscholastic Athletic Association (CIAC), the Connecticut Association of Athletic Directors (CAAD), and the Connecticut High School Coaches Association (CHSCA) merging the coaching education efforts of each organization into a unified program. This alliance, now called the Connecticut Coaching Education Program (CCEP), is under the direction of Fred Balsamo. The aims of the program are to provide coaches and school athletic administrators more opportunities to access the 45 hour coaching permit course and other CEU workshops, to assist in the tracking and data entry of coaches, and to dispel confusion for people going through the coaching certification process.

More Offerings

Through the combined efforts of the Alliance, the CCEP will provide coaches and athletic directors increased opportunities to receive relevant and pertinent coaching modules that will enhance the quality of coaching high school athletes and underscore the important role they play in teaching the values inherent in participating in high school athletics.

The 45 hour permit course will continue to be offered each semester on Wednesday evenings at CIAC. Also, additional classes will be designed to better fit the busy schedules of coaches. For example, this past summer the CCEP sponsored a "power" class covering the 45 hours in just 6 days. Based on the positive evaluations received, this class will be offered periodically throughout the year. In addition, "satellite" programs modifying times and days to fit specific situations will be developed in different locations in the state.

All workshops offered in the past by CIAC, CAAD and the CHSCA will now be referred to as "modules" and each assigned a number. This will help coaches better understand what they have completed and prevent duplication. New modules are also being developed in order to meet the needs of schools and their coaches. Current modules as well as those being developed are listed in this brochure.

Data Entry & Tracking

Merging the existing data bases of the three organizations is now completed. The end result is a site with access for coaches and athletic directors. The centralized data base will also be made available to the State Department of Education which will make its auditing efforts of coaches less cumbersome and more accurate. To see what you have taken with the CCEP visit www.ctcoachinged.org/CEU.html, then click on "Search Data Base".

Dispelling Confusion

In addition to generating additional course offerings and merging data, the coaching education office is now available to handle calls to help coaches and member schools with their coaching education questions. Fred Balsamo staffs the office daily and can be contacted directly at (203) 651-3921. Additionally, the CIAC website has been made easier to navigate by the creation of a separate page for the Connecticut Coaching Education Program. This permits online registrations for the 45 hour coaching permit course and other coaching modules.

If you have any questions or suggestions as to how the Connecticut Coaching Education Program can better serve you, please don't hesitate to call Fred Balsamo (203) 651-3921 or email at fbalsamo@casciac.org.

000614

Dear Children's Committee Members,

Thank you for the opportunity to testify yesterday on HB 5113. We really sensed that we were heard and that the committee will thoroughly pare down the language. I am sure the athletic directors and coaches in the state can get behind legislation if there are no changes to the current coaching course and the bill focused primarily on language that states something like -

"All schools must education student-athletes and parents as prescribed by the governing authority for interscholastic athletics prior to participating in an interscholastic sport."

"All schools must distribute an informed consent form to all student-athletes and parents as prescribed by the governing authority for interscholastic athletics prior to participating in an interscholastic sport."

I have attached our comprehensive parent/student informed consent form which has content approved by the SDE, Department of health, the Connecticut doctors and athletic trainers.

We can also support something for youth sports but how that is implemented is going to be a tough one to deal with. Perhaps a similar informed consent form as a start.

Please let me know if there is anything we can do to assist your committee.

Thank you again,

Fred Balsamo

Fred P. Balsamo, CMAA
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Connecticut Coaching Education Program
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www.caadinc.org or http://www.ctcoachinged.org/
For CT State Department Forms
http://www.sde.ct.gov/sde/cwp/view.asp?a=2613&q=321402
View or Purchase the "Parenting Your Student Athlete Video" -
http://www.caadinc.org/parentvideo.html

_____ High School
Concussion and Head Injury Student/Parent Awareness & Consent Form

NOTE: Very often a student athlete may receive a serious head injury and it may have delayed symptoms. Also, the injured student athlete will most likely not be able to articulate the seriousness of their injury so it is imperative that parents and other student-athletes understand and recognize the hazards associated with a concussion so they can assist in getting the injured athlete immediate medical care. . This document was developed to provide student athletes and their parents with a review of current and relevant information regarding concussions and head injuries.

A concussion is a type of traumatic brain injury or (TBI), "that changes how the cells in the brain normally work. A concussion is caused by a blow to the head or body that causes the brain to move rapidly inside the skull. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious Concussions can also result from a fall or from players colliding with each other or with obstacles, such as a goalpost" (Centers for Disease Control and Prevention, 2009).

Part I – SIGNS AND SYMPTOMS OF A CONCUSSION

- A concussion should be suspected if any one or more of the following signs or symptoms are present, OR if the evaluator is unsure.

1. Signs of a concussion may include (what the athlete looks like):

- Confusion/disorientation/irritability
- Trouble resting/getting comfortable
- Lack of concentration
- Slow response/drowsiness
- Incoherent/ slurred speech
- Slow/clumsy movements
- Loss of consciousness
- Amnesia/memory problems
- Act silly/combative/aggressive
- Repeatedly ask same questions
- Dazed appearance
- Restless/irritable
- Constant attempts to return to play
- Constant motion
- Disproportionate/inappropriate reactions
- Balance problems

2. Symptoms of a concussion may include (what the athlete reports):

- Headache or dizziness
- Nausea or vomiting
- Blurred or double vision
- Oversensitivity to sound/light/touch
- Ringing in ears
- Feeling foggy or groggy

If a concussion is suspected the athlete should be given immediate medical care from a licensed health care professional. (Note: Public Act No. 10-62 requires that a coach MUST immediately remove a student- athlete from participating in any intramural or interscholastic athletic activity who (A) is observed to exhibit signs, symptoms or behaviors consistent with a concussion following a suspected blow to the head or body, or-(B) is diagnosed with a concussion, regardless of when such concussion or head injury may have occurred)

Part II – RETURN TO PARTICIPATION (RTP)

- Currently, it is impossible to accurately predict how long concussions will last. There must be full recovery before someone is allowed to return to participation. Connecticut Law now requires that no athlete may resume participation until they have received written medical clearance from a licensed health care professional (Physician, Physician Assistant, Advanced Practice Registered Nurse, Athletic Trainer) trained in the evaluation and management of concussions.

Concussion management requirements:

1. No athlete SHALL return to participation (RTP) on the same day of concussion.
2. Any loss of consciousness, vomiting or seizures the athlete MUST be immediately transported to the hospital.
3. Close observation of an athlete MUST continue following a concussion. This should be monitored for an appropriate amount of time following the injury to ensure that there is no escalation of symptoms.
4. Any athlete with signs or symptoms related to a concussion MUST be evaluated from a licensed health care professional (Physician, Physicians Assistant, Advanced Practice Registered Nurse, Athletic Trainer) trained in the evaluation and management of concussions.
5. The athlete MUST obtain written clearance from one of the licensed health care professionals mentioned above directing them into a well defined RTP stepped protocol similar to one outlined below If at any time signs or symptoms should return during the RTP progression the athlete should cease activity*.
6. After the RTP protocol has been successfully administered (no longer exhibits any signs or symptoms or behaviors consistent with concussions) , final written medical clearance is required by one of the licensed health care professionals mentioned above for them to fully return to unrestricted participation in practices and competitions.

Medical Clearance RTP protocol (Recommended one full day between steps)[2]

Rehabilitation stage	Functional exercise at each stage of rehabilitation	Objective of each stage
1. No activity	Complete physical and cognitive rest until asymptomatic. School may need to be modified.	Recovery
2 Light aerobic activity	Walking, swimming or stationary cycling keeping intensity ,<70% of maximal exertion, no resistance training	Increase Heart Rate
3. Sport Specific Exercise	Skating drills in ice hockey, running drills in soccer; no head impact activities	Add Movement
4. Non-contact Training drills	Progression to more complex training drills, ie. passing drills in football and ice hockey; may start progressive resistance training	Exercise, coordination and cognitive load
5. Full Contact Practice	Following medical clearance, participate in normal training activities	Restore confidence and assess functional skills by coaching staff

If at any time signs or symptoms should return during the RTP progression the athlete should stop activity that day If the athlete's symptoms are gone the next day, s/he may resume the RTP progression at the last step completed in which no symptoms were present. If symptoms return and don't resolve, the athlete should be referred back to their medical provider

Part III - HEAD INJURIES

– Injuries to the head includes:

- Concussions (See above information). There are several head injuries associated with concussions which can be severe in nature including.
  a) Second impact Syndrome - Athletes who sustain a concussion, and return to play prior to being recovered from the concussion, are also at risk for Second Impact Syndrome (SIS), a rare but life-altering condition that can result in rapid brain swelling, permanent brain damage or death; and
  b) Post Concussion Syndrome - A group of physical, cognitive, and emotional problems that can persist for weeks, months, or indefinitely after a concussion.
- Scalp Injury: Most head injuries only damage the scalp (a cut, scrape, bruise or swelling) .. Big lumps (bruises) can occur with minor injuries because there is a large blood supply to the scalp. For the same reason, small cuts on the head may bleed a lot. Bruises on the forehead sometimes cause black eyes 1 to 3 days later because the blood spreads downward by gravity;
- Skull Fracture: Only 1% to 2% of children with head injuries will get a skull fracture. Usually there are no other symptoms except for a headache at the site where the head was hit. Most skull fractures occur without any injury to the brain and they heal easily;
- Brain Injuries are rare but are recognized by the presence of the following symptoms:
  (1)difficult to awaken, or keep awake or (2) confused thinking and talking, or (3) slurred speech, or (4) weakness of arms or legs or (5) unsteady walking"(American Academy of Pediatrics – Healthychildren, 2010) .

I have read and understand this document the "Student/Parent Awareness & Consent Form" and understand the severities associated with concussions and the need for immediate treatment of such injuries.

Student name: _____ **Date** _____ **Signature** _____
(Print Name)

Parent name: _____ **Date** _____ **Signature** _____
(Print Name)

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Resources:

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  http //www cdc gov/TraumaticBrainInjury/index html
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Strengthening local public health

Connecticut Association of Directors of Health

Connecticut Association of Directors of Health

Testimony in Support of Raised Bill No. 5113: An Act Concerning Youth Athletics and Concussions

To the Distinguished Co-Chairs and Members of the Committee on Children

February 27, 2014

Good afternoon, distinguished co-chairs and members of the Committee on Children. My name is David Knauf, Director of Health in the town of Darien and I currently serve as President of the Connecticut Association of Directors of Health (CADH).

Recognizing that childhood participation in organized athletics, especially contact sports, is at an all-time high, CADH supports *Raised Bill No. 5113: An Act Concerning Youth Athletics and Concussions.* This bill addresses the protection of health and safety of youth engaged in intramural and interscholastic sports and seeks to reduce the number of children exposed to the risk of concussion by requiring training, communication, documentation and adherence to responsible standards and procedures by school boards, coaches, athletes, parents and guardians.

Scientific literature and recent media reports provide an indication of the short and long term implications of head trauma; this is particularly well-documented among children, but yet there is a glaring lack of data on these types of injuries * We support ongoing efforts to train those that oversee youth sports to ensure early identification and treatment. We also support all efforts to gather additional information to fully understand the magnitude of the problem, so that the data can be used to identify and implement additional prevention strategies Health and injury information can guide policy implementation that serves to protect our children from further harm.

CADH is a nonprofit organization comprised of Directors of Health from each of Connecticut's 74 local health departments. Local health directors serve as the statutory agents of the Commissioner of Public Health and ensure the provision of essential public health services at the local level in Connecticut. We work in concert with school administrators, health care providers, community and business partners to ensure the health of Connecticut residents and visitors. Thank you for your consideration

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Testimony 5113

Good Morning/Afternoon distinguished members of the Children's Committee. For the record, I am Alison Thomson from Westport, CT. I am here to testify on HB 5113 AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS. I am a senior at Staples high school, and I have a younger sister named Lauren who is in eighth grade. Together my little sister and I have had a total of eleven life altering concussions that we are still recovering from today. If fact, just this past Monday, February 24, Lauren had to have her second EEG to hopefully diagnose symptoms of severe migraines and twitching that began to surface after her fourth concussion. The doctors say there is a high possibility that these symptoms could have a direct correlation to the six concussions that she experienced throughout her life so far. Lauren is only thirteen, and due to these brain injuries she may suffer from related health problems for the rest of her life.

My first concussion took place in sixth grade. At that point, the only time I had ever heard the word concussion was in movies after someone had gotten in a car accident or gotten beaten up. I associated concussions with traumatic harmful events; I never thought that I could get one during my U-12 soccer practice. However, that is exactly what happened. I was a soccer goal keeper, and on a breakaway, the forward missed the ball and kicked me in the head. Even though I felt a little dizzy, I kept playing. Within the next five minutes, I went out to make another breakaway save but got knocked down and hit my head hard on the turf. At this point, everything was spinning, I felt very confused, and a little nauseous. My coach helped me off the field, and when I told him my symptoms, he handed me an ice pack, and sent me home at the end of practice with no mention of a possible concussion. I still had a headache when I got home. I mentioned my pain to my parents and described what happened; however, neither of my parents are doctors, or had any prior experience with concussions, so the next day I was back at practice. This was a very dangerous situation to be in because had I gotten hit in the head again at this practice, I could have obtained second impact syndrome, which can be lethal. I did finally get diagnosed. I began cocoon therapy, and missed three weeks of school. In total, I have probably missed over four months of school due to concussions. Thankfully, now that my parents have lived through 11 concussions they know all the signs and understand the treatment plan.

There is no way to completely prevent kids from getting concussions. They can get hit in the head doing pretty much anything. However, educating parents, coaches, and players themselves about causes, symptoms, and long term affects will help keep injured players from further putting themselves in harm's way as I did. Yes, many more concussions followed that first one, but becoming more familiar with them led to a safer and quicker recovery. Concussions are serious brain injuries, but education on the subject can save young lives from being destroyed by their lasting impact.

WESTPORT PUBLIC SCHOOLS

ELLIOTT LANDON
Superintendent of Schools

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Greetings Representative Urban, Senator Bartolomeo, Representative Betts and Senator Linares and the distinguished members of the Children's Committee. For the record, I am Elliott Landon, Superintendent of Schools, Westport Public Schools. I have been in the position of Superintendent of Schools since July 1, 1977, a period of 37 years, and have served as Chair of the Nassau County Superintendents Association during my tenure in New York State and as Chair of the Southern Fairfield County Superintendents Association at one point during my tenure in the State of Connecticut. Speaking personally, I am respectfully submitting written testimony in support of:

Raised Bill 5113 *AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS.*

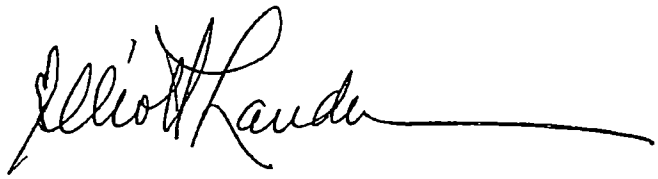
First, permit me to echo the words of Dr. Robert Cantu, Senior Advisor to the National Football League's Head, Neck and Spine Committee, "This legislation is a dramatic positive step in the right direction and has my enthusiastic support."

For those who know me, I have been a strong and vocal advocate for "mandate relief" from some legislative actions approved and implemented in the past. Despite my efforts to achieve mandate relief, I am here today to urge you vote in favor of Raised Bill 5513. I do so for the following reasons:

1. Concussion and other brain injury education for student athletes, parents and athletic officials is made mandatory.
2. No student may participate in any sport without informed consent having been signed by that student's parent or guardian.
3. Concussion-related policies and regulations that are applied to interscholastic sports are to be applied equally to youth sports organizations.
4. Suspected evidence of a concussion received by a student athlete must be reported to a parent/guardian within 24 hours.

5. There are limits on the amount of time that may be expended upon full contact practice sessions.

As a professional educator and as a parent and grandparent, I believe that the health and welfare of all children who attend our schools, including those who are involved in before and after school activities and interscholastic sports, should be the concern of all of Connecticut's citizens. I believe that the proposed legislation guarantees for our children meaningful uniformity, accountability and oversight with regard to the health and welfare of all of Connecticut's children who engage in youth athletic activities.



February 27, 2014

ROBERT C. CANTU, M.A., M.D., F.A.C.S., FAANS, FICS, F.A.C.S.M.
NEUROLOGICAL SURGERY, INC.

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Co founder and Medical Director
Sports Legacy Institute (SLI)

Senior Advisor NFL's Head, Neck and Spine Committee

Senior Advisor Brain Injury Center and Adjunct Staff
Children's Hospital, Boston

Co-Director
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Vice President Chair Scientific Advisory Committee
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Medical Advisory Board MA Boxing Commission 2007-
Fellow:
American College of Surgeon
International College of Surgeons
American College of Sports Medicine
Fellow American Associations Neurological Surgeons
American College Sports Medicine
Board of Trustees 1984-1994, 1996-1999
Ambassador 1988-
President 1992-1993
Treasurer 1996-1999
Board of Advisors
National Youth Sports Foundation For the Prevention of Athletic Injuries, Inc
Advisory Committee for Injury Prevention Centers for Disease Control
Consultant, United States of America Amateur Boxing Federation, Inc

Principal Editor
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Editorial Board *The Physician and Sports Medicine, Clinical Journal of Sports Medicine, Journal of Athletic Training, American Journal of Medicine and Sports*

2.27.14

Good Afternoon Representative Urban, Senator Bartolomeo, Representative Betts and Senator Linares and the distinguished members of the Children's committee. For the record, I am Robert C. Cantu, MD from Boston University School of Medicine Center for The Study of Traumatic Encephalopathy (CSTE) and Sports Legacy Institute (SLI). I am here to testify in support of House Bill 5113, AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSION.

40 year ago, Gronwall and Wrightson(1,2) first raised concerns about cumulative brain injury with repeated concussions. More than 25 years ago, when I published the first return-to-play guidelines for after a concussion, I stressed the need for further evidence-based research in this area(3). Since then, there have been 4 international concussion in sport conferences with published consensus statements, initial and updated concussion statements from the National Athletic Trainers' Association and the American College of Sports Medicine, and recent concussion statement from the American Medical Society for sports Medicine and American Academy of Neurology(4).

Today, head trauma at the concussion level is well recognized as an etiological factor for a spectrum of neurological conditions including post-concussion syndrome, second impact syndrome, and chronic traumatic encephalopathy (CTE).

As outlined in our book "Concussions and Our Kids"(5) our youth are at particular risk for brain damage from concussive and subconcussive brain trauma because children compared to adults have:

1. Brains that are still developing – lack complete myelination, less strength, nerve fibers more easily torn.
2. Brains are more sensitive to the excitotoxic shock of concussion (Second Impact Syndrome).

ROBERT C. CANTU, M.A., M.D., F.A.C.S., FAANS, FICS, F.A.C.S.M.
NEUROLOGICAL SURGERY, INC.

3. Weak necks that don't distribute force to the body well plus poor head/body ratio – human-bobble-head that increase risk of injury to brain and neck.
4. Lighter brain than adults so less inertia more acceleration for given force.
5. Weak torsos that don't keep the head from hitting the ground.
6. Poor equipment
7. Poor language skills to alert a coach to concussion symptoms.
8. Poor access to medical resources.
9. Coaches with various level of training.
10. NO INFORMED CONSENT

The role of subconcussive head trauma, defined as that which does not result in recognized concussion symptoms or signs, is not well known. Of grave concern is that in the last year alone, multiple reports in peer-reviewed journals have appeared showing significant differences in preseason versus postseason values in contact sport athletes using a variety of tests. This has included structural fiber tract damage by magnetic resonance diffusion tensor imaging (MRI-DTI) studies (6,7), metabolic brain function as measured by functional magnetic resonance imaging (fMRI)(8), neurocognitive testing (ImPACT) (8) and structural breakdown of the blood-brain barrier as manifested by S100B protein in the blood(9).

In our published work from the Center for the Study of Traumatic Encephalopathy at Boston University Medical School(10,11), we have seen cases of CTE in deceased athletes who never had a recognized concussion but did sustain many thousands, often more than 10,000, subconcussive blows during their athletic career. In athletes who did sustain concussions, including six high school athletes with CTE, it seems in our experience that the risk of the occurrence of CTE correlates best with total head trauma, both at the level of concussive and subconcussive blows. I believe the data are now compelling that all head trauma, even at the subconcussive level, can result in brain damage in susceptible individuals. It cogently makes the case that head trauma in sports should be reduced where ever possible.

ROBERT C. CANTU, M.A., M.D., F.A.C.S., FAANS, FICS, F.A.C.S.M.
NEUROLOGICAL SURGERY, INC.

I am proud of Connecticut for being one of the first states to endorse concussion legislation for our youth and now being the first state to address concussion prevention by limiting youth exposure to head trauma. This legislation is a dramatic positive step in the right direction and has my enthusiastic support.

Robert C. Cantu, MA, MD,FACS,FAANS,FICS,FACSM

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Committee on Children Public Hearing
February 27, 2014

Testimony on Raised Bill 5113 –
AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS

Good Afternoon. My name is Wendy Rubin. I am here today representing The Connecticut Recreation and Park Association (CRPA). I am a member of the CRPA Legislative Committee and also the Director of Parks and Recreation for the Town of Coventry.

The CRPA is a nonprofit charitable organization whose mission is to provide a network of support to our members through professional development and resources in order to enhance the quality of recreation and parks services in Connecticut. CRPA represents 600 individual professionals from municipal, nonprofit and private, park, recreation & camp organizations, as well as 128 of the 169 municipal park and recreation departments in Connecticut.

While CRPA supports the intent of Raised Bill 5113, to safeguard Connecticut's children from possible concussions, we cannot support the bill as written.

First, inasmuch as HB 5113 treats youth sports the same as interscholastic sports; it fails to recognize important differences. Municipal park and recreation departments and nonprofit sports leagues do not have the funding and resources that interscholastic programs have. Youth athletics are governed by a multitude of national and local governing bodies whereas interscholastic sports in Connecticut are governed by one body. This makes it much more difficult to provide oversight to each of these organizations, many of which municipalities do not directly oversee. Under HB 5113, the administrative resources required to verify the training of coaches, the collection of parental consent forms, and finally the verification of physician consent to return to play is unrealistic.

Youth sports depend upon volunteer coaches, many of which are parents/guardians of children in such programs. While CRPA supports the need to train and educate our coaches, HB 5113 puts too much pressure on these volunteers and opens them to personal liability; more specifically the expectation for volunteers to accurately identify "signs, symptoms, or behavior consistent with a concussion or other brain injury". This fact, along with the civil consequences outlined in section 4 subsection (h), will ultimately deplete our pool of volunteers and reduce the amount of youth sports programming.

Further, youth sports are also dependent on referees who are governed by independent organizations, not the municipalities. Therefore, municipal park and recreation departments and nonprofit sports leagues should not be required to provide oversight of their training and education as HB 5113 mandates.

The Connecticut Interscholastic Athletic Association, in conjunction with sports medicine physicians, has developed high quality educational materials for parents and coaches. Furthermore, the Center for Disease Control (CDC) has excellent complementary resources that can easily serve as a resource to educate parents, coaches and referees: (http://www.cdc.gov/concussion/HeadsUp/youth.html). CRPA remains unconvinced that it is necessary for the state to expend resources to develop new training.

In summary, CRPA supports the intent of Raised Bill 5113 because we care about the health and wellbeing of the children and families we serve. However, we cannot support the bill as written for the reasons outlined above.

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We believe HB 5113 has serious flaws that would have unintended consequences and actually could limit public access to recreation. CRPA's goal is to ensure that Connecticut's youth have the safest environment in which to participate in youth sports. Their involvement in youth sports is a method to reduce obesity and other health related issues. It connects families and communities, and enhances the quality of life for all; therefore, we stand willing to work with the legislature to draft a workable solution, but cannot support HB 5113 as drafted.

This concludes my testimony. Thank you for your attention.

Wendy Rubin
Legislative Committee
Connecticut Recreation & Parks Association

CONNECTICUT ATHLETIC TRAINERS' ASSOCIATION

Testimony of the Connecticut Athletic Trainer's Association (CATA): Eleni Diakogeorgiou, MBA, ATC, LAT

To: Committee on Children

RE: Raised HB 5113

Date: February 27, 2014

Good morning Senator Bartolomeo, Representative Urban, and members of the Children's Committee. I am here on behalf of the Connecticut Athletic Trainers' Association (CATA) in regard to HB 5113, "AAC Youth Athletics and Concussions." The CATA is a strong and active proponent of youth sports safety. We were very involved with work on the original concussion bill, which was one of the first such bills passed in the country, and one whose language has been used as a model by other states. We appreciate the Committee's attention to updating the current concussion statute, and support the overall intent of the proposed bill. We are especially pleased that education for youth sports coaches, athletes, and parents is included, and strongly support that proposal.

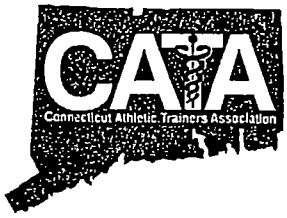
We do have some concerns about the broad scope of the bill, particularly in this short session. We also have concerns about language within the bill, and have provided specific examples and suggestions within our written testimony. I will briefly summarize our general position on areas within the bill.

1) We support requiring education and training for youth sports coaches, athletes and parents, and for parents to be provided and sign informed consent. This is an area we have heard concern voiced about from our members, physicians, school nurses, parents, and other members of the public since the original bill became law. In the view of the CATA, it is the major missing piece of our current law, and one that we hope will be a focus moving forward. We strongly support a proposal to expand the current concussion law to include youth sports.

2) We support a requirement for the education of parents and athletes in interscholastic and intramural sports, including requiring parents to be provided and sign a written informed consent document. We are pleased the Connecticut Interscholastic Athletic Conference (CIAC) has already addressed this issue, and will require both the education and informed consent pieces as of the 2014-15 school year. It is our understanding they are currently developing the procedures for implementation of that rule.

3) We believe it is premature to add restrictions on contact practices in interscholastic and intramural sports to the law at this time (Section 3, lines 154-162). While it seems logical that less contact would result in fewer concussions, there is no evidence to date to indicate what those limits should be. We do not believe it is wise to legislate this issue when research and knowledge about concussion is rapidly changing. We are pleased the CIAC has recently placed limitations on contact in football practice for the upcoming school year. We respectfully suggest this particular issue be addressed through the CIAC and its medical advisors, at this point in time.

4) We are generally supportive of referees and other officials receiving training in concussion education. If such a requirement is adopted, we suggest there be safeguards in place to also protect those individuals from liability.



CONNECTICUT ATHLETIC TRAINERS' ASSOCIATION

5) We suggest concussion education for youth sports parents, athletes and coaches be the responsibility of the sponsoring municipality or youth sports league, and not the Connecticut Coaching Education Program, as described in the bill.

6) The suggestion for concussion to be made a reportable injury by schools is a good idea that seems simple in theory. We fear this requirement amounts to an unfunded mandate involving two state agencies (Education and Public Health). For that reason, we suggest that section be stricken so as not to halt progress on other aspects of the bill (Section 6, lines 305-324).

Thank you again for your attention to youth sports safety and concussion in sports. The CATA would be happy to assist the Committee in its efforts to advance the bill. Our suggested changes follow.

The CATA supports the general intent of Raised HB 5133, AAC Youth Athletics and Concussions. We have concerns about the broad scope of the proposed bill and about language, and have included suggested changes.

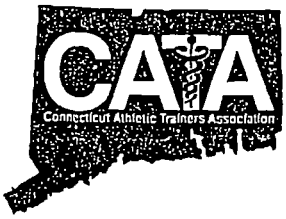
1. Lines 60-75: It is confusing to whom this section about a concussion education plan refers. We suggest inserting "...for student-athletes and their parent or guardian" after the word "plan" in line 64 to clarify.

2. After line 75, and before line 76, insert a new section (d) requiring student-athletes and their parent or guardian to complete concussion education as specified in section (c) above (lines 60-75). "The student-athlete and a parent or guardian shall complete..." This specifies that the education is mandatory and clarifies why the coach is required to prohibit a student-athlete from participating without proof of education, as described in the current section (d), lines 76-82.

3. Informed consent requires informing the signee of the risks of the activity. At the end of line 93, add: (C) "a summary of the nature and risks associated with concussion, including the danger of continuing to play after sustaining a concussion."

   Note: We recommend the concussion informed consent form be incorporated into the informed consent (also called "assumption of risk" or "injury waiver") already being obtained from the parent/guardian.

4. Line 94-95: It should be the responsibility of the school rather than the individual coach to insure the concussion informed consent form, as well as all other forms and information already required by the state or school (e.g., pre-participation physical forms, insurance information), are on file prior to the student being permitted to participate. The coach should be responsible for insuring the student has been cleared by the school (athletic department or school health office) to participate.



CONNECTICUT ATHLETIC TRAINERS' ASSOCIATION

Suggested changes to HB 5113: AAC Youth Athletics and Concussions, continued

5. Lines 117-121: It is important that school personnel inform the parent or guardian the student-athlete has exhibited signs or symptoms of concussion in a timely fashion. We believe a 24 hour window of time is excessive, and suggest the parent or guardian be informed by school personnel no later than the time the student leaves school property at the conclusion of the practice or event. The coach should be the responsible party for informing the parent or guardian in the absence of on-site medical personnel (e.g., athletic trainer or school nurse) at the time of the onset of symptoms or injury.

6. Lines 125-128 are unnecessary, will cause confusion, and potentially limit medical care.

   - The added language regarding return to play requirements require a 24 hour time frame since symptoms have been exhibited or since diagnosis, in addition to language in the current statute which requires written clearance from a health care professional trained in the management of concussion. The current statute is clear that the student-athlete receive medical care prior to being permitted to return to play, and provides appropriate safeguards for the injured student-athlete.

   - The proposed change to this section could potentially be interpreted to prohibit a qualified licensed health care professional who has assessed a student-athlete on the sideline at the time of injury, and determined the individual had not sustained a concussion, from allowing the student to return to play for 24 hours.

   - The following section (lines 132-141), which is the current statutory language, provides additional safeguards by requiring a second clearance for activity including unrestricted full contact. This is intended to promote adherence to a gradual, progressive return to play protocol, which is a current standard of practice in management of sports-related concussion. We suggest lines 125-128 be omitted from the proposed bill, for the reasons outlined above.

7. Lines 142-145 appear to require either permission, or an entirely new informed consent form from the parent or guardian, in addition to written medical clearance, in order to allow the student-athlete to return to play. If this is the intent of this section, we suggest the language be clarified by adding to line 145: "...authorizes the student athlete to resume participation in the athletic activity." It would also be helpful to specify that the parent/guardian must sign a post-injury consent form.

8. The definition of "full contact" in lines 154-162 is vague and confusing, and would not result in the intended effect for this reason. Athletes in contact sports strike each other at full speed continuously in practice (e.g., rebounding in basketball; checking in a hockey drill). By the proposed definition, most sports would have less than an hour of practice allowed per week if they had one game the same week.

CONNECTICUT ATHLETIC TRAINERS' ASSOCIATION

Suggested changes to HB 5113: AAC Youth Athletics and Concussions, continued

9. Line 169 defines ages seven to nineteen as the age range for youth sports. We suggest there not be a minimum age for organized sports activities; the definition should include participants "not more than nineteen years of age.

10. Lines 176-179 define a "youth sports activity" and exclude "an athletic activity entered into for instructional purposes only or an athletic activity that is incidental to a nonathletic program or a lesson" from the definition.

    - We suggest "athletic activities entered into for instructional purposes only" not be excluded from the definition. Such activities include sports camps, individual training sessions, and could be interpreted to include some practices. All of those activities carry a risk of injury, including concussion. We see no reason to exclude such activities.

    - The phrase: "an athletic activity that is incidental to a nonathletic program or a lesson" is ambiguous, and should be clarified.

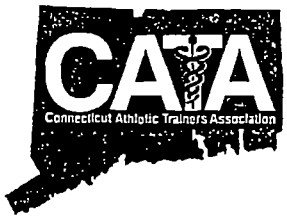
11. Lines 188-200: RE: Parent and athlete education

    - We suggest both youth sports athletes and their parent or guardian be required to complete a concussion education program on a yearly basis, in addition to receiving the written statement detailed in this section of the proposed bill. A written statement is not an effective or adequate means of providing education on concussion.

    - We suggest leagues or entities sponsoring youth sports be permitted to identify concussion education programming that best fits their locale and demographic. There are a number of excellent free or inexpensive educational resources available online, including some that include a quiz or test at the end and provide a certificate of completion. Some organizations may choose to utilize speakers or other live programming.

    - We suggest an exclusion apply for parents, athletes and coaches of out of state youth sports teams participating in events hosted in Connecticut. It would be extraordinarily difficult to insure compliance of out of state entities.

12. Line 189 and line 202: Omit "referee" from both lines. Referees are defined and addressed later in the bill (lines 275-304), and their inclusion in these sections is confusing.



CONNECTICUT ATHLETIC TRAINERS' ASSOCIATION

Suggested changes to HB 5113: AAC Youth Athletics and Concussions, continued

13. Lines 205-210: The coaching education program for interscholastic coaches should not be responsible for youth sports coaching education, as indicated in the proposed bill. We suggest leagues identify appropriate coaching education as described above in #11. Coaching and parent education programs could be the same, if the entity chooses.

14. Lines 218-223: We have the same concerns about the definition of "full contact" as described in #8 above.

15. Lines 230-235: We have the same concerns about the requirement to notify parents of injury within 24 hours as being too long as described in #5 above.

16. Lines 239-242: We have the same concerns about the addition of language regarding a 24 hour period of no symptoms to this section as described in #6 above.

17. Lines 257-260: We recommend clarification of the post-injury informed consent form as described in #7 above.

18. Lines 275-304: These sections require concussion education for referees and other officials. Referees and other officials are already required per CIAC rules to take a concussion education course. We suggest respective youth sport referee associations be able to identify appropriate concussion education programming, as described in #12 above. We suggest yearly training.

19. Line 275-279: We suggest adding an exclusion for out of state referees at the end of line 279. The law would not apply to referees who work as officials or judges in the state for less than 15 days a year. It would be a hardship for officials who are brought in for major events to comply, and could possibly result in the loss of hosting privileges for certain events in the state if an exclusion were not included in the bill.

20. Line 296 and line 301: Suggest changing "may" prohibit to "shall" prohibit. If training is required, then the only means to compel training is to prohibit untrained officials from officiating.

21. We suggest language be added to protect or indemnify referees and other officials from individuals from liability. While it is helpful for an official who recognizes an athlete may be injured to stop play so the athlete can be removed and examined, it is completely unrealistic to expect an official to be the medical monitor on the field, and then perhaps be held accountable for not having removed a particular athlete. This is especially an issue in the youth leagues, where teenagers and college students may be the officials.

CONNECTICUT ATHLETIC TRAINERS' ASSOCIATION

Suggested changes to HB 5113: AAC Youth Athletics and Concussions, continued

22. Lines 305-324: We are concerned about privacy issues associated with reporting of medical information as described in Section 6 of the proposed bill.

23. Lines 321-322: Any such report to named legislative committees should also include the Education Committee.

Thank you for your consideration of these suggested changes.

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everychild.onevoice.

TESTIMONY OF THE
CONNECTICUT PARENT TEACHER STUDENT ASSOCIATION
BEFORE THE LEGISLATURE'S COMMITTEE ON CHILDREN
THURSDAY, FEBRUARY 27, 2014

Good Afternoon. My name is Don Romoser. I am the President of the Connecticut Parent Teacher Student Association ("PTA") which represents over 40,000 members in Connecticut. I am here today to testify on behalf of the PTA on **HB 5113 AAC Youth Athletes And Concussion.**

The PTA has been a leading advocate for responsible safety rules around sports and recreation participation, education of all stakeholders in the signs, symptoms and treatment of traumatic head injury and the overall safety of children in their schools, sports and the community. Our organization believes it is important to protect children with regards to concussions.

The PTA has reviewed and analyzed HB 5113 and despite our strong support for its intent HB 5113, we believe that, as drafted, the bill raises so many concerns that we cannot support it at this time.

The PTA recognizes and supports the need for education and awareness and commits to working with policy makers to keep Connecticut in the forefront of preventing head injuries among young athletes.

The following are some of our concerns regarding the bill as drafted:

Sections 1-3, Interscholastic.

1. Section 1(a)(1) amends *"head"* to *"other brain"* injuries. No definition of "other brain" is included.
    a. **This is not only of a legal concern, but also very vague when considering potential training of parents, volunteers, coaches and athletes.**
2. Section 1(b)(1) adds the *Commissioner of DPH* to those charged with developing and approving a training course and changes "*continuing to play*" to "*continuing to engage in athletic activity*." The intent seems to be to broaden the prohibition of the scope of continuing.
    a. **The term "continuing to engage in athletic activity" is not clear. For example, some athletes may begin to work on cardiovascular training to maintain fitness prior to actual "play" time. This is for the protection of the athlete to maintain proper fitness and flexibility which helps prevent injuries.**

3. Section 1(b)(3)(c) is a new subsection. It describes what the concussion and other brain injury education plan (due on or before 1/1/15) may include at a minimum:

"(1) The recognition of signs or symptoms of concussion or other brain injury, (2) the means of obtaining proper medical treatment for a person suspected of sustaining a concussion or other brain injury, (3) the nature and risks of concussions and other brain injuries, including the danger of continuing to engage in athletic activity after sustaining a concussion or other brain injury, (4) the proper procedures for allowing a student athlete who has sustained a concussion or other brain injury to return to athletic activity, and (5) current best practices in the prevention and treatment of concussions and other brain injuries."

   a. **We question whether this allows for a reasonable time to develop a reasonable course. Inputs are required from many sources. Six months may be insufficient time. We have to get it right.**

4. Section 1(b)(3)(e)(1) requires, by 7/1/15,the State Board of Education with the other organizations to develop an "informed consent form" for parents and legal guardians regarding at a minimum:

"A) a summary of the concussion and other brain injury education plan described in subsection (c) of this section, and (B) a summary of the applicable local or regional board of education's policies regarding concussions and other brain injuries."

   a. **Why is the State Board of Education added to the organizations already charged with this responsibility? Will this additional mandate add anything to the present informed consent form, and will it unnecessarily lengthen the process?**

5. Section 2(a)(1) requires:

"*Not later than twenty-four hours after such removal the coach shall inform the student athlete's parent or legal guardian that the student athlete has exhibited such signs, symptoms or behaviors consistent with a concussion or other brain injury or has been diagnosed with a concussion or other brain injury.*

   a. **This section is both vague and legally onerous for coaches and volunteers. Although we believe the parents should be notified as soon as possible, how should and will that communication take place?**

6. Section 3 is new in its entirety. Beginning with the 7/1/15 school year, full contact practice is limited to 90 minutes per week. Full contact is defined as:

   "any drill, scrimmage or live game simulation that includes activities that may include, but not be limited to, student athletes tackling, striking or colliding with one another at full speed."

   a. **From consultation with medical and sports experts, we believe that proper training is essential to reducing athlete injuries. The phrase "activities that *may include...*" is troubling because many sports and activities "*may include*" the possibility of collision, even if in random manner. Will this tremendously vague language reduce instruction time which teaches young athletes how to property compete and reduce injuries?**

Section 4, Youth Sports.

7. Section 4(a)(2) defines operator as:

   "any municipality, business or nonprofit organization that conducts, coordinates, organizes or otherwise oversees any youth athletic activity."

   a. **This concerns PTAs directly. Many PTAs and other non-affiliated groups help children increase their fitness through charitable and volunteer efforts. The requirements of leader training, the potential legal and financial liability and the reporting and record-keeping requirements may keep some organizations from offering activities and reduce the opportunities for children participate in athletic activities. We are concerned that the unintended consequence of this section may be to reduce the opportunities for youth fitness activities.**

8. Section 4(h) provides civil liability for violations by the operator or coach. Aggrieved individuals may request that the Attorney General investigate alleged violations and bring civil suit.
   a. **Does this supersede any "Good Samaritan" or volunteer protection laws? Again, our concern is if this begins to hinder coaches from volunteering, it may also hinder children from participating in needed physical activity.**

Section 5. Referees.

9. Section 5(a)(1) defines referee as:

   "a person who volunteers or is paid to act as a referee, official, umpire or judge, or in a similar supervisory position, for events involving intramural or interscholastic athletics or youth athletic activity."
   a. **Please reference concern stated above in 8 (a). Many youth activities depend on volunteer officials. Although we believe**

training and information should be available and used, to place potential civil liability on officials may hinder some from participating. This may reduce the opportunities for children to participate in needed physical activity.

Section 6. Data Collection and Reporting.

19. Section 6(a) is new and mandates that the State Board of Education require all school districts to collect and report all occurrences not less than twice each school year. Each report shall contain, if known:

"1) The nature and extent of the concussion or other brain injury, and (2) the circumstances in which the student sustained the concussion or other brain injury."

20. Sections 6(b) and (c) require that each year, the State Board of Education must report on the data to the Department of Public Health. Then DPH must report on the data to the Legislature's Committees on Children and Public Health.
a. **This entire section appears to be the height of bureaucratic nightmare. Only schools are required to report to an agency that is probably not equipped (in knowledge nor funding) to understand the reporting. That first agency must then report to another agency that is also struggling. Then that second agency must report to two Legislative Committees. The number of questions about this section are many. Reporting may be needed, but the resources required as proposed would be much better spent in education and prevention.**

In addition to the analysis of the Bill as presented, Connecticut PTA has additional concerns not addressed in the HB 5113. They include, but are not limited to:

- There is no guideline or mention of any "return to school" protocol. Let's remember that these are "student-athletes" and the primary concern is for the children's health – whether it be physical, mental or emotional health. We should address the whole child.

- From our research, most concussions occur outside of organized athletic activities. From playgrounds to school hallways to icy sidewalks, concussions happen every day. Further education of parents and school personnel, beyond those involved in athletics is important. HB 5113 as drafted does not address return to school issues.

- There already exist a plethora of information, educational materials and resources in the public domain, on head injuries. There are also agencies outside of government regulating these activities in a safe and responsible manner. All of these existing resources should be utilized before reinventing the wheel and wasting limited resources.

In conclusion, the Connecticut PTA commends the Committee for raising this issue. We strongly believe in the intent and purpose of this Bill – to protect the health and welfare of our most valuable resource, our children. Nevertheless, there are so many unanswered questions raised by the draft, that we also are concerned about the unintended consequences of HB 5113. Consequently, we cannot support HB 5113 at this time. CT PTA again commits to work with you to make this bill protect our children while encouraging health and fitness at all levels.

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THE CONNECTICUT INTERSCHOLASTIC ATHLETIC CONFERENCE

TESTIMONY OF THE CONNECTICUT ASSOCIATION OF SCHOOLS
CONNECTICUT INTERSCHOLASTIC ATHLETIC CONFERENCE
COMMITTEE ON CHILDREN PUBIC HEARING
THURSDAY, FEBRUARY 27, 2014

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Affiliated with the National Federation of State High School Associations

Good afternoon. My name is Dr. Karissa Niehoff. I am the Executive Director of the Connecticut Association of Schools (CAS) and the Connecticut Interscholastic Athletic Conference (CIAC). I am here to testify on **HB 5113: An Act Concerning Youth Athletics and Concussions**, and to reference SB 229 as well. While CAS-CIAC supports the intent of Raised Bill 5113, **we cannot support the bill as written.**

CAS is a nonprofit organization which provides professional development for school leaders- primarily principals- in over 1000 member schools. CAS includes the Connecticut Interscholastic Athletic Conference (CIAC) which is the regulatory body for interscholastic athletics and student activities.

Our office building houses the Connecticut Coaching Education Program, the Connecticut Association of Athletic Directors, the Connecticut Officials' Association and the SOCT-CIAC Unified Sports Program.

The health and safety of students has always been a top priority of our association. The regulations we establish relevant to health and safety, to which we hold member schools accountable, have been developed in conjunction with sports medicine professionals at the national and state levels, and based on research into best practices.

In 2009 our association worked closely with Senator Looney to lead the nation in drafting the current concussion legislation. Connecticut and the CIAC have remained leaders in terms of requirements of coaches in the area of concussion training. Most recently, CIAC drafted and approved association regulations about educating parents and student-athletes and limiting contact time in football.

Recently, a concussion interest group said that they had been in a "year long struggle" with us to "provide basic safety measures to our children" and nothing could be further from the truth. I am stunned that anyone would suggest that we have been nothing other than collaborative and I find these remarks inaccurate, unfair and professionally unkind.

Working with Senator Looney in 2009, we were leaders in the efforts to protect student athletes. This was long before the formation of the concussion interest group. However, we have not rested on this issue.

We have had numerous meetings with stakeholders, legislators, and colleagues; participated in countless phone calls and provided relevant resources and documents around the concussion issue. That says nothing for the extensive programs we support and implement for our schools, school leaders, athletic directors, coaches, and over 110,000 student-athletes.

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THE CONNECTICUT INTERSCHOLASTIC ATHLETIC CONFERENCE

TESTIMONY OF THE CONNECTICUT ASSOCIATION OF SCHOOLS
CONNECTICUT INTERSCHOLASTIC ATHLETIC CONFERENCE
COMMITTEE ON CHILDREN PUBIC HEARING
THURSDAY, FEBRUARY 27, 2014

It has been suggested that our state's concussion law is grossly inadequate compared to legislation in other states. Today I am providing data from a recent survey of state executive directors. They were given 48 hours; 34 of 51 associations responded. Five questions were asked; the responses are broken down on the Excel spreadsheet which we have provided.

Of the 34 states who responded:

- 23 states have enacted legislation requiring the training of coaches in concussions.
- 19 states have enacted legislation requiring the training of parents and student athletes.
- 17 states have legislation that directs the state association alone or in combination with others to provide concussion awareness training.
- Only 4 states have legislation requiring the training of officials.
- NO states have enacted legislation that addresses contact time in practice or any other specifics for football or another sport.

We have been and remain the leader nationwide among states and associations.

- Our educational materials and training programs were developed in collaboration with sports medicine professionals.
- We already educate coaches, parents and student-athletes.
- We have offered to make available online and at no cost to schools and municipalities concussion training materials that are age and context appropriate, including informed consent forms.

We want Connecticut to continue to be a national leader, but we believe that leadership is not about what is written on a page, it is about action. The action that is necessary to remain on the forefront of injury education, prevention and management will require flexibility and responsiveness. If legislation is enacted that is unnecessarily prescriptive or burdensome, then our association's ability to be nimble- to modify regulations and implement new practices will be greatly compromised if not crippled. For example, the bill proposes 90 minutes of contact time for drills throughout the season. 120 minutes pre-season is recommended to teach proper techniques while only 60 minutes post season is recommended as athletes are in tournament situations which do not involve as much skill instruction.

Over-prescriptive legislation leads to bills such as SB 229 which is unnecessary, as cardiac crisis awareness is already being taught to coaches through First Aid and CPR.

In closing, the CIAC has a well-established history of being out in front on issues of safety for student-athletes and children. We were behind the concussion legislation in 2009 and the pool safety legislation in 2013. We stand ready to work with you to get this right. There are too many flaws in this bill as written that we cannot support it at this time.

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	1. Has your state enacted legislation that requires the training of parents and student/athletes with regardsoncussions/head injuries	2"Has your state enacted legislation requiring the training of officials	3. "Has your state enacted legislation that addresses contact time in practice, number of Qtrs played, or any other specifics for football or another sport	4."Has your state enacted legislation rquiring the training of coaches in concussions and if yes # of hrs	5. "Has your state enacted legislation that directs your association alone, or in collaboration with other associations to provide concussion awareness training?
Hawaii	Y	N	N	Y-Not Specific	Y
Maine	Legislature let association take lead				
Wisconsin	Y	N	N	Y	N
R.I	Y	N	N	Y	Y
N.Y	Y	Y	N	Y	Collaboration
D.C.	Y-Proposed	N	N	Y- Prop	YProp
W VA	N	N	N	Y	N
PA	N	N	N	Y	N
KY	Y	Y-Limited	N	Y	Y
TX	Y	N	N	Y	Y
Montana	Y	N	N	Y	Y
WY	Y	N	N	Y not spec	N
Iowa	N	N	N	N	N
GA	Y-Read and sign	Y	N	N	Y
FLA	N	N	N	N	N
Missouri	Y	N	N	Y	Y
N.Mex***	Y	Y	N	Y	Y
KA	N	N	N	N	Y
ALABAMA	N	N	N	N	Y
MISS	N	N	N	N	N
ARIZONA	Y	Y	N	Y	Y
ALASKA	Y-Directs assoc	N	N	Y	Y
CAL	N	N	N	Y	Y
Oregon	N	N	N	Y	N
LA	N	N	N	Y	Refers to assoc
IA	N	N	N	N	Y
Tenn	Y	N	N	Y	N
ARK	Y	N	N	Y	Y-W Dept health
SD	N	N/A	N	Y	N
NH	N	N	N	N	N
DEL	Y	N	N	Y	N
MICH	Y	N	N	N	N
N.C	Y	N	N	N	N
	19-y 14 n	4-y 28-n 1 N/A	34-n	23-y 10 n	17-y 16-n

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FINANCE, REVENUE AND BONDING COMMITTEE

Testimony in Support of HB 5113: An Act Concerning Youth Athletics and Concussions

By Senator Toni Boucher

February 27, 2014

Chairman Bartolomeo, Chairman Urban, Ranking Member Linares, Ranking Member Betts, and other distinguished members of the Committee on Children, thank you for the opportunity to testify in support of **HB 5113 An Act Concerning Youth Athletics and Concussions.**

This bill proposes a number of requirements that expand on current legislation. The purpose of these requirements is to better educate coaches, parents and athletes on the risks of concussions and other brain injuries, to inform them on how to identify the symptoms of these injuries and to outline the return to play protocol for a student to resume athletic activities.

Under this bill, the State Board of Education would be required to create a concussion education plan, which must be completed by parents and athletes prior to participation in youth sports. Coaches would also be required to take an annual training course for identifying and responding to concussions, and to obtain the informed consent of parents before a student is allowed to play or practice.

This system would ensure that all parties will have access to the same information and will be able to respond quickly and more effectively if an injury occurs. Coaches must immediately remove any athletes exhibiting symptoms of a concussion from competition or practice and notify their parents of any injury within 24 hours. Concussed students will also be barred from further play for 24 hours and must obtain written clearance from a medical professional prior to returning to the athletic activity.

These are prudent measures that we can take to safeguard the wellbeing of our student athletes and to ensure that youth sports remain the fun and healthful activities that they are meant to be. Various concerns have been aired about this bill, including restrictions on full contact practices, and the administrative requirements that the bill places on school districts and other organizations engaged in youth athletics. I hope that the Children's Committee will attempt to address these concerns and work toward a solution that protects the safety of our student athletes and while responding of the organizations that support them. Working out these concerns in the committee process will help the bill to gain unanimous support and assure its passage in the House and Senate.

Thank you for your time and consideration.

Printed on recycled paper

February 27, 2014

Committee on Children

Paul Slager, Esq.
On behalf of the Brain Injury Alliance of Connecticut, and Individually

My name is Paul Slager of Ridgefield, Connecticut. I am a current Board member and the Immediate Past President of the Brain Injury Alliance of Connecticut. I also am an attorney who represents brain injury survivors in litigation. In both of these capacities, I am testifying today in favor of **Raised Bill 5113:** ***An Act Concerning Youth Athletes And Concussions***.

For more than 30 years, the Brain Injury Alliance of Connecticut has worked to increase awareness, research, education and advocacy for people with brain injuries. And, because prevention is the only cure, our organization is dedicated to also reducing the number of brain injuries in Connecticut.

I believe we have an obligation to protect the most vulnerable, and our young children, who are otherwise without a voice, need us to act to protect them. This is why I urge you to support Bill 5113.

In 2010, Connecticut became only the third state in the country to enact concussion legislation. I was President of the Board of Directors of BIAC then, and we were both pleased and proud to work with a coalition of organizations to craft the legislation that became PA 10-62.

Now, Connecticut's concussion law has fallen far behind other states. Unlike Connecticut's existing law, the laws in 87% of states include the education portions included in this proposed bill and 78% of other states require the

type of informed consent included in the proposed bill. It only stands to reason that educating young athletes, their parents and referees about concussions will result in more effective recognition and diagnosis, as well as much needed early treatment, of head trauma. Connecticut should not be one of the small minority of states that fails to provide its children these protections.

Significantly, the proposed bill would also prevent head trauma in the first place by limiting full contact practice time in football. And the injury reporting aspect of the bill is critical, in that it would provide important methods of evaluating the efficacy of the law and guiding future related policy decisions. This is the way of following whether the law is effectively protecting our children.

Children are among the very most vulnerable to the significant effects of TBI and repetitive head trauma. The current law simply does not meet the current best practices for protecting our children, practices that have been recognized by legislation in other states around the country.

In my capacity as a private attorney who represents brain injury survivors in court, I also wish to dispel any suggestion that this bill will promote or increase litigation against coaches, schools or referees. The contrary is true. One important purpose of this bill is to implement current national best practices here in Connecticut. As the law stands now, a person can fully comply with Connecticut law while still acting well below the safety standards that been established across the country, leaving that person vulnerable to liability claims.

If passed, this bill will not only protect young athletes, but it also will educate schools, coaches and referees on the current best practices and encourage those best practices to be both understood and followed. This will serve two purposes: keeping kids safe and minimizing the liability exposure of those involved in youth sports.

For all these reasons, I urge you to pass ***Bill 5113, An Act Concerning Youth Athletes and Concussions*** as soon as possible.

Founded in 1954

AMERICAN COLLEGE of SPORTS MEDICINE®

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February 26, 2014

The Honorable Diana S. Urban
Co-Chair, Committee on Children
Room 011, Capitol Building
Hartford, CT 06106

Re. HB 5113

Dear Representative Urban:

On behalf of the American College of Sports Medicine (ACSM), I write to you today regarding House Bill 5113, a bill to address head injury policies in Connecticut youth athletics.

In considering any concussion legislation, we believe it is vital that the legislation contain three key components. First, athletes, parents, coaches, administrators and athletic officials must be educated about the risks of concussions. Second, if a youth athlete appears to have suffered a head injury, s/he should be removed from play immediately. Finally, after suffering a head injury and being removed from play, a youth athlete must be cleared by a certified health professional before returning to play. We consider each of these provisions to be an essential element of an effective concussion policy.

To the extent that HB 5113 meets these three key components we are in support. However, there are other provisions of the bill that need additional discussion and, we suggest, should be considered at another time. While provisions such as limiting contact during practice and data collection of head injuries may have merit, they need further deliberation based on research now being conducted.

The members of ACSM share a commitment to improve health through science, education and medicine. Founded in 1954, ACSM is the professional home for thousands of clinical physicians, educators and researchers. We are the largest organization in the world dedicated to sports medicine and exercise science, representing more than 50,000 members and certified professionals from a variety of medical specialties, allied health and scientific disciplines.

ACSM urges you and your colleagues in the Connecticut Legislature to thoughtfully consider HB 5113 and make any necessary amendments so as to bring the legislation in line with the components discussed above. If we may be of further assistance, please contact me at (317) 637-9200 or jwhitehead@acsm.org.

Respectfully,

James R. Whitehead
Executive Vice President/CEO

AMERICAN COLLEGE of SPORTS MEDICINE, LEADING THE WAY

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Testimony for HB 5113

Good morning Children Committee members,

Today, I would like to testify on H.B. No. 5113 AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS. I would like to offer a suggestion to improve the bill I would like to suggest that the young athletes should be as informed on the issue as their coaches. The coaches are on the sidelines and they do not see everything that happens. Some athletes after getting hit still play, so how would the coach know if they are on the sidelines. In my case, I got a concussion playing football. My teammates realized that something was wrong with me because I was repeating the same questions over and over

When playing sports concussions are inevitable, especially in football. We are more aware of the issue now. We should share the awareness to the young athletes

Kevin Krug

Testimony for HB 5113

Dear Legislators,

I, Susan Orrill, am a volleyball official residing in the town of Ledyard, CT. I have concerns for HB 5113-AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSION.

I have been a volleyball referee for over 25 years and always keep the safety of the participants at the forefront of my responsibilities. However, I do not feel that it should be my responsibility to assess the medical condition of a player who may have been injured. I have responsibility for making sure the game is played under safe conditions, and am always assessing the condition of the court and facility and equipment. This additional responsibility and required yearly training would be an additional burden for me, as well as having extra liability in this already litigious atmosphere and would cause me to consider ceasing to be a youth volleyball referee.

There are enough other safe guards in place without also involving the referee in further medical training for concussion.

For now, I will continue to referee. However, I will rethink that decision if HB 5113 requires annual training and certification for concussions.

Thank you,
Susan Orrill

Testimony for HB 5113

Dear Legislator,

My name is Jim Tebo and I'm a CT High school and youth soccer referee as well as CT high school rules interpreter, on the Executive board for the Central CT Soccer official Association and CT state Soccer officials organizations.

I am wring to express my concern for HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSION.

The National Federation of High schools already have concussion protocols in all of their rule books for all sports. I believe it is adequately addressed for all High School officials. It has also been a point of emphasis for the all sports for several years. Additionally, responsibility would be misdirected toward the officials, who are not trained health care professionals.

My biggest concern is that officials will now have an even greater exposure to law suits. It will make then think twice about whether they want to continue or even become a sports official.

James E. Tebo, Senior Vice President
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SPARTA Insurance Holdings Inc

Testimony for HB 5113

Hello My name is Bruce Backus and I am a lacrosse official at the high school and college level I am a resident of Burlington, CT I am writing to express my concerns about HB 5113 I am strongly in support of increased education and awareness of head injuries in sports. As a official, the bill is vague as to what my responsibilities would be We have been mandated by the CIAC to familiarize ourselves with the signs and symptoms of concussions and a yearly refresher course is appropriate. It is my understanding that it is the responsibility of the coaching staff and the team's medical personnel to determine whether or not a player can participate in a game When I am on the field my highest priority is the safety of those involved. Thank you

Testimony for HB 5113

Dear Legislator,

My name is Dean DiMauro and I am a sports official in the sport of Basketball I live in the town! of Danbury, CT

I am writing to express my concern regarding HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSION. Although everyone connected with high school athletics is genuinely concerned about the health and safety of the participants, HB 5113 as drafted is ill conceived and takes a "One size fits all" approach which is problematic. It will result in numerous unintended consequences that will be detrimental to high school and youth sports.

Since many others will attest to what CIAC, schools, athletic directors, coaches and trainers are doing and will continue to do to make sports safer for the participants, I will focus on the detrimental effect this proposed legislation is certain to have on the 4,000 high school officials and numerous youth officials.

Specifically, mandating additional requirements for referees, who are independent contractors, and increasing the liability exposure for these individuals who serve high school and youth sports, will have a major negative impact.

There is a shortage of officials on all levels of amateur sports and HB 5113, as drafted, is certain to be a deterrent to attracting new officials and keeping the ones we have. While several states, including New Jersey, Rhode Island and Massachusetts, have laws that extend immunity to officials against law suits to reduce their liability, this proposed law would increase the exposure for officials in Connecticut, which would be devastating.

It is important for you to understand that the role of the referees is to fairly and impartially enforce the NFHS playing rules while helping to ensure that the games are conducted in a safe environment to minimize risks for the participants. The NFHS "concussion rule" does not create a duty that officials are expected to perform a medical diagnosis. Referees are simply being asked to use their best judgment in observing and being more cognizant of athletes that may be displaying signs, symptoms and behaviors consistent with concussion, and stop play to provide the opportunity for the athlete to be properly checked by the individuals in charge of their care.

To prepare for this role, each year the officials are required to complete in -service training clinics, and an annual examination on the NFHS rules, including an annual review in recognizing the signs and symptoms of concussions in accordance with NFHS rules in all sports. To assist local and state official's boards, the CIAC has provided concussion cards that contain the signs and symptoms of concussion and other pertinent information and a protocol for officials to follow for all injuries, including concussions.

The officials in our state are dedicated men and women who serve the sport(s) in which they officiate, not for the fee involved, but rather for the love of the game and to help our youth. In short, although this proposed legislation is very well intended, HB 5113 should not be passed as drafted. It is not in the best interest of high school or youth sports. Thank you for the opportunity to express my views.

Respectfully submitted,
Dean DiMauro

Dean DiMauro
(203) 526-8893

Testimony for HB 5113

Dear Legislator,

My name is Robert Bjork and I am a sports official in the sport of Baseball and Football. I live in the town of Mystic, Connecticut.

I am writing to express my concern regarding HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSION

I have been involved in sports for over 25 years as a coach, umpire, football official and have seen changes over the years to protect the individuals who play the sports. The biggest problem I have seen in all sports is the attitude of the coaches to win at all cost no matter if a individual player is hurt.

Although everyone connected with high school athletics is genuinely concerned about the health and safety of the participants, HB 5113 as drafted is ill conceived and takes a \"One size fits all\" approach which is problematic. It will result in numerous unintended consequences that will be detrimental to high school and youth sports.
Since many others will attest to what CIAC, schools, athletic directors, coaches and trainers are doing and will continue to do to make sports safer for the participants,
I will focus on the detrimental effect this proposed legislation is certain to have on the 4,000 high school officials and numerous youth officials. Specifically, mandating additional requirements for referees, who are independent contractors, and increasing the liability exposure for these individuals who serve high school and youth sports, will have a major negative impact.

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It is important for you to understand that the role of the referees is to fairly and impartially enforce the NFHS playing rules while helping to ensure that the games are conducted in a safe environment to minimize risks for the participants. The NFHS \'concussion rule\" does not create a duty that officials are expected to perform a medical diagnosis. Referees are simply

being asked to use their best judgment in observing and being more cognizant of athletes that may be displaying signs, symptoms and behaviors consistent with concussion, and stop play to provide the opportunity for the athlete to be properly checked by the individuals in charge of their care.
To prepare for this role, each year the officials are required to complete in -service training clinics, and an annual examination on the NFHS rules, including an annual review in recognizing the signs and symptoms of concussions in accordance with NFHS rules in all sports. To assist local and state official\'s boards, the CIAC has provided concussion cards that contain the signs and symptoms of concussion and other pertinent information and a protocol for officials to follow for all injuries, including concussions.
The officials in our state are dedicated men and women who serve the sport(s) in which they officiate, not for the fee involved, but rather for the love of the game and to help our youth. In short, although this proposed legislation is very well intended, HB 5113 should not be passed as drafted. It is not in the best interest of high school or youth sports.

Thank you for the opportunity to express my views.

Thank You,

Bob Bjork

Testimony for HB 5113

Dear Legislator,

My name is Ryan Mahoney and I am a sports official in the sport of Lacrosse. I live in the town of Stratford.

I am writing to express my concern regarding HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSION

I am writing to express my serious concerns regarding HB 5113 as drafted ◆ AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS. Although everyone connected with high school athletics is genuinely concerned about the health and safety of the participants, HB 5113 as drafted is ill conceived and takes a ◆One size fits all◆ approach which is problematic. It will result in numerous unintended consequences that will be detrimental to high school and youth sports. Since many others will attest to what CIAC, schools, athletic directors, coaches and trainers are doing and will continue to do to make sports safer for the participants, I will focus on the detrimental effect this proposed legislation is certain to have on the 4,000 high school officials and numerous youth officials. Specifically, mandating additional requirements for referees, who are independent contractors, and increasing the liability exposure for these individuals who serve high school and youth sports, will have a major negative impact. There is a shortage of officials on all levels of amateur sports and HB 5113, as drafted, is certain to be a deterrent to attracting new officials and keeping the ones we have. While several states, including New Jersey, Rhode Island and Massachusetts, have laws that extend immunity to officials against law suits to reduce their liability, this proposed law would increase the exposure for officials in Connecticut, which would be devastating. It is important for you to understand that the role of the referees is to fairly and impartially enforce the NFHS playing rules while helping to ensure that the games are conducted in a safe environment to minimize risks for the participants. The NFHS ◆concussion rule◆ does not create a duty that officials are expected to perform a medical diagnosis. Referees are simply being asked to use their best judgment in observing and being more cognizant of athletes that may be displaying signs, symptoms and behaviors consistent with concussion, and stop play to provide the opportunity for the athlete to be properly checked by the individuals in charge of their care. To prepare for this role, each year the officials are required to complete in -service training clinics, and an annual examination on the NFHS rules, including an annual review in recognizing the signs and symptoms of concussions in accordance with NFHS rules in all sports. To assist local and state official◆s boards, the CIAC has provided concussion cards that contain the signs and symptoms of concussion and other pertinent information and a protocol for officials to follow for all injuries, including concussions. The officials in our state are dedicated men and women who serve the sport(s) in which they officiate, not for the fee involved, but rather for the love of the game and to help our youth. In short, although this proposed legislation is very well intended, HB 5113 should not be passed as drafted. It is not in the best interest of high school or youth sports.

Thank you for the opportunity to express my views.

Ryan Mahoney
45 Rowland Street
Stratford, CT 06614

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email ryanpmahoney@sbcglobal.net

mobile - 203 400 8569
home - 203 375 8447

Testimony for HB 5113

Dear Legislator,

My name is Mike Giannelli and I am a youth and high school sports official for Football and Lacrosse as well as a youth coach for lacrosse. I live in the town of Norwich and I am wring to express my concern for HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSION

I have been a youth and high school official for both football and lacrosse in the state of Connecticut for 5 years. I also serve as the Norwich Youth Lacrosse Association president, boys coach, and referee coordinator. I am writing to express my serious concerns regarding HB 5113 as drafted – AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS. Although everyone connected with youth and high school athletics is genuinely concerned about the health and safety of the participants, HB 5113 as drafted is ill conceived and takes a "One size fits all" approach which is problematic. It will result in numerous unintended consequences that will be detrimental to high school and youth sports.

Since many others will attest to what US Lacrosse, NFHS, CIAC, schools, athletic directors, coaches and trainers are doing and will continue to do to make sports safer for the participants, I will focus on the detrimental effect this proposed legislation is certain to have on the 4,000 high school officials and numerous youth officials. Specifically, mandating additional requirements for referees, who are independent contractors and high school students, and increasing the liability exposure for these individuals who serve high school and youth sports, will have a major negative impact.
There is a shortage of officials on all levels of amateur sports and HB 5113, as drafted, is certain to be a deterrent to attracting new officials and keeping the ones we have. At most youth lacrosse levels the officials are high students because there are not enough qualified adults. While several states, including New Jersey, Rhode Island and Massachusetts, have laws that extend immunity to officials against law suits to reduce their liability, this proposed law would increase the exposure for officials in Connecticut, which would be devastating.

It is important for you to understand that the role of the referees is to fairly and impartially enforce the NFHS playing rules while helping to ensure that the games are conducted in a safe environment to minimize risks for the participants. The NFHS 'concussion rule" does not create a duty that officials are expected to perform a medical diagnosis. Referees are simply being asked to use their best judgment in observing and being more cognizant of athletes that may be displaying signs, symptoms and behaviors consistent with concussion, and stop play to provide the opportunity for the athlete to be properly checked by the individuals in charge of their care.

To prepare for this role, each year high school officials are required to complete in -service training clinics, and an annual examination on the NFHS rules, including an annual review in recognizing the signs and symptoms of concussions in accordance with NFHS rules in all sports. To assist local and state official's boards, the CIAC has provided concussion cards that contain the signs and symptoms of concussion and other pertinent information and a protocol for officials to follow for all injuries, including concussions.

The officials in our state are dedicated men, women and high school students who serve the sport(s) in which they officiate, not for the fee involved, but rather for the love of the game and to help our youth. In short, although this proposed legislation is very well intended, HB 5113 should not be passed as drafted. It is not in the best interest of high school or youth sports. Thank you for the opportunity to express my views.

Respectfully submitted,
Mike Giannelli

Testimony for HB 5113

Dear Legislator,

My name is Robert Meyers and I am a sports official in the sport of Boys Lacrosse. I live in the town of Newtown. I am writing to express my concern regarding HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSION I am writing to express my concern for HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSION My name is Joe Tonelli. I was a former, teacher, coach and athletic director for 40 years at Notre Dame High School in West Haven before joining the staff at CAS-CIAC. I also serve as the Director of the CIAC Officials Association that has a membership of 4,000 high school officials in all sports. I am writing to express my serious concerns regarding HB 5113 as drafted ◆ AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS. Although everyone connected with high school athletics is genuinely concerned about the health and safety of the participants, HB 5113 as drafted is ill conceived and takes a ◆One size fits all◆ approach which is problematic. It will result in numerous unintended consequences that will be detrimental to high school and youth sports. Since many others will attest to what CIAC, schools, athletic directors, coaches and trainers are doing and will continue to do to make sports safer for the participants, I will focus on the detrimental effect this proposed legislation is certain to have on the 4,000 high school officials and numerous youth officials. Specifically, mandating additional requirements for referees, who are independent contractors, and increasing the liability exposure for these individuals who serve high school and youth sports, will have a major negative impact. There is a shortage of officials on all levels of amateur sports and HB 5113, as drafted, is certain to be a deterrent to attracting new officials and keeping the ones we have. While several states, including New Jersey, Rhode Island and Massachusetts, have laws that extend immunity to officials against law suits to reduce their liability, this proposed law would increase the exposure for officials in Connecticut, which would be devastating. It is important for you to understand that the role of the referees is to fairly and impartially enforce the NFHS playing rules while helping to ensure that the games are conducted in a safe environment to minimize risks for the participants. The NFHS ◆concussion rule◆ does not create a duty that officials are expected to perform a medical diagnosis. Referees are simply being asked to use their best judgment in observing and being more cognizant of athletes that may be displaying signs, symptoms and behaviors consistent with concussion, and stop play to provide the opportunity for the athlete to be properly checked by the individuals in charge of their care. To prepare for this role, each year the officials are required to complete in -service training clinics, and an annual examination on the NFHS rules, including an annual review in recognizing the signs and symptoms of concussions in accordance with NFHS rules in all sports. To assist local and state official◆s boards, the CIAC has provided concussion cards that contain the signs and symptoms of concussion and other pertinent information and a protocol for officials to follow for all injuries, including concussions. The officials in our state are dedicated men and women who serve the sport(s) in which they officiate, not for the fee involved, but rather for the love of the game and to help our youth. In short, although this proposed legislation is very well intended, HB 5113 should not be passed as drafted. It is not in the best interest of high school or youth sports. Thank you for the opportunity to express my views.

Testimony for HB 5113

Dear Legislator,

My name is Anthony Calabrese and I am a local sports official, I currently officiate baseball, softball, basketball, and football. I work the youth level to the college level and I see the effects concussions have on the participants Besides officiating, I also work as a professional in the field of recreation. I currently work for a municipal recreation department and I live in the town of Fairfield.

I am writing to express my concern regarding HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSION. Although everyone connected with high school athletics is genuinely concerned about the health and safety of the participants, HB 5113 as drafted is ill conceived and takes a "One size fits all" approach which is problematic. It will result in numerous unintended consequences that will be detrimental to high school and youth sports.

Since many others will attest to what CIAC, schools, athletic directors, coaches and trainers are doing and will continue to do to make sports safer for the participants, I will focus on the detrimental effect this proposed legislation is certain to have on the 4,000 high school officials and numerous youth officials. Specifically, mandating additional requirement s for referees, who are independent contractors, and increasing the liability exposure for these individuals who serve high school and youth sports, will have a major negative impact. There is a shortage of officials on all levels of amateur sports and HB 5113, as drafted, is certain to be a deterrent to attracting new officials and keeping the ones we have. While several states, including New Jersey, Rhode Island and Massachusetts, have laws that extend immunity to officials against law suits to reduce their liability, this proposed law would increase the exposure for officials in Connecticut, which would be devastating.

It is important for you to understand that the role of the referees is to fairly and impartially enforce the NFHS playing rules while helping to ensure that the games are conducted in a safe environment to minimize risks for the participants. The NFHS 'concussion rule" does not create a duty that officials are expected to perform a medical diagnosis. Referees are simply being asked to use their best judgment in observing and being more cognizant of athletes that may be displaying signs, symptoms and behaviors consistent with concussion, and stop play to provide the opportunity for the athlete to be properly checked by the individuals in charge of their care.

To prepare for this role, each year the officials are required to complete in -service training clinics, and an annual examination on the NFHS rules, including an annual review in recognizing the signs and symptoms of concussions in accordance with NFHS rules in all sports To assist local and state official's boards, the CIAC has provided concussion cards that contain the signs and symptoms of concussion and other pertinent information and a protocol for officials to follow for all injuries, including concussions

The officials in our state are dedicated men and women who serve the sport(s) in which they officiate, not for the fee involved, but rather for the love of the game and to help our youth. In short, although this proposed legislation is very well intended, HB 5113 should not be passed as drafted. It is not in the best interest of high school or youth sports. Thank you for the opportunity to express my views

Respectfully submitted,

Anthony R Calabrese, MS, CPRP

Recreation Coordinator
Fairfield Parks and Recreation
www.fairfieldrecreation.com
(203) 256-3191
ACalabrese@town fairfield ct.us

Testimony for HB 5113

Dear Legislator,

My name is Brian Zimmerman and I am a sports official in the sport of Lacrosse, Football, Baseball and Basketball. I live in the town of Brookfield, CT I am writing to express my concern regarding HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSION

I do not believe that officials should be required to take concussion training in order to officate It is not the job nor the responsibility of an official to evaluate or diagnose kids with concussion training I officiate in three different states and am certified in every sport I work (NY, CT and NJ) by several different professional associations. The responsibility of concussions should soley fall on the parents of the children.

I have 3 children of my own two of which are in organized athletics As I parent I understand the risk my kids take in order to benefite from the life lessons that organized sports teach you. When any of my children have been injuried it has been my responsiblity as a parent to do the right thing for my children not whoever coaches them. It is the organizations responsiblity to enforce a positive environment for my kids to experience while they are playing The official has very minimal to do with anything medical with any athlete

Sincerly,

Brian Zimmerman

Testimony for HB 5113

Good Afternoon distinguished members of the Children's Committee. For the record, I am Luke Foreman from Westport, CT. I am here to testify on HB 5113 AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS.

I'm a senior at Staples High School and I have suffered from two, life-changing concussions. I want to talk from personal experience about the need for parent and athlete education and the need for youth coaches to be trained. My first concussion was my worst. After falling, I didn't have any immediate symptoms - I had a noticeable bump but felt fine otherwise. I went to school and kept playing sports. My parents and I didn't know that concussion symptoms could surface 48 hours after impact. Two days after hitting my head, continuing to go to school and playing sports, I started to feel funny. I was confused about which way to run while I was playing basketball. I took the CMTs and couldn't focus. We didn't immediately relate the symptoms back to hitting my head. About four days after falling, I went to my pediatrician and was told I had a concussion and I should stop playing sports, but could continue my CMT testing at school. This was 6 years ago, before it was well understood that cognitive rest was just as important as physical rest. My symptoms got dramatically worse and at the end of the week I had a CAT scan. My concussion symptoms became very severe and I developed post concussion syndrome and missed three months of school. They were the three worst months of my life.

A year later, during a very competitive soccer practice in a youth league, I was knocked down and accidentally kicked in the head. I was temporarily knocked out, and had to be helped off the field. After sitting out for a while the coach then asked me if I wanted to ***go back out on the field***. I felt awful and said I thought I should go home. It wasn't until the coach asked me for my home

number and I couldn't recall it, that he realized how concussed I was. Someone finally tracked down my mom who took me straight to the emergency room and had to help me walk. A youth coach with training wouldn't have asked me if I wanted to go back on the field!

It hope that a law can be passed that would ensure that athletes and parents for both high school and youth leagues, and coaches for youth leagues all be required to learn the signs and symptoms of concussions, and understand the dangers of playing through concussions or not taking time to heal before returning to activity. I feel that if I had been able to identify my first concussion sooner and had physical and cognitive rest, I would not have ended up with post concussion syndrome. After these experiences I made the difficult choice to stop playing contact sports.

I have done what I can to educate others. I have gone to youth leagues to talk about concussions and share my experiences. I have spoken at the Brain Injury Alliance on a panel of athletes and I have shared my experiences at a school nurse's professional development training. I made the case to my high school that they should train their athletes, not just their coaches. CT owes it to their youth to improve their law and make education mandatory and uniform across the state.

Thank you for listening.

Testimony for 5113

Good afternoon Senator Bartolomeo, Representative Urban, Representative Betts and Senator Linares and the distinguished members of the Children's Committee. For the record, I am Ann Sherwood from Westport, CT and a member of the Parents Concussion Coalition. I am here to testify in support of AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS.

My son, Luke Foreman, will be testifying about his multiple concussions, missed months of school, and giving up contact sports for life. I am here to stress the importance of passing this legislation to protect our student athletes. Because of Luke's experience I became a "go to" resource in our community who other parents would often call when their child suffered a concussion. I have heard many concussion stories - parents not aware of symptoms or the need for both cognitive and physical rest, athletes not thinking his/her concussion was a big deal and continuing to go to practice, a general lack of understanding of the importance of identifying and properly managing concussions. One doesn't fully realize the importance of education until you've mismanaged an injury. I spread the word as well as I could. Luke did what he could to educate others. But all of our youth need education and protection, which is why we are in front of you today.

Nearly two years ago, I crossed paths with two other mothers in my town whose sons have had life-changing concussions. We saw the glaring need for further protection of our youth. We decided to take action and first encourage our own high school to mandate parent/athlete education and informed consent. While we have a superintendent who was very supportive, no other school in lower Fairfield County was doing this. We knew the state law was not as comprehensive as many other laws and decided we would dedicate our efforts to updating this so all young athletes in the state are better protected.
We are aware that CIAC has announced programs in the last few months to begin requiring athlete and parent education. We commend these actions, although we wish it would've been done a couple of years ago as CT is clearly lagging best practice with over 80% of state laws requiring parent/athlete education. We noticed that policies were being developed as legislation was being drafted. In spite of CIAC's plans to implement an education program, I firmly believe that parent/athlete/official education, along with other important provisions to improve safety, belong in legislation just as much as coach ed does, and for the same reasons - oversight, accountability, consistency. It's also important our state law reflects this practice, which can be a factor in litigation issues.

While there are details that need to be fleshed out and language that needs to be clarified, I hope we can focus on intent of the bill and that you will take it upon yourselves to address the concerns without losing the purpose. Several attempts have been made to update this bill. Many other states have been able to do it, I have trust that CT can as well.

High school and youth athletes are relying on you to provide the safeguards they deserve, and so many other states have already provided. Let's get our law to represent best practices and even forge ahead to be the model of concussion legislation. Thank you for introducing this legislation and thank you for your time.

Testimony for HB 5113

Dear Legislator,

My name is Daniel Goyzueta and I am a sports official in the sport of Soccer.I live in the town of West Hartford, CT.

I am writing to express my serious concerns regarding HB 5113 as drafted – AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS.
Although everyone connected with High School athletics is genuinely concerned about the health and safety of the participants, HB 5113 as drafted is ill conceived and takes a "One size fits all" approach which is problematic. It will result in numerous unintended consequences that will be detrimental to high school and youth sports. Referees are simply being asked to use their best judgment in observing and being more cognizant of athletes that may be displaying signs, symptoms and behaviors consistent with concussion, and stop play to provide the opportunity for the athlete to be properly checked by the individuals in charge of their care. To prepare for this role, each year the officials are required to complete in -service training clinics. **The assessment of any injured athlete should be place in the hands of a professional staff in the medical field, we as a referees are trained to direct these concerns to them.** That's all The officials in our state are dedicated men and women who serve the sport(s) in which they officiate, not for the fee involved, but rather for the love of the game and to help our youth. In short, although this proposed legislation is very well intended, HB 5113 should not be passed as drafted. It is not in the best interest of high school or youth sports. Thank you for the opportunity to express my views.

Daniel Goyzueta 860-335-3244
dldj22@aol.com

Testimony for HB 5113

Dear Legislator,

My name is Ralph Gutierrez and I am a sports official in the sport of basketball. I live in the town of Fairfield.

I am writing to express my concern regarding HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSION. Although everyone connected with high school athletics is genuinely concerned about the health and safety of the participants, HB 5113 as drafted is ill conceived and takes a "One size fits all" approach which is problematic. It will result in numerous unintended consequences that will be detrimental to high school and youth sports. Since many others will attest to what CIAC, schools, athletic directors, coaches and trainers are doing and will continue to do to make sports safer for the participants, I will focus on the detrimental effect this proposed legislation is certain to have on the 4,000 high school officials and numerous youth officials. Specifically, mandating additional requirements for referees, who are independent contractors, and increasing the liability exposure for these individuals who serve high school and youth sports, will have a major negative impact.

There is a shortage of officials on all levels of amateur sports and HB 5113, as drafted, is certain to be a deterrent to attracting new officials and keeping the ones we have. While several states, including New Jersey, Rhode Island and Massachusetts, have laws that extend immunity to officials against law suits to reduce their liability, this proposed law would increase the exposure for officials in Connecticut, which would be devastating. It is important for you to understand that the role of the referees is to fairly and impartially enforce the NFHS playing rules while helping to ensure that the games are conducted in a safe environment to minimize risks for the participants. The NFHS 'concussion rule" does not create a duty that officials are expected to perform a medical diagnosis. Referees are simply being asked to use their best judgment in observing and being more cognizant of athletes that may be displaying signs, symptoms and behaviors consistent with concussion, and stop play to provide the opportunity for the athlete to be properly checked by the individuals in charge of their care. To prepare for this role, each year the officials are required to complete in -service training clinics, and an annual examination on the NFHS rules, including an annual review in recognizing the signs and symptoms of concussions in accordance with NFHS rules in all sports. To assist local and state official's boards, the CIAC has provided concussion cards that contain the signs and symptoms of concussion and other pertinent information and a protocol for officials to follow for all injuries, including concussions.

The officials in our state are dedicated men and women who serve the sport(s) in which they officiate, not for the fee involved, but rather for the love of the game and to help our youth. In short, although this proposed legislation is very well intended, HB 5113 should not be passed as drafted. It is not in the best interest of high school or youth sports.

Thank you for the opportunity to express my views.

Respectfully submitted,

Ralph Gutierrez

Testimony for HB 5113

Dear Legislators ,
My name is Arlene Doherty and I'm a parent. I support the concussion law because it helps with prevention and educates those working with children on the high risks associated with long term health issues and multiple concussions.

The current CT laws are too lax - missing basic provisions of athlete/parent education, and informed consent. Many states have included basic provisions - 87% of states include education/78% informed consent) but CT does not.

Education requirements can be simple and non-prescriptive. Many resources to choose from, Children don't have a voice and it's time that we demand basic safety measures for them.

This is a landmark bill: It is the first to address primary ways to prevent head injuries, instead of just addressing measures after the injuries occur. The 90 minute contact practice limit - just plain MAKES SENSE!

Thank you for your support - Arlene Doherty

Testimony for HB 5113

Dear Legislator,

My name is Robert Speziale and I am a sports official in basketball, football and lacrosse I live in the town of Madison
I am writing to express my concern for HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSION No amount of legislation will change what needs to be a rule that the Education Commission of the State of Connecticut can provide to empower local school districts to act.

We as officials are responsible for enforcing the rules of the game to preserve fair competition and safety. It is unreasonable to expect us as officials to take on the responsibility of an assessment that is in the realm of medical professionals We have not more capability of assessing a concussed athlete than one with a sprain vs a broken bone. You cannot legislate core competence. This legislation is flawed in that it directly contravenes the code of conduct and ethical standards that sports officials guiding body, the National Federation of State High School Associations (NHFS) has set forth

Kind regards,

Robert Speziale
48 Stonewall Ln.
Madison, CT 06443
Phone: 203.675.4502
Email: bspeziale@comcast.net

Testimony for HB 5113

Dear Legislators,

My name is Jim Bauer and I am a sports official in the sport of Lacrosse. I live in the town of Newtown. I am writing to express my concern regarding HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSION. I have coached both football and lacrosse and have completed the concussion course and I am now starting Referring Lacrosse. Even though I have completed the concussion course, The role of the referees is to fairly and impartially enforce the NFHS playing rules while helping to ensure that the games are conducted in a safe environment to minimize risks for the participants. Referees do not and should not make any determination of who plays lacrosse due to injury. Referees have an obligation to watch the game being played – we can in no way determine who is hurt or how they are doing on the sideline. In addition we have no prior history with these players and many times it is cumulative effects that are devastating when concussions are concerned. **The bottom line is we have no prior experience with these players, don't have the ability to correctly determine who is hurt or not, detracts from our ability to provide a safety to the players on the field and finally have we no authority to say who is in and who should not be on the field.** While HB 5113- has good intentions officials should not be expected to perform any medical diagnosis HB 5113 should not be passed as drafted. It is not in the best interest of high school or youth sports and only increases the liability of officials, which we have a shortage of. Thank you for the opportunity to express my views.

Jim Bauer
Newtown lax
W-(203) 426-7126
C- (203) 565-6789
JRBLAX@gmail.com

Testimony for HB 5113

Dear Legislator,

My name is Frank Pallone and I am a (CT) State Certified Baseball Umpire, serving on the Greater New Haven Baseball Umpire Association - for over 20 years.

I am writing to express my concern for HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS.
Although everyone connected with high school athletics is genuinely concerned about the health and safety of the participants, HB 5113 as drafted is ill conceived and takes a "One size fits all" approach which is problematic. It will result in numerous unintended consequences that will be detrimental to high school and youth sports.
Since many others will attest to what CIAC, schools, athletic directors, coaches and trainers are doing and will continue to do to make sports safer for the participants, I will focus on the detrimental effect this proposed legislation is certain to have on the 4,000 high school officials and numerous youth officials. Specifically, mandating additional requirements for referees, who are independent contractors, and increasing the liability exposure for these individuals who serve high school and youth sports, will have a major negative impact.

There is a shortage of officials on all levels of amateur sports and HB 5113, as drafted, is certain to be a deterrent to attracting new officials and keeping the ones we have. While several states, including New Jersey, Rhode Island and Massachusetts, have laws that extend immunity to officials against law suits to reduce their liability, this proposed law would increase the exposure for officials in Connecticut, which would be devastating.
It is important for you to understand that the role of the referees is to fairly and impartially enforce the NFHS playing rules while helping to ensure that the games are conducted in a safe environment to minimize risks for the participants. The NFHS 'concussion rule" does not create a duty that officials are expected to perform a medical diagnosis. Referees are simply being asked to use their best judgment in observing and being more cognizant of athletes that may be displaying signs, symptoms and behaviors consistent with concussion, and stop play to provide the opportunity for the athlete to be properly checked by the individuals in charge of their care.

To prepare for this role, each year the officials are required to complete in -service training clinics, and an annual examination on the NFHS rules, including an annual review in recognizing the signs and symptoms of concussions in accordance with NFHS rules in all sports. To assist local and state official's boards, the CIAC has provided concussion cards that contain the signs and symptoms of concussion and other pertinent information and a protocol for officials to follow for all injuries, including concussions.

The officials in our state are dedicated men and women who serve the sport(s) in which they officiate, not for the fee involved, but rather for the love of the game and to help our youth In short, although this proposed legislation is very well intended, HB 5113 should not be passed as drafted. It is not in the best interest of high school or youth sports. Thank you for the opportunity to express my views.

Respectfully submitted,
Frank Pallone
203-494-3512 (mobile)
pallonefrank@yahoo com
LinkedIn: www linkedin com/pub/frank-pallone/0/a10/b00/

Testimony for HB 5113

Dear Legislator,

My name is Antonio Portal and I am a sports official in the sport of Soccer. I live in the town of Berlin.

I am writing to express my concern regarding HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSION

We are there to officiate games for the children, not to be medical personnel. Maybe you should hire a medic to be at every game instead of expecting people who are not trained to see these symptoms.

Connecticut Department of Public Health

Testimony Presented Before the Committee on Children
February 27, 2014

Commissioner Jewel Mullen, MD, MPH, MPA
860-509-7101

House Bill 5113: ***An Act Concerning Youth Athletics And Concussions***

The Department of Public Health (DPH) appreciates the opportunity to provide input on House Bill 5113, and to be included as a partner agency addressing the significant problem of youth concussions. The inclusion of our agency demonstrates that Connecticut recognizes that a concussion is a medical condition with public health implications in addition to being one related to athletic participation; and that the consequences for a child's learning must also be considered.

The intent of this bill is to reduce the number of concussions in children by: (1) requiring the State Board of Education, DPH and others to develop or approve a concussion education plan, (2) requiring the operators of youth athletic activities to provide information on concussions to youth athletes and their parents and guardians, (3) requiring youth athletes suspected of sustaining a concussion to provide written clearance from a medical professional prior to returning to the athletic activity, (4) limiting full contact practices to ninety minutes per week, and (5) requiring local and regional boards of education to compile and report all instances of concussions suffered by children in school. We hope that another purpose of this proposal is to mitigate the risk of long term neurologic, cognitive, and behavioral disorders associated with concussions.

DPH understands that multiple factors may play a role in complicating the recognition of concussion in athletes. Importantly, young athletes, in addition to not understanding the impact of concussions to their overall well-being, may not be forthcoming with their symptoms for fear of activity restriction. In order to further protect Connecticut's children during this critical period in their brain development, DPH hereby recommends the following:

A. Include a licensed Connecticut Pediatrician who is knowledgeable in the diagnosis and management of concussions and other brain injuries to the group of professionals (professional group) whom the Commissioners of Education and Public Health will consult regarding recognition, medical treatment, and return to play guidelines. The

committee might consult with the CT chapter of the American Academy of Pediatrics to identify such an expert.

B. Include a licensed Connecticut neuropsychologist in the professional group.

C. Revise the proposal to require that for a student-athlete to be deemed cleared for a youth athletic activity, the clearing licensed health care professional, if not a physician, must consult with and provide written approval from that consulting physician.

D. Consider the adoption of CDC's *Heads Up: Concussion in Youth Sports* initiative. This evidenced-based initiative offers information about concussions to coaches, parents, and athletes involved in youth sports.

Finally, DPH supports the underlying concept of this bill, as well as any changes the State Department on Education, as the agency tasked with administering the majority of the bill's provisions, may have. Developing policies that effectively address the recognition of youth concussions makes good public health sense, and will complement other policies this committee has promulgated to ensure children the highest levels of physical and behavioral health as well as educational and athletic success.

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Testimony of the Connecticut Interscholastic Athletic Conference On House Bill 5113 *An Act Concerning Youth Athletics and Concussions* and Senate Bill 229 *An Act Concerning Sudden Cardiac Arrest Prevention*
Committee on Children Public Hearing
Thursday, February 27, 2014

Members of the Committee on Children:

My name is Paul Hoey, the associate executive director of the Connecticut Interscholastic Athletic Conference (CIAC) which has been the governing body for high school athletics in Connecticut since 1921. CIAC is a subsidiary of the Connecticut Association of Schools (CAS) and our membership includes over 1,000 public and private elementary, middle and high schools in the state. It has come to our attention that considerable misinformation has been circulated about what CAS-CIAC is or is not doing in the area of concussion management. This testimony is to bring the committee up-to-date on what CAS-CIAC is **requiring** of its member schools in the area of concussion management and the association's efforts to reduce sport related injuries in general.

First, let me say that CAS-CIAC fully supports any reasonable effort by any group to assure the health and safety of all of our student athletes. CIAC, throughout its almost one hundred history, has always put the health and safety of its student athletes first and has been proactive in addressing sport related injury issues. For example, CAS-CIAC has implemented the following health and safety requirement for all of our member schools:

- Adopted the Korey Stringer Institutes Recommendation for heat acclimation & heat illness prevention and related practice guidelines and scrimmage regulations which has significantly impacted how early season practices are conducted, especially in football.
- After meeting with the Parents Concussion Coalition in June of 2013 for the first time, CIAC issued a series on advisories to its member schools with recommendations regarding the education of parents and athletes on recognizing the signs and symptoms of concussion, return to play requirements, limiting contact in practice and pool safety requirements to name a few.
- In August of 2013 the CIAC Board of Control began an in-depth discussion on instituting requirements regarding concussion management. After consultation from the Connecticut State Medical Society's Committee on the Medical Aspects of Sports, of which I am a member, the Board began to draft regulations.
- In November 2013, the CIAC Board passed regulations that require all schools to design and implement a program to educate their parents and athletes on the signs and symptoms of concussion and return to play requirements. CIAC has specified what curriculum topics must be covered in each school. Further, CIAC designed an informed consent form to be used by all schools as part of the permission to play process which must be signed by the parent/guardian and athlete. CIAC believes schools should have the autonomy to develop the educational program that best fits their community.
- In January of 2014, the CIAC Board of Control passed a requirement that all officials who work in CIAC member schools be trained in recognizing the signs and symptoms of concussion, as required by the National Federation of State High School Associations (NFHS) and, the protocol to follow when an athlete is suspected of being concussed.
- Also in January of 2014, the CIAC Board of Control passed regulations that limit the number of minutes of person-to- person contact that may occur in practice during the pre-season, the competition season and the post season which will take effect with the start of the 2014 spring football season. To our knowledge, Connecticut is among a handful of states that have adopted such regulations and have moved beyond guidelines or recommendations. CIAC limits contact in the pre-season (three weeks) to a maximum of 120 minutes, to allow for the teaching of the

proper techniques of blocking and tackling to minimize future injury, up to 90 minutes of contact during the regular competition season, and up to 60 minutes of contact during the post season. More detailed information, contact definitions and spring football requirements can be found on the CAS-CIAC web site. Simply visit http://ciacsports.com and click on "Sports Medicine/Concussion". The requirements of CIAC are much more specific than the language in the proposed legislation.

- On February 25, 2014 the CIAC football committee changed the format of the football playoff structure to allow for more time between games to minimize injury, as was recommended by the Sports Medicine Committee.

CIAC believes that legislative intervention in athletics at the public school level is not needed given the requirements and changes already being imposed on member schools by CAS-CIAC. The Committee on Children should trust that coaches, athletic directors, principals, and superintendents will fulfill their responsibility to meet the rules regulation of CIAC.

The proposed legislation as written cannot be supported by the membership of CIAC at this time. Further, it is recommended funding be added to support a comprehensive injury surveillance study as was mandated by statute in the last legislative session, but not funded. A study adequately funded would allow for the collection of data by appropriate health care professionals on all sport related injuries including concussions.

CIAC does support efforts to educate coaches and others involved in youth sports but, the proposed legislation will only discourage individuals from volunteering their services given the proposed requirements and possible litigations outlined in the legislation. Further study is needed on youth sports before legislation is considered.

Regarding proposed legislation Senate Bill 229, CIAC does not believe legislation is appropriate at this time. All coaches including interscholastic, intramural, cheer, and dance are required by state law to have a current certificate in CPR and first aid that must be renewed every two years. Short of providing funding for school to have AED's at all practice and game sites, and training coaches and others in diagnosing congenital heart conditions ,which is the purview of doctors, we are not sure what else schools and coaches can be required to do. We recommend further study before legislation.

Please feel free to contact me if you have any questions.

Respectfully,

Paul R. Hoey
Associate Executive Director, CIAC
30 Realty Drive
Cheshire, CT 06410
(203)-250-1111

Testimony for HB 5113 and SB 229

Dear Legislator,
My name is Mr. Leonard Corto and represent the athletic coaches parents and athletes in the community of New Britain.

I am wring to express my concern for HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS. Connecticut already has the most stringent coaching permit and coaching education requirements in the country. We offer the most extensive concussion education course required for coaches in the country. The Connecticut course covers the signs and symptoms of concussions and the chemical occurrence that happens in the brain during the concussed state, it covers other brain injuries such as brain bleeds and skull fractures, scalp and neck injuries. It also trains the coach in an extensive "return to play protocol" which is annually reviewed with all coaches. The current concussion law, the extensive coaching education requirements and the recent actions and mandates put out by the CIAC requiring concussion education for parents & students and limiting contact in football practice far exceeds what is being done in other states and is more than adequately serving and insuring t he safety of our student-athletes in the state of Connecticut.

I also have concerns with SB 229- AN ACT CONCERNING SUDDEN CARDIAC ARREST PREVENTION. The current coaching law requires all coaches to maintain current first aid and cardiopulmonary resuscitation (CPR). In addition to cardio-pulmonary resuscitation and recue breathing CPR courses include signs, symptoms and prevention of heart attacks, causes of heart disease, breathing emergencies such as choking and the proper method for obtaining medical treatment for a student in distress. Also, many courses now include training in the use of an AED machine. Additionally, non-teacher coaches by statute must take a 45 clock hour course which includes 15 hours of instruction on the medical aspects of interscholastic coaching. During those 15 hours our course covers sudden cardiac arrest in great detail. Furthermore, this law places the onus for implementation and notification on the coach rather than the school district that has many more resources to deal with these requirements. This will cause coaches to leave the profession where there is already a shortage of qualified individuals. Because state laws already exist that require coaches to have extensive ongoing education and continual first aid & CPR training the portions of this law that place additional requirements on coaches would create an unnecessary burden for coaches thus causing some to leave the profession and deter any newcomers.

Sincerely,

Len Corto

Leonard J. Corto C.A.A.
District Coordinator of Physical Education, Health, Athletics & Safety
Consolidated School District of New Britain
New Britain, CT 06050
860-826-1869 (Hal's Office)
860-826-1867 Fax

Testimony for HB 5113 and SB 229

Dear Legislator,

My name is Jonathan Nadeau and represent the athletic coaches parents and athletes in the community of Henry Abbott Technical HS.

I am wring to express my concern for HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS. Connecticut already has the most stringent coaching permit and coaching education requirements in the country. We offer the most extensive concussion education course required for coaches in the country. The Connecticut course covers the signs and symptoms of concussions and the chemical occurrence that happens in the brain during the concussed state, it covers other brain injuries such as brain bleeds and skull fractures, scalp and neck injuries. It also trains the coach in an extensive "return to play protocol" which is annually reviewed with all coaches. The current concussion law, the extensive coaching education requirements and the recent actions and mandates put out by the CIAC requiring concussion education for parents & students and limiting contact in football practice far exceeds what is being done in other states and is more than adequately serving and insuring t he safety of our student-athletes in the state of Connecticut.

I also have concerns with SB 229- AN ACT CONCERNING SUDDEN CARDIAC ARREST PREVENTION. The current coaching law requires all coaches to maintain current first aid and cardiopulmonary resuscitation (CPR). In addition to cardio-pulmonary resuscitation and recue breathing CPR courses include signs, symptoms and prevention of heart attacks, causes of heart disease, breathing emergencies such as choking and the proper method for obtaining medical treatment for a student in distress. Also, many courses now include training in the use of an AED machine. Additionally, non-teacher coaches by statute must take a 45 clock hour course which includes 15 hours of instruction on the medical aspects of interscholastic coaching. During those 15 hours our course covers sudden cardiac arrest in great detail. Furthermore, this law places the onus for implementation and notification on the coach rather than the school district that has many more resources to deal with these requirements. Thi s will cause coaches to leave the profession where there is already a shortage of qualified individuals. Because state laws already exist that require coaches to have extensive ongoing education and continual first aid & CPR training the portions of this law that place additional requirements on coaches would create an unnecessary burden for coaches thus causing some to leave the profession and deter any newcomers.

Sincerely,

Jonathan P. Nadeau

Testimony for HB 5113 and SB 229

Dear Legislator,

My name is VJ Sarullo and represent the athletic coaches, parents and athletes in the community of Wallingford.

I am writing to express my concern for HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS. Connecticut already has the most stringent coaching permit and coaching education requirements in the country. We offer the most extensive concussion education course required for coaches in the country. The Connecticut course covers the signs and symptoms of concussions and the chemical occurrence that happens in the brain during the concussed state, it covers other brain injuries such as brain bleeds and skull fractures, scalp and neck injuries. It also trains the coach in an extensive "return to play protocol" which is annually reviewed with all coaches. The current concussion law, the extensive coaching education requirements and the recent actions and mandates put out by the CIAC requiring concussion education for parents & students and limiting contact in football practice far exceeds what is being done in other states and is more than adequately serving and insuring t he safety of our student-athletes in the state of Connecticut.

I also have concerns with SB 229- AN ACT CONCERNING SUDDEN CARDIAC ARREST PREVENTION. The current coaching law requires all coaches to maintain current first aid and cardiopulmonary resuscitation (CPR). In addition to cardio-pulmonary resuscitation and recue breathing CPR courses include signs, symptoms and prevention of heart attacks, causes of heart disease, breathing emergencies such as choking and the proper method for obtaining medical treatment for a student in distress. Also, many courses now include training in the use of an AED machine. Additionally, non-teacher coaches by statute must take a 45 clock hour course which includes 15 hours of instruction on the medical aspects of interscholastic coaching. During those 15 hours our course covers sudden cardiac arrest in great detail. Furthermore, this law places the onus for implementation and notification on the coach rather than the school district that has many more resources to deal with these requirements. This will cause coaches to leave the profession where there is already a shortage of qualified individuals. Because state laws already exist that require coaches to have extensive ongoing education and continual first aid & CPR training the portions of this law that place additional requirements on coaches would create an unnecessary burden for coaches thus causing some to leave the profession and deter any newcomers

Sincerely,

VJ Sarullo
Athletic Director
Mark T. Sheehan High School
142 Hope Hill Road
Wallingford, CT 06492
Twitter: @MTSATHLETICS
203-294-5924 (phone)
203-294-5923 (fax)

Testimony for HB 5113 and SB 229

Dear Legislator,

My name is David Johnson and I represent the athletic coaches, parents and athletes across the state of Connecticut. I currently reside in Enfield I recently retired from 35 years in public education (teacher, coach, athletic director, high school assistant principal and director of a middle school alternative education program). For the past 18 years, I have owned and operated a private sports medicine business, and I teach the Medical Aspects of Sports Injury and Sport Physiology for the Connecticut Interscholastic Athletic Conference (CIAC) which I have done for the past 16 years I also have over 35 years as a high and college sports official (soccer, baseball, basketball).

I am wring to express my concerns for HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS Connecticut already has the most stringent coaching permit and coaching education requirements in the country. We offer the most extensive concussion education course required for coaches in the country. The Connecticut course covers the signs and symptoms of concussions and the chemical occurrence that happens in the brain during the concussed state, it covers other brain injuries such as brain bleeds and skull fractures, scalp and neck injuries. It also trains the coach in an extensive "return to play protocol" which is annually reviewed with all coaches. The current concussion law, the extensive coaching education requirements and the recent actions and mandates put out by the CIAC requiring concussion education for parents & students and limiting contact in football practice far exceeds what is being done in other states and is more than adequately serving and insuring the safety of our student-athletes in the state of Connecticut (see Medical Aspects syllabus attached).

I also have concerns with SB 229- AN ACT CONCERNING SUDDEN CARDIAC ARREST PREVENTION. The current coaching law requires all coaches to maintain current first aid and cardiopulmonary resuscitation (CPR) In addition to cardio-pulmonary resuscitation and rescue breathing, CPR courses include signs, symptoms and prevention of heart attacks, causes of heart disease, breathing emergencies such as choking and the proper method for obtaining medical treatment for a student in distress. Also, many courses now include training in the use of an AED machine. Additionally, non-teacher coaches by statute must take a 45 clock hour course which includes 15 hours of instruction on the medical aspects of interscholastic coaching. During those 15 hours our course covers sudden cardiac arrest in great detail. Furthermore, this law places the onus for implementation and notification on the coach rather than the school district that has many more resources to deal with these requirements

I am the first to support the implementation for as many safety measures for our children as possible That is probably the driving force for my return to post-graduate courses in sports medicine during my teaching and coaching career Since my retirement from education last year, it has become a business, and more importantly, a passion I travel the state and the country providing concussion education to coaches, parents, athletes, educators and anyone who will listen. However, I question all that we are looking to place on the shoulders of our coaches who work regular full-time jobs, interrupt time with their own families and coach because they love the sport as well as the children they coach And they do it for very little, if any remuneration For whatever is taken out in taxes, even the better paid coaches are in reality, volunteers Therefore, I think that we need to show great care and concern for what we do to these people. Many are struggling to meet our current requirements while maintaining their own personal and professional lives. They are being well-educated for what they need to know medically as coaches, the updates can be taught during their 1 year and 5 year recertification or as part of their continuing education process I interact regularly with the top concussion experts in the country, and although there are updates, they can be taught during the aforementioned time period I see absolutely no need to make all of them complete the concussion training again. It is these things that will cause coaches to leave the profession where there is already a shortage of qualifies individuals. Because state laws already exist that require coaches to have extensive ongoing education and continual first aid & CPR training the portions of this law that place additional requirements on coaches would create an unnecessary burden for coaches thus causing some to leave the profession and deter any newcomers We face a significant shortage of qualified coaches every season; otherwise our CIAC coaching classes each session would not average between 70 and 85 coaches.

Allow our coaches to do what they signed up for - COACH, the more than adequate training to recognize injuries, initiate emergency services and then provide care until these better trained (who see and care for these maladies multiple times a day for a living) individuals arrive on scene Instead of overburdening our coaches in this manner, support legislation to place at least one certified athletic trainer in each school These individuals not only possess expertise in the care of athletic injuries, but can play a significant role in their prevention as well as in their rehabilitation when they do occur They can also take major onus as far as continuing to educate and update their coaching colleagues. Some can save money by combining teaching/coaching positions, and could be a resource for faculty regarding their injuries and those of their loved ones as well as a resource for everyone for medical care. In combination with educated coaches, faculty and supportive and knowledgeable parents, a school district would truly have the best interest of its' students in mind.

I ask you to give extremely strong consideration to these bills as far as what they will actually accomplish I think that portions of these bills have some merit; however, I do not think all of the 'dots' have been connected nor have all of the right 'pieces of the puzzle' been put in place in order not to do more damage by passing these bills than not passing them Therefore, I request that you postpone the passing of either of these bills until the aforementioned takes place. Thank you for your consideration of my request.

Respectfully submitted,

David K. Johnson
Medical Aspects of Sports Injury and Sport Physiology, Instructor
Coaches Certification Course
Connecticut Interscholastic Athletic Conference (CIAC)

III. MEDICAL ASPECTS OF SPORTS INJURIES AND SPORT PHYSIOLOGY

DISCUSSION TOPICS

January 5, 2014

General information and introduction

Your Medical Role as a Coach
Game Plan
Anatomy and Sport Injury Terminology
CONCUSSION MANAGEMENT Certification
to include: Spinal Injuries

Guest Speaker: **DR. CARL NISSEN**
Injury Evaluation

Respiratory and Circulatory Emergencies
Spine Injuries
Internal Organ Injuries
Sudden Illness
Temperature-Related Injuries

January 19, 2013

Anterior Cruciate Ligament (ACL) Injuries – Cause & Prevention
The Throwing Athlete – Biomechanics & Injuries
Musculoskeletal Injuries
Heat and Cold Therapy
Principles of Rehabilitation
Principles of Training
Individual Differences Among Athletes
Components of Muscular Fitness
Energy Systems
Sports Nutrition
Practical Session: athletic taping ???

Testimony for HB 5113 and SB 229

Dear Legislator,
My name is Robert Paskiewicz and represent the athletic coaches, parents and athletes in the community of East Granby.

I am wring to express my concern for HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS. Connecticut already has the most stringent coaching permit and coaching education requirements in the country. We offer the most extensive concussion education course required for coaches in the country. The Connecticut course covers the signs and symptoms of concussions and the chemical occurrence that happens in the brain during the concussed state, it covers other brain injuries such as brain bleeds and skull fractures, scalp and neck injuries. It also trains the coach in an extensive "return to play protocol" which is annually reviewed with all coaches. The current concussion law, the extensive coaching education requirements and the recent actions and mandates put out by the CIAC requiring concussion education for parents & students and limiting contact in football practice far exceeds what is being done in other states and is more than adequately serving and insuring the safety of our student-athletes in the state of Connecticut.

I also have concerns with SB 229- AN ACT CONCERNING SUDDEN CARDIAC ARREST PREVENTION. The current coaching law requires all coaches to maintain current first aid and cardiopulmonary resuscitation (CPR). In addition to cardio-pulmonary resuscitation and recue breathing CPR courses include signs, symptoms and prevention of heart attacks, causes of heart disease, breathing emergencies such as choking and the proper method for obtaining medical treatment for a student in distress. Also, many courses now include training in the use of an AED machine. Additionally, non-teacher coaches by statute must take a 45 clock hour course which includes 15 hours of instruction on the medical aspects of interscholastic coaching. During those 15 hours our course covers sudden cardiac arrest in great detail. Furthermore, this law places the onus for implementation and notification on the coach rather than the school district that has many more resources to deal with these requirements. This will cause coaches to leave the profession where there is already a shortage of qualified individuals. Because state laws already exist that require coaches to have extensive ongoing education and continual first aid & CPR training the portions of this law that place additional requirements on coaches would create an unnecessary burden for coaches thus causing some to leave the profession and deter any newcomers
Sincerely,

Robert Paskiewicz
Athletic Director
East Granby High School

Testimony for HB 5113 and SB 229

Dear Legislator,

My name is John Niski and represent the athletic coaches parents and athletes in the community of Shelton

I am writing to express my concern for HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS. Connecticut already has the most stringent coaching permit and coaching education requirements in the country. We offer the most extensive concussion education course required for coaches in the country. The Connecticut course covers the signs and symptoms of concussions and the chemical occurrence that happens in the brain during the concussed state, it covers other brain injuries such as brain bleeds and skull fractures, scalp and neck injuries. It also trains the coach in an extensive "return to play protocol" which is annually reviewed with all coaches. The current concussion law, the extensive coaching education requirements and the recent actions and mandates put out by the CIAC requiring concussion education for parents & students and limiting contact in football practice far exceeds what is being done in other states and is more than adequately serving and insuring the safety of our student-athletes in the state of Connecticut.

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Additionally, I have already been involved personally with the training of many of the Youth Coaches in Shelton including Youth Football, Cheerleading, & Soccer. Due to the incredible turnover of Youth Coaches, it would be an insurmountable task to continuously train the Coaches, Parents, Athletes, and Officials. This is an unreasonable request.

I would be happy to meet with or speak with any Legislator regarding this issue at any time. Please feel free to contact me with questions or concerns.

Sincerely,

John Niski
Director of Athletics
Shelton Public Schools
120 Meadow Street
Shelton, CT 06484
203-922-3014 x1940

Testimony for HB 5513 and SB 229

Dear Legislator,

My name is Robert Hale and I am principal of Westbrook High School I also serve as chair of the CIAC Board of Control which oversees and regulates High School Athletics in Connecticut.

I am wring to express my concern for HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS. This bill would unnecessarily increase requirements on school athletic programs where there are already safeguards in place. We are already very concerned and committed to reducing and appropriately addressing concussions among our student athletes as well as many concussions that occur for our nonathlete students The additional reporting burden that the bill calls for is unnecessary and inappropriate. Each school is best suited to determine its own communication protocol and who is the best person to handle that. The CIAC Board of Control recently increased the requirement on schools to provide annual parent and student education (where previously this was a requirement but not on an annual basis) In addition:

- Connecticut already has the most stringent coaching permit and coaching education requirements in the country
- We offer the most extensive concussion education course required for coaches in the country. The Connecticut course covers the signs and symptoms of concussions and the chemical occurrence that happens in the brain during the concussed state, it covers other brain injuries such as brain bleeds and skull fractures, scalp and neck injuries. It also trains the coach in an extensive "return to play protocol" which is annually reviewed with all coaches.
- The current concussion law, the extensive coaching education requirements and the recent actions and mandates put out by the CIAC requiring concussion education for parents & students and limiting contact in football practice far exceeds what is being done in other states and is more than adequately serving and insuring the safety of our student-athletes in the state of Connecticut.

I also have concerns with SB 229- AN ACT CONCERNING SUDDEN CARDIAC ARREST PREVENTION. The current coaching law requires all coaches to maintain current first aid and cardiopulmonary resuscitation (CPR). In addition to cardio-pulmonary resuscitation and recue breathing CPR courses include signs, symptoms and prevention of heart attacks, causes of heart disease, breathing emergencies such as choking and the proper method for obtaining medical treatment for a student in distress. Also, all of our coaching recertification includes training in the use of an AED

Additionally, non-teacher coaches by statute must take a 45 hour course which includes 15 hours of instruction on the medical aspects of interscholastic coaching. During those 15 hours our course covers sudden cardiac arrest in great detail. Furthermore, this law places the onus for implementation and notification on the coach rather than the school district that has many more resources to deal with these requirements.

Because state laws already exist that require coaches to have extensive ongoing education and continual first aid & CPR training the portions of this law that place additional requirements on coaches and schools would create an unnecessary additional burden with little benefit, if any, to our students.

Thank you for your consideration.

Sincerely,

Robert Hale, Principal
Westbrook High School
156 McVeagh Road
Westbrook CT 06498
(860) 399-6214

Testimony for HB 5113 and SB 229

Dear Legislator,

My name is Carl Charles and I represent the athletic coaches parents and athletes in the community of Ridgefield.
I am writing to express my concern for HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS. Connecticut already has the most stringent coaching permit and coaching education requirements in the country. We offer the most extensive concussion education course required for coaches in the country. The Connecticut course covers the signs and symptoms of concussions and the chemical occurrence that happens in the brain during the concussed state, it covers other brain injuries such as brain bleeds and skull fractures, scalp and neck injuries. It also trains the coach in an extensive "return to play protocol" which is annually reviewed with all coaches. The current concussion law, the extensive coaching education requirements and the recent actions and mandates put out by the CIAC requiring concussion education for parents & students and limiting contact in football practice far exceeds what is being done in other states and is more than adequately serving and insuring the safety of our student-athletes in the state of Connecticut.

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Sincerely,

Carl Charles

Carl Charles
Director of Athletics
Ridgefield High School
PH· (203) 894-5750 x11010
FX. (203) 431-2820

Testimony for HB 5113 and SB 229

Dear Legislator,

My name is Brent Hawkins and I represent the athletic coaches, parents and athletes in the community of Litchfield, as the Parks and Recreation Director as well as the Head Coach for Boys and Girls Cross Country and Track and Field.

I am writing to express my concern for HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS. Connecticut already has the most stringent coaching permit and coaching education requirements in the country. We offer the most extensive concussion education course required for coaches in the country. The Connecticut course covers the signs and symptoms of concussions and the chemical occurrence that happens in the brain during the concussed state, it covers other brain injuries such as brain bleeds and skull fractures, scalp and neck injuries. It also trains the coach in an extensive "return to play protocol" which is annually reviewed with all coaches. The current concussion law, the extensive coaching education requirements and the recent actions and mandates put out by the CIAC requiring concussion education for parents & students and limiting contact in football practice far exceeds what is being done in other states and is more than adequately serving and insuring the safety of our student-athletes in the state of Connecticut.

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Sincerely,

J. Brent Hawkins,
Litchfield Park and Rec, Director
Litchfield High School Cross Country & Track Head Coach

Testimony for HB 5113 and SB 229

Dear Legislator,

My name is Jeff Belanger and represent the athletic coaches parents and athletes in the community of Windham and the surrounding communities that attend Windham technical High School..

I am wring to express my concern for HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS. Connecticut already has the most stringent coaching permit and coaching education requirements in the country. We offer the most extensive concussion education course required for coaches in the country. The Connecticut course covers the signs and symptoms of concussions and the chemical occurrence that happens in the brain during the concussed state, it covers other brain injuries such as brain bleeds and skull fractures, scalp and neck injuries. It also trains the coach in an extensive "return to play protocol" which is annually reviewed with all coaches. The current concussion law, the extensive coaching education requirements and the recent actions and mandates put out by the CIAC requiring concussion education for parents & students and limiting contact in football practice far exceeds what is being done in other states and is more than adequately serving and insuring the safety of our student-athletes in the state of Connecticut.

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Sincerely,

Jeffrey Belanger, CAA, MS
Physical Education Instructor
Athletic Director
Head Boys Basketball Coach
Windham Technical High School
210 Birch St. Willimantic, CT 06226

Testimony for HB 5113 & SB 229

Dear Legislator,

My name is Kevin Burke and I represent the athletic coaches' parents and athletes in the community of Colchester.
I am writing to express my concern for HB 5113-AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS. Connecticut already has the most stringent coaching permit and coaching education requirements in the country. We offer the most extensive concussion education course required for coaches in the country. The Connecticut course covers the signs and symptoms of concussions and the chemical occurrence that happens in the brain during the concussed state, it covers other brain injuries such as brain bleeds and skull fractures, scalp and neck injuries. It also trains the coach in an extensive "return to play protocol" which is annually reviewed with all coaches. The current concussion law, the extensive coaching education requirements and the recent actions and mandates put out by the CIAC requiring concussion education for parents & students and limiting contact in football practice far exceeds what is being done in other states and is more than adequately serving and insuring the safety of our student-athletes in the state of Connecticut.

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Sincerely,

Kevin Burke

Kevin Burke
Athletic Director
Bacon Academy
611 Norwich Ave.
Colchester, CT 06415
860-537-2378 ext 1336

Testimony for HB 5113 & SB 229

Dear Legislator,

My name is Paula Fitzgerald and represent the athletic coaches parents and athletes in the community of Westbrook.
I am wring to express my concern for HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS. Connecticut already has the most stringent coaching permit and coaching education requirements in the country. We offer the most extensive concussion education course required for coaches in the country. The Connecticut course covers the signs and symptoms of concussions and the chemical occurrence that happens in the brain during the concussed state, it covers other brain injuries such as brain bleeds and skull fractures, scalp and neck injuries. It also trains the coach in an extensive "return to play protocol" which is annually reviewed with all coaches. The current concussion law, the extensive coaching education requirements and the recent actions and mandates put out by the CIAC requiring concussion education for parents & students and limiting contact in football practice far exceeds what is being done in other states and is more than adequately serving and insuring t
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Sincerely,

Paula Fitzgerald, CAA

Testimony for HB 5113 & SB 229

Dear Legislator,
My name is Paul Mengold and represent the athletic coaches parents and athletes in the community of Bethany, Orange, and Woodbridge.
I am wring to express my concern for HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS. Connecticut already has the most stringent coaching permit and coaching education requirements in the country. We offer the most extensive concussion education course required for coaches in the country. The Connecticut course covers the signs and symptoms of concussions and the chemical occurrence that happens in the brain during the concussed state, it covers other brain injuries such as brain bleeds and skull fractures, scalp and neck injuries. It also trains the coach in an extensive "return to play protocol" which is annually reviewed with all coaches. The current concussion law, the extensive coaching education requirements and the recent actions and mandates put out by the CIAC requiring concussion education for parents & students and limiting contact in football practice far exceeds what is being done in other states and is more than adequately serving and insuring t he safety of our student-athletes in the state of Connecticut.
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Sincerely,

Paul D. Mengold

Paul D. Mengold, C.A.A.
Director of Athletics
Amity Regional School District #5
25 Newton Road
Woodbridge, CT 06525
203-397-4839

Testimony for HB 5113 and SB 229

Dear Legislator,

My name is Allen Tramuta and represent the athletic coaches parents and athletes in the community of Waterbury.

I am wring to express my concern for HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS. Connecticut already has the most stringent coaching permit and coaching education requirements in the country. We offer the most extensive concussion education course required for coaches in the country. The Connecticut course covers the signs and symptoms of concussions and the chemical occurrence that happens in the brain during the concussed state, it covers other brain injuries such as brain bleeds and skull fractures, scalp and neck injuries. It also trains the coach in an extensive "return to play protocol" which is annually reviewed with all coaches. The current concussion law, the extensive coaching education requirements and the recent actions and mandates put out by the CIAC requiring concussion education for parents & students and limiting contact in football practice far exceeds what is being done in other states and is more than adequately serving and insuring t he safety of our student-athletes in the state of Connecticut.

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Sincerely,

Testimony for HB 5113 and SB 229

My name is ___Ricky Narracci__ and represent the athletic coaches parents and athletes in the community of ____East Haven, CT__

I am wring to express my concern for HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS. Connecticut already has the most stringent coaching permit and coaching education requirements in the country. We offer the most extensive concussion education course required for coaches in the country The Connecticut course covers the signs and symptoms of concussions and the chemical occurrence that happens in the brain during the concussed state, it covers other brain injuries such as brain bleeds and skull fractures, scalp and neck injuries. It also trains the coach in an extensive "return to play protocol" which is annually reviewed with all coaches The current concussion law, the extensive coaching education requirements and the recent actions and mandates put out by the CIAC requiring concussion education for parents & students and limiting contact in football practice far exceeds what is being done in other states and is more than adequately serving and insuring t
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Sincerely,

Ricky Narracci
Athletic Director
East Haven High School

Testimony for HB 5113 and SB 229

Dear Legislator,

My name is Dan Mathieu and represent the athletic coaches parents and athletes in the community of Torrington.

I am wring to express my concern for HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS. Connecticut already has the most stringent coaching permit and coaching education requirements in the country. We offer the most extensive concussion education course required for coaches in the country. The Connecticut course covers the signs and symptoms of concussions and the chemical occurrence that happens in the brain during the concussed state, it covers other brain injuries such as brain bleeds and skull fractures, scalp and neck injuries. It also trains the coach in an extensive "return to play protocol" which is annually reviewed with all coaches. The current concussion law, the extensive coaching education requirements and the recent actions and mandates put out by the CIAC requiring concussion education for parents & students and limiting contact in football practice far exceeds what is being done in other states and is more than adequately serving and insuring t he safety of our student-athletes in the state of Connecticut.

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Sincerely,
Dan Mathieu

Testimony for HB 5113 and SB 229

Dear Legislator,
My name is Anne MacNeil and represent the athletic coaches, parents and athletes in the community of Region One (North Canaan, Salisbury, Lakeville, Sharon, Kent, Cornwall and Falls Village).

I am wring to express my concern for HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS. Connecticut already has the most stringent coaching permit and coaching education requirements in the country. We offer the most extensive concussion education course required for coaches in the country. The Connecticut course covers the signs and symptoms of concussions and the chemical occurrence that happens in the brain during the concussed state, it covers other brain injuries such as brain bleeds and skull fractures, scalp and neck injuries. It also trains the coach in an extensive "return to play protocol" which is annually reviewed with all coaches. The current concussion law, the extensive coaching education requirements and the recent actions and mandates put out by the CIAC requiring concussion education for parents & students and limiting contact in football practice far exceeds what is being done in other states and is more than adequately serving and insuring the safety of our student-athletes in the state of Connecticut.

I also have concerns with SB 229- AN ACT CONCERNING SUDDEN CARDIAC ARREST PREVENTION. The current coaching law requires all coaches to maintain current first aid and cardiopulmonary resuscitation (CPR). In addition to cardio-pulmonary resuscitation and recue breathing CPR courses include signs, symptoms and prevention of heart attacks, causes of heart disease, breathing emergencies such as choking and the proper method for obtaining medical treatment for a student in distress. Also, many courses now include training in the use of an AED machine. Additionally, non-teacher coaches by statute must take a 45 clock hour course which includes 15 hours of instruction on the medical aspects of interscholastic coaching. During those 15 hours our course covers sudden cardiac arrest in great detail. Furthermore, this law places the onus for implementation and notification on the coach rather than the school district that has many more resources to deal with these requirements. This will cause coaches to leave the profession where there is already a shortage of qualified individuals. Because state laws already exist that require coaches to have extensive ongoing education and continual first aid & CPR training the portions of this law that place additional requirements on coaches would create an unnecessary burden for coaches thus causing some to leave the profession and deter any newcomers
Sincerely,

Anne Macneil, ATC, LAT
Athletic Director/Middle School Athletic Coordinator
Housatonic Valley Regional High School
246 Warren Turnpike
Falls Village, CT 06031
amacneil@hvrhs.org
860.824.5123 ext 164
860.248.9570

Testimony for HB 5113 and SB 229

Dear Legislator,

My name is Craig Knop and I represent the athletic coaches, parents, and athletes in the community of Greenwich, CT

I am wring to express my concern for HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS. Connecticut already has the most stringent coaching permit and coaching education requirements in the country We offer the most extensive concussion education course required for coaches in the country The Connecticut course covers the signs and symptoms of concussions and the chemical occurrence that happens in the brain during the concussed state, it covers other brain injuries such as brain bleeds and skull fractures, scalp and neck injuries It also trains the coach in an extensive "return to play protocol" which is annually reviewed with all coaches The current concussion law, the extensive coaching education requirements and the recent actions and mandates put out by the CIAC requiring concussion education for parents & students and limiting contact in football practice far exceeds what is being done in other states and is more than adequately serving and insuring the safety of our student-athletes in the state of Connecticut.

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Sincerely,

Craig Knop

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Craig Knop
Eastern Middle School
Physical Education Teacher Grades 6-8
Boy's A Soccer Coach
Boy's B Basketball Coach
Intramural Supervisor

TESTIMONY & CONCERNS WITH HB 5113 and SB 229

Dear Legislator,

My name is David Dennehy I and represent the athletic coaches, parents, and athletes in the communities that surround & service St Paul Catholic High School in Bristol. I am also a youth coach in the Harwinton community (HYSA Organization)

I am writing to express my concern for HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS. Connecticut already has the most stringent coaching permit and coaching education requirements in the country We offer the most extensive concussion education course required for coaches in the country. The Connecticut course covers the signs and symptoms of concussions and the chemical occurrence that happens in the brain during the concussed state, it covers other brain injuries such as brain bleeds and skull fractures, scalp and neck injuries. It also trains the coach in an extensive "return to play protocol" which is annually reviewed with all coaches The current concussion law, the extensive coaching education requirements and the recent actions and mandates put out by the CIAC requiring concussion education for parents & students and limiting contact in football practice far exceeds what is being done in other states and is more than adequately serving and insuring the safety of our student-athletes in the state of Connecticut.

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Sincerely,

David Dennehy
St Paul Catholic H S Athletic Director

Testimony for HB 5113 and SB 229

Dear Legislator(s),
My name is Steve Trifone and I am the Athletic Director for Cheshire public schools.

I am wring to express my concern for HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS. Connecticut already has the most stringent coaching permit and coaching education requirements in the country. We offer the most extensive concussion education course required for coaches in the country. The Connecticut course covers the signs and symptoms of concussions and the chemical occurrence that happens in the brain during the concussed state, it covers other brain injuries such as brain bleeds and skull fractures, scalp and neck injuries. It also trains the coach in an extensive "return to play protocol" which is annually reviewed with all coaches. The current concussion law, the extensive coaching education requirements and the recent actions and mandates put out by the CIAC requiring concussion education for parents & students and limiting contact in football practice far exceeds what is being done in other states and is more than adequately serving and insuring t he safety of our student-athletes in the state of Connecticut.

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Steve Trifone
Cheshire High School
Director of Athletics
Department Leader- Applied Technology
203-250-2552

Testimony for HB 5113 and SB 229

Dear Legislator,

My name is Stephen Baldwin and represent the athletic coaches parents and athletes in the community of Waterbury at Wilby High School.

I am wring to express my concern for HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS. Connecticut already has the most stringent coaching permit and coaching education requirements in the country. We offer the most extensive concussion education course required for coaches in the country. The Connecticut course covers the signs and symptoms of concussions and the chemical occurrence that happens in the brain during the concussed state, it covers other brain injuries such as brain bleeds and skull fractures, scalp and neck injuries. It also trains the coach in an extensive "return to play protocol" which is annually reviewed with all coaches. The current concussion law, the extensive coaching education requirements and the recent actions and mandates put out by the CIAC requiring concussion education for parents & students and limiting contact in football practice far exceeds what is being done in other states and is more than adequately serving and insuring the safety of our student-athletes in the state of Connecticut.

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Sincerely,

Stephen Baldwin

Testimony for HB 5113 and SB 229

Dear Legislators,

My name is Bill Buscetto and I represent the athletic coaches, parents and athletes in the communities of Lyme and Old Lyme.
I am wring to express my concern for HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS. Connecticut already has the most stringent coaching permit and coaching education requirements in the country We offer the most extensive concussion education course required for coaches in the country. The Connecticut course covers the signs and symptoms of concussions and the chemical occurrence that happens in the brain during the concussed state, it covers other brain injuries such as brain bleeds and skull fractures, scalp and neck injuries. It also trains the coach in an extensive "return to play protocol" which is annually reviewed with all coaches The current concussion law, the extensive coaching education requirements and the recent actions and mandates put out by the CIAC requiring concussion education for parents & students and limiting contact in football practice far exceeds what is being done in other states and is more than adequately serving and insuring t he safety of our student-athletes in the state of Connecticut.
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Sincerely,

Bill Buscetto

Bill Buscetto, CMAA
Athletic Director
Lyme-Old Lyme Public Schools

Testimony for HB 5113 and SB 229

Dear Legislator,

My name is Newell Porch, Athletic Director at Avon High School and I represent the athletic coaches parents and athletes in the community of Avon
I am writing to express my concern for HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS. Connecticut already has the most stringent coaching permit and coaching education requirements in the country We offer the most extensive concussion education course required for coaches in the country. The Connecticut course covers the signs and symptoms of concussions and the chemical occurrence that happens in the brain during the concussed state, it covers other brain injuries such as brain bleeds and skull fractures, scalp and neck injuries It also trains the coach in an extensive "return to play protocol" which is annually reviewed with all coaches. The current concussion law, the extensive coaching education requirements and the recent actions and mandates put out by the CIAC requiring concussion education for parents & students and limiting contact in football practice far exceeds what is being done in other states and is more than adequately serving and insuring the safety of our student-athletes in the state of Connecticut.
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Thank you for understanding and appreciating the potential serious ramifications if these bills were passed and implemented.

Sincerely,

Newell

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Newell Porch
Athletic Coordinator
Avon High School
Avon, Ct. 06001

Testimony for HB 5113 and SB 229

Dear Legislator,
My name is Joe Velardi and represent the athletic coaches parents and athletes in the community of Middlebury and Southbury (Regional School District 15) I am a resident of Bethany
I am writing to express my concern for HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS. Connecticut already has the most stringent coaching permit and coaching education requirements in the country We offer the most extensive concussion education course required for coaches in the country The Connecticut course covers the signs and symptoms of concussions and the chemical occurrence that happens in the brain during the concussed state, it covers other brain injuries such as brain bleeds and skull fractures, scalp and neck injuries. It also trains the coach in an extensive "return to play protocol" which is annually reviewed with all coaches The current concussion law, the extensive coaching education requirements and the recent actions and mandates put out by the CIAC requiring concussion education for parents & students and limiting contact in football practice far exceeds what is being done in other states and is more than adequately serving and insuring t
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Sincerely,
Joe Velardi

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Joseph M. Velardi
Director of Health, Physical Education and Athletics
Pomperaug High School
Regional School District 15
234 Judd Rd.
Southbury, CT 06524
Phone: 203 262-3244
Fax: 203 262-0528

Testimony for HB 5113 & SB 229

Dear Legislator,
My name is Fred Williams and represent the athletic coaches parents and athletes in the community of Colebrook, Barkhamsted, New Hartford and Norfolk.

I am wring to express my concern for HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS. Connecticut already has the most stringent coaching permit and coaching education requirements in the country. We offer the most extensive concussion education course required for coaches in the country. The Connecticut course covers the signs and symptoms of concussions and the chemical occurrence that happens in the brain during the concussed state, it covers other brain injuries such as brain bleeds and skull fractures, scalp and neck injuries. It also trains the coach in an extensive "return to play protocol" which is annually reviewed with all coaches. The current concussion law, the extensive coaching education requirements and the recent actions and mandates put out by the CIAC requiring concussion education for parents & students and limiting contact in football practice far exceeds what is being done in other states and is more than adequately serving and insuring t he safety of our student-athletes in the state of Connecticut.

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Sincerely,

Fred Williams
Athletic Director
Northwestern 379-8525 ext.2700

Testimony for HB 5113 & SB 229

Dear Legislator,
My name is Paul Soucy. I am a resident of Bristol and I represent the athletic coaches parents and athletes at E.C. Goodwin Technical High School in New Britain.

I am wring to express my concern for HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS. Connecticut already has the most stringent coaching permit and coaching education requirements in the country. We offer the most extensive concussion education course required for coaches in the country. The Connecticut course covers the signs and symptoms of concussions and the chemical occurrence that happens in the brain during the concussed state, it covers other brain injuries such as brain bleeds and skull fractures, scalp and neck injuries. It also trains the coach in an extensive "return to play protocol" which is annually reviewed with all coaches. The current concussion law, the extensive coaching education requirements and the recent actions and mandates put out by the CIAC requiring concussion education for parents & students and limiting contact in football practice far exceeds what is being done in other states and is more than adequately serving and insuring t he safety of our student-athletes in the state of Connecticut.

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Sincerely,

Paul Soucy
Athletic Director
E.C. Goodwin Technical High School

Testimony for HB 5113 & SB 229

Dear Legislator,

My name is Tracy Nichols and I represent the the athletic coaches, parents, and athletes at Trinity Catholic High School in Stamford. I am writing to express my concern for HB 5113-AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS. Connecticut already has the most stringent coaching permit and coaching education requirements in the country. We offer the most extensive concussion education course required for coaches in the country. The Connecticut course covers the signs and symptoms of concussions and the chemical occurrence that happens in the brain during the concussed state, it covers other brain injuries such as brain bleeds and skull fractures, as well as scalp and neck injuries. It also trains the coach in an extensive "return to play protocol" which is annually reviewed with all coaches. The current concussion law, the extensive coaching education requirements, and the recent actions and mandates put out by the CIAC requiring concussion education for parents & students and limiting contact in football practice, far exceeds what is being done in other states and is more than adequately serving and insuring the safety of our student-athletes in the state of Connecticut.

I also have concerns with SB 229-AN ACT CONCERNING SUDDEN CARDIAC ARREST PREVENTION. The current coaching law requires all coaches to maintain current first aid and cardiopulmonary resuscitation (CPR) certification. In addition to cardio-pulmonary resuscitation and rescue breathing, CPR courses include signs, symptoms and prevention of heart attacks, causes of heart diseases, breathing emergencies such as choking, and the proper method for obtaining medical treatment for a student in distress. Also, many courses now include training in the use of an AED machine. Additionally, non-teacher coaches by statute must take a 45 hour clock hour course which includes 15 hours of instruction on the medical aspects of interscholastic coaching. During those 15 hours the course covers sudden cardiac arrest in great detail. Furthermore, this proposed law places the onus for implementation and notification on the coach rather than the school district which has many more resources to deal with these requirements. This will cause coaches to leave the profession where there is already a shortage of qualified individuals. Because state laws already exist that require coaches to have extensive ongoing education and continual First Aid & CPR training, the portions of this law that place additional requirements on coaches would create an unnecessary burden for coaches thus causing some to leave the profession and deter any newcomers.

Sincerely,

Tracy Nichols
Director of Athletics
Trinity Catholic High School

Testimony for HB 5113 & SB 229

Dear Legislator,

My name is Jim Buonocore and I represent the athletic coaches, parents, and athletes in the community of Ledyard.

I am writing to express my concern for HB 5113- AN ACT CONCERNING YOUTH ATHLETICS AND CONCUSSIONS. Connecticut already has the most stringent coaching permit and coaching education requirements in the country. We offer the most extensive concussion education course required for coaches in the country. The Connecticut course covers the signs and symptoms of concussions and the chemical occurrence that happens in the brain during the concussed state, it covers other brain injuries such as brain bleeds and skull fractures, scalp and neck injuries. It also trains the coach in an extensive "return to play protocol" which is annually reviewed with all coaches. The current concussion law, the extensive coaching education requirements and the recent actions and mandates put out by the CIAC requiring concussion education for parents & students and limiting contact in football practice far exceeds what is being done in other states and is more than adequately serving and insuring the safety of our student-athletes in the state of Connecticut.

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Sincerely,

Jim Buonocore
Athletic Director/Head Football Coach
Ledyard High School
(O) 860.464.9600 ext 6123
(C) 860.235.6107

Testimony for HB 5113 & SB 229

Laura:

I am contacting you regarding House Bill 5113 (An Act Concerning Youth Athletics and Concussions). After carefully reading and discussing its content with colleagues, I have some very serious concerns and issues regarding House Bill 5113.

I have also read proposed House Bill 229 - An Act Concerning Sudden Cardiac Arrest Prevention. I have many of the same concerns and issues with this bill as well. All secondary school coaches are already currently trained - by law - in First Aid, CPR and AED use which includes emergency management protocols in a sudden cardiac arrest situation. Plus all schools already have an emergency management protocol and emergency action plan in place.

In my thirty-three years as a high school athletic administrator, one thing I know and state with tremendous pride is that the CIAC, the Connecticut Association of Athletic Directors, and the Connecticut High School Coaches Association have been and continue to be at the forefront and cutting edge when it comes to training, mentoring and educating coaches. And these organizations have been and continue to be at the forefront in adopting rules, regulations and guidelines that maximize safety for all athletes in all sports. Connecticut has the most stringent coaching permit requirements in the country. All coaches are required to complete a comprehensive concussion education course. The "Return To Play" after a concussion protocols we follow are both law and written by doctors. We currently provide concussion management education to our parents and student-athletes via pre-season meetings. The CIAC Football Committee recently passed rules limiting live and full contact in football practice. In summary, the current coaching education courses and modules being offered, the rules that we are governed under by the NFHS and CIAC, and the sports committees and agencies currently regulating high school sports are doing an excellent job of maximizing safety for all of our student-athletes.

I would be more than happy to discuss these proposed bills with you point by point if the opportunity arises. Please do not hesitate to contact me if I can answer any questions.

Thank you for your time and attention to this very important matter.

Dave Johnson
Athletic Director
Bunnell High School
1 Bulldog Blvd.
Stratford, CT 06614
johnsond@stratfordk12.org
203-906-4831 (cell)
203-385-4260 (office)

COMMITTEE ON CHILDREN

February 27, 2014

The Connecticut Conference of Municipalities (CCM) is Connecticut's statewide association of towns and cities and the voice of local government - your partners in governing Connecticut. Our members represent over 92% of Connecticut's population. We appreciate the opportunity to testify on bills of interest to towns and cities.

SB 229, "An Act Concerning Sudden Cardiac Arrest Prevention"
HB 5113, "An Act Concerning Youth Athletics and Concussions"

SB 229 would, among other things, mandate individuals with coaching permits complete training courses regarding sudden cardiac events.

HB 5113 would, among other things, mandate individuals with coaching permits implement a concussion education plan, developed by the State, and would prohibit student athletes from participating in intramural or interscholastic athletic activity unless student athletes, and parents, have completed such education plan.

CCM appreciates the intent of these proposals and shares the common goal of ensuring the safety of our students remains a top priority. However, absent state assistance in implementing these proposals, CCM has concern regarding municipalities having to comply with education plans that have yet to be written.

CCM looks forward to working with the Committee and urges the Committee to **obtain a detailed fiscal analysis on the impact these proposals would have on towns and cities**.

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If you have any questions, please contact Chelsey Worth, Legislative Associate, at cworth@ccm-ct.org or (203) 470-5214.