

MINUTES OF THE HOUSE EDUCATION COMMITTEE

The meeting was called to order by Chairman Clay Aurand at 9:00 a.m. March 11, 2011, 2011, in Room 784 of the Docking State Office Building.

All members were present.

Committee staff present:

Sharon Wenger, Kansas Legislative Research Department
Reagan Cussimano, Kansas Legislative Research Department
Eunice C. Peters, Kansas Revisor of Statutes
Norm Furse, Kansas Revisor of Statutes
Jason Long, Kansas Revisor of Statutes
Dale Dennis, Deputy Commissioner, Kansas State Department of Education
Jan Johnston, Committee Assistant

Conferees appearing before the Committee:

Representative Barbara Bollier
Sen. Mike Petersen
Dan Morin, Kansas Medical Society
Arvel McElroy, Swimming Coach
David Carr, Kansas Athletic Trainers Society
Dr. Kendall Payne, Doctor of Chiropractic
Dr. Steven Gould, Board Certified Chiropractic Radiologist
Gary Musselman, Executive Director of Kansas State High School Athletic Association
Gary Stevanus, Baldwin High School
Lori Boyajian-O'Neill, Brian Injury Association of Kansas
Annette McDonald, Lawrence Free State High School Swim Coach

Written Testimony:

Ken Thiessen, Principal of East High School, Wichita
Callie Denton, Kansas Association for Justice
Darlene Whitlock, Safe Kids of Kansas

Others attending, see attached sheet.

SB 33 - School sports head injury prevention

Chairman Aurand opened the hearing on **SB 33**.

Eunice Peters, Office of the Revisor of Statutes, explained to the committee **SB 33**.

Chairman Aurand explained to the committee that we would hear testimony and then have questions and answers.

Representative Barbara Bollier, spoke to the committee as a proponent on **SB 33**. When I first became aware of the School Sports Head Injury Prevention Act, I contacted Senator Vicki Schmidt to understand why a law was needed for this. Certainly the rules from KSHSAA were adequate and being followed. Unfortunately, that was not the case, and it appears that it is going to require a law to enforce the head injury prevention measures listed in **SB 33**. (Attachment 1)

Senator Mike Petersen, spoke to the committee as a proponent on **SB 33**. Contrary to the many e-mails we have been receiving the **SB 33** amendment is only for high school swimmers and divers. Currently, a student athlete participating on a high school swimming or diving team may not participate in practices with local USA swimming and diving teams. However, they may practice if they can afford a private coach. This bill would change the practice situation only. The bill requires that the swimmer/diver athlete attend all of the practices of the high school team, as required by the high school coach. In addition the student athlete would have to meet the academic requirements for participation. After meeting these, the student athlete would be allowed to participate in practices only with their "club" swimming team. (Attachment 2)

CONTINUATION SHEET

Minutes of the House Education Committee at 9:30 a.m. On March 11, 2011, in Room 784 of the Docking State Office Building.

W. David Carr, Governmental Affairs Representative, spoke to the committee as a proponent on **SB 33**. The purpose of this letter is to outline my support for the proposed legislation. The short term and long term effects of concussions have become more evident and much more publicized in recent years. Research in this area is advancing at a very rapid pace and increased emphasis is being placed on conservative approaches to treatment of concussions. Even with this more conservation approach, additional safeguards need to be developed to ensure the safety of the children in the state of Kansas. Attachment 3)

Dr. Kendall Payne, Doctor of Chiropractic, spoke to the committee as a proponent of **SB 33**. **SB 33** dealing with the sporting injuries and more specifically dealing with concussions. I am a doctor of Chiropractic that treats thousands of student athletes each year playing any and all sports from the pee wee football leagues through high school and into college. While I completely understand the original intent of **SB 33** to protect our children and make sure they all are physically fit to participate in athletics, I believe that the amendment to this bill stating that only an MD or DO is allowed to release a child back to participation after suffering from a head injury is an over-reaction and unwarranted. Originally the bill said that any healthcare practitioner of the Kansas Board of Healing Arts would be able to release kids that have suffered from a head injury. (Attachment 4)

Dr. Steven Gould, Board Certified Chiropractic Radiologist, spoke to the committee as a proponent to **SB 33**. I graduated from Cleveland Chiropractic college in 1989 and completed a three year radiology residency in 1992. I have been in active practice in and around Wichita, Kansas since then. My current practice involves work as a radiologist/consultant, interpreting x-rays, MRI, CT, and musculoskeletal ultrasound studies for referring chiropractors. I provide post-graduate education seminars for chiropractors, covering topics in diagnostic imaging. I also have an active patient practice, in which I see patients in my clinic. I have written contracts with two schools districts, Cheney USD 286 and Garden Plain USD 267 to provide sports injury care. I have been providing care in this manner for nearly five years and for several years prior to having a written contract. (Attachment 5)

Gary Stevanus, Baldwin High School, spoke to the committee as a proponent of **SB 33**. I would like to voice my support for **SB 33**. I applaud the legislature's effort in helping ensure that student-athletes that suffer a head injury while participating in interscholastic athletics are provided with appropriate medical care. This legislation falls in line with recommendations made by the National Athletic Trainers' Association and closely echoes policies and procedures put in place by the Kansas State High School Activities Association. (Attachment 6)

Dan Morin, Director of Government Affairs, spoke to the committee as a proponent on **SB 33**. According to the American Academy of Pediatrics, sports related concussions are considered under reported. Football has the highest incidence of concussion but girls have higher concussion rates than boys do when playing similar sports. A national report released last May from the Government Accountability Office showed girls in all sports are more at risk and have a longer recovery period than boys, primarily because of their less-muscular necks. In addition to the frequency of head injuries suffered by scholastic athletes, a 2009 study found that as many as 40 percent of high school athletes who have had concussions return to competition or practice when they may not be fully recovered as reported by the American Medical Association. (Attachment 7)

Lori A. Boyajian-O'Neill, Board for Brain Injury Association of Kansas, spoke to the committee as a proponent on **SB 33**. As a sports medicine physician I have had the privilege of caring for athletes of all ages and levels. I have seen first hand the consequences of mild traumatic brain injury concussion. This bill seeks to protect school athletes who exhibit any signs, symptoms or behaviors of MTBI/concussion from sustaining more serious brain injury by returning to play before it is safe to do so. Similar laws have, to date, been passed by eleven states. (Attachment 8)

Gary Musselman, Executive Director, Kansas State High School Activities Association, spoke to the committee as an opponent on **SB 33**. The Kansas State High School Activities Association and its 769 member middle/junior and senior high schools oppose the amended version of **SB 33** as it now exists. (Attachment 9)

Annette McDonald, Lawrence Free State High School, spoke to the committee as an opponent on

CONTINUATION SHEET

Minutes of the House Education Committee at 9:30 a.m. On March 11, 2011, in Room 784 of the Docking State Office Building.

SB 33. Since I have been a swim and dive coach in Kansas, the issue of dual participation has never been presented to the KSHSAA for review and a proposal to that end has never been presented by the Kansas High School Swim Coaches Association to KSHSAA, which is who should address this issue not the Kansas State government.

The fear of the coaches that I have corresponded with is that the “reasonable and ordinary requirements” are that the swimmer or diver practices with their club and shows up for their high school meets. Is this happening in dual participation programs in other states? Yes, I experienced it. I coached in Louisiana with dual participation. My better swimmers did not like that they were required to attend practice with their high school team and they expected to swim events they or their club coach chose regardless of the high school team needs. Prior to my position as head coach, club swimmers just showed up to high school meets. (Attachment 10)

Arvel McElroy, Swimming Coach, spoke to the committee as an opponent on **SB 33**. I want to commend the Legislature for recognizing the important of education in the prevention and treatment of head injuries. This is a nation wide concern. The National Federation of High Schools has also recognized this need and has developed a free online course for coaches entitled Concussion in Sports – What you need to Know. (Attachment 11)

Callie Jill Denton, Director of Public Policy, Kansas Association for Justice, provided written testimony to the committee as a Neutral, on **SB 33**. KSAJ members support the policy of increasing the awareness of coaches, trainers, educators, and parents about concussion and concussion management. As parents and grandparents, aunts and uncles, KSAJ members cheer their Kansas high school athletes to victory. Several KSAJ members coach youth sports and are active with their children in league and recreational club sports. (Attachment 12)

Darlene Whitlock, Board of Directors, Safe Kids of Kansas, provided written testimony to the committee as a proponent on **SB 33**. Concussions are one of the most common reported injuries in youth sports. A concussion is a type of traumatic brain injury, or TBI, caused by a bump, blow, or jolt to the head that can change the way your brain normally works. Concussions can also occur from a fall or a blow to the body that cause the head and brain to move quickly back and forth. (Attachment 13)

Dr. Bart Grelinger, Medical Society of Sedgwick County, provided written testimony to the committee on **SB 33**. The brain is the jewel of our anatomy. It is the hard drive and software that holds all our hopes, dreams, desires and potential, making us each truly unique. The human brain is about 4 pounds of tissue with around 100 billion nerve cells all communicating from 10 to 100 times a second.

SB 33 is an important step toward protecting the delicate brains of the thousands of young children and adults who are competing in organized sports in Kansas. The bill essentially establishes conditions under which student athletes are removed and returned to competition. (Attachment 14)

A question and answer session followed the testimony.

Chairman Aurand closed the hearing on **SB 33**.

The meeting was adjourned at 11:00 a.m. The next meeting will be March 15, 2011.

HOUSE EDUCATION COMMITTEE

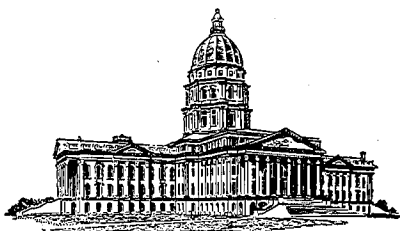
GUEST LIST

DATE: 3/10/11

NAME	REPRESENTING
Annette McDonald	Lawrence Free State HS.
Kent McDonald	Lawrence High School
JEFF Gustin	Royal Valley Schools
LORI A BOYATIAN-OWELL	BRAIN INJURY ASSOCIATION / ACSM
Betsy Johnson	Brain Injury Association of Kansas
Gary Muszelman	Ks. State High School Ad. Assn
Brent Unruh, ATC	"
John Kriefhaber	Ks. Chiropractic Association
MIKE PETERSEN	26 SE 4th
W. David Carr	Kansas Athletic Trainers Society
Kentall Rogers	KS Chiro Assoc.
Travis Alper	Ks. Chiropractic Association
Gary Stevann	Baldwin High School
Sherron Alper	KASB
Tom KREBS	KASB
Marissa Wain	hein law firm
Daina Hodges	KDHE
TED HECKUP	Q.S.
Arrel McElroy	Miss A
Jennifer Orlew	KSN

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BARBARA BOLLIER
25TH DISTRICT

SB33 Testimony

March 11, 2011

Thank you, Chairman Aurand and the rest of the committee, for allowing me to testify this morning as a proponent of SB33.

When I first became aware of the School Sports Head Injury Prevention Act, I contacted Senator Vicki Schmidt to understand why a law was needed for this.

Certainly the rules from KSHSAA were adequate and being followed.

Unfortunately, that was not the case, and it appears that it is going to require a law to enforce the head injury prevention measures listed in SB33.

Sports head injuries have become a significant threat to the safety and well-being of our students, and passage this law should reduce life-threatening situations from developing by requiring medical evaluation of the student and clearance back to practice or competition by a physician. My one concern with this bill is the exclusion of doctors of chiropractic as evaluators. I am hoping this is just an oversight and would support adding them into the language of the bill.

The second part of SB33 deals with parental rights. Over the years it has come to my attention that the parents of student-athletes are being denied their right to decide how their children utilize their time outside of school. A question might be, "Should KSHSAA be given the power to tell parents what diet your child should follow, when your child should go to bed, how much time your child should spend doing homework, etc.? If the answer is "no", why should KSHSAA have the authority to deny a child the opportunity to "be the best he or she can be" in the athletic realm. If my son has a passion for the clarinet and participates in the

House Education Committee
Date 3/11/11
Attachment# 1

marching band and concert band, he is still able to take clarinet lessons outside of school and practice with his church youth band. So why are the rules different for my son who has a passion for swimming? What right does KSHSAA have to tell me, the parent, what my child spends his time doing once he has left the school realm?

There seems to be some misunderstanding about what this bill is asking for. Two nights ago I visited with one of the superintendents in Johnson County. I was told that KSHSAA had sent out a memo explaining that the swimming part of the bill was about competition and would create conflict between a school coach and a club coach. With this information, the superintendent was vehemently opposed to this. But when I explained that this bill only addresses PRACTICE, he was intrigued. And putting it in the realm of parents rights helped him see why many concerned parents think that KSHSAA has overstepped their bounds when limiting practice for high school athletes.

Why pass both parts of this bill? Because both are needed changes to the status quo. You can argue that all sports should be included, and I personally would be amenable to adding that language to this bill. But I would also argue that many student-athletes already practice "extra" and that there are unique circumstances with swimming and diving. There are an extremely limited number of pools available to practice in and most are already reserved during the hours that a swimmer or diver might want to do extra practice. A basketball player can shoot in his/her driveway, go to a number of gyms, etc., a track participant can run anywhere, a football player can lift weights at home or play a pick-up game with the neighbors...swimmers and divers do not have that luxury; they need a pool!

Parents have rights over their children and KSHSAA should not be allowed to supersede those rights.

Thank you for listening and I will stand for any questions.

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SENATOR MIKE PETERSEN

SB 33

COMMITTEES
VICE CHAIR: UTILITIES
MEMBER: TRANSPORTATION
ETHICS & ELECTIONS
JOINT COMMITTEE ON
INFORMATION TECHNOLOGY

Mr. Chairman, members of the committee,

Contrary To the many e-mails we have been receiving the SB 33 amendment is ONLY for high school swimmers and divers. Currently, a student athlete participating on a high school swimming or diving team may not participate in practices with local USA swimming and diving teams. However they may practice if they can afford a private coach. This bill would change the PRACTICE situation only. The bill requires that the swimmer/diver athlete attend all of the practices of the high school team, as required by the high school coach. In addition the student athlete would have to meet the academic requirements for participation. After meeting these, the student athlete would be allowed to participate in PRACTICES ONLY with their "club" swimming team.

High school swimming does not offer the long distance events that some of these swimmers participate in and practice for. The longest distance event is 500 yards. Many swimmers train for 1000 and 1650 events with their club teams. Several of these swimmers will continue to practice on their own if they can find a pool. This is where practicing under the watchful eye of the coach can help prevent injuries. The coaches can make sure they are maintaining a proper pace and not overusing their shoulders as well as watch for signs like the clavicle bone popping up indicating overuse or a separated shoulder. High school swim season is in the winter and early spring. Many times swimming with a club is the only affordable way to continue practicing for these events safely.

Competitive swimmers spend several hours each week training to become the best that they can. Competitive swimmers who choose to participate with their high school often find themselves at a disadvantage when they return to their club competitions. Having not been allowed to train with their club during the high school season.

Swimmers learn early the benefits of hard work, Discipline and determination payoff in quantifiable terms by seeing the reduced times in their events. These are qualities that stay with them for life. Kansas benefits from these students participating in national, international, events and even the Olympics. When Kansas swimmers excel they are ambassadors for the great work ethic many Kansans possess, not to mention the positive publicity that we enjoy from their successes.

Kansas should encourage these students to keep up the good work and to pursue their dreams. Many of these swimmers practice early in the morning so they can be with friends at other activities. Let's let them be ambassadors to their fellow students and show that hard work, discipline and determination have rewards, not restrictions and success does not matter if you are from an affluent family or not.

Thank you for your consideration,

A handwritten signature in cursive script that reads "Mike Petersen".

Senator Mike Petersen

House Education Committee
Date 3/11/00
Attachment# 2

To: Kansas House Committee for Education

From: W. David Carr, PhD, LAT, ATC,
Governmental Affairs Representative
Kansas Athletic Trainers Society
Director of the Athletic Training Education Program
University of Kansas

RE: Sport concussion bill

The purpose of this letter is to outline my support for the proposed legislation. The short term and long term effects of concussions have become more evident and much more publicized in recent years. Research in this area is advancing at a very rapid pace and increased emphasis is being placed on conservative approaches to treatment of concussions. Even with this more conservative approach, additional safeguards need to be developed to ensure the safety of the children in the state of Kansas.

Research supports that children respond differently to concussions and will present with varying level of symptoms requiring a more conservative decision for Return to Play (RTP).¹⁻³ It is paramount that all individuals involved in adolescent sport activity be educated on the potential effects of concussion and the risks associated with activity prior to the healing of this injury.

Coaches, athletes, and parents need to be educated about the long term impacts a concussion upon a person's quality of life. The provisions contained in this bill will ensure that all parties listed above will be required to review current and up-to-date information prior to each year's athletic activity. Furthermore, the proposed bill will help protect the adolescent athlete from returning to activity before they are truly ready. There is a direct conflict of interest having a coach, athlete, or parent make the RTP decision. Only a qualified health care professional trained in current recommendations for the management and treatment of concussions should be allowed to make that decision.

1. Lee L. Controversies in the sequelae of pediatric mild traumatic brain injury. *Pediatric emergency care*. 2007;23(8):580.
2. Purcell L, Carson J. Sport-related concussion in pediatric athletes. *Clinical pediatrics*. 2008;47(2):106.
3. Schnadower D, Vazquez H, Lee J, Dayan P, Roskind C. Controversies in the evaluation and management of minor blunt head trauma in children. *Current opinion in pediatrics*. 2007;19(3):258.

House Education Committee
Date 3/11/11
Attachment# 3

RE: Written Testimony for SB33

Dr. Kendall Payne

SB33 dealing with the sporting injuries and more specifically dealing with concussions. I am a Doctor of Chiropractic that treats thousands of student athletes each year playing any and all sports from the pee wee football leagues through High School and into College. While I completely understand the original intent of SB33 to protect our children and make sure they all are physically fit to participate in athletics, I believe that the amendment to this bill stating that only an MD or DO is allowed to release a child back to participation after suffering from a head injury is an over-reaction and unwarranted. Originally the bill said that any Healthcare Practitioner of the KS Board of Healing Arts would be able to release kids that have suffered from a head injury.

Just like other DCs around the state I work with school districts to make sure that all kids that want to participate in athletics are healthy enough to do so. I go to games and assess injuries on the sideline. I get many calls per year to help doing physicals and evaluate kids to return to play. Now, I am in Johnson County where there are literally hundreds if not thousands of MD's, DO's and DC's, so this bill would have little impact on the young athletes in my county needing to be cleared for play after a concussion. However, in small town all across KS, Chiropractors are on the sideline of every game. They are the team physicians and they are the ones that know these kids, because they see them every single day and deal with all their healthcare needs. Who else would be better at determining if they are physically able to return to play. This bill would deprive the athletes and doctors of this relationship. Chiropractors just like our medical colleagues take extensive post graduate training to diagnose and treat sports injuries and more specifically concussions.

If the purpose of the bill is for the safety of the student athlete and you want to limit the providers that are able to release these kids back to play then it would be in the best interest to make sure the doctor performing these evaluations are thoroughly trained in sports injuries and more specifically trained in concussions. I personally would not want my child to get cleared to play after suffering a concussion by a family physician that has had no training in concussions since med school, whether that physician is an MD, DO or DC. Let's really make sure we are preventing further injury to our kids and make it mandatory that **ANY** Healthcare Practitioner of the KSBHA that is trained in diagnosing and treating concussions are the only ones that are allowed to treat our children. Just as I would not want a general surgeon to do open heart surgery on my daughter I would not want a primary care physician, with little to no training in concussions, to release my daughter back to play. Why put additional strain on the already exhausted school districts?

House Education Committee
Date 3/11/11
Attachment# 4

CHENEY HEALTH CENTER/
GOULD CHIROPRACTIC

Dr. Steven J. Gould, Board Certified Chiropractic Radiologist
126 N. MAIN/ P.O.BOX 190
CHENEY, KS 67025
PHONE: (316)-542.3400
FAX: (316) 542-3404

3/9/2011

Dear committee members;

RE: SB 33

Thank you for allowing me time to testify today, in regards to SB 33 Concussion....

I am speaking on behalf of the Kansas Chiropractic Association. I graduated from Cleveland Chiropractic college in 1989 and completed a three year radiology residency in 1992. I have been in active practice in and around Wichita, Ks. since then. My current practice involves work as a radiologist/consultant, interpreting x-rays, MRI, CT, and musculoskeletal ultrasound studies for referring chiropractors. I provide post-graduate education seminars for chiropractors, covering topics in diagnostic imaging. I also have an active patient practice, in which I see patients in my clinic. I have written contracts with two schools districts, Cheney USD 286 and Garden Plain (Renwick) USD 267 to provide sports injury care. I have been providing care in this manner for nearly five years and for several years prior to having a written contract.

Chiropractors are providing services in this enlarging role of care, due to school budget changes, shortage of athletic trainers, and shortage of medical/osteopathic doctors to provide these services. I personally go to the schools 1 day per week to perform "sports checks". If a student athlete has an issue, they come in and see me at the school's training room. I will give recommendations for care of their particular injury. Sometimes it is recommendations on stretching or rest. Other times it is recommendation to come to my office or to go to their medical doctor for an x-ray or other testing. I commonly refer them back to the primary medical provider and/or to an orthopedic surgeon, depending on the injury and depending on their insurance coverage.

Some chiropractors have additional training and certification as Certified Chiropractic Sports Physicians (CCSP).

House Education Committee
Date 3/11/11
Attachment# 5

CHENEY HEALTH CENTER/
GOULD CHIROPRACTIC

Dr. Steven J. Gould, Board Certified Chiropractic Radiologist
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Page 2

All chiropractors have the appropriate basic training in chiropractic college through learning to perform full physical examinations, including neurological examinations.

We are allowed by state law to diagnose diseases of the human body, which would include altered function through a traumatic event.

The Federal Department of Transportation (DOT) includes chiropractors as one of the providers that can examine and certify over the road truck drivers for their DOT physical examinations. Chiropractors are included in the group of providers that can perform DOT physicals because of their education/training through chiropractic college and because of state law scope of practice.

Concussions are a serious issue and are not taken lightly by any of us. We agree with the intent of the Bill under consideration. However, the current amendment removes chiropractors as providers that can manage these injuries. Let me assure you that chiropractors are indeed able to manage these cases and/or refer to a specialist if needed. Beside sports injuries we care for people involved in other traumatic events in which brain injuries occur. Chiropractors are trained to deal with patients with Mild Traumatic Brain Injury (MTBI). MTBI is an injury to the brain, commonly without the loss of consciousness. MTBI can result from sudden shaking or whipping of the head and neck. This is the scenario seen in whiplash injuries in motor vehicle collisions or falls. So, sports concussion/ brain injury is not a unique issue in the chiropractic practice.

In closing, please correct the amendment in SB 33 to include "practitioner of the healing arts" or "health care provider" as those practitioner that are able to evaluate and manage patients with concussions. The performance of this task is already in our scope of practice, training, and current clinical skills and practice.

Thank you allowing me this time.

Steven J. Gould, D.C., D.A.C.B.R.

My name is Gary Stevanus. I am a nationally Certified Athletic Trainer as well as a Licensed Athletic Trainer with the Kansas State Board of Healing Arts. For the past five years, I have served the Baldwin City School District as their Activities Director. From my background, I think you will see that I can speak on both sides of the bill being discussed today.

I would like to voice my support for Senate Bill #33 (School Sports Head Injury Prevention Act). I applaud the legislature's effort in helping ensure that student-athletes that suffer a head injury while participating in interscholastic athletics are provided with appropriate medical care. This legislation falls in line with recommendations made by the National Athletic Trainers' Association and closely echoes policies and procedures put in place by the Kansas State High School Activities Association.

The fact that many school districts in our state do not have access to a certified athletic trainer on a daily basis makes this legislation even more important. Of the seven schools in the Frontier League (in which Baldwin High School participates), only four schools have ATC access on a daily basis. Two more schools have access a few times during the week, and one school has no access to an ATC. This fact means that coaches are often times the on-site medical provider to an injured student-athlete. While most coaches have had some basic first-aid or injury management training, they have not typically had the proper education to deal with head injuries.

The passage of new policies by the Kansas State High School Activities Association, in addition to the passage of Senate Bill 33 help ensure that any student-athlete showing signs and symptoms of a head injury are evaluated by an appropriate health care professional. These types of injuries can be a matter of life and death, and should be treated in such a manner.

In addition to asking for your support of Senate Bill 33, I ask you to consider removing the amendment that would allow student-athletes participating in swimming and diving to compete for an outside team during the course of their high school season.

This amendment has NOTHING to do with the original bill's purpose of protecting student-athletes from injury. In fact, this amendment actually could be viewed as a total contradiction to the bill's original purpose. By allowing a student-athlete to participate on an outside team as well as a school team, the potential for an increase in over-use injuries exists due to over training.

In addition to putting these students at risk for over-use injuries, this amendment would totally go against KSHSAA Rule 22, which addresses competition with outside teams. This rule is put in place to help maintain the integrity of high school athletics. The KSHSAA was put in place to govern interscholastic athletics and activities. I ask that you allow them to do so.

House Education Committee
Date 3/11/11
Attachment# 6

If Senate Bill 33 passes with this amendment, you will have set a precedent that would eventually allow all student-athletes to participate on outside teams during their high school seasons.

Coaches already have a difficult time when a student-athlete wants to play on an outside team of a different sport while still participating on a high school team. For example, a high school basketball player can currently compete for a club volleyball team during the winter. There are often schedule conflicts that must be dealt with, injuries suffered with the club team that effect the school team, and the increased fatigue from participating in multiple activities at one time. This situation is bad enough. Please don't put coaches in an even worse position by allowing this amendment to pass. Not only would the high school coaches have to deal with the problems already mentioned, but they would now have to battle the fact that their student-athletes are being taught different philosophies, strategies, and systems during the high school season.

In closing, I ask you to do the right thing for student-athletes by passing Senate Bill #33. I also ask you to do the right thing for interscholastic coaches by removing the amendment.

Thank you for listening.

Gary G. Stevanus, MSE, ATC, LAT
Activities/Athletics Director
Head Athletic Trainer
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Baldwin City, KS 66006
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To: House Committee on Education

From: Dan Morin
Director of Government Affairs

Date: March 11, 2011

Subject: SB 33; An act concerning high school athletes

The Kansas Medical Society appreciates the opportunity to appear in support of SB 33, an act concerning high school athletes.

According to the American Academy of Pediatrics, sports related concussions are considered underreported. Football has the highest incidence of concussion but girls have higher concussion rates than boys do when playing similar sports. A national report released last May from the Government Accountability Office showed girls in all sports are more at risk and have a longer recovery period than boys, primarily because of their less-muscular necks. In addition to the frequency of head injuries suffered by scholastic athletes, a 2009 study found that as many as 40 percent of high school athletes who have had concussions return to competition or practice when they may not be fully recovered as reported by the American Medical Association. In 2008, no state required that concussed middle school or high school athletes receive medical clearance to return to play. Today at least 9 do. Washington became the first to state to act after a middle school football player spent months in a coma after suffering two concussions in the same game.

For any sport, the goal must be cautious management of concussions. Just like an injured ankle or knee, an injured brain needs time to heal. Even mild brain injuries can be catastrophic or fatal. The issue was even raised at a congressional hearing last September, when medical experts told lawmakers that student-athletes risked altered lives and permanent brain damage if schools do not protect them from the effects of blows to the head. A concussion can be hard to diagnose because it usually requires a player to recognize and be honest about the symptoms, which means sitting out of the current game and possibly future games. In sport's competitive culture, that does not always happen. Winning a game or a championship trophy, however, is not worth gambling on a student's present or long-term health. Playing again so quickly after this type of injury can cause the student to have more concussions. Even military soldiers are required to leave the battlefield for 24 hours after being exposed to an explosive blast. Military physicians say the order helps

House Education Committee
Date 3/11/11
Attachment# 7

prevent permanent brain damage that can result if a soldier has a second concussion before the first one heals.

The Kansas State High School Activities Association return-to-play-policy, which was recently endorsed by the Kansas Medical Society, recommends that a player not again participate in practice or competition until cleared by an appropriate health care professional. The policy defines an appropriate health care professional as a Medical Doctor (MD) and a Doctor of Osteopathic Medicine (DO) or a Physician Assistant (PA) or Advanced Registered Nurse Practitioner (ARNP) working under a collaborative agreement with an MD or DO. The AMA, last November, voted to adopt a policy supporting a requirement that athletes in school or youth sports suspected of suffering a concussion not be allowed a return to play or practice without a physician's written approval. By their extensive education, training and knowledge, physicians are best qualified for diagnosing and managing the athlete who suffers from a concussion in sports. Most importantly, a concussion puts a student at risk of chronic traumatic encephalopathy. Players who suffer from chronic encephalopathy as the result of a concussion may have to deal with ongoing disorientation, memory loss, delayed and slurred speech, dizziness and in some cases severe depression. We support the amendment added by the Senate Committee on Public Health and Welfare requiring the student be evaluated and cleared for a return to competition by a person licensed to practice medicine and surgery (i.e. physician).

Thank you for the opportunity to present our comments.

Lori A. Boyajian-O'Neill, D.O. FAOASM, FACOFP

Testimony in Support of SB 33

Kansas House Committee on Education

Friday, March 11, 2011 9 am

As a member of the board for Brain Injury Association of Kansas, I am submitting this testimony in support of SB 33. As a sports medicine physician I have had the privilege of caring for athletes of all ages and levels. I have seen first hand the consequences of mild traumatic brain injury (mTBI)/concussion. This bill seeks to protect school athletes who exhibit any signs, symptoms or behaviors of mTBI/concussion from sustaining more serious brain injury by returning to play before it is safe to do so. Similar laws have, to date, been passed by eleven states.

Mild traumatic brain injury is a public health issue. The Centers for Disease Control and Prevention has previously estimated 4 million sports and recreation related mTBI/concussion annually in the United States. New data suggest this is a gross under-estimation due to under-reporting and poor recognition. The CDC is now reviewing its current estimates.

An mTBI/concussion is defined as a complex pathophysiological process affecting the brain, induced by traumatic biomechanical forces (Appendix A). It is a brain injury. Historically, mTBI/concussion has been described as a 'ding.' An athlete typically would be described as having his/her 'bell rung.' I am 49 years old and a 1979 graduate of Northeast High School in Arma, Kansas. When my schoolmates and I played sports we did get 'dinged' and have our 'bells rung.' We may or may not have sat on the sidelines for a bit to 'clear the cobwebs' but almost always we returned to play very shortly after injury. That was then. This is now. There is no place for words like "ding" or "bell rung" in describing this brain injury.

Ancient Greece physicians observed the dazed and confused looks on the faces of battlefield warriors who had experienced head injuries. Today we observe the same looks on our athletes. But, unlike previous generations, we have a much better understanding of what we see. Times have changed. When you know better you do better. SB 33 helps move us collectively toward much better care for our athletes who have sustained an mTBI/concussion.

Research, particularly over the past 5 years, has provided unequivocal science that what we historically termed 'dings' are actually brain injuries; the mismanagement of which can have catastrophic consequences. The athlete returned to play while still experiencing any signs, symptoms or behaviors of mTBI/concussion (appendix B) risks more serious brain injury, prolonged recovery and even death. Youth athletes are particularly vulnerable to significant injury risking permanent neurologic impairment if not properly managed from the time of injury. The immediate and potential long term complications of multiple concussions, including higher rates of depression and evidence indicating higher incidence of early-onset dementia, further underscore the need for greater protection of our school athletes. Returning an athlete to play when not recovered poses an immediate threat to the health and well being of the athlete which SB 33 addresses.

House Education Committee
Date 3/11/11
Attachment# 8

The intent of SB 33 is to protect athletes from catastrophic injury by immediately removing from play (competition or practice) those who exhibit any sign, symptom or behavior of mTBI/concussion. Under SB 33, no such athlete can return to play the same day as the injury. Further, SB 33 prohibits the athlete from returning to sport until evaluated/managed and formally cleared by a health care provider licensed to practice medicine and surgery and who is trained in the evaluation and management of concussion injuries.

There are those who would ask why such a law is necessary and point to sports governing bodies as the most appropriate entity to regulate such matters. I would posit that despite widely available information about the adverse effects of mTBI/concussion on the athlete (physical, psychologic, cognitive and behavioral), on families (financial and emotional) and the public (potential long term care expenses/costs), some affected school athletes in the state of Kansas are prematurely returned to play resulting in actual or potential brain injury or death. I believe, in the matter of mTBI/concussion, the protection of our children is most effectively provided through the actions of this authoritative legislative body.

The state of Washington, in 2009, passed the first law of this kind. The Zack Lystedt law has been credited for the increase in the reported number of mTBI/concussions (heightened awareness) in that state, and for the reason there has not been one case of catastrophic complication from mTBI/concussion in the state of Washington since its inception (return to play parameters). Brain Injury Association of Washington was instrumental in getting this legislation introduced. Brain Injury Association of Kansas is part of a public movement to protect our children from the effects of brain injury. Increased awareness of the consequences of under-recognized or poorly managed mTBI/concussion can lead to a more prudent cautious approach that will improve the lives of athletes.

By approving SB 33, you can provide the same protections for current and future generations of athletes in Kansas. I urge you to vote yes on SB33.

Respectfully submitted,

Lori A. Boyajian-O'Neill, D.O., FAOASM, FACOPF
Board of Directors
Brain Injury Association of Kansas
6405 Metcalf Ave, Suite 302
Overland Park, KS 66202
913-754-8883

Appendix A—Features of mTBI/Concussion(References available on request)

Several features used in defining the nature of a concussive head injury include:

1. Concussion may be caused by a direct blow to the head, face, neck, or elsewhere on the body with an "impulsive" force transmitted to the head.
2. Concussion typically results in the rapid onset of short-lived impairment of neurological function that resolves spontaneously.
3. Concussion may result in neuropathological changes but the acute clinical symptoms largely reflect a functional disturbance rather than a structural injury.
4. Concussion results in a graded set of clinical symptoms that may or may not involve loss of consciousness. Resolution of the clinical and cognitive symptoms typically follows a sequential course; however, it is important to note that in a small percentage of cases, postconcussion symptoms may be prolonged.
5. No abnormality on standard structural neuroimaging studies is seen in concussion.

Appendix B--Typical Signs and Symptoms of mTBI/concussion

Symptoms Reported by Athlete

- Headache or "pressure" in head
- Confusion
- Concentration or memory problems
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Just not "feeling right" or is "feeling down"

Signs Observed by Others

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of the game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, personality changes
- Can't recall events *prior* to hit or fall
- Can't recall events *after* hit or fall

Kansas House of Representative – Education Committee

Friday, March 11, 2011

Testimony on Senate Substitute Bill #33 "*Sports Head Injury Prevention Act*"

Gary Musselman, Executive Director – Kansas State High School Activities Association

Members of the Committee:

The Kansas State High School Activities Association and its 769 member middle/junior and senior high schools oppose the amended version of SB #33 as it now exists.

1. The KSHSAA and the National Federation of State High School Associations (NFHS) have been actively working to increase safety of students participating in interscholastic sports in grades 7-12 for many years, specifically on the issue of head injury awareness and prevention.
2. This week all members of your committee were provided a link to the KSHSAA website www.kshsaa.org to access the information and resources we have available for our member schools, parents and students.
3. Last summer the KSHSAA, working with the Ks. Athletic Trainers Society and the Kansas Board of Healing Arts, enacted policies on head injury and concussion diagnosis and management, which are more stringent than either SB #33 and HB #2095 as they were originally introduced. Special attention was paid to identifying appropriate medical providers to make the decision about a student's return to participation. We are not qualified to make determinations about medical licensure and practice, so our legal counsel assisted us in working with the Kansas Board of Healing Arts on that aspect of our policy. Our policies specify M.D. and D.O. may authorize return to participation following a step wise, multi day protocol.
4. Kansas schools are utilizing our informed consent document signed by students and parents, as provided in our materials.
5. For these reasons, the KSHSAA took a neutral position on SB #33 during its hearing in the Senate Committee on Public Health and Welfare.
6. The current bill, as amended by the Senate raises several concerns. The language specifying "*high school athletes*" in lines 1 & 2 suggests students in grades 7 and 8 are no longer a consideration. We believe those students are equally deserving of attention and they were included in developing our policies and guidelines.
7. If eliminating 7th and 8th grade students from the bill was done in an effort to create a "*high school*" only bill, so it might become a vehicle for the amendment exempting swimming and diving from the KSHSAA Outside Competition Rule, we suggest that is inappropriate and dangerous.
8. As a private association of member schools, the KSHSAA has a well established rules making process, in which all member schools, all local boards of education and the Kansas State Board of Education participate. For the legislature to circumvent and undermine that process is not good policy. Personal issues or agendas are not appropriate causes for legislative intervention.
9. The KSHSAA is no different than most other state high school associations in having an Outside Competition Rule. Last week, at my request, the NFHS surveyed its 51 member state associations. Of the 44 states responding to the survey, 39 reported they or their member schools have a form of outside competition rule similar to Kansas. Anyone who would suggest Kansas is the only state or in the minority of states having such a rule, is misstating the facts.
10. KSHSAA Rule 26, Private Instruction, provides every student seeking private instruction, freedom to do so, even during the course of their school season.
11. KSHSAA Rule 4, Olympic Development, provides the opportunity for students who are identified as participating in USOC developmental teams, to do so without jeopardizing their eligibility on their school team.

House Education Committee

Date 3/11/11

Attachment# 9

March 11, 2011

McDonald

To the Education Committee Members,

I competed as a swimmer for Louisiana State University. I am an American Swim Coaches Association certified swimming coach, a public school mathematics teacher, and a parent. I have devoted more than 35 years of my life to helping students learn to swim and swim competitively. I have coached swimming in the high school setting for 20 years and at Lawrence Free State High School for more than 11 years.

Since I have been a swim and dive coach in Kansas, the issue of dual participation has never been presented to the KSHSAA for review and a proposal to that end has never been presented by the Kansas High School Swim Coaches Association to KSHSAA, which is who should address this issue not the Kansas State government.

A bill concerning high school swimming was presented in 2005-2006 and failed. This time the exact same bill was hidden as a second part in SB #33, which addressed school sports head injury prevention. The part of the bill concerning high school swimming and diving strips the Kansas High School Activity Association (KSHSAA) and all public school coaches and administrators of the power to issue rules prohibiting dual participation in high school swimming. Specifically, SB #33 prohibits KSHSAA from making **any rule** to ban a club swimmer from training or competing with a high school swim team during the high school season. The only exception is if the student athlete "meets the reasonable and ordinary school-established requirements..." and belongs to a USA Swimming, Inc. club. This bill applies only to swimming and diving and no other high school sports.

My biggest concern is that there are no restrictions on this bill's "reasonable and ordinary school established requirements". I believe this bill exposes schools, administrators and coaches to lawsuits from club swimmers. The exception for "reasonable and ordinary rules" is so broad as to be meaningless and is an open invitation for club swimmers who do not agree with their public school coach's training and competition requirements to file suit. What is a "reasonable and ordinary rule"?

The fear of the coaches that I have corresponded with is that the "reasonable and ordinary requirements" are that the swimmer or diver practices with their club and shows up for the high school meets. Is this happening in dual participation programs in other states? Yes, I experienced it. I coached in Louisiana with dual participation. My better swimmers did not like that they were required to attend practice with their high school team and they expected to swim events they or their club coach chose regardless of the high school team needs. Prior to my position as head coach, club swimmers just showed up to high school meets.

As a teacher, coach, and parent, I understand the pressure that student athletes feel to succeed in both academics and athletics. By approving this bill, students will feel an added burden by their club coach and their parents to train even more to the detriment

House Education Committee
Date 3/11/11
Attachment# 10

of their health and academics. My swimmers train between two and two and a half hours a day, six days a week. The better swimmers have morning practices also. Adding additional training will be potentially damaging to the student athlete's physical and emotional health and contribute to athlete burnout.

Varying interpretations of the bill will allow some swimmers and divers to miss high school team practices to practice with their club, to the detriment of the high school team. Swimming at the high school level is a team sport. High School swimming and diving allows swimmers and divers to learn how to work together as a team, to work hard and accomplish goals.

Imagine a student athlete who now has two coaches to report to, two practices to attend. Please consider who that student athlete is supposed to listen to when giving conflicting strategy and demands upon their time.

While this amendment is specific to swimming, what is next; soccer, basketball, softball, football? Your vote will impact the future of high school athletics. I ask you to consider it wholly before casting your vote.

Sincerely,

Annette McDonald
Head Swimming and Diving Coach
Lawrence Free State High School

Ladies and Gentlemen:

Thank you for providing me with the opportunity to speak to you today. I would like to take a moment to introduce myself to you. I am a high school coach with 31 years of coaching experience of coaching swimming and diving, both at the high school level and at the club level. I have served as President of the Kansas Swimming Coaches Association and will assume the Presidency of the National Interscholastic Swimming Coaches Association of America in two weeks.

I want to commend the Legislature for recognizing the importance of education in the prevention and treatment of head injuries. This is a nationwide concern. The National Federation of High Schools has also recognized this need and has developed a free online course for coaches entitled Concussion in Sports – What You Need to Know. Perhaps you might explore this course as a way of education the coaches of Kansas. You might consider making it a requirement for all coaches in the state. I am sure you are aware that the National Federation rules include guidelines for concussions and other head injuries that occur during competition. Thank you for addressing the issue for practice sessions.

I would now like to call your attention to the amendment proposed by Senator Schmidt concerning swimming and diving restrictions. Personally, I feel this has no place in Senate Bill #33. While I, personally, am not opposed to the concept of dual participation, I have a few concerns about the wording of the amendment and the problems that might arise. The phrase “meets the reasonable and ordinary school-established requirements” appears vague. Who might interpret “reasonable”? What if the club coach or the athlete decides the school requirements are unreasonable? Who mediates? Who decides: the high school coach? the club coach? the parent? the athlete? future legislators?

My suggestion would be to remove the amendment from the Bill for the present and study the issue further. If the issue is as important as it seems, it warrants further review. We do have the Kansas High School Activities Associations which governs sports and activities. In my 31 years of coaching in the state, this issue has never come up for discussion, until now, among the high school swimming coaches. It has never been brought before the Kansas Coaches Association for review, and thus has never been voted upon, to my knowledge. Some of the restrictions in place, (ie,) the number of meets a swimmer or diver must be a member of the team have come about as a direct result the high school coaches voting in the restriction. Some 25 years ago a group of athletes were allowed to join their team the week prior to their conference championships and a week before the state meet. Girls who had been members of the team for the entire year, and had earned positions in the state meet, were replaced by the new girls. (I hesitate to call them team members.) Ultimately, the girls who had participated the entire season were left at home from the state meet because of entry restrictions. The lesson they learned was that Winning At All Costs Is What is Important. Is this the lesson we want to send to our athletes? Several years ago, an outstanding swimmer stood before a similar committee urging the members to all unrestricted participation in swimming. He came from a very unique situation. His high school team and his club team practiced at the same pool at the same time each day. What he wanted to do was to go train with the club team during his high school practice. What message would that have given his high school teammates? It is not that dual participate is a bad thing, it is

House Education Committee
Date 3/11/11
Attachment# 11

something that needs to be carefully thought out and planned. Because of my position with the national organization, I am very familiar with regulations, or lack thereof, across the United States. Just a few examples:

Illinois has the same restrictions as we do currently in Kansas.

In Texas, the athletes may participate in both club and high school sports but there are restrictions on the number of hours for practice. They also have "swimming (athletic)" periods during the day as part of their school day. If an athlete wanted to do so, he could train with his club full time and just show up for meets.

In Connecticut the athletes can compete for their teams without any restrictions on the numbers of high school practices they must attend.

Nebraska's rules read as follows: **3.5.1.1 SWIMMING AND DIVING OUTSIDE**

PARTICIPATION During the school sport season of swimming and diving, a student may, after fulfilling all requirements, practices and competitions of the school swimming and diving team, practice and/or compete as a member of a non-school team or as an individual participant in an organized non-school swimming and diving practice or competition under the conditions listed below.

(a) Priority shall be given to all school team practices and competition. Should a nonschool practice/competition be in direct conflict with the school scheduled practice/competition, the school practice/competition shall take priority. Prior approval by the school administrator may grant an exception to a student to participate in the non-school swimming and diving program if in direct conflict with the school program.

(b) No school time shall be missed to compete, practice or travel to the site of such nonschool swimming and diving competition unless the absence is approved in advance by the school administrator.

(c) A school shall not replace its swimming or diving program with any nonschool swimming or diving program.

Lastly, is this really an issue for the legislature? We do have a Kansas State Activities Association which oversees activities in our middle schools and high schools. Will this issue be limited to swimming and diving? We must admit that once it changes for one sport, other sports will want the same considerations. Think of club soccer, softball, volleyball, or baseball. What is to prevent them from demanding the same?

I believe if you carefully consider the idea of what it means to be a team and the importance of high school sports, you will pass this bill without the amendment concerning swimming and diving. Thank you for your time.

To: Representative Clay Aurand, Chairman
Members of the House Education Committee

From: Callie Jill Denton
Director of Public Policy

Date: March 11, 2011

RE: Sub for SB 33 School Sports head Injury Prevention Act
(Neutral, Written Only)

The Kansas Association for Justice is a statewide, nonprofit organization of trial lawyers. KsAJ members support protection of the right to trial by jury and fair laws that protect all parties in a dispute.

KsAJ members support the policy of increasing the awareness of coaches, trainers, educators, and parents about concussion and concussion management. As parents and grandparents, aunts and uncles, KsAJ members cheer their Kansas high school athletes to victory. Several KsAJ members coach youth sports and are active with their children in league and recreational club sports.

We wish to point out a discrepancy in an otherwise meritorious bill. Sub for SB 33 contains immunity provisions that are not consistent with the goal of protecting Kansas children from serious injury or death. The provisions, found on page 1 line 33 and page 2 lines 1-5, provide that a health care provider that provides the clearance to return to play or practice who is not an employee of the school district is not liable for civil damages for any act or omission in the rendering of such care, i.e., providing the written clearance to return to play or practice, other than acts or omissions constituting gross negligence or willful or wanton misconduct.

The "gross negligence or willful or wanton misconduct" standard would make it extraordinarily difficult to pursue a meritorious claim of medical negligence relating to return to play or practice. In any other instance of

House Education Committee

Date 3/11/11

Attachment# 12

medical negligence, the injured person must show that the provider failed to act consistent with the professional standard of care, which is ordinary and reasonable, based on established treatment methods and guidelines.

The "gross negligence or willful or wanton misconduct" standard is inconsistent with the bill's intent to protect children because it will make it harder for children injured by medical malpractice, or their families, to prove their case. If a health care provider fails to follow the rules of his or her profession and that failure harms a child, the health care provider should be responsible to the child just as he or she would be responsible for the harm caused to an adult for the same failure. And there should not be a lower standard of care because the care is donated, or because the care relates to a sports injury.

If a child is injured by malpractice related to return to play, he or she may have ongoing medical needs and costs. If a child dies as a result of malpractice, it should not be more difficult for the child's family to pursue their case.

With the recent increased awareness about head injuries and the long term effects of head injuries, coaches and athletic administrators already appropriately rely more and more on physicians to clear athletes for return to play or practice. Physicians currently are held to the "ordinary and reasonable professional care" standard in making return to play recommendations. Maintaining the standard of care that physicians must meet in determining whether a child can return to athletic competition assures that the proper treatment methods and guidelines are followed.

We believe the "gross negligence or willful or wanton misconduct" standard of care is a discrepancy in an otherwise meritorious bill. We believe the discrepancy is corrected by deleting the immunity provisions and requiring physicians to use ordinary and reasonable professional care in providing clearance to return to play or practice.

Thank you for the opportunity to provide you with KsAJ's thoughts on Sub for SB 33.



Preventing accidental injury.

Darlene Whitlock
Wrote only

March 11, 2011

**Written testimony presented to the
House Standing Committee on Education
Senate Bill 33**

Chairman Aurand and Committee members, Safe Kids Kansas is pleased to provide testimony in support of SB 33. Safe Kids Kansas is a nonprofit coalition of over 70 statewide organizations and businesses dedicated to preventing accidental injuries to Kansas children ages 0-14. Senate Bill 33 provides Kansas schools and families with an opportunity to ensure the safety of our youth athletes with these return-to-play standards.

Concussions are one of the most common reported injuries in youth sports. A concussion is a type of traumatic brain injury, or TBI, caused by a bump, blow, or jolt to the head that can change the way your brain normally works. Concussions can also occur from a fall or a blow to the body that causes the head and brain to move quickly back and forth.

Health care professionals may describe a concussion as a "mild" brain injury because concussions are usually not life-threatening. Even so, their effects can be serious. And while prevention of the concussion may not be realistically possible within the confines of a particular sport, it is vital that the brain be given time to heal before sustaining repeated trauma. Identification that a concussion has or may have occurred is key to getting prompt and proper treatment, and return-to-play guidelines that require evaluation by a licensed health care provider trained in concussion evaluation and management help to protect youth from further injury, or even death.

We believe SB 33 would provide the means to educate families about concussions and equip schools to identify when a concussion may have occurred. The return-to-play standards would help ensure youth athletes are not being placed at additional risk for a traumatic brain injury.

Thank you for the opportunity to provide this testimony. By implementing an educational component for parents and guardians of youth athletes and return-to-play requirements, our children are safer from suffering the devastating effects of a traumatic brain injury. Should you need any additional information, please contact Darlene Whitlock, Board of Directors member and legislative liaison, at 785-806-2327.

Attachment:
Safe Kids Kansas Member Organizations

Safe Kids Kansas, Inc. is a nonprofit Coalition of over 70 statewide organizations and businesses dedicated to preventing accidental injuries to Kansas children ages 0-14. Local coalitions and chapters cover Allen, Anderson, Atchison, Butler, Clay, Coffey, Dickinson, Doniphan, Douglas, Elk, Ellis, Finney, Geary, Harvey, Jackson, Jefferson, Johnson, Kiowa, Labette, Leavenworth, Marion, Marshall, McPherson, Mitchell, Montgomery, Pottawatomie, Riley, Saline, Sedgwick, Shawnee, Smith, Sumner, and Wilson counties, as well as the city of Emporia and the Metro Kansas City Area (Wyandotte county and several Missouri counties.) Safe Kids Kansas a member of Safe Kids Worldwide, a global network of organizations whose mission is to prevent accidental childhood injury. The lead agency for Safe Kids Kansas is the Kansas Department of Health and Environment.

1000 SW Jackson Suite 230 Topeka, KS 66612 tel 785-296-1223 fax 785-296-8645
www.safekids.org www.safekidskans

House Education Committee
Date 3/11/11
Attachment# 13



Safe Kids®

Kansas

Safe Kids Kansas Member Organizations

AAA Allied Group
American Academy of Pediatrics – Kansas Chapter
Board of Emergency Medical Services
Brain Injury Association of Kansas
Children's Mercy Hospital
Child Care Providers Together of Kansas
Cusick Jost Consulting, LLC
Dillon Stores
Fire and Burn Safety Alliance of S Central Kansas
Fire Education Association of Kansas
Fire Marshal's Association of Kansas
Head Start State Collaboration Office/SRS
Huggable Images
HCC Fire Service Training Program
Kansas Academy of Family Practice Physicians
Kansas Action for Children
Kansas Association for Counties
Kansas Association of Local Health Departments
Kansas Association of Osteopathic Medicine
Kansas Association of School Boards
Kansas Chapter International Association of Arson Investigators
Kansas Children's Cabinet & Trust Fund
Kansas Chiropractic Association
Kansas Cooperative Extension 4-H
Kansas Dental Association
Kansas Department Health & Environment:
 Bureau of Health Promotion
 Bureau of Family Health
 Bureau of Environmental Health
Kansas Department of Human Resources
Kansas Department of Transportation
Kansas Department of Wildlife and Parks
Kansas District of Kiwanis International
Kansas EMS Association
Kansas Emergency Nurses Association
Kansas Farm Bureau
Kansas Healthy Start Home Visitors
Kansas Highway Patrol
Kansas Hospital Association
Kansas Insurance Department
Kansas MADD
Kansas Medical Society
Kansas Motor Carriers Association

Kansas Operation Lifesaver
Kansas Parent Teachers Association
Kansas Poison Control Center
Kansas Public Health Association
Kansas Recreation & Park Association
Kansas Safe Routes to School Program
Kansas SADD
Kansas School Nurses Organization
Kansas State Association of Fire Chiefs
Kansas State Board of Education
Kansas State Child Death Review Board
Kansas State Fire Marshal's Office
Kansas State Firefighters Association
Kansas State Nurses Association
Kansas Traffic Safety Resource Office
Kansas Trauma Program
Kansas Trial Lawyers Association
Kids and Cars
KNEA
KU Medical Center:
 Burn Center
 Emergency Services
 Trauma Program
NHTSA Regional Office
Office of the Governor
Safety & Health Council of Western MO & KS
SIDS Network of Kansas
State Capitol Area Fire Fighters Association
State Farm Insurance Companies
Stormont-Vail Regional Medical Center
United School Administrators of Kansas
Via Christi – St. Francis Burn Center
Via Christi – Trauma Center
Wesley Medical Center

Membership also includes local Coalitions located in Allen, Anderson, Atchison, Butler, Coffey, Dickinson, Doniphan, Douglas, Elk, Ellis, Finney, Geary, Harvey, Jackson, Jefferson, Johnson, Kiowa, Labette, Leavenworth, Marion, Marshall, McPherson, Mitchell, Montgomery, Pottawatomie, Sedgwick, Shawnee, Sumner, Wilson, and Wyandotte counties, as well as the city of Emporia.

Safe Kids Kansas is a member of Safe Kids Worldwide.
January 1, 2011

MEDICAL SOCIETY of SEDGWICK COUNTY

1102 S. Hillside • Wichita, Kansas 67211 • Phone (316) 683-7557 • Fax (316) 683-1606 • www.mssconline.org

March 10, 2011

Representative Brenda Landwehr
Health and Human Services Committee
Kansas House of Representatives
Kansa State Capitol Room: 151-S
Topeka, KS 66612

*Print
Graham*

Dear Rep. Landwehr and Committee Members:

Thank you allowing me the opportunity to submit written testimony on this important health issue. I apologize for not being able to be there in person and hope these written comments are helpful as you consider SB 33. The purpose of my testimony is to share my perspective as a practicing, board certified neurologist on Senate Bill 33. Additionally, I am representing the physician members of both the Kansas Medical Society and the Medical Society of Sedgwick County.

The brain is the jewel of our anatomy. It is the hard drive and software that holds all our hopes, dreams, desires and potential, making us each truly unique. The human brain is about 4 pounds of tissue with around 100 billion nerve cells all communicating with each other over 1,000 miles of interconnected hair-like structures. Each cell fires from 10 to 100 times a second. Each cell stimulating from 3 to over 100 other cells each time it fires. This is all finely tuned and orchestrated, controlling every movement, thought, sensation, and emotion that comprises the human experience. From this "bio-electrical hum", we achieve consciousness. Each time our head or body gets hit, putting our brain through linear or rotational acceleration and/or deceleration, we run the risk of tearing or damaging these connecting hair-like fibers. These connections, once interrupted, will never be re-connected; they do not grow back, not unlike the damage from a stroke. We think nothing of seeing a star soccer player jump up and deflect a ball with their head towards the goal, however if I took your laptop computer, jumped up and deflected the same soccer ball with the same intensity, you would certainly look at this differently. You would be appalled and furious that such a fine delicate instrument would be used in such a misused fashion. I would like to propose that the human brain is immensely more complicated and elegant, however also more delicate and unfortunately largely irreparable.

Senate Bill 33 is an important step toward protecting the delicate brains of the thousands of young children and adults who are competing in organized sports in Kansas. The bill essentially establishes conditions under which student athletes are removed and returned to competition.

MSSC *A Century of Care*

House Education Committee

Date 3/10/11

Attachment# 14

Why is it so important to remove these concussed athletes from further risk? The answer is twofold; first our brain needs time to repair, allowing swelling to go down and damaged brain cells to be cleaned up. Second, as our brain matures (over 18-20 years) it develops several protective mechanisms guarding it from injury and these also need time to come "back on line" if injured. One can liken the human brain to a newly built office building. This building has several safety systems which will protect it from fire including smoke detectors, heat sensors, sprinkler systems, telephone systems, alarm systems, electrical systems, plumbing, etc.. Should someone drop a cigarette in a waste basket in this building, it will likely be easily handled by one of many systems. Now let's say the same building was now traumatized by a delivery truck, which backed through the rear entrance. If the damage disrupted the electricity, plumbing, and phone systems, this building is at much greater risk from the same cigarette falling into the trash can. Once the fire is recognized, the occupants may try to get water out of the sink and find there is no water pressure. They may then try to phone for help to find the phone system is down. The expected early response from the smoke, heat, and sprinkler systems is also off-line because the power is out and the water has been turned off because of interrupted plumbing at the back of the building. If early detection and corrective mechanisms are not fully functional the damage will certainly be greater than if these systems had been repaired. The fire could rage out of control and the building may be lost. Likewise, once the brain has sustained a concussion, many of the connecting fibers are damaged; this may inhibit its protective mechanisms, potentially putting the athlete at greater risk from a second even lesser injury. Should a second injury occur before the safety mechanisms are "back online", this can lead to uncontrolled brain swelling and possibly even death. Allowing adequate recovery will allow these mechanisms to repair themselves to the best of their ability and be ready for a second injury should one occur. In the case of the building, the law would never have allowed this building to be re-occupied prior to inspection. A few more days to allow the brain to repair itself may make all of the difference in the world. Putting athletes at risk before their brains are ready to control the next trauma, should injury reoccur, is careless, and once understood, unconscionable.

A concussion can represent a bump, blow or jolt to the head, or a blow to another part of the body with the force transmitted to the head. Concussions represent an estimated 8.9% of all high school athletic injuries. Unfortunately, many parents, coaches, and young athletes seem to believe that youth is a period of indestructibility, however an extensive body of research in the past 10 years certainly suggests otherwise. If you cross reference the words sports and concussion, you will find 135 articles between 1990 and 1999 and upwards of 600 articles between 2000 and 2009 owing to the growing body of evidence suggesting concussion is anything but benign. Some believe that concussions are largely limited to high school football; however, soccer, basketball, and wrestling are also high up on the list. Of interest, girls are reported to have higher rates of concussion than boys in similar sports so no one is immune. With this push to make our athletes stronger, faster, and more aggressive, higher rates of collisions and concussions will certainly follow.

The Kansas State High School Activities Association has a great start with their recommendations for concussion management; however this is not broad enough. I understand it does not cover all high schools, nor does it apply to colleges, junior high, middle schools, or recreational and club sports. Senate Bill 33 is a good step in the right direction, largely mirroring the KSHSAA recommendations, however addressing more student athletes at risk. Should this bill become law the term "Health care provider" should be limited to a medical Doctor (MD), Doctor of Osteopathic Medicine (DO) or Advanced Registered Nurse Practitioner (ARNP) / Physicians Assistant (PA), or (Athletic Trainers (AT) who are in a direct, collaborative practice with a physician (MD/DO).

Concussion is an invisible/silent epidemic that occurs on a cellular level beyond our ability to see it on CT and MRI scans. Only with a heightened sense of awareness and screening can we hope to impact our recognition and treatment of this common, potentially life altering injury. Education about sports-related concussion is integral in helping to improve this awareness, recognition, and management. This needs to involve the athletes, their parents, and coaching staff. Only trained health care professionals with specific education in concussion and its management should be involved in these important medical decisions regarding return to play. Ultimately our number one goal is to keep our athletes safe so they can go on to lead happy, healthy, productive lives.

Thank you for the chance to share these thoughts and please let me know if I can assist in any further way.

Sincerely,

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