

MAINE STATE LEGISLATURE

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To: Joint Standing Committee on Education and Cultural Affairs
From: Michael Burnham, Executive Director, Interscholastic Division
Date: February 13, 2024
Re: LD 1042

Senator Rafferty, Representative Brennan, and members of the Education & Cultural Affairs Committee. This letter is written in response to the request from your committee asking the MPA Sports Medicine Advisory Committee, in collaboration with the Maine Department of Education's Head Injury Workgroup, to conduct a review of current youth sport concussion protocols, a review of the protocols outlined in LD 1042, and other best practices in youth concussion management. Both groups have reviewed LD 1042 and had engaging discussions around youth concussion protocols. Let me begin by stating the Education & Cultural Affairs Committee is to be commended for taking this issue seriously. Any time that conversations can take place about the health and safety of our young people, it is a worthwhile discussion! Both groups agree that while the intent behind LD 1042 is well intentioned, there are certainly parts of the bill that are flawed.

As a bit of history, in 2011 LD 1873 was passed, this bill required all schools to have a concussion policy in place by 2013. At that time, the Maine Department of Education Head Injury Workgroup was formed, and a great deal of work was done to help schools across our state meet that requirement. Materials helping to educate athletes, parents, medical providers, school administrators, and coaches were developed. A model concussion policy was developed, and all the materials were made available on the Maine Department of Education's website. The Head Injury Workgroup worked collaboratively throughout the process with the MPA Sports Medicine Advisory Committee, the Maine Interscholastic Athletic Administrators Association (MIAAA), and the Maine Concussion Management Initiative (MCMI). The focus of the work was to better educate all stakeholders about the dangers of concussions and to better assist them when treating these injuries, something that I believe happened. As a part of this work the MPA established a requirement that all high school coaches, paid and volunteer, be required to complete the NFHS Concussion Course prior to working with their athletes. All materials that were developed aligned with the best practice at the time. Since that time, there has been a great deal of work done and some of those initial recommendations have been modified.

This past year LD 1042, An Act to Update Youth Sports Concussion and Injury Prevention Protocols, was introduced to the Education & Cultural Affairs Committee. Both the Head Injury Workgroup, and the MPA Sports Medicine Advisory Committee, have had an opportunity to review the proposed legislation and applaud the effort to continue to address the issue of concussions in youth sports. Ongoing efforts to better educate the parents and coaches of these young people should continue but the oversight of making this happen cannot become the responsibility of the schools. It is

important to note that most concussions occur outside of school-based activities, with most occurring outside of any organized activity. Over the past 10 years the work of our groups has focused on school-based interscholastic activities at the high school level. LD 1042 identifies 24, including baseball, basketball, bicycle motorcross, boxing, competitive cheerleading, diving, equestrian activities, field hockey, football, full-contact martial arts, gymnastics, ice hockey, lacrosse, roller derby, rugby, skateboarding, skiing, soccer, swimming, synchronized swimming, volleyball, water polo, and wrestling. Of those 24 activities, 14 are interscholastic activities that are sponsored by the Maine Principals' Association and 10 are activities not sponsored by the MPA. Along with the 14 interscholastic activities sponsored by the MPA most all have some type of club activity that is offered outside of the school program. When looking at the youth programs offered in Maine it became evident that there are hundreds of organizations currently offering youth sports programs, some being run by very well organized groups, and others that have little or no oversight whatsoever. In Maine, oversight of community-based programs falls under the jurisdiction of the Maine CDC, a group that is represented on the DOE Head Injury Workgroup. Those CDC representatives readily admit that their office does not have the staff or resources necessary to oversee youth sports programs in our state.

In reviewing LD 1042, both groups identified some issues with the proposed law:

- The bill refers to "head injury" and not a concussion. A concussion is a traumatic brain injury that impairs the function of the brain. This language would require an athlete with any type of injury to the head, a cut chin for example, to obtain a doctor's note prior to being allowed to return to play.
- The bill requires at least 7 days of rest before resuming participation. The understanding of sports-related concussions continues to evolve, and this requirement is not the current recommendation.
- The bill states that an athlete must have written permission to return to play, who is responsible for collecting the permission slip? As stated earlier some community-based activities are well organized while others have little or no oversight.
- The bill calls for a "return-to-play" protocol but makes no mention of returning to school. Following a concussion the athlete may have trouble in school and it is crucial that returning to play and returning to the classroom both be a coordinated plan.
- The bill calls for the return-to-play to be supervised by a health care provider. Any athlete that is suspected of having a concussion should be seen by a trained medical provider but who is responsible for making sure this happened and that a health care provider is supervising the return to play? Are there health care providers in each part of the state that are trained in concussion management to supervise a return to play? Within a school, the school nurse is often the only health care provider, but they often learn of a head injury only because of the difficulty that the student is having in the classroom, as they, have no connection with the youth sports programs within the community.
- The bill states that a parent or guardian be notified of the suspected concussion. At the youth level most often the parent may be present at the activity but should there not be a parent or guardian present who is responsible for contacting them, the coach or the organization that is sponsoring the activity?

- The bill requires that educational materials be provided to the parent/guardian. While there is a great deal of valuable information available, and it is important that parents and guardians are educated to the dangers of a concussion, who is responsible for ensuring that the material is provided to the parent/guardian?
- The bill requires that an educational sheet be signed by each parent/guardian if the athlete is under the age of 18. Who is responsible for collecting the forms and making sure the form has been signed and returned by each family?
- The bill states all coaches must complete a head injury presentation prior to coaching. It is important that youth coaches be trained to be able to recognize an athlete that exhibits any signs, symptoms, or behaviors of a concussion but who is responsible for providing the training and making sure that each coach has completed the training? With school-based activities the responsibility falls onto the school. Is the organization sponsoring the activity now responsible for tracking?
- The bill calls for all youth programs to have established procedures in place to deal with head injuries. While this requirement makes sense, who is responsible for making sure that it happens?

You had also requested that the Head Injury Workgroup and the MPA Sports Medicine Advisory Committee review the current youth concussion protocols that are in place. That review showed that there are groups, the Maine CDC and the Maine Parks and Recreation Association, to name two, that have incredibly valuable information available to youth programs. The Maine DOE also has a great deal of information available on their website and that information can be easily accessed. The issue that we found with youth sports in Maine is not a lack of information about concussions being available but rather how to get that information into the hands of coaches and parents. There is general agreement that it would be nice to have any adult who is working with our children trained in recognizing the signs and symptoms of a concussion, as well as educating the parents and guardians about the dangers of concussions, but the question remains who is responsible for making sure that this happens? The Maine CDC, even though that is the agency responsible for oversight of community-based sport programs, does not have the staffing needed to assure that the protocols are in place and are being followed. The schools have no connection to these youth sports programs but are often left dealing with head injuries because of the impact it has on their schooling. Below are a few recommendations from the MPA Sports Medicine Advisory Committee and the Maine Department of Education Head Injury Workgroup:

- Fully staff the Maine CDC so that they may provide the necessary oversight of community-based youth sports in Maine.
- Develop a reporting system that allows communication between youth programs, medical providers, and school health professionals.
- Require that each youth program establish a "Concussion Management Team" to make sure that the necessary protocols are followed and have a way for that team to follow up and make sure the protocols are being followed. This would require each organization to establish a written plan on what must be one when an athlete is suspected of having a concussion.
- Ensure that any information that is provided to coaches and parents is current and up to date and is disseminated prior to the start of the season.

- Emphasize the importance of all athletes playing with equipment that fits properly.
- Emphasize the importance of coordinating a return-to-play plan that aligns with a plan to return to the classroom.

In conclusion, the goal of LD 1042 is commendable and both the MPA Sports Medicine Advisory Committee and the DOE Head Injury Workgroup support any effort to better educate the adults that are working with children in youth sports! However, there remains a great deal of concern as to who is responsible for making sure the protocols are in place and followed to deal with these injuries. The current structure of youth sports, with inadequate oversight of many of these activities, does not allow for this to happen, and the responsibility cannot fall onto the schools.