

- SUBJECT:** Cognitive or neurological assessment of athletes before and after injury
- COMMITTEE:** Public Education — committee substitute recommended
- VOTE:** 6 ayes — Eissler, Allen, Guillen, Huberty, Strama, Weber
1 nay — Shelton
4 absent — Hochberg, Aycock, Dutton, T. Smith
- WITNESSES:** For — Jeff Blake; Thomas Henley, Premier Athletic Safety System; Kenneth Locker, Impact Applications Inc.; Nathaniel Newton; (*Registered, but did not testify:* Lindsay Gustafson, Texas Classroom Teachers Association; Larry Higdon, Texas Speech Language Hearing Association; Martin Pena, South Texas Association of Schools)
Against — None
On — Mark Cousins, UIL; Bess Sirmon-Fjordbak, Texas Speech Language Hearing Association (*Registered, but did not testify:* Troy Alexander, Texas Medical Association and Texas Pediatric Society)
- BACKGROUND:** The University Interscholastic League (UIL) was created by the University of Texas in 1909 to provide extracurricular academic, athletic, and music contests for elementary and secondary school students. For athletics, UIL organizes and facilitates region and state championships in such sports as football, basketball, baseball, cheerleading, soccer, and tennis.
Education Code, ch. 33 governs extracurricular activities and applies to any school in the UIL. According to sec. 33.203, each student participating in an extracurricular athletic activity must complete the UIL forms entitled “Preparticipation Physical Evaluation - Medical History” and “Acknowledgment of Rules.” Each form must be signed by both the student and the student’s parent or guardian. According to sec. 33.202, each coach, trainer, sponsor, band director, or school physician must receive training on recognizing symptoms of potentially catastrophic injuries, including head and neck injuries, concussions, and injuries related to second-impact syndrome. Sec. 33.205 prohibits a student who becomes unconscious during a practice or competition from returning to that

practice or competition and from participating in athletics until he or she receives written authorization from a physician.

DIGEST:

CSHB 677 would require a school district to require a student who was required by the UIL to undergo a physical examination before being allowed to participate in a UIL athletic activity to receive a cognitive-linguistic or neurocognitive assessment before the district could allow the student to participate in the activity. A school district also would have to require a student who, after sustaining a concussion, was required by UIL rules to receive a physical examination or obtain medical approval before resuming the activity to receive a cognitive-linguistic or neurocognitive assessment.

Cognitive-linguistic or neurocognitive assessments would be conducted in accordance with international consensus on concussion management and could be administered only by an appropriately licensed physician, physician assistant, advanced-practice nurse, speech-language pathologist, or athletic trainer. In determining whether or not a student should be allowed to resume participation, the school district would have to use the results of the cognitive-linguistic or neurocognitive assessment. School districts could recover the costs of the assessment from the student or the student's parents.

The UIL would have to adopt rules for the implementation of CSHB 677, including rules establishing standards for a cognitive-linguistic or neurocognitive assessment.

If the school district board of trustees, by majority vote, decided that it was not in the best interest of the school districts' students to comply with the cognitive-linguistic or neurocognitive assessment requirements, the school district would be exempt.

The bill would not create a cause of action or liability against an appropriately licensed or certified health care professional, a school district, or a district officer or employee for the injury or death of a student participating in a UIL athletic activity in connection with administering or evaluating an assessment.

The bill would apply beginning with the 2012-2013 school year. The bill would take immediate effect if finally passed by a two-thirds record vote

of the membership of each house. Otherwise, it would take effect September 1, 2011.

**SUPPORTERS
SAY:**

CSHB 677 would strengthen the state's safety approach to head injuries in all UIL sports. Concussions are not easily diagnosed and can cause significant long-term impairment if not treated properly. Current UIL concussion management recommendations and standards do not go far enough. CSHB 677 would implement the cognitive-linguistic or neurocognitive assessments prior to a sports season, which would serve as the baseline to which post-injury assessments could be compared to comprehend the extent of the injury.

Diagnosing a concussion depends on assessing cognitive function because symptoms are difficult to assess and are not revealed by an MRI. A postinjury assessment would help identify a concussion and would ensure a complete recovery prior to returning to play. The data garnered from assessments would better inform the return-to-play decision, provide more effective monitoring of subtle cognitive-communicative changes, and reduce the guesswork in recovery of concussions.

CSHB 677 would ensure that athletes with concussions were properly monitored to prevent the consequences of individual injuries from compounding to cause permanent loss of brain function. These assessments demonstrate any negative impact repeat injuries may have on an athlete's cognitive function. Such information is valuable to prevent permanent brain damage that can lead to progressive degenerative disease in athletes with repeated trauma. The disease can cause aggression, depression, memory loss, confusion, and impaired judgment.

Assessments are easily read and understood, allowing parents, students, and athletic staff to operate with the same first-hand information when making decisions concerning student health. Concerns that coaches and staff members would not have immediate access to the baseline data or to subsequent assessments are mistaken. The school would be able to access the data at any time.

Claims that the inability to compare data across varying companies would impair the effectiveness of assessments and create a burdensome need to remain with the same company long term are unfounded. Assessment comparability standards would be developed by UIL to afford uniformity and adequate comparisons across assessment data. School districts might

need to contract for a certain amount of time with an assessment company, but school districts enter many long-term contracts regularly, such as for food service. The need to enter a long-term contract would not be a new concept.

Claims that the technology is not scientifically sound also are unfounded. The science of the technology has been peer reviewed throughout the medical community. These assessments are used in all major professional sports, as well as the National Collegiate Athletic Association and professional racecar driving.

Claims that the technology is not scientifically sound because it cannot validate the scientific claims concerning long-term consequences of concussion are off base. The purpose of assessing student athletes would be to illuminate the extent of a student's injury and to determine if there is permanent damage that would preclude further participation in the sport, not to validate scientific claims.

Claims that the bill would not be implemented in the foreseeable future due to the tough economic times are untrue. The bill preserves local control to avoid an unfunded mandate, and school districts could recover the cost of the assessments by charging students or their parents.

**OPPONENTS
SAY:**

The cognitive-linguistic or neurocognitive assessments promoted by CSHB 677 would not provide clear, scientific data. The assessments' ability to validate scientific claims concerning the long-term effects of concussion is unproven.

Any possible benefit of these assessments could be undermined by the inability to compare data regardless of the company providing the assessments. For the bill to accomplish its goal, a school district would need to contract with the same company for extended periods of time.

Since CSHB 677 would permit a school district board of trustees to be exempt from the bill's provisions if the board considered it best for its students, the bill likely would not be implemented in the foreseeable future. While a well-intentioned idea, many school districts cannot afford this program during these tough economic times.

The practical implementation of the benefits of these assessments could be hindered by the coaching staff's ability to access the data on the sideline.

School districts are not required to have medical professionals on staff, but coaches and other staff members have required training.

NOTES: The bill's fiscal note indicates that each assessment would cost about \$3 per exam.