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FISCAL IMPACT REPORT

SPONSOR Sanchez, M **ORIGINAL DATE** 2/1/16
LAST UPDATED 2/11/16 **HB** _____

SHORT TITLE Student Athlete Brain Injury Protocols **SB** 137/aSEC/aSJC

ANALYST Fernandez

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY16	FY17	FY18	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total		\$11.0	\$11.0	\$22.0	Recurring	General Fund

(Parenthesis () Indicate Expenditure Decreases)

Relates to HB180

SOURCES OF INFORMATION

LFC Files

Responses Received From

Department of Health (DOH)
 Board of Nursing
 Regulation and Licensing Department (RLD)
 Medical Board

2015 Response Received From

Governor’s Commission on Disability (GCD)

No Response

Public Education Department

SUMMARY

Synopsis of SJC Amendment

The Senate Judiciary Committee amendment modifies language in the section defining a “licensed health care professional”.

Synopsis of SEC Amendment

The Senate Education Committee amendment would require a written medical release from a licensed health care professional in order for a student athlete to return to athletic activity and adds a “practicing physical therapist licensed by the Physical Therapy Act” to the list of licensed

health care professionals who are authorized to provide a medical release so that a student athlete known or suspected to have suffered a brain injury may return to athletic activity.

Synopsis of Original Bill

Senate Bill 137 amends a section of the Public School Code pertaining to brain injury protocols used by coaches for brain injuries received by students while participating in athletic activities to increase the amount of time a coach may allow a student athlete who has been prohibited from participating in a school athletic activity from one week after to 240 hours or 10 days from the hour in which the student received the brain injury. The bill also adds a new section detailing brain injury education and the training of coaches.

FISCAL IMPLICATIONS

This bill does not contain an appropriation and it is unclear if or what the fiscal impact would be for implementation of this bill for school districts and charter schools, specifically any additional training for coaches contained in the new section.

DOH estimates the additional cost for implementation of this bill to the department would be approximately \$11 thousand in FY17 and FY18. The additional cost estimate provided by DOH addresses the new section of bill requiring DOH staff to consult with the Brain Injury Advisory Council to promulgate rules that establish the following:

- Protocols consistent with medical knowledge for training coaches participating in youth athletic activities; and
- Content of brain injury information forms and educational materials for youth, coaches, athletes and youth athletes' parents on the risk of brain injury resulting from youth athletic activity.

SIGNIFICANT ISSUES

DOH provided the following information:

U.S. emergency departments (ED) treat an estimated 135,000 sports and recreation-related traumatic brain injuries (TBI), including concussions each year among children ages 5 to 18 (MMWR, July 27, 2007 / 56(29); 733-737). Persons aged 5-18 years account for an estimated 65% of ED visits for sports-related TBI. Persons in this age group are at increased risk for another concussion, for long-term aftereffects of TBI, delayed recovery and cumulative consequences of multiple TBIs (e.g., increased severity of future TBIs and increased risk for depression and dementia). Rest is important after a concussion. The brain needs time to heal, so it is important to not allow a student athlete to participate in a school athletic event on the same day that a student athlete exhibits signs, symptoms or behaviors of a concussion or head injury. Additionally, before a student athlete is allowed to resume play, a health care professional experienced in evaluating brain injury should indicate that the student athlete is symptom-free and has been cleared for further participation (Centers for Disease Control and Prevention, *Responding to a Concussion*, http://www.cdc.gov/headsup/basics/concussion_respondingto.html).

According to the International Concussion Consensus Guidelines (McCrory *et al.*, British Journal of Sports Medicine, 2009, http://bjsm.bmj.com/content/43/Suppl_1/i76.full.pdf), An athlete with a suspected brain injury should not return to practice or play on the same day and

should only return progressively to practice or play under a health care professional's plan. In the absence of post-injury symptoms, the athlete should progress through a return to play protocol in approximately one week.

GCD provided the following information:

In 2015, GCD responded to similar proposed legislation and reported on a state-wide survey conducted by the UNM Health Sciences Center Brain and Behavioral Institute regarding sports concussion in youth in New Mexico. Data was collected on about 20,000 students who participated in high school or middle school athletics and 7,000 students who participated in physical education. Some of the findings are:

- The rate of concussion for youth participating in sports in New Mexico was over two and a half times higher than the rate reported in a similar study in another state;
- The rate of concussion during physical education classes was 60 percent higher than the rate of concussion during sports;
- Ninety-nine percent of coaches in high school or middle school received state-mandated New Mexico Activities Association training on concussion management. It is not clear what training physical education teachers or youth club sports coaches receive regarding sports concussion management;
- Over 60 percent of New Mexico schools do not have athletic trainers to assist in sports concussion identification and management;
- Over 50 percent of New Mexico schools indicated that they do not feel there are adequate resources to diagnose and manage sports concussions; and
- Over 70 percent of schools indicated interest or strong interest in more education and training on the diagnosis and treatment of concussions.

GCD adds these data indicate a continued need for more brain injury education for children, parents, teachers, guardians and coaches to reduce the incidence of concussion during sports. Current youth sports concussion protocols are not mandatory for non-scholastic/club sports which misses a percentage of youth athletes that would benefit from these protocols.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

Relates to HB 180, which also amends the same section of the Public School Code to provide an appeal process for students who have an underlying brain injury determination.

TECHNICAL ISSUES

The Board of Nursing recommends the following technical change:

Page 5, lines 6-7, strike “practicing certified nurse practitioner” and replace with “advanced practice registered nurse licensed pursuant to the Nursing Practice Act”.

Page 9, lines 22-23, strike “practicing certified nurse practitioner” and replace with “advanced practice registered nurse licensed pursuant to the Nursing Practice Act”.

According to the board, this recommended language is more inclusive of the practice all advanced practice registered nurse's, including clinical nurse specialists, rather than limiting

“licensed healthcare professionals” to only certified nurse practitioners.

CTF/al/jo/jle