

**STATE COUNCIL FOR PERSONS WITH DISABILITIES  
BRAIN INJURY COMMITTEE  
January 9, 2017 – 2:00 PM  
Smyrna State Service Center, Smyrna**

**PRESENT:** Ann Phillips, Chair/Family Voices; Brian Hartman, Vice Chair/DLP; Thomas Cairo, Bayhealth Neurosurgery; Kristin Cosden-Harvey, DDC; Debbie Dunlap, Parent (phone); Dr. Katie Freeman, DPBHS; Nicol Joseph, Health Options; Patricia Martin, United Healthcare Community & State (UHCC); Lenora Reynolds, UHCC (phone); Ron Sarg, DMD, DE Commission of Veterans Affairs (DCVA); Clarence Watson, DSAMH; Sybil White (for Wendy Strauss), GACEC; Jo Singles, Support Staff; Amber Rivard, Support Staff.

Guest: Jamie Mack, DPH

**CALL TO ORDER**

Ann called the meeting to order at 2:07 pm.

**ADDITIONS/DELETIONS TO THE AGENDA**

None

**APPROVAL OF MINUTES**

Brian motioned for approval of November 7, 2016 minutes. Ron seconded the motion. The November 7, 2016 minutes were approved as submitted.

**BUSINESS**

**Federal Cures Act**

The Federal Cures Act (FCA) was signed and includes the Brain Initiative. FCA secured additional funding under the Cures Act. The FCA is about different biomedical research conducted by a Brain Initiative that identifies traumatic brain injury (TBI), Alzheimer and other neurological conditions that fall under the 21<sup>st</sup> Century Cures Act (HR 34). HR 34 will provide other health priorities and money towards the current drug epidemic. A link describing the FCA will be provided to the Committee members by Jo or Amber: <https://www.congress.gov/bill/114th-congress/house-bill/6>.

**HB 404 Concussion Legislation**

Brian stated that aspects to the bill that should be followed-up and the Committee could develop a pre-disposition on terms of the regulations for it. There were two aspects of the bill where Division of Public Health (DPH) was authorized to issue regulations. The Committee compromised with DPH to issue regulations that will enforce the bill.

The two areas DPH could issue regulations are the following:

- A health care provider could assist the “return to play” documentation. The requirements a health care provider should have a licensed physician, doctor of medicine or doctor of

osteopathic medicine or other licensed health care professionals designated by the Division. The Delaware Interscholastic Athletic Association (DIAA) legislation stated children in school-sponsored sports have to be examined by a licensed doctor. The Committee had discussed with DIAA that it should be extended to include recreational leagues throughout the state. Brian recommended that the Committee and DPH discuss licensed health care providers determining if a child athlete can or cannot “return to play” rather than switching between doctors and professional nurses.

- DPH can define the types of sports or activities that the bill is more focused on. Football, rugby, soccer, basketball, lacrosse, field hockey, cheerleading, ice hockey and martial arts are considered significant concussion risk activities by the Division. Brian had been drafting this section of the bill and conducting research on how some sports and activities like cheerleading are associated with concussions. There was extended research on gender differences and how they are treated in a sport or a sport related activity (i.e.: softball is a high incident activity). School field trips are exempt from this bill.

There was a question on visiting teams and their being exempt from the State concussion bill. We cannot regulate coaches out-of-state, but can regulate coaches within the state. Ron commented that an out-of-state coach visiting the State can put a child suspected of concussion to “return to play” without any repercussions. Thomas stated concern with the State that out-of-state teams and coaches will be treated differently. Brian spoke about training components for parents and coaches of child athletes from out-of-state to sign off on having received training in suspecting concussion during play. Another question was raised on the role the referee has during school sport activities (in-state school teams versus visiting school teams). Brian stated referees are trained to suspect if a player from either team has a concussion and remove them from play (Amendment 1 added in June 2016 before being passed). There could be conflicts between the referees and coaches based on the bill stating earlier that a coach has a decision of returning a child to play or removing them from play. He added the Committee should suggest to the DIAA to consider an initiative to amend their statutes to match the statutes from the Committee to cover concussion training for referees, umpires, and others from related organizations. If referees were trained in detecting concussions, it could benefit both in-state and out-of-state teams. If a child on an out-of-state team is suspected of concussion, the referee could remove the child from play and would be checked at a nearby hospital.

There are some more items that the Committee needs to discuss for implementation of the Concussion bill:

- Receive more information on the concussion training from DIAA to compare laws in determining how often a coach should receive the training. The DIAA law states that each student athlete and their parents sign the DIAA concussion training sheet annually, prior in competing in a sport. The law states that the Committee should develop the form and the Committee should copy what the DIAA has in their law to be similar. There is a general information sheet that describes what the dangers of a concussion are the importance of identifying concussion, and its long-term consequences.
- Discussion was made with Kyle and the Committee about collecting surveys and inputting that data into the Annual Report. The Committee could send a survey to the recreational

leagues in the form of a questionnaire to fill out. There is no statement in the bill that requires the recreational leagues to respond to the survey.

- The Committee should contact DIAA about the online concussion training and how to verify the coaches (recreational leagues) that have taken the training. There was discussion on DIAA surveys and how their protocols have ensured that coaches are trained. DIAA can exclude a person from being a coach if they have not taken the proper training online. Survey Monkey was suggested as being linked into the training to track how many have taken the training. When a coach fills out a form to the parents of an athlete about a suspected concussion, they could encourage the parents to contact the Committee. Someone stated about allowing everyone in the State to have a medical health care record to report a concussion that would require a reporting process at the State level. The current issue with a medical health care record is that not every health care provider is listed, but it will become mandated soon. Another suggestion was made to examine people with medical claims history that have been admitted to a hospital and how it relates to injuries from recreational leagues. Other suggestions were made in collecting data for concussions called into hospitals during 2016 (parents versus coaches calling in), contacting the Medical Society to discuss with their doctors about amount of people reporting concussions from their children being active in a sports recreational league, contacting organizations i.e., CYO (Catholic Youth Organizations) about providing related information on concussion during sports and the information on suspected concussion from surveys the nurses under medical services provided. Another suggestion was made to contact Dr. Mills from Bayhealth who is involved with the Brain Injury Association of Delaware (BIAD) and the Committee to gather the data from a medical viewpoint.

An issue with training the parents of a child athlete for a concussion was discussed. This involved parents taking the child to the primary care physician and not describing it the injury as a concussion. Brian stated that doctors do not want to be held liable if the parents want their child to keep playing (for scholarships) and they may claim that their concussion was not a big deal. He added once all the protocols are in place to check with the Developmental Disabilities Council (DDC) on providing a grant to cover the concussion bill. Also, put it on the SCPD website: <http://scpd.delaware.gov/>.

Jamie stated DPH has two responsibilities to the bill: define the high risk activities and to define the medical specialties practices that will enable children to “return to play” after being suspected of a concussion. The Medical Director will work with a national organization and groups to find similar goals for Delaware standards or develop their own goals. If they do develop goals, DPH will contract with a local doctor who specializes in these types of injuries and use their expertise to gather the information needed. It will take about three months to implement these regulations due to background development and as they are being developed the two lists the committee and medical professions. DPH can report to the Committee the updates on these developments. Discussion was made to ask DIAA to firm up the language for their legislation. DPH will develop draft legislation on the expansion of concussion risk activities and provide updates to the Committee for feedback.

## **ANNOUNCEMENTS**

Brian mentioned a motorcycle helmet bill that was re-introduced and is currently being discussed with the motorcycle lobbyists. He encourages that DPH consider taking a position on the bill.

Thomas asked about the Domestic Violence discussion from November 2016 for any updates or communication from the women shelters. Jo added that Cherelyn Homlist and Marcey Rezac from People's Place asked to be added on the Distribution List. Ann suggested contacting them with a note about people that are available and willing to provide assistance to the women in shelters.

Discussion was made about an MCO not accepting Endless Possibilities in the Community (EPIC) as a brain injury program because they already have a brain injury program that is a day habilitation. It has created an issue with the MCOs limiting their services to just one program.

## **ADJOURNMENT**

The meeting adjourned at 3:34 pm.

Respectively submitted,

Amber Rivard  
SCPD Administrative Specialist  
S: bic/jan17min