Concussion Awareness and Education Act of 2017 (HR 2360, 115th Congress)

Promotes awareness of sports-related concussions in youth and establishes a national system to collect data on concussion occurrence.

Updated last July 6, 2017
for the 05/04/2017 version of HR 2360.

WHAT IT DOES

The Concussion Awareness and Education Act of 2017 (HR 2360) aims to create a culture of awareness about sports- and recreation-related concussions by establishing a comprehensive system to nationally track and monitor the prevalence of concussions across all youth sports and recreational activities.

The Concussion Awareness and Education Act of 2017 amends title III and IV of the Public Health Service Act (42 U.S.C. 201 et seq.) to:

- Require the Centers for Disease Control and Prevention (CDC) to establish and oversee the implementation of a national data collection system on concussion occurrence in youth. Such system must commence within one year of the bill’s enactment. Data to be collected include:
  - Incidence of sports-related concussions in individuals age 5 – 21;
  - Demographic information, pre-existing conditions, and concussion history of injured individuals;
  - Use of protective equipment and impact monitoring devices;
  - Qualifications of personnel diagnosing the concussions; and
  - Cause, nature, and extent of the concussive injury.
- Require the National Institutes of Health, starting within one year of the bill’s enactment, to conduct or support research on:
  - Guidelines for short- and long-term effects of youth concussions;
  - Effects of youth concussions on quality of life;
  - Sociological risk factors for youth concussions; and
  - Biomechanical risk factors for youth concussions.

Furthermore, this bill will require:

- The CDC to develop and disseminate to the public information regarding concussions.
- The establishment of a Concussion Research Commission, in which appointed members must have scientific expertise or be an otherwise qualified expert in traumatic brain injuries, responsible for:
  - Studying the data collection system and research mandated by this bill;
  - Formulating further recommendations to achieve the outlined goals of this bill;
  - Reviewing and recommending updates to the report of the National Academies entitled “Sports-Related Concussions in Youth: Improving the Science, Changing the Culture”; and
- Submitting formal reports of their progress to Congress every six months, and creating a final report for Congress and the public within three years of the bill’s enactment.

RELEVANT SCIENCE

A concussion is a type of traumatic brain injury (TBI) caused by a collision that causes the brain and the head to suddenly move back and forth. In its natural state, the brain is surrounded by protective fluid and membranes that separate the brain from the skull.
However, according to Mayo Clinic, the sudden movement of a collision may cause the brain to move or twist within the skull, ultimately pushing the brain into the skull. This process can bruise the brain, tear nerve tissue, and damage or kill brain cells. The resulting damage is classified as a concussion.

According to the CDC, concussion symptoms are experienced in varying intensities and stages depending on the severity of the concussion. Common symptoms include memory loss, confusion, dizziness, headache, nausea, and general feelings of sluggishness. The CDC further explains that concussions can also have long term health impacts. Studies analyzing players in the National Football League (NFL) who suffered from concussions found those players were at higher risk of developing depression and cognitive issues. Similarly, another study found that ninety six percent of NFL players’ brains had signs of a brain disease known for impairing memory and judgment called chronic traumatic encephalopathy.

Beyond the NFL, the confrontational and fast paced nature of many contact sports makes athletes prone to concussions. Each year, an estimated 10% of athletes in contact sports are diagnosed with concussions in the United States, totaling 1.6 to 3.8 million sports related concussions annually.

Rates of youth concussions are similarly high and increasing rapidly. A study assessing the rates of concussion diagnoses over time found that concussion rates for high school athletes increased by 16% annually from 1997 - 2008. While it is unclear whether this sharp rise is caused by an increase in concussion injuries or an increase in diagnosis of injuries as concussions, research demonstrates that adolescents are more vulnerable to concussion injuries than other age demographics. One study assessing post-concussion cognitive impairments found that adolescents experienced greater susceptibility to severe, long-term brain damage following concussions, particularly in the frontal lobe of the brain responsible for cognitive functions such as memory and judgement, than did adults or younger children. Because the brain is reaching its final stages of maturity during adolescence, the brain is both more susceptible to injury and less equipped to respond to injury.

RELEVANT EXPERTS

Daniel Todd Laskowitz, MD, is a Professor of Neurology, Neurobiology, and Anesthesiology at the Duke University School of Medicine and the Director of Neurosciences Medicine at the Duke Clinical Research Institute. His work focuses on researching the efficacy of various therapy options for stroke, hemorrhage, and head injury.

Relevant Publications:


Jeffrey Ryszard Bytomski, DO, is an Associate Professor of Community and Family Medicine at the Duke University School of Medicine and the Head Medical Team Physician for Duke Athletics. His work focuses on medical issues in athletes such as concussion and post-concussion syndromes and non-invasive medicines.

“Research on epidemiology as well as concussion injury diagnosis and treatment in youth, especially under 12 years old is sorely lacking. Most studies also involve American football yet most children participate in sports other than football. The Concussion Awareness and Education Act of 2017 would help providers to better understand how to
diagnose and treat children with concussion in sport.”

Relevant Publications:


Josh Bloom, MD, is a clinical associate in the department of Community and Family Medicine and the Medical Director of the Carolina Hurricanes. His research interests involve the evaluation and management of sports concussions.

Relevant Publications:


**BACKGROUND**

While there is a long history of young athletes being harmed by sport related concussions, the national movement to draw attention to the harms of concussions in youth did not begin until 2009 when middle school football player Zackery Lystedt suffered severe brain damage as a result of returning to a football game with a concussion. His experience and suffering sparked a discussion among the NFL and Washington legislature that resulted in Washington becoming the first state to create school regulations for student athletes returning to play following a concussion, the Zackery Lystedt Law. This piece of legislation was the key initiating force behind a series of concussion safety related legislation that would follow nationwide.

Since then, Congress has repeatedly introduced many related bills designed to address youth concussions. A number of these bills have targeted the ways secondary schools address concussions. For example:

- The Protecting Student Athletes from Concussions Act, introduced in the 113th (HR 3532/S 1546) and 114th (HR 2062/S 988) Congresses, would have required states to meet certain conditions for concussion prevention and treatment in order to receive some forms of funding.
- The SAFE PLAY Act, introduced in the 113th (HR 5324/S 2718) and 114th (HR 829/S 436) Congresses, would have required states to meet conditions for concussion safety in order to receive other forms of funding.
- The ConTACT Act, introduced in the 113th (HR 3113/S 1516) and 114th (HR 582/S 307) Congresses, would have established stricter guidelines for the diagnosis, treatment, and management of concussions in students.

Other bills have aimed to increase public education about factors relating to concussions. For example, the Youth Sports Concussion Act, introduced in the 113th (HR 2118/S 1014) and 114th Congresses (HR 4460/S 2508) would have banned the sale of athletic equipment with deceptive safety claims.

**ENDORSEMENTS & OPPOSITION**

Endorsements:

- Representative Steve Stivers (R-OH-15) in a public statement expressed his belief that the earliest version of this bill, HR 3954 (113th Congress), would increase awareness surrounding concussion issues faced by athletes: “With the number of sport related concussions and the long-term side effects impacting athletes and military personnel, we need to make an effort to change the ‘culture of resistance’ surrounding concussions.”

- Jeff Sopp, CEO of Privit, a company utilizing cloud-based technology for the storage of personal medical records, said in a public statement about HR 3954, “As of January 2014, all 50 states, and the District of Columbia, have adopted return to play legislation
for concussed athletes participating in youth sports. We are proud to support Congresswoman Beatty and Congressman Stivers on HR 3954 for developing best practices for concussions, regardless of which state you play.”

Opposition:

At present, there has not been any publicly reported opposition to this bill.

STATUS

HR 2360 was introduced in the House on May 4, 2017 and referred to the House Committee on Energy and Commerce on the same date. It was referred to the Committee’s Subcommittee on Health on May 5, 2017.

POLICY HISTORY

HR 2360 is the third version of the Concussion Awareness and Education Act of 2017. The bill was originally introduced as the Concussion Awareness and Education Act of 2014 (HR 3954, 113th Congress). The bill was then introduced as the Concussion Awareness and Education Act of 2015 (HR 1271, 114th Congress). Representative Joyce Beatty (D-OH-3) introduced all three versions of the bill.

SPONSORS

Sponsor: Representative Joyce Beatty (D-OH-3)

Cosponsors:

- 17 Democrats
- 3 Republicans

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