

STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2023

A N A C T

RELATING TO EDUCATION -- SCHOOL AND YOUTH PROGRAMS CONCUSSION ACT

Introduced By: Representatives Baginski, Noret, Casimiro, and McNamara

Date Introduced: March 01, 2023

Referred To: House Education

It is enacted by the General Assembly as follows:

1 SECTION 1. Title 16 of the General Laws entitled "EDUCATION" is hereby amended by  
2 adding thereto the following chapter:

3 CHAPTER 91.2

4 SCHOOL AND YOUTH PROGRAMS CONCUSSION ACT

5 **16-91.2-1. Definitions.**

6 For the purpose of this section, the following terms shall have the following meanings:

7 (1) "Athletic trainer" means an athletic trainer licensed under chapter 60 of title 5, who is  
8 working under the supervision of a physician.

9 (2) "Coach" means any volunteer or employee of a school who is responsible for organizing  
10 and supervising students to teach them or train them in the fundamental skills of an interscholastic  
11 athletic activity. "Coach" refers to both head coaches and assistant coaches.

12 (3) "Concussion" means a complex pathophysiological process affecting the brain caused  
13 by a traumatic physical force or impact to the head or body, which may include temporary or  
14 prolonged altered brain function resulting in physical, cognitive, or emotional symptoms or altered  
15 sleep patterns and which may or may not involve a loss of consciousness.

16 (4) "Game official" means a person who officiates at an interscholastic athletic activity,  
17 such as a referee or umpire, including, but not limited to, persons enrolled or provided as game  
18 officials by the Rhode Island Interscholastic League.

19 (5) "Interscholastic athletic activity" means any organized school-sponsored or school-

1 sanctioned activity for students, generally outside of school instructional hours, under the direction  
2 of a coach, athletic director, or band leader, including, but not limited to, baseball, basketball,  
3 cheerleading, cross country track, fencing, field hockey, football, golf, gymnastics, ice hockey,  
4 lacrosse, marching band, rugby, soccer, skating, softball, swimming and diving, tennis, track  
5 (indoor and outdoor), ultimate Frisbee, volleyball, water polo, and wrestling. All interscholastic  
6 athletics are deemed to be interscholastic activities.

7 (6) "Licensed healthcare professional" means a person who has experience with concussion  
8 management and who is a nurse licensed under chapter 34 or title 5, a psychologist licensed under  
9 chapter 44 of title 5 and specializes in the practice of neuropsychology, a physical therapist licensed  
10 under chapter 40 of title 5, an occupational therapist licensed under chapter 40.1 of title 5, a  
11 physician assistant under chapter 54, of title 5, or an athletic trainer.

12 (7) "Nurse" means a person who is employed by or volunteers at a school and is licensed  
13 under chapter 34 of title 5, as a registered nurse, practical nurse, or advanced practice registered  
14 nurse.

15 (8) "Physician" means a physician licensed to practice medicine in all of its branches by  
16 the board of medical licensure and discipline.

17 (9) "Physician assistant" means a physician assistant licensed under chapter 54 of title 5;

18 (10) "School" means any public or private elementary or secondary school, including a  
19 charter school.

20 (11) "Student" means an adolescent or child enrolled in a school.

21 (12) "Youth sports programs" means any program organized for recreational and/or athletic  
22 competition purposes by any school district or by any school participating in Rhode Island  
23 interscholastic league competition, and whose participants are nineteen (19) years of age or  
24 younger.

25 **16-91.2-2. School district guidelines to be developed and implemented.**

26 (a) The governing body of each public or charter school and the appropriate administrative  
27 officer of a private school with students enrolled who participate in an interscholastic athletic  
28 activity shall appoint or approve a concussion oversight team. Each concussion oversight team shall  
29 establish a return-to-play protocol, based on peer-reviewed scientific evidence consistent with the  
30 Centers for Disease Control and Prevention guidelines, for a student's return to interscholastic  
31 athletics practice or competition following a force or impact believed to have caused a concussion.

32 (b) Each concussion oversight team shall also establish a return-to-learn protocol, based on  
33 peer-reviewed scientific evidence consistent with the Centers for Disease Control and Prevention  
34 guidelines, for a student's return to the classroom after that student is believed to have experienced

1 a concussion, whether or not the concussion took place while the student was participating in an  
2 interscholastic athletic activity.

3 (c) Each concussion oversight team shall include to the extent practicable at least one  
4 physician. If a school employs an athletic trainer, the athletic trainer shall be a member of the school  
5 concussion oversight team to the extent practicable. If a school employs a nurse, the nurse shall be  
6 a member of the school concussion oversight team to the extent practicable. At a minimum, a school  
7 shall appoint a person who is responsible for implementing and complying with the return-to-play  
8 and return-to-learn protocols adopted by the concussion oversight team. At a minimum, a  
9 concussion oversight team may be composed of only one person and this person need not be a  
10 licensed healthcare professional; provided, however, the person shall not be a coach. A school may  
11 appoint other licensed healthcare professionals to serve on the concussion oversight team.

12 **16-91.2-3. Student participation in interscholastic activity -- Concussion brochure.**

13 (a) A student shall not participate in an interscholastic athletic activity for a school year  
14 until the student and the student's parent or guardian or another person with legal authority to make  
15 medical decisions for the student have signed a form for that school year that acknowledges  
16 receiving and reading written information that explains concussion prevention, symptoms,  
17 treatment, and oversight and that includes guidelines for safely resuming participation in an athletic  
18 activity following a concussion. The form shall be approved by the commissioner of elementary  
19 and secondary education.

20 (b) The commissioner shall develop, publish, and disseminate a brochure to educate the  
21 parents and the general public on the effects of concussions in children and discuss how to look for  
22 concussion warning signs in children, including, but not limited to, delays in the learning  
23 development of children. The brochure shall be distributed free of charge by schools to any child  
24 or the parent or guardian of a child who may have sustained a concussion, regardless of whether or  
25 not the concussion occurred while the child was participating in an interscholastic athletic activity.  
26 This brochure shall satisfy the written information required in subsection (a) of this section.

27 (c) This section shall also apply to youth sports programs.

28 **16-91.2-4. Removal of student from practice or competition upon suspicion of**  
29 **sustaining a concussion.**

30 (a) A student shall be removed from an interscholastic athletics practice or competition  
31 immediately if one of the following persons believes the student might have sustained a concussion  
32 during the practice or competition:

33 (1) A coach;

34 (2) A physician;

- 1           (3) A game official;  
2           (4) An athletic trainer;  
3           (5) The student's parent or guardian or another person with legal authority to make medical  
4 decisions for the student;  
5           (6) The student; or  
6           (7) Any other person deemed appropriate under the school's return-to-play protocol.  
7           (b) This section shall also apply to youth sports programs.

8           **16-91.2-5. Requirements for return to practice or competition.**

9           (a) A student removed from an interscholastic athletics practice or competition under § 16-  
10 91.2-4 shall not be permitted to practice or compete again following the force or impact believed  
11 to have caused the concussion until:

12           (1) The student has been evaluated, using established medical protocols based on peer-  
13 reviewed scientific evidence consistent with Centers for Disease Control and Prevention guidelines,  
14 by a treating physician (chosen by the student or the student's parent or guardian or another person  
15 with legal authority to make medical decisions for the student), an athletic trainer, an advanced  
16 practice registered nurse, or a physician assistant;

17           (2) The student has successfully completed each requirement of the return-to-play protocol  
18 established under this section necessary for the student to return to play or practice;

19           (3) The student has successfully completed each requirement of the return-to-learn protocol  
20 established under this section necessary for the student to return to learn;

21           (4) The treating physician, the athletic trainer, or the physician assistant has provided a  
22 written statement indicating that, in the physician's professional judgment, it is safe for the student  
23 to return to play or practice and return to learn or the treating advanced practice registered nurse,  
24 the athletic trainer or the physician assistant has provided a written statement indicating that it is  
25 safe for the student to return to play or practice and return to learn; and

26           (5) The student and the student's parent or guardian or another person with legal authority  
27 to make medical decisions for the student:

28           (i) Have acknowledged that the student has completed the requirements of the return-to-  
29 play and return-to-learn protocols necessary for the student to return to play or practice;

30           (ii) Have provided the treating physician's, athletic trainer's, advanced practice registered  
31 nurse's, or physician assistant's written statement under subsection (a)(4) of this section to the  
32 person responsible for compliance with the return-to-play and return-to-learn protocols under § 16-  
33 91.2-2(c) and the person who has supervisory responsibilities under subsection (b) of this section;  
34 and

1           (iii) Have signed a consent form indicating that the person signing:  
2           (A) Has been informed concerning and consents to the student participating in returning to  
3 play or practice in accordance with the return-to-play and return-to-learn protocols;  
4           (B) Understands the risks associated with the student returning to play or practice and  
5 returning to learn and will comply with any ongoing requirements in the return-to-play and return-  
6 to-learn protocols; and  
7           (C) Consents to the disclosure to appropriate persons, consistent with the federal Health  
8 Insurance Portability and Accountability Act of 1996 (Pub, L. 104-191), of the treating physician's,  
9 athletic trainer's, physician assistant's, or advanced practice registered nurse's written statement  
10 under subsection (a)(4) of this section and, if any, the return-to-play and return-to-learn  
11 recommendations of the treating physician, the athletic trainer, the physician assistant, or the  
12 advanced practice registered nurse, as the case may be.

13           (b) A coach of an interscholastic athletics team may not authorize a student's return to play  
14 or practice or return to learn. The district superintendent, or designee, in the case of a public  
15 elementary or secondary school, the chief school administrator, or designee, in the case of a charter  
16 school, or the appropriate administrative officer, or designee, in the case of a private school shall  
17 supervise an athletic trainer or other person responsible for compliance with the return-to-play  
18 protocol and shall supervise the person responsible for compliance with the return-to-learn  
19 protocol. The person who has supervisory responsibilities under this subsection may not be a coach  
20 of an interscholastic athletics team.

21           **16-91.2-6. Mandatory training for coaches and game officials.**

22           (a)(1) The Rhode Island interscholastic league shall approve, for coaches, game officials,  
23 and non-licensed healthcare professionals, training courses that provide for not less than two (2)  
24 hours of training in the subject matter of concussions, including evaluation, prevention, symptoms,  
25 risks, and long-term effects. The league shall maintain an updated list of individuals and  
26 organizations authorized by the league to provide the training.

27           (2) The following persons shall take a training course in accordance with subsection (a)(4)  
28 of this section from an authorized training provider at least once every two (2) years:

29           (i) A coach of an interscholastic athletic activity;

30           (ii) A nurse, licensed healthcare professional, or non-licensed healthcare professional who  
31 serves as a member of a concussion oversight team either on a volunteer basis or in their capacity  
32 as an employee, representative, or agent of a school; and

33           (iii) A game official of an interscholastic athletic activity.

34           (3) A physician who serves as a member of a concussion oversight team shall, to the

1 greatest extent practicable, periodically take an appropriate continuing medical education course in  
2 the subject matter of concussions.

3 (4) For purposes of subsection (a)(2) of this section:

4 (i) A coach, game official, or non-licensed healthcare professional, as the case may be,  
5 shall take a course described in subsection (a)(1) of this section;

6 (ii) An athletic trainer shall take a concussion-related continuing education course from an  
7 athletic trainer continuing education sponsor approved by the commissioner;

8 (iii) A nurse shall take a concussion-related continuing education course from a nurse  
9 continuing education sponsor approved by the commissioner;

10 (iv) A physical therapist shall take a concussion-related continuing education course from  
11 a physical therapist continuing education sponsor approved by the commissioner;

12 (v) A psychologist shall take a concussion-related continuing education course from a  
13 psychologist continuing education sponsor approved by the commissioner;

14 (vi) An occupational therapist shall take a concussion-related continuing education course  
15 from an occupational therapist continuing education sponsor approved by the commissioner; and

16 (vii) A physician assistant shall take a concussion-related continuing education course from  
17 a physician assistant continuing education sponsor approved by the commissioner.

18 (5) Each person described in subsection (a)(2) of this section shall submit proof of timely  
19 completion of an approved course in compliance with subsection (a)(4) of this section to the district  
20 superintendent, or designee, in the case of a public elementary or secondary school, the chief school  
21 administrator, or designee, in the case of a charter school, or the appropriate administrative officer,  
22 or designee, in the case of a private school.

23 (6) A physician, licensed healthcare professional, or non-licensed healthcare professional  
24 who is not in compliance with the training requirements under this subsection shall not serve on a  
25 concussion oversight team in any capacity.

26 (7) A person required under this subsection to take a training course in the subject of  
27 concussions shall complete the training prior to serving on a concussion oversight team in any  
28 capacity.

29 (b) The governing body of each public or charter school and the appropriate administrative  
30 officer of a private school with students enrolled who participate in an interscholastic athletic  
31 activity shall develop a school-specific emergency action plan for interscholastic athletic activities  
32 to address the serious injuries and acute medical conditions in which the condition of the student  
33 may deteriorate rapidly. The plan shall include a delineation of roles, methods of communication,  
34 available emergency equipment, and access to and a plan for emergency transport. This emergency

1 action plan shall be:

2 (1) In writing;

3 (2) Reviewed by the concussion oversight team;

4 (3) Approved by the district superintendent, or designee, in the case of a public elementary  
5 or secondary school, the chief school administrator, or designee, in the case of a charter school, or  
6 the appropriate administrative officer, or designee, in the case of a private school;

7 (4) Distributed to all appropriate personnel;

8 (5) Posted conspicuously at all venues utilized by the school; and

9 (6) Reviewed annually by all athletic trainers, first responders, coaches, school nurses,  
10 athletic directors, and volunteers for interscholastic athletic activities.

11 **16-91.2-7. All other youth sports programs.**

12 All other youth sports programs not specifically addressed by this chapter are encouraged  
13 to follow the guidance set forth in this chapter for all program participants who are age nineteen  
14 (19) and younger.

15 **16-91.2-8. Rules and regulations.**

16 The commissioner of education shall promulgate rules and regulations as necessary to  
17 administer this chapter, including, but not limited to, rules governing the informal or formal  
18 accommodation of a student who may have sustained a concussion during an interscholastic athletic  
19 activity or practice.

20 SECTION 2. Chapter 16-91 of the General Laws entitled "School and Youth Programs  
21 Concussion Act" is hereby repealed in its entirety.

22 ~~CHAPTER 16-91~~

23 ~~School and Youth Programs Concussion Act~~

24 ~~**16-91-1. Findings of fact.**~~

25 ~~The general assembly hereby finds and declares: (1) Concussions are one of the most~~  
26 ~~commonly reported injuries in children and adolescents who participate in sports and recreational~~  
27 ~~activities. A concussion is caused by a blow or motion to the head or body that causes the brain to~~  
28 ~~move rapidly inside the skull. The risk of catastrophic injuries or death is significant when a~~  
29 ~~concussion or head injury is not properly evaluated and managed.~~

30 ~~(2) Concussions are a type of brain injury that can range from mild to severe and can disrupt~~  
31 ~~the way the brain normally works. Concussions can occur in any organized or unorganized sport~~  
32 ~~or recreational activity and can result from a fall or from players colliding with each other, the~~  
33 ~~ground, or with obstacles. Concussions occur with or without loss of consciousness, but the vast~~  
34 ~~majority occurs without loss of consciousness.~~

1 ~~(3) Continuing to play with a concussion or symptoms of a head injury leaves the young~~  
2 ~~athlete especially vulnerable to greater injury and even death. The general assembly also recognizes~~  
3 ~~that, despite having generally recognized return to play standards for concussion and head injury,~~  
4 ~~some affected youth athletes are prematurely returned to play resulting in actual or potential~~  
5 ~~physical injury or death to youth athletes in the state of Rhode Island.~~

6 ~~(4) Concussions can occur in any sport or recreational activity, furthermore, symptoms of~~  
7 ~~concussions may manifest themselves after the injury during school hours and in the classroom~~  
8 ~~setting. All school nurses, coaches, parents, and athletes shall be advised of the signs and symptoms~~  
9 ~~of concussions as well as the protocol for treatment.~~

10 ~~**16-91-2. Definitions.**~~

11 ~~For the purpose of this section, the term “youth sports programs” means any program~~  
12 ~~organized for recreational and/or athletic competition purposes by any school district or by any~~  
13 ~~school participating in Rhode Island Interscholastic League Competition, and whose participants~~  
14 ~~are nineteen (19) years of age or younger.~~

15 ~~**16-91-3. School district’s guidelines to be developed and implemented.**~~

16 ~~(a) The department of education and the department of health shall work in concert with~~  
17 ~~the Rhode Island Interscholastic League to develop and promulgate guidelines to inform and~~  
18 ~~educate coaches, teachers, school nurses, youth athletes, and their parents and/or guardians of the~~  
19 ~~nature and risk of concussion and head injury, including continuing to play after concussion or head~~  
20 ~~injury. A concussion and head injury information sheet shall be signed and returned by the youth~~  
21 ~~athlete and the athlete’s parent and/or guardian prior to the youth athlete’s return to practice or~~  
22 ~~competition.~~

23 ~~(b) School districts are required to use training materials made available by the United~~  
24 ~~States Center for Disease Control and Prevention entitled “Heads Up: Concussion in the High~~  
25 ~~School Sports/Concussion in Youth Sports” and any updates or amendments thereto, or training~~  
26 ~~materials substantively and substantially similar thereto. The department of education shall post~~  
27 ~~training materials made available by the Center for Disease Control and Prevention and the Rhode~~  
28 ~~Island Interscholastic League on its website. All coaches and volunteers involved in a youth sport~~  
29 ~~or activity covered by this chapter must complete a training course and a refresher course annually~~  
30 ~~thereafter in concussions and traumatic brain injuries. All school nurses must complete a training~~  
31 ~~course and an annual refresher course in concussions and traumatic brain injuries. Teachers and~~  
32 ~~teachers’ aides are strongly encouraged to complete the training course in concussions and~~  
33 ~~traumatic brain injuries. Training may consist of videos, classes, and any other generally accepted~~  
34 ~~mode and medium of providing information.~~



1           ~~(c) School districts are encouraged to have all student athletes perform baseline~~  
2 ~~neuropsychological testing, computerized or otherwise. Parents and/or guardians shall be provided~~  
3 ~~with information as to the risk of concussion and/or traumatic brain injuries prior to the start of~~  
4 ~~every sport season and they shall sign an acknowledgement as to their receipt of such information.~~

5           ~~(d) A youth athlete, who is suspected of sustaining a concussion or head injury in a practice~~  
6 ~~or game, shall be removed from competition at that time.~~

7           ~~(e) A youth athlete, who has been removed from play, may not return to play until the~~  
8 ~~athlete is evaluated by a licensed physician who may consult with an athletic trainer, all of whom~~  
9 ~~shall be trained in the evaluation and management of concussions. The athlete must receive written~~  
10 ~~clearance to return to play from that licensed physician.~~

11           ~~(f) All school districts are encouraged to have an athletic trainer, or similarly trained~~  
12 ~~person, at all recreational and athletic events addressed by this statute.~~

13           ~~**16-91-4. All other youth sports program.**~~

14           ~~All other youth sports programs not specifically addressed by this statute are encouraged~~  
15 ~~to follow the guidance set forth in this statute for all program participants who are age nineteen~~  
16 ~~(19) and younger.~~

17           SECTION 3. This act shall take effect on July 1, 2024.

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LC002238  
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EXPLANATION  
BY THE LEGISLATIVE COUNCIL  
OF  
A N A C T  
RELATING TO EDUCATION -- SCHOOL AND YOUTH PROGRAMS CONCUSSION ACT

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1           This act would modernize and update the prior chapter on this subject by requiring the  
2 development of school district concussion guidelines, a brochure for the students and parents, the  
3 procedures for removal and return of a student from or to practice or competition and mandatory  
4 concussion training for coaches and game officials.

5           This act would take effect on July 1, 2024.

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