



TRAUMATIC BRAIN INJURY IN YOUTH SPORTS  
Fact Sheet

Summary Matrix of State Laws Addressing Concussions in Youth Sports

According to the CDC, an estimated 248,418 children aged 19 or younger were treated in U.S. emergency departments for sports and recreation related injuries that included a diagnosis of concussion or traumatic brain injury. Science is increasingly beginning to realize the severe impacts of brain injuries especially to children and teenagers even if they are not immediately felt or noticed. Public health law is working to reduce the risks of head injuries to young and professional athletes through federal, local and state laws.

This table contains information on state concussion laws, including which states require return-to-play protocols for student athletes, which type of provider can issue a return-to-play clearance, and whether or not the law applies to recreational sports.

Laws as of December 31, 2018

State	Citation	Date First Enacted/ First Effective	Changes/ Amendments since Initial Enactment	Requires Training for coaches <sup>1</sup>	Education (Parent)	Education (Youth Athlete)	Return-to-play (RTP) Restrictions	Medical clearance required	Type of provider that can issue RTP clearance	Applies to recreational sports?
AL	Ala. Code 1975 §22-11E-2	June 2011/ June 2011	2012: Requires local school systems to develop concussion guidelines (original law required only sports governing bodies to do so). Also added same-day return prohibition to existing RTP provision.	✓	✓	✓	✓	✓	Licensed physician	Yes

			<p>2018: Added requirement for all coaches (paid or volunteer) and athletics personnel to complete a course on injury mitigation and information, including concussions and head trauma. Replaced immunity clause to provide a defense from liability upon establishing completion of the course and reasonable conformity of one's conduct to the course's safety techniques and methods.</p> <p>Also required state department of public health to promulgate rules to implement and enforce the law. (Ala. Admin. Code r. 420-11-3-.01, Promulgated Sept. 2018. See below.)</p>							
	Ala. Admin. Code r. 420-11-3-.01	Sept 2018/ Nov 2018		✓						Yes
AK	AS §§14.30.1 42 and 14.30.143	May 2011/ Aug 2011	2012: Added athletic trainers; clarified that RTP included return to practice.		✓	✓	✓	✓	An athletic trainer or other qualified person who has received training, as verified in writing or electronically by the qualified person, in the evaluation and management of concussions. Law defines "qualified person" as a licensed health care provider or a person acting at the direction of and under supervision of a licensed physician.	No
AZ	A.R.S. §15-341 (24)(b)	April 2011/ April 2011	2012: Non-substantive.		✓	✓	✓	✓	Health care provider trained in the evaluation and management of concussions and head injuries. Law defines "health care provider" as a licensed physician, athletic trainer, nurse practitioner, or physician assistant.	Yes, if organization uses school property.
AR	A.C.A. §§6-18-708 and 6-18-710	April 2011/ July 2011	2013: Added concussion education, guideline development, and RTP requirements and extended applicability to recreational youth sports.	✓	✓	✓	✓	✓	Licensed healthcare provider trained in the evaluation and management of concussions.	Yes

			2017: House Bill 1509 established penalties for coaches who fail to meet training requirements. Law is effective beginning with the 2019-2020 school year.							
	Ark. Admin. Code 005.22.7-7.0	Aug 2014/ Sept 2014	2014: Provides that athletic coaches obtain training in recognition and management of specified events or conditions, including concussion, at least once every three years.  2016: Non-substantive.	✓						
CA	Cal. Educ. Code §49475 and §35179.5  Cal. Health & Safety Code §124235	Oct 2011/ Jan 2012	2013: Added charter and private schools.  2014: Limited full-contact practices to twice per week and stipulated that full-contact portion of a practice cannot exceed 90 minutes per day (high school and middle school football).  Required that, if licensed health care provider determines an athlete sustained concussion or head injury, athlete must complete a graduated RTP protocol of no less than 7 days in duration under the supervision of a licensed health care provider.  Urges California Interscholastic Federation to adopt rules to implement both provisions.  2016: Expands athlete removal and return-to-play provisions to youth sports organizations and lists 27 designated sports to which the law applies. Requires parental notification of injury and requires coaches and administrators of youth sports organizations to successfully complete concussion and head injury education at least once. Became effective January 1, 2017.	✓  (for youth sports orgs. only)	✓	✓	✓	✓	Licensed health care provider trained in the evaluation and management of concussions and acting within the scope of his or her practice.	Yes
CO	C.R.S.A. §§25-43-101 to 25-43-103	March 2011/ Jan 2012	None	✓			✓	✓	Health care provider, which law defines as a doctor of medicine, doctor of osteopathic medicine, licensed nurse practitioner, licensed physician assistant or licensed doctor of psychology with training in neurophysiology or concussion evaluation and management. (After RTP clearance, a registered athletic trainer with specific knowledge of the athlete's	Yes

									condition may manage athlete's graduated RTP.) Also, a chiropractor with training and specialization in concussion management may provide clearance for an athlete who is part of the U.S. Olympic training program.	
CT	Conn. Gen. Stat. Ann. §§10-149b, 10-149c, and 21a-432	May 2010/ July 2010	<p>2014: Added concussion education plan for local and regional boards of education. Added education requirement for student athletes and parents/guardians, and informed consent form for parents/guardians.</p> <p>Added state commissioner of public health to parties developing concussion training courses, review materials, informed consent form, and concussion education plan.</p> <p>Added requirements for concussion refresher course: best practices in the field of concussion research and treatment, and for football coaches, current best practices on coaching (e.g., frequency of games and full contact practices and scrimmages) as identified by governing authority for intramural and interscholastic athletics.</p> <p>Added requirement that parent/guardian be notified within 24-hours of student athlete's removal from activity for suspected concussion.</p> <p>Added new section, effective 7/1/2014, requiring annually: (1) school districts to collect and report concussion incidence data to the state board of education, (2) state board of education to report concussion data to state department of public health, and (3) state commissioner of public health to report on concussion findings to certain joint standing committees of the state general assembly pursuant to C.G.S.A. § 11-4a.</p> <p>Established a task force to study concussion in youth athletics and make recommendations for possible legislative initiatives.</p> <p>2015: Included youth sports organizations in education-related provisions only by adding § 21a-432, which requires operators of youth athletic</p>	✓	✓	✓	✓	✓	<p>Licensed health care professional, which law defines as a licensed physician, physician assistant, advanced practice registered nurse or athletic trainer trained in the evaluation and management of concussions.</p>	<sup>2</sup> See note



			activities to make available a written or electronic statement to youth athletes and parents/guardians upon registration for the activity. The statement must be consistent with the most recent information provided by the CDC regarding concussions and must include, at a minimum: (1) the recognition of signs or symptoms of a concussion, (2) the means of obtaining proper medical treatment for a person suspected of sustaining a concussion, (3) the nature and risks of concussions, including the danger of continuing to engage in youth athletic activity after sustaining a concussion, and (4) the proper procedures for allowing a youth athlete who has sustained a concussion to return to athletic activity. Law also provides civil immunity for operators who fail to comply. Became effective January 1, 2016.							
<b>DE</b>	14 Del.C. §303  16 Del. C. § 3004L  <i>Middle school:</i> 14 Del. Admin. Code 1008  <i>High school:</i> 14 Del. Admin. Code 1009	July 2011/ July 2011	<p>2016: Certified and emergency coaches must complete approved concussion course</p> <p>Added new section to Del. Stat. Title 16, which applies educational and return-to-play provisions to youth recreational sports. Requires initial and periodic training of coaches and officials.</p> <p>Added a new public health code section that pertains to youth athletic activities. Requires immediate removal from play, forbids same-day return to athletic activity, requires evaluation and clearance by a health care provider and prompt notice of parent of guardian. (Effective Sept. 2017.)</p>	✓	✓	✓	✓	✓	<p>Evaluation can be performed by a “qualified healthcare professional,” defined as a licensed MD or DO, or a school nurse, nurse practitioner, physician assistant or athletic trainer with collaboration and/or supervision by a MD or DO. Written clearance can be given by a qualified physician (MD or DO) only.</p> <p>For recreational sports: a licensed physician (MD or DO) or such other licensed health-care professional as may be designated by the Division of Public Health through regulation.</p>	Yes
<b>DC</b>	D.C. Code §§7-2871.01 to 7-2871.05	July 2011/ Oct 2011	2013: Non-substantive; directed Department of Health to issue a competitive grant for creation of comprehensive concussion care protocol for children	✓	✓	✓	✓	✓	Licensed or certified health-care provider.	Yes

	CDCR 22-B620									
<b>FL</b>	<p><i>Athletic coaches for independent sanctioning authorities</i>: FL ST §943.0438</p> <p><i>Athletics in public schools K-12</i>: FL ST §1006.20</p>	April 2012/ July 2012	<p>2013: Non-substantive</p> <p>2014: Athletic coach definition updated to include coach, assistant coach, or referee</p>	<sup>3</sup> See note.	✓	✓	✓	✓	Appropriate health care practitioner trained in the diagnosis, evaluation, and management of concussions as defined by the Sports Medicine Advisory Committee of the Florida High School Athletic Association	Yes
<b>GA</b>	Ga. Code Ann., §20-2-324.1	April 2013/ Jan 2014	None		<sup>4</sup> See note		✓	✓	Health care provider, which is defined as a licensed physician or another licensed individual under the supervision of a licensed physician, such as a nurse practitioner, physician assistant, or certified athletic trainer who has received training in concussion evaluation and management."	Yes, except those offered through a church or synagogue
<b>HI</b>	2012 Hawai'i Session Laws Act 197 (H.B. 2273)	July 2012/ July 2012	<p>2016: Expanded coverage to recreational youth sports; added physical therapists to list of licensed health care providers that can issue RTP clearance.</p> <p>Clarifies that school athletic activities encompass those for grades 9-12.</p> <p>Expands provisions of the concussion monitoring and education program for school athletics. The University</p>	✓	✓	✓	✓	✓	Licensed health care provider, which law defines as an advanced practice registered nurse, certified or registered athletic trainer, neuropsychologist, physician assistant, physician, osteopathic physician, or physical therapist trained in the management of sports concussions.	Yes

	2016 Hawai'i Session Laws <a href="#">Act 262</a> (S.B. 2557)		of Hawaii, state department of education, and the Hawaii High School Athletic Association must jointly develop program. Must provide training for coaches, administrators, faculty, staff, and sports officials on concussion signs and symptoms, proper medical clearance, and academic and cognitive issues, including adjustments for returning to school.  Requires cognitive testing and continuous data collection and monitoring. Effective July 1, 2016.							
ID	I.C. §33-1625	April 2012/ July 2012	<p>2016: Coaches, referees, game officials, game judges, and athletic trainers shall review guidelines identifying signs and symptoms of concussions biennially (every other year) as opposed to biannually (twice a year).</p> <p>Adds education and informed consent provision for parents/guardians.</p> <p>Adds return-to-learn provisions, acknowledging that students who have sustained a concussion may need informal or formal accommodations, modifications of curriculum, and monitoring by medical or academic staff until the student is fully recovered. Requires that student athletes be able to resume all normally scheduled academic activities without restriction or accommodation prior to receiving authorization to return to play.</p>	✓	✓	✓	✓	✓	Qualified health care professional who is trained in the evaluation and management of concussions, which includes any of the following: physician or physician assistant, advanced practice nurse, licensed health care professional trained in the evaluation and management of concussions who is supervised by a licensed directing physician	No, encouraged. If they comply, they are afforded same liability protections.
IL	70 ILCS 1205/8-24; 105 ILCS 5/22-80; 105 ILCS 25/1.15; and 410 ILCS 145/15	July 2011/ July 2011	<p>2012: Renumbered; non-substantive.</p> <p>2014: Added section requiring athletic association or interscholastic athletics entity to develop online certification for high school coaching personnel and athletic directors in concussion awareness and reduction of repetitive sub-concussive hits and concussions. Certification course is mandatory for all high school coaching personnel and athletic directors and must be taken every 2 years. Content must be updated annually.</p> <p>Added requirement that high school coaches and athletic directors annually require student athletes to</p>	✓	✓	✓	✓	✓	A treating physician, athletic trainer (under the supervision of a physician), physician assistant, or registered advanced practice nurse	Yes, if park district is directly responsible for organizing and providing a sponsored youth sports activity as a youth sports league by registering players and selecting coaches as defined in the law



		<p>watch video on risk of concussion and sub-concussive hits to the head. Requires high school coaches and athletic directors to encourage coaches of youth sports organizations to consider certification.</p> <p>2015: 105 ILCS 5/10-20.54 and 105 ILCS 5/34-18.46 repealed and renumbered to 105 ILCS 5/22-80, effective November 2015. Extends applicability to park districts. Establishes medical clearance requirements, return to play and return to learn protocols, parent/student education requirements, and concussion oversight teams, which become effective for the 2016-2017 school year. 410 ILCS 145/15 encourages youth sports leagues to make available concussion and head injury educational materials.</p> <p>2017: Added “who is working under the supervision of a physician” to the definition of “athletic trainer.” Adds physician assistants, advanced practice nurses, and athletic trainers to those licensed healthcare professionals who can make RTP clearance. Notes that a concussion oversight team, required for each school by law, may be composed of only one person, but that person may not be a coach. Also requires licensed and non-licensed healthcare professionals who serve on concussion oversight team to take concussion-training course at least once every 2 years. Allows certain licensed healthcare professionals to take professional continuing education to fulfill this requirement. (Effective September 2017)</p> <p>2018: Requires the state department of public health to develop, publish, and disseminate a brochure to educate the general public on the effects of concussions in children, including warning signs and risk of delayed learning development. Requires the department to distribute the brochure free of charge to any child or parent/guardian of any child who has sustained a concussion.</p> <p>Adds “registered” before each reference to “advanced practice nurse.”</p>							
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			Requires state board of education to adopt rules to administer the law, and adds return-to-learn provision: rules must include “informal or formal accommodation of a student who may have sustained a concussion during an interscholastic athletic activity. (Effective Jan. 2019)							
IN	IC 20-34-7-1 through 7, IC 20-34-7-1.5, and IC 20-34-7-6	May 2011/ July 2011	<p>2014: Added 24-hour waiting period for athlete with suspected concussion to return to activity. Added non-school “organizing entities” that use government property. Required football coaches and assistant football coaches to complete a course (with specified elements) on player safety and concussions at least once every 2 years. Provided civil immunity for football coaches in certain circumstances.</p> <p>2016: Defines school as public and accredited nonpublic school; defines student athlete as student who attends school grades 5-12 and participates in any interscholastic sport (including cheerleading).</p> <p>Effective June 30, 2017, interscholastic and intramural coaches must complete a certified coaching concussion education course at least once every 2 years. Require coaches (head and assistant) to complete a test demonstrating comprehension of the course player safety content and receive a certificate of completion. The course must be approved by the state, in consultation with a licensed physician who has expertise in the area of concussions and brain injuries. Requires schools to maintain certificates of completion. Provides liability immunity for complying coaches providing services in good faith (except for gross negligence).</p> <p>2018: Non-substantive.</p>	✓	✓	✓	✓	✓	Licensed health care provider trained in the evaluation and management of concussions and head injuries	Yes, for organizing entities that use property owned, leased, or maintained by the state or other political subdivision
IA	Iowa Code Ann. §§280.13 C and 272.31	April 2011/ April 2011	<p>2012: Added definition of <i>extracurricular interscholastic activity</i></p> <p>2016: Requires completion of a nationally recognized youth sports concussion training course for</p>	✓	✓	✓	✓	✓	Licensed health care provider trained in the evaluation and management of concussions and other brain injuries. Law defines “licensed health care provider” as a physician, physician assistant, chiropractor, advanced registered nurse practitioner, nurse, physical therapist or licensed athletic trainer.	No

			transitional coaching authorization form state Educational Examiners Board.  2018: Non-substantive; added “of the United States department of health and human services” after mention of CDC.							
KS	K.S.A. 72-135	May 2011/ July 2011	None		✓	✓	✓	✓	Health care provider, which the law defines as a person licensed by the state board of healing arts to practice medicine and surgery	No
KY	KRS 160.445	March 2009/ March 2009	2012: Added student athlete and parent education with acknowledgment; immediate removal with RTP restriction and prohibition on same-day return; venue-specific emergency action plans  2013: Removed “certified” requirement for athletic trainers to teach concussion course  2017: 2017 Kentucky Laws Ch. 160 (HB 241) clarified that a coach may return an athlete to play if, after evaluation by a physician or licensed health care provider, it is determined that the athlete has not sustained a concussion. The athlete must not return to play if the provider performing the evaluation determines that a concussion has occurred.	✓	✓	✓	✓	✓	Initial evaluation can be done by physician or a licensed health care provider whose scope of practice and training includes the evaluation and management of concussions and other brain injuries. Physician must provide written RTP clearance.	No
	702 KAR 7:065	Aug 2014	2014: Requires middle school athletes to adhere to middle school sports medicine policies, including concussion and other head injury policies.							
LA	LSA-R.S. 40:1089.1 to 1089.5	June 2011/ June 2011	2015: Non-substantive; Renumbered.  2018: Non-substantive wording changes (e.g., “health care” to “healthcare.”)	✓	✓	✓	✓	✓	Health care provider, which the law defines as a licensed physician, licensed nurse practitioner, licensed physician assistant or licensed psychologist, who has received training in neuropsychology or concussion evaluation and management	Yes
ME	<a href="#">Public Laws of 2011</a>	May 2011/	None	✓	✓	✓	✓	✓	Licensed health care provider trained in concussion management	No

	<a href="#">Chapter 688</a> Codified provisions: 20-A MRSA §1001, sub-§19 and §254, sub-§17	<i>Local policies:</i> Jan 2013 <i>All other provisions:</i> May 2012								
<b>MD</b>	MD Code, Education, §7-433; MD Code, Health-General, §14-501; and COMAR 13A.06.08.01 et seq.	April 2011/ July 2011	2011: Non-substantive; Renumbered and corrected cross-reference	✓	✓	✓	✓	✓	Licensed health care provider trained in the evaluation and management of concussions	Yes
<b>MA</b>	M.G.L.A. 111 §222	July 2010/ July 2010	2016: Added provision that requires state bureau of substance abuse services to provide educational materials on the dangers of opiate use/misuse those participating in the annual head injury safety program already required by law. Requires materials to also be distributed in written form to all students participating in an extracurricular athletic activity prior their athletic seasons.	✓	✓	✓	✓	✓	Physician, neuropathologist, certified athletic trainer or other trained/licensed health professional allowed by DPH	No
	105 CMR 201.001 et seq.	July 2010/ Jan 2011	None	✓	✓	✓	✓	✓	Licensed physician, licensed certified athletic trainer in consultation with a licensed physician, licensed nurse practitioner in consultation with a licensed physician or licensed neuropsychologist in coordination with the physician managing the student's recovery	No

<b>MI</b>	M.C.L.A. 333.9155 and 333.9156	Oct 2012/ Mar 2013	None	✓	✓	✓	✓	✓	Appropriate health professional, which is defined as a health professional who is licensed or otherwise authorized to engage in a health profession and whose scope of practice within that health profession includes the recognition, treatment, and management of concussions	Yes
<b>MN</b>	M.S.A. §§121A.37 ; 121A.38; 124E.03 Subd. 7(c); and 128C.02 Subd. 3b	July 2011/ July 2011	2017: Non-substantive amendment to §124E.03 (charter schools)	✓	<sup>4</sup> See note	<sup>4</sup> See note	✓	✓	Provider trained and experienced in evaluating and managing concussions. Law defines “provider” as a health care provider who is: (1) registered, licensed, certified or otherwise statutorily authorized by the state to provide medical treatment; (2) trained and experienced in evaluating and managing pediatric concussions; and (3) practicing within the person's medical training and scope of practice.	Yes
<b>MS</b>	Miss. Code Ann. §37-24-1 et seq.	Jan 2014/ July 2014	None		✓		✓	✓	“Health care provider,” which is defined as a licensed physician or a licensed nurse practitioner, licensed physician assistant or licensed health care professional working within the person's scope of practice and under the direct supervision or written consultation of a physician. All health care providers referred to in this act also must be trained in the evaluation and management of concussions.	No
<b>MO</b>	V.A.M.S. 167.765 and 167.775	July 2011/ Aug 2011	None		✓	<sup>4</sup> See note	✓	✓	Licensed health care provider trained in the evaluation and management of concussions	No
<b>MT</b>	MCA 20-7-1301 to 20-7-1304	April 2013/ April 2013	2017: Expanded coverage to private schools and recreational youth sports organizations and added immunity provision from civil liability for volunteers. Clarifies language. For example, added “consistent with current medical knowledge” to the definition of “licensed medical care professional” authorized to make RTP clearance. Clarifies that term “organized youth athletic activity” does not include physical	✓	✓	✓	✓	✓	“Licensed health care professional,” which is defined as a registered, licensed, certified, or otherwise statutorily recognized health care professional whose training includes the evaluation and management of concussions consistent with current medical knowledge.	Yes

			education classes or recess. Adds expiration period (1 year) for informed consent forms signed by parent/guardian. (Effective Oct. 2017)							
<b>NE</b>	Neb.Rev.St. §§71-9101 through 71-9106	April 2011/ July 2012	2014: Required establishment of a return-to-learn protocol for students that have sustained concussion, including informal or formal accommodations, curriculum modifications, and medical monitoring.	<sup>1</sup> See note	✓	✓	✓	✓	Licensed health care professional, which is defined as a physician or licensed practitioner under the direct supervision of a physician, a certified athletic trainer, a neuropsychologist or some other qualified individual who (a) is registered, licensed, certified or otherwise statutorily recognized by the state to provide health care services and (b) is trained in the evaluation and management of traumatic brain injuries among a pediatric population	Yes
<b>NV</b>	N.R.S. 386.435, 392.452, 455A.200 and NAC 386.832	May 2011/ July 2011	2015: Non-substantive, renumbered. N.R.S 386.435 renumbered as N.R.S. 385B.080. 2017: 2017 Nevada Laws Ch. 318 (S.B. 227) adds advanced practice registered nurses to list of health care providers that can issue RTP clearance.	<sup>5</sup> See note	✓	✓	✓	✓	Provider of health care, which is defined as a licensed physician, a licensed physical therapist, a licensed athletic trainer, or an advanced practice registered nurse	Yes
<b>NH</b>	N.H. Rev. Stat. §200:49 through 200:52	Aug 2012/ Aug 2012	2013: Expanded coverage from grades 9-12 to “intramural sports programs conducted outside the regular teaching day for students in grades 4-12 or competitive athletic programs between schools for students in grades 4-12” 2014: Changed language <i>requiring</i> , rather than encouraging, concussion education information to be distributed to all student athletes. Added definition of <i>head injury</i> .		<sup>4</sup> See note	<sup>4</sup> See note	✓	✓	Health care provider, which law defines as a person who is licensed, certified, or otherwise statutorily authorized by the state to provide medical treatment and is trained in the evaluation and management of concussions	No
<b>NJ</b>	N.J.S.A. 18A:40-41.1 through 41.7 and N.J.A.C. 6A:16-2.2 and N.J.S.A.	Dec 2010/ Dec 2010	2011: Amended to include cheerleading 2013: New sports safety law required physical examination and concussion history, among other things. 2017: Amended to include intramural athletics organized by a school.	✓	✓	✓	✓	✓	Physician or other licensed healthcare provider trained in concussion management	No



	18A:40-41.7.b									
<b>NM</b>	N.M.S.A. 1978, §§22-13-31 and 22-13-31.1	March 2010/ May 2010	<p>2016: Return to athletic activity expanded from at least one week after brain injury to at least 240 hours from the hour of the brain injury (10 days). Requires medical release to be in writing. Requires nonscholastic youth athletic activity taking place on school property to sign certificate that the activity will follow the brain injury protocols. Adds <i>practicing physical therapist</i> to list of licensed healthcare professionals authorized to issue RTP clearance; adds definition of <i>nonscholastic youth athletic activity</i>.</p> <p>Added new section (N.M.S.A. 1978, § 22-13-31.1) to extend coverage to recreational youth athletics; section mirrors school athletic activities brain injury protocol but replaces “student” with “youth athlete”, specifically under 19 years of age; authorizes department of health to consult with brain injury advisory council to promulgate concussion protocol and content.</p> <p>2017: Requires training on brain injury and RTP protocols to be provided to student athletes (original law required such training only for coaches)</p>	✓	✓	✓	✓	✓	Licensed health care professional, which law defines as a practicing and licensed: physician or physician assistant, osteopathic physician, certified nurse practitioner, osteopathic physician assistant, psychologist, athletic trainer, or practicing physical therapist.	Yes
<b>NY</b>	NY EDUC §305 (42); NY PUB HEALTH §206 (28)	March 2011/ Sept 2011	None	✓	<sup>4</sup> See note	<sup>4</sup> See note	✓	✓	Licensed physician	No
<b>NC</b>	N.C.G.S.A . § 115C-12(23)	June 2011/ Oct 2011	None	<sup>1</sup> See note	✓	✓	✓	✓	Licensed physician with training in concussion management, licensed neuropsychologist with training in concussion management and working in consultation with a licensed physician, licensed athletic trainer or physician assistant or nurse practitioner, consistent with limitations imposed elsewhere in the law	No

ND	NDCC 15.1-18.2-04	April 2011/ Aug 2011	2013: Clarified duties for student removal after suspected concussion; changed “diagnoses and treatment of concussion” to “evaluation and management of concussion”; clarified medical clearance requirements; added officials to those not made liable by the law; and other non-substantive changes.	✓	✓	✓	✓	✓	Licensed health care provider who is acting within the provider’s scope of practice and trained in the evaluation and management of concussion, as determined by the provider’s licensing board	No
OH	R.C. §3313.539 , R.C. §3319.303 , R.C. §3707.511 , R.C. §3707.521 , and R.C. Title 47 (health care licensing)	Dec 2012/ March 2013	2013: Non-substantive amendment to clarify language.  2014: Added to the list of providers that may make RTP decisions “a licensed health care professional who meets the minimum requirements” of the state’s licensing agency.  Changed language to clarify that the provider granting the RTP clearance must be the professional who “assessed the student’s condition.”  Beginning in 2015, all physicians and health care professionals conducting assessments and RTP clearances must meet minimum educational requirements set by the state’s licensing agency.  2016: Removed language in R.C. §3707.521 establishing concussion and head injury committee, which had already met in 2014 and 2015.	✓	✓	✓	✓	✓	“Physician,” which is defined as a person authorized under state law to practice medicine and surgery or osteopathic medicine and surgery, or a licensed health care professional who meets the minimum requirements of the state’s licensing requirements or is authorized by the school district or nonpublic school governing body to assess students. For example, psychologists and athletic trainers may assess and clear a student to return to play if certain requirements in the licensing law (Ohio Admin. Code 4732-17-01.1 and Ohio Admin. Code 4755-43-13, respectively) are met.	Yes
OK	70 Okl.St.Ann §24-155	May 2010/ July 2010	2016: Expands coverage of law to include recreational youth sports. Updates definition of health care providers that can provide RTP clearance. Requires state department of health to create a concussion management section on its website and provide necessary guidelines for each school district, board of education, and youth sports organization for developing their own policies and concussion procedures.  Requires return-to-learn guidelines for teachers, a Graduated Stepwise Return to Athletic Participation, and links to free online concussion training programs as provided by CDC and the National Federation of State High School Associations (NFHS).	✓	✓	✓	✓	✓	Individual who is registered, certified, licensed, or otherwise recognized by the state to provide medical or psychological treatment and who is trained and experienced in the evaluation, management and care of concussions.	Yes

			<p>Requires each school district board of education and youth sports organization to develop concussion policies and procedures to inform and educate coaches, game officials, and team officials. Requires acknowledgment of information disseminated to athlete and parent, and such completion to be maintained by the school or youth sports organization.</p> <p>Adds annual concussion training requirement for game and team officials, with records of completion retained and available upon request. Requires game and team officials to remove athletes from practice or competition upon suspected concussion and prohibits same-day return.</p> <p>Authorizes governing boards to establish penalties for violations (first violation: additional concussion recognition and management education as predetermined by the governing board; second violation results in suspension from the sport until appearance before the governing board; establishes that monetary fines are not to be considered as a penalty). (Effective Nov., 2016.)</p>							
OR	O.R.S. §336.485 and §417.875	<p>June 2009/ July 2009</p> <p>June 2013/ January 2014</p> <p>June 2015/June 2015</p>	<p>2013: Expanded coverage beyond high school to all youth sports coaches (including rec sports); added referees as required trainees; added athlete and parental education and acknowledgment of receipt. Became effective Jan. 1, 2014.</p> <p>2015: Amended §336.485 and 417.875 to add definition of <i>health care professional</i>; added language to permit coaches to allow an athlete to return to an athletic event if an athletic trainer registered by the board of athletic trainers determines the athlete has not suffered a concussion.</p> <p>Amended §417.875 to add definition of health care professional; added language to permit coaches to allow a member to return to an athletic event if an athletic trainer registered by the board of athletic trainers determines the athlete has not suffered a concussion; deleted language forbidding referees</p>	✓	✓ (for non-school sports only)	✓ (for non-school sports only)	✓	✓	<p>Health care professional, defined as a medical doctor, osteopathic physician, psychologist, physician assistant or nurse practitioner licensed or certified under the laws of this state.</p> <p>An athlete may return to play upon determination by a registered athletic trainer that the athlete has not sustained a concussion.</p>	Yes

			from allowing members of non-school teams from playing after suspected concussion.  2017: Non-substantive; change in language re: health care provider that adds internal citation to licensing requirement.							
	OAR 581-022--2215	June 2010/ June 2010	2017: Non-substantive; Renumbered.	✓			✓	✓	Health care professional, which is defined as a medical doctor, osteopathic physician, psychologist, physician assistant or nurse practitioner licensed or certified under the laws of this state.  A removed student athlete may return to participation if a registered athletic trainer determines the student has not suffered a concussion.	No
PA	24 P.S. §§5322 and 5323	Nov 2011/ July 2012	None	✓	✓	✓	✓	✓	Appropriate medical professional, which is defined as (1) a licensed physician who is trained in the evaluation and management of concussions or a licensed or certified health care professional trained in the evaluation and management of concussions and designated by such licensed physician; or (2) a licensed psychologist neuropsychologically trained in the evaluation and management of concussions or who has postdoctoral training in neuropsychology and specific training in the evaluation and management of concussions	No, encouraged.
RI	Gen.Laws 1956, §§16-91-1 et seq.	June 2010/ June 2010	2011: Added required refresher course for coaches and volunteers (removed course requirement for trainers); added requirement that clearing physician be trained in the evaluation and management of concussion; clarified language of recommended baseline testing.  2014: Added language that signs and symptoms of concussion may manifest after injury during school setting; added school nurses to those that must be advised of concussion signs and symptoms and treatment protocol.  Requires school nurses to complete concussion training course and annual refresher course (original law encouraged school nurses to complete such	✓	✓	✓	✓	✓	A licensed physician, who may consult with an athletic trainer, all of whom must be trained in the evaluation and management of concussions. Clearance must be made by licensed physician.	No, encouraged.

			training); encourages teachers and teachers' aides to complete training.  Adds RI Interscholastic League as entity making concussion materials available (in addition to CDC).							
	R.I. Admin. Code 31-1-37:18.18	July 2014/ Aug 2014	None	✓			✓	✓	Licensed physician	No
SC	Code 1976 §59-63-75	June 2013/ June 2013	None		✓	<sup>4</sup> See note	✓	✓	Physician, which is defined elsewhere in the law as a doctor of medicine or doctor of osteopathic medicine licensed by the South Carolina Board of Medical Examiners; physician assistant pursuant to scope of practice guidelines, or nurse practitioner pursuant to a written protocol  A removed student athlete may return to play if, as a result of evaluating the student athlete on site, the athletic trainer, physician, physician assistant pursuant to scope of practice guidelines, or nurse practitioner pursuant to a written protocol determines that the student athlete did not suffer a concussion or brain injury.	No
SD	S.D. Codified Laws §13-36-9 et seq.	March 2011/ March 2011	None	✓	✓	✓	✓	✓	Licensed health care provider trained in the evaluation and management of concussion	No
TN	T.C.A. §§68-55-501 to 68-55-503	Apr 2013/ Jan 2014	2016: Changed definition of <i>health care provider</i> to include physician assistants.	✓	✓	✓ (signature if 18 or older)	✓	✓	Health care provider, defined by law as a Tennessee licensed medical doctor, osteopathic physician, clinical neuropsychologist with concussion training, or physician assistant with concussion training who is a member of a health care team supervised by a licensed MD or DO.	Yes



TX	V.T.C.A., Education Code § 33.202 et seq.	June 2007/ June 2007	None	✓		✓		If unconscious		No
	V.T.C.A., Education Code §38.151 et seq.	June 2011/ June 2011	<p>2017: 2017 Tex. Sess. Law Serv. Ch. 324 (S.B. 1488) changes approving body for athletic trainers concussion training courses from the State Health Services Advisory Board of Athletic Trainers to the Texas Department of Licensing and Regulation, which must maintain an updated list of organizations authorized to provide the training.</p> <p>2017 Tex. Sess. Law Serv. Ch. 362 (H.B. 3024) adds to the list of individuals under TX EDUC § 38.156 who can determine whether a student has sustained a concussion and should be removed from play “a person licensed under Chapter 201, Occupations Code” (chiropractor).</p>	✓	✓	✓	✓	✓	A treating physician chosen by the student or parent/guardian	No
UT	Utah Code §§26-53-101 et seq.	March 2011/ May 2011	2013: Clarified definition of “sporting event”; makes provisions regarding school nurses (may assess concussion, but may not make RTP decision and must refer to provider trained in evaluation and management of concussion.		✓		✓	✓	Qualified health care provider, which law defines as one who is licensed to practice in the state and who may evaluate and manage concussions within the provider's scope of practice. Provider must certify, as part of written clearance for returning a youth athlete to play, that provider has completed a continuing education course in concussion evaluation and management within 3 years of the issued statement.	Yes
VT	16 V.S.A. §1431	May 2011/ May 2011	<p>2012: Clarified requirement for immediate removal from play and role of coach</p> <p>2013: Added legislative intent language with epidemiology statistics; added to coaches' required training methods for reducing risk of concussion (primary prevention); added mandatory training for referees; requires schools to have concussion management action plan; home teams must provide health care provider during collision sports and notify opposing team's AT within 48 hours of suspected</p>	✓	✓	✓	✓	✓	Health care provider, which law defines as a licensed athletic trainer, or other health care provider, who has within the preceding five years been specifically trained in the evaluation and management of concussions and other head injuries.	No

			concussion; 24-hour parent notification; provisions for data collection and reporting.							
<b>VA</b>	VA Code Ann. § 22.1-271.5	April 2010/ July 2010	<p>2014: Added return-to-learn provisions. Required state board of education to add effects of concussion on student athletes' academic performance to guidelines and policies.</p> <p>Required non-interscholastic youth sports programs using public school property to either establish concussion policies and procedures (consistent with certain requirements) or follow the local school division's policies and procedures.</p> <p>2016: Added return-to-learn protocol, requiring school personnel to be alert to cognitive and academic issues experienced by students that suffered a concussion. Requires school personnel to develop gradual return to full participation in academic activities for affected students, based on recommendation of student's licensed health care provider.</p>		✓	✓	✓	✓	Licensed health care provider as determined by state board of education	Yes, if using public school property
<b>WA</b>	West's RCWA 28A.600.190	May 2009/ July 2009	2015: Added relevant provision that provides immunity for school districts that allow youth sports programs to use school facilities if the school district requires such organizations to furnish a statement of compliance with the policies for the management of concussion and head injury in youth sports as set forth in RCW 28A.600.190 (Wash. Rev. Code Ann. §4.24.660).		✓	✓	✓	✓	Licensed health care provider trained in the evaluation and management of concussion	No
<b>WV</b>	W. Va. Code, §18-2-25a  W. Va. Code St. R. §127-2-14	May 2013/ Jul 2013	2014: Administrative rules adopted, as required by section (c) of the statute, which implement the provisions of the statute. Rules outline specific provisions for content and dissemination of educational information and annually signed acknowledgment forms and content of head coaches' training. Lists the licensed health care professionals, with appropriate training in the evaluation and management of concussion, who can make RTP	✓	✓	✓	✓	✓	Licensed health care professional, who is a health care provider whose licensed scope of practice includes the ability to diagnose and treat an injury or disease, trained in the evaluation and management of concussions	No



			evaluations: MD, DO, DC, ARNP, PA-C, and ATC/R. Stipulate that schools must report concussion incidents within 30 days. WV Board of Education must be notified if any of the forms mentioned in the rules are amended or altered.							
WI	W.S.A. 118.293 (Applicability: W.S.A. 119.04)	April 2012/ April 2012	2013: Provided that only one signed information sheet needed per year per organization/school		✓  (if the athlete is under 19 years old)	✓	✓	✓	Health care provider who holds credentials that authorize that person to provide healthcare; is trained and has experience in the management and evaluation of pediatric concussions and head injuries; and is practicing within the scope of that credential	Yes
WY	W.S. 21-2-202(a)(xxx iii) and 21-3-110(a)(xxx ii)	Feb 2011/ Feb 2011	None	✓	<sup>4</sup> See note	<sup>4</sup> See note	✓			No

SUPPORTERS



The Network for Public Health Law is a national initiative of the Robert Wood Johnson Foundation.

This document was developed by Kerri McGowan Lowrey, J.D., M.P.H., Deputy Director and Director of Grants & Research at the Public Health Law Network – Eastern Region at The University of Maryland Francis King Carey School of Law. This compilation includes only codified state statutes and administrative regulations, and does not include other types of policy, such as departmental guidance documents, non-codified legislative actions, association bylaws, or opinions of attorneys general. This compilation also does not include pilot programs, laws establishing study groups, or laws that apply to less than the entire state. Please seek legal counsel in your state for specific legal advice.

This fact sheet was updated in May 2019.



<sup>1</sup> Applied only if the law *requires* coaches to undergo periodic education or training in the recognition and management of concussion or head injury. For example, while North Carolina law (N.C.G.S.A. § 115C-12) requires coaches, among others, to receive an annual concussion and head injury information sheet and participate in rehearsing a venue-specific emergency action plan, it does not require coaches to complete concussion education or training. Nebraska law (2011 NE L.B. 260) requires that training be made available to coaches, but it is not required, and Florida law requires an independent sanctioning authority to develop guidelines to educate athletic coaches, among others, but periodic training is not addressed. Similarly, Virginia law (Va. Code Ann. § 22.1-271.5) requires the state board of education to develop and distribute to each local school division guidelines on policies to inform and educate coaches, among others, but initial or periodic training is not required.

<sup>2</sup> Requires only that recreational youth sports organizations make available a written or electronic statement regarding concussions to athletes and their parent/guardian. No other provisions of the return-to-play law apply to recreational sports. (Conn. Gen. Stat. Ann. §21a-432)

<sup>3</sup> The Florida High School Athletic Association requires coaches to take a concussion-training course, but training for coaches is not required by law.

<sup>4</sup> Law requires educational information or materials to be developed, distributed, and/or made accessible, but does *not* require acknowledgment of receipt or informed consent prior to a youth athlete’s participation in sports (i.e., “passive education”). For example, information must be distributed to parents, posted on a Web site, or included on a parental permission form *if* such form exists (*e.g.*, New York and Georgia).

<sup>5</sup> Nevada’s Regulations of the Nevada Interscholastic Activities Association, NAC 386.832, requires *school* coaches to take the concussion training course offered by the National Federation of State High School Associations.