Summary of Activity on Ohio’s Return to Play Law

During the 129th General Assembly the AMCNO supported the passage of HB 143 — legislation that established requirements related to youth sports concussions. The legislation, which was signed into law by Gov. Kasich in December 2012, required the Ohio Department of Health to develop a concussion information sheet and post links to concussion training for coaches and referees on their website. Under the law, youth could only return to play if assessed by a physician or a licensed healthcare professional acting in consultation with a physician.

In the 130th General Assembly, during the full biennial budget process, chiropractors sought to be included among those who could assess and clear concussed student athletes for play. The language made it through the General Assembly but was vetoed by Gov. Kasich after the AMCNO and other medical associations voiced our concerns about the issue. Gov. Kasich said in his veto message that the item should be considered in separate legislation with input from all healthcare professionals because of the “potentially significant dangers from improperly treated concussion injuries.”

During the Mid-Biennium Review (MBR) proceedings in the 130th General Assembly the Senate added language to HB 487 which required the ODH to establish a concussion committee tasked with developing guidelines related to youth sports concussions. HB 487 raised concerns among several state and regional medical groups, including the AMCNO because it included a provision that would broaden the list of practitioners allowed to clear student athletes for play after a head injury.

Despite objections from the physician community, HB 487 was signed into law in June 2014 and specified that the Director of Health was to establish a committee regarding concussions and head injuries sustained by athletes participating in interscholastic youth sports activities. The concussion committee was tasked with developing guidelines related to youth sports concussions. HB 487 raised concerns among several state and regional medical groups, including the AMCNO because it included a provision that would broaden the list of practitioners allowed to clear student athletes for play after a head injury.

Minimum Education Requirements
The Committee additionally took up the charge to determine should all or some licensed health care professionals be required to have additional continuing education in this standard of care.

RECOMMENDED GUIDELINE:
Due to the rapidly changing evidence base of concussion management in youth athletes, the Committee encourages licensed healthcare professionals in Ohio who treat concussed athletes to maintain a level of continuing education that keeps pace with this evolving issue. The Committee further encourages licensing boards to recommend to their respective licensees a model level of continuing education that is consistent with the continuing education recommendations reflected in the most recent Consensus Statement on Concussion in Sport (current the 4th International Conference on Concussion in Sport, held in Zurich, November 2012) or with nationally accepted standards and guidelines consistent with that statement. These “Standards of Care” will also determine the best practice for return-to-play clearance protocol.

Consultation and Collaboration
One issue that was debated by the Committee centered on what was meant in HB 143 of the 129th General Assembly by the term, in consultation with, and in collaboration with a physician. This issue was of particular importance in that some members felt that by having the “consultation” language included in HB 143, it already authorizes many qualified health care professionals the opportunity to clear a patient as long as a physician (M.D. or D.O.) was part of the concussion management team. Lance Himes, ODH’s General Counsel, clarified the language regarding the law’s use of broad terms, including: in consultation with a physician; pursuant to the referral of a physician; in collaboration with a physician; or under the supervision of a physician. Therefore the Committee has agreed to keep coordination and consultation with a physician (M.D. or D.O.) as written in HB 143.