

**MINUTES OF THE
SENATE COMMITTEE ON EDUCATION**

**Eighty-second Session
March 15, 2023**

The Senate Committee on Education was called to order by Chair Roberta Lange at 2:03 p.m. on Wednesday, March 15, 2023, in Room 2134 of the Legislative Building, Carson City, Nevada. The meeting was videoconferenced to Room 4412 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. [Exhibit A](#) is the Agenda. [Exhibit B](#) is the Attendance Roster. All exhibits are available and on file in the Research Library of the Legislative Counsel Bureau.

COMMITTEE MEMBERS PRESENT:

Senator Roberta Lange, Chair
Senator Edgar Flores, Vice Chair
Senator Dina Neal
Senator Fabian Doñate
Senator Scott Hammond
Senator Carrie A. Buck
Senator Robin L. Titus

STAFF MEMBERS PRESENT:

Jen Sturm-Gahner, Policy Analyst
Linda Hiller, Committee Secretary

OTHERS PRESENT:

Patrick Donn Dimasin, Chair, Nevada Youth Legislature, Senate District No. 9
Stella Thornton, Nevada Youth Legislature, Senate District No. 16
Nicholas Murray, Ph.D., Director, Neuromechanics Lab, Department of Kinesiology, School of Public Health, University of Nevada, Reno; Representative, Sports Medicine Advisory Committee, Nevada Interscholastic Activities Association
Leann McAllister, Executive Director, Nevada Chapter of the American Academy of Pediatrics
Adam Hunsaker, Head Athletic Trainer, Science Teacher, Carson High School, Carson City School District
Deni French

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Mary Pierczynski, Nevada Association of School Superintendents
Frank Sakelarios, Teacher, Carson High School, Carson City School District
Andrew Feuling, Superintendent, Carson City School District
Alivia Aschenbach, President, Carson High HOSA–Future Health Professionals

CHAIR LANGE:

I will open the meeting of the Senate Committee on Education. We have a bill brought to us by the Nevada Youth Legislature (NYL) today. Former Senator Valerie Weiner works hard with these high school students who are each appointed by a Legislator to represent their district.

I will open the hearing on Senate Bill (S.B.) 80, the bill the NYL has prepared for us today.

SENATE BILL 80: Revises provisions relating to the prevention and treatment of injuries to the head. (BDR 34-549)

PATRICK DONN DIMASIN (Chair, Nevada Youth Legislature, Senate District No. 9):

I am appearing before you today to share some background information about how the NYL selected S.B. 80 as our one statutorily provided bill. In August 2022, youth legislators participated in a comprehensive midterm training on bill draft request (BDR) development. We learned about drafting language, germaneness, fiscal impacts and more.

Before a September 21, 2022, meeting, 19 youth legislators submitted their ideas for the NYL's one statutorily provided bill. During that meeting, each youth legislator presented their proposal and answered questions posed by their NYL colleagues. During a vote at the end of the presentations, we narrowed our choices. The top seven BDR proposals were presented in more depth and discussed by the youth legislators at our October 20, 2022, meeting.

At a November 2022 meeting that included full legislative hearings with expert witnesses for each measure, we narrowed these seven proposals to the top two BDR proposals for further consideration. After comprehensive testimonies and careful questions and answers with these witnesses, the NYL selected the concussion protocol BDR proposed by youth legislator, Stella Thornton. Senate Bill 80 was introduced in the Senate on February 6, 2023. Since that time, Ms. Thornton has heard from several interested parties who have offered suggestions for refining the language of the bill. The NYL has not had the

opportunity to discuss or vote on anything beyond what is currently included in S.B. 80.

STELLA THORNTON (Nevada Youth Legislature, Senate District No. 16):

I am excited to present S.B. 80 which updates our State's return to learn policies enacted in 2011 and creates return to learn policies for Nevada. This bill will provide clear guidelines and procedures for managing a student's traumatic brain injury (TBI) or concussion. The Centers for Disease Control and Prevention (CDC) states that concussions and TBIs caused approximately 300,000 hospital or medical facility visits annually for young people, and those are only the ones that are reported.

Traumatic brain injuries can cause emotional and behavioral problems as well as difficulty in learning. A 2019 National Institutes of Health (NIH) study reported that one in five individuals experience mental health symptoms after a concussion or TBI. If you do not understand how brutal concussions and traumatic brain injuries are, I am here somehow still alive, to tell you. Not every injury is as prolonged and unhealed as mine. However, I am an example of why all students need this bill.

In September 2021, my junior year in high school, I was bucked off a horse in a freak accident. I was thrown in the air and landed on my head in rocky terrain. The only reason I am still here is because I was wearing a helmet. At that time, no one thought I had a concussion. To be honest, I had barely ever heard of concussions, nor did I think that I was going to have one in my lifetime. The next day in school, I could not focus. My head felt like a knife was stabbing through it. I felt like I had vertigo. I was nauseous. I had blurry vision. I could not concentrate or remember things. Lights were too bright, and everything sounded too loud.

My father took me to the emergency room and I was diagnosed with a head injury. They told me I needed total brain rest. I was not allowed to go to school or look at screens for two weeks. I could not email my teachers to tell them I could not look at screens and thus would not be able to do work or come to school. As I tried to recover, I spent most of my time in my room with no lights on and nobody in to see me.

I returned to school about a month after my first TBI. One month later, I suffered another concussion and was back in the emergency room. I ended up

missing about four months of school. I could not take the American College Test to graduate so I ended up taking remediation courses to be able to graduate on time. Prior to my head injuries, I was taking five Advanced Placement classes and two honors classes. I had to drop most of those classes or go down a level because my brain could not keep up with those classes, nor could my teachers accommodate me to the level I needed.

There is currently nothing in place to help a TBI student like me transition back into school. In a journal article published by the *American Academy of Pediatrics*, Dr. Marquis Halstead writes that school officials often fail to recognize the need for appropriate academic or environmental adjustments to ease the transition of a TBI patient back to a school environment and recovery. I do not blame any of my teachers for their inability to understand or make accommodations for me. Most of my teachers never received training on concussions or had any information, education or direction to help me or my family or any other student who walks through those school doors with a concussion. Yes, there was information at the school, but it was only available to student athletes, not to the general student population who may receive a concussion from a car accident or from tripping and falling.

Luckily, I have two supportive parents who were able to research the best ways to help me with my recovery and with school. Unfortunately, there is not enough information for school personnel to understand what was going on and how to handle a student with a brain injury. Every day of my recovery was a fight to get the accommodations I needed to recover and return to school. My brain could not take the overstimulation of school, the fluorescent lights, the loud noises or the pressing crowds. Even today, my symptoms will flare in stressful situations.

The CDC states that because children's daily lives are centered at school, returning to class after a traumatic brain injury or a concussion is a critical transition. Learning issues and behavioral and social problems can emerge over time as school demands increase, as they always do. Schools play an incredibly important role in managing a child's TBI or concussion. The more educators know about concussions, the better they will be able to support students who may have a concussion at school. This is why we need more comprehensive return-to-learn policies enacted into law.

Senate Bill 80 will help all K-12 students with head injuries or concussions on the road to recovery and to return to learn and return to sports. In working with the stakeholders, there are some proposed changes to the bill, and I have submitted an amendment ([Exhibit C](#)).

Section 2 of the bill provides a definition of the term of “provider of healthcare.”

Section 3 through section 6 specifies the requirements of the return to learn and return to learn policies that are being created. Specifically, section 3 requires people to be evaluated before engaging in interscholastic activities or events and specifies the kind of evidence-based testing required to be used as part of such an evaluation.

Section 4 details the policy requirements after people either sustain or are suspected of sustaining an injury to the head while participating in an interscholastic activity or event.

Section 5 establishes the policy requirements concerning the steps that people must go through before they can return to play or return to learn.

Section 6 is new language that details steps and protocols for return to learn and return to play. Subsection 1 details the steps for return to learn while subsection 2 details the steps and protocol for return to play.

Section 7 amends the existing law in *Nevada Revised Statutes* (NRS) 385B.080, which is the current return to play policy and law. It requires the Nevada Interscholastic Activities Association (NIAA) to adopt regulations that are consistent with the requirements in the bill. It also requires the NIAA to create a brochure concerning the prevention and treatment of injuries to the head, which includes certain additional information that would be provided to people who have either sustained, or are suspected of having sustained, an injury to the head.

To clarify, the term brochure is not a trifold paper or pamphlet. My understanding from the Legislative Counsel Bureau’s Legal Division is that it is a term of art, so the brochure does not have to be a physical piece of paper. Instead, it is tangible policies that can be posted on a website. The brochure must include information about head injuries, procedures to be followed after that injury, likely symptoms after a head injury, recommended care and

accommodations for those individuals. The brochure must also include a space to fill in the relevant contact information for all personnel—the concussion management team, providers of emergency services and any nearby hospitals.

Section 8 amends NRS 392.452 and requires the board of trustees of each school district, the governing body of each charter school and the governing body of each university school for profoundly gifted pupils, to adopt return to learn and return to play policies that are similar to the NIAA policies. It also requires training on the prevention and treatment of concussions. Schools are required to post their policy and brochure on their Internet websites.

Section 8 also requires the creation of a concussion management team at each public school and details the personnel that must serve on the team.

Section 9 enacts similar provisions for private schools.

Section 10 requires each youth organization that sanctions or sponsors competitive sports to adopt policies that are similar to the NIAA provisions.

NICHOLAS MURRAY, PH.D. (Director, Neuromechanics Lab, Department of Kinesiology, School of Public Health, University of Nevada, Reno; Representative, Sports Medicine Advisory Committee, Nevada Interscholastic Activities Association):

Over the last 10 years, I have personally been involved in the management of well over 2,000 cases of concussions, the bulk of those in northern Nevada. I have published over 40 peer-reviewed articles that deal with the management diagnosis, treatment, return to learn and return to play, so I feel like I am an expert in this area and can easily speak to the information here. I am currently funded by the NIH to study concussion management for repetitive head trauma: I am also taking a look at what happens when you hit your head multiple times and you do not have a concussion.

I am the primary author of the updated NIAA concussion guidelines that will hopefully go into effect in April 2023 after some revisions. I have been involved in S.B. 80 since it was a BDR, and Stella Thornton is one of our patients. This all stemmed from her experience and she has done such outstanding work that I want to put that on the record. It is not easy for me to testify here, even with my background, so huge props to Stella and her parents for supporting everything in this process.

As we discuss this bill, it is important to define a concussion because, even to this day, people have a misunderstanding of what it is. A concussion is a metabolic disorder to the brain. It is not localized damage; it is not like you hit your head in one area and you have damage to the brain there. It is a metabolic disorder that is caused by all the neurons inside the brain twisting, pulling, turning, and releasing all the stuff inside those cells. That causes spontaneous polarization, which basically leads to a metabolic cascade. That metabolic cascade is the brain lighting up like a Christmas tree when it should not. It activates an area of the brain when it should not.

If you are doing a math equation and you are activating one area of the brain, all of a sudden, the brain decides to activate a different area. It creates a hyperactivity, which creates all sorts of issues with energy in the brain. So, a concussion is an energy-based issue that means the more you use, the more you lose. At the end of the day, we end up with a very tough situation because scanning does not tell us much. Some testing tells us enough, but we have to do a whole slew of testing in order to find out if you have a concussion. Most of the time it is based on someone's symptoms and how many symptoms they have provoked, which can be very misleading.

Many athletes have come through our facility. Some of them come in and say, "I am fine, I am fine; I have no issues whatsoever," but they cannot walk a straight line. Other students come in and say the sky is falling: "I am at zero" or "I am a ten on every single scale and I need to go to the hospital right now," when they are actually doing pretty well. Concussions vary by person. On average, concussions go unreported more than 50 percent of the time. This is not an old statistic and it creates a huge problem. Most people have someone they know who has had a concussion. You probably had a concussion, but do not necessarily know it was classified as one. When I was growing up, our coaches said, "You are good. Rub some dirt on it and get back in."

Because of all the variables in head injuries and how they affect our patients, the management process is very difficult. One thing S.B. 80 does is to help demystify concussions. It helps open up channels so we can have open discussions with school administrators and teachers, and with students on how they are feeling and how well they are able to participate in class.

Return to learn has been missing from the State's NRS for some time and the statutes are a bit out of date. I hate to break it to you, but the science is never

settled. It is amended and changed based on new information. We are learning new things about concussion every day. I have been doing this quite a while, seen many different cases and published a lot of different information. I am always saying things like, "Wow, look at that; that's interesting; we had no idea the eyes moved in that way when you have a concussion; what does that tell us?"

We know that recovery from a head injury varies from person to person, by the specific injury they incurred and how long they continue to play. This bill helps us get these students back into the classroom and back onto the field. The language that changes from student athletes to pupils is the most important thing here. As Stella Thornton stated, concussions happen all the time and not just in sports. That is incredibly important.

Senate Bill 80 has three main objectives that I want to point out. The first is the creation of updated diagnosis and recommendations using modern tools and modern science. As the statute is now written, we basically look for cognitive signs and symptoms. Only 30 percent to 35 percent of individuals with a concussion will have cognitive deficits and those can be masked quite well. That language needs to be updated.

The second main point in S.B. 80 is that it adds return to learn to the equation. I am a huge proponent of this addition because if you cannot participate in the classroom, you cannot get on the field. That should be a no-brainer for most people, except for people who really want to play.

The third point is the inclusion of all pupils, not just those involved in sports. That will allow us to reach all students instead of just student athletes.

SENATOR TITUS:

I have some concerns about the language in section 5, subsection 1 where it says, "Not sooner than 24 hours after a pupil sustains or is suspected of sustaining an injury to the head" The pupil may need immediate treatment, so I am wondering why you say not sooner than 24 hours?

MS. THORNTON:

As it stands, that is how the Legal Division decided to write the bill. I can definitely look at the way they decided to write that. If a pupil who has potentially received a concussion needs immediate care, they are always

welcome to go to the emergency room and get that immediate care in any way, shape or form possible. The amendment says between 24 to 48 hours. If you live in a rural community, it may be hard for you or your parents to get to the nearest hospital. We just want you to try and make it within 48 hours just in case anything is to happen. The best possible case would be for a student or pupil to be able to make it sooner than that.

SENATOR TITUS:

I am just questioning that “not sooner than” language. I think it should be more open that there should not be a restriction on that timing.

Section 5, subsection 2 states that an exam of the pupil must be done “at least once each day thereafter” by a “provider of health care or school nurse who has received training in the evaluation of injuries to the head” Is this a formal training that requires certification or someone who is a licensed provider to administer the training? Will they get a certificate? Who will be able to do that?

MS. THORNTON:

To your first question, in the amendment, we did talk about having a pupil evaluated daily during the school schedule. We are not trying to have athletic trainers, medical professionals or anybody come in on the weekends unpaid. We are trying to give students the best care possible so they can recover at the quickest speeds possible and to the best of their ability. We are also adding in some other professionals, like occupational therapists, and laboratories like the University of Nevada, Reno (UNR) Neuromechanics Lab that is well versed in treating concussions.

DR. MURRAY:

Regarding the 24-hour question, we generally recommend 24 hours of rest, but that does not preclude on-field assessments. Of course, if someone breaks an arm on a field, you cannot diagnose it on the spot without an X-ray, and since we would not have an X-ray tech out there, we have to palpate the injured person’s arm. The head injury testing we are recommending with the bill can be done on the sidelines or in a quiet locker room. I do not really understand the Legal Division language on that part of the bill.

We generally have daily symptom monitoring, where the athlete checks in with their athletic trainer, nurse or athletic director for daily symptom management. They do not do the cognitive test every time, or the vision vestibular postural

stability test; that is not really feasible. However, marking a daily checklist of all the different symptoms you are experiencing is incredibly easy to do. We have our patients do it at home and report back to us daily. That way, we can try to find patterns if there is a problem. If something suddenly spikes, we can ask the patient, “What did you do the day before? Did you watch too much TV? Did you walk the dog too fast?” That way, we can try to limit the symptom provocation.

SENATOR TITUS:

As a family practice physician and athletic director, I have evaluated lots of concussions. We need some updated history on this issue and a clearer understanding. Whether it is in my little rural community or in an urban setting, it has to be done, but there are some obstacles that I see.

In section 6, it goes through all the steps a patient must go through—total rest, daily activities at home, coursework completed at home, etc., and it states that you cannot skip any of those steps. We know that all concussions have different levels of trauma, whether it is your first or your second one—the method of injury, the change in level of consciousness, all things you take into consideration. So I wonder, does this need to be in statute? Or can it be a more open-ended path? I am concerned about putting that in statute when some individuals can get better quicker instead of going through all of those distinct steps. Once you put it in the NRS, then it is hard to take it out.

I looked at the old law from the NIAA, NRS 385B.080, the adoption and prevention of head injuries. It was updated in 2011 and 2019. In the last version, we increased who could do these physical exams and added the definition of provider of health care to mean a physician, physician's assistant, advanced practice nurse, physical therapist and an athletic trainer. In your proposed amendment, [Exhibit C](#), you are talking about adding occupational therapist (OT) as “provider of health,” which would be a new role for them. I agree with adding a testing facility that specializes in neuromechanics like the one at UNR, but I am wondering if OTs already have that training and is that already within their scope of practice?

MS. THORNTON:

We do have OTs in Nevada. One of the occupational therapists I saw from my concussion was also the vestibular therapist. Dr. Murray refers most of his patients to that OT if they need vestibular therapy. I am indebted to her for all

she did for me. Not all concussions need vestibular therapy; that is more toward the severe end of concussions.

SENATOR TITUS:

To clarify, OTs can certainly do the vestibular training that is absolutely critical. My concern is, in their current scope of practice, they are not defined as a provider of health care for the purpose of concussion protocol and release. I am not saying they cannot treat a concussion because I have referred to them in my own career. Unfortunately, there are not enough of them. I am wondering if this is an expansion of their scope of practice, putting them as a provider of health care for this purpose.

DR. MURRAY:

There are actually quite a few certificates and different board standards for concussion management. One of the most common trainings our coaches take is the CDC HEADS UP training. That does not necessarily mean they can do the evaluation. I would refer to each specialty's Practice Act. I believe the Nevada Practice Act for OT provides that they can do concussion evaluations.

The most important thing is that we are working with the NIAA and a couple of other sources to create a concussion certification program that actually educates people on the newest outcomes. I attended a certificate training just the other day, and they are still recommending total rest in a dark room for many days. We now know that is not actually appropriate. I think each Practice Act can speak to the capability for evaluating head injuries.

SENATOR TITUS:

As you have acknowledged, this is an evolving area. I appreciate you bringing this bill and issue forward. I want to make sure that when we pass new legislation, we also allow for future pathways, understanding and education. I want to make sure we are not narrowing our scope so much that we are painting ourselves into a corner or that we have to change right away down the road.

MS. THORNTON:

There is a provision in this bill stating that if there is education or new information brought to light when the Legislature is not in session, the policies from the NIAA down to school districts can change to reflect the best practices.

We put that in because, as you said, Senator Titus, there is more and more information on concussions that comes to light every day.

SENATOR NEAL:

In section 8, subsection 8, it states that teachers, counselors and other employees of a public school who are likely to encounter a pupil must complete the training and treatment of head injuries. That sounds a little bit beyond the concussion team. Are you asking them to do more than CPR? I know that employees get some training on CPR and blood management, but this is now treatment of a head injury. What are your real-life expectations if these individuals encounter a student with a head injury?

Ms. THORNTON:

The way this is phrased, the teachers will not be diagnosing or testing for head injuries. That is not something we would ever want to put on a teacher. They do so much work for us and I am so grateful to them. The CDC has a concussion education program called HEADS UP that can be tailored to students, parents, coaches, nurses or doctors. Basically, just as teachers have their yearly training in blood-borne pathogens or CPR training every two years to get certified, they would have a yearly training on how to identify a concussion. Say a student comes into class, no one else has diagnosed their concussion and the teacher asks, "You look like you are a little wobbly on your feet and you are having trouble focusing, that is not you. How are you feeling today?" The student might answer, "Yeah, I had a car crash over the weekend. I thought I had some whiplash. I don't feel too bad, but, you know, my vision is a little foggy. I just do not feel right." So then the teacher would, depending on the school, notify the school nurse, athletic trainer or the athletic director, whoever deals with concussions. That is where the process for the diagnosing of the concussion would start.

SENATOR NEAL:

My second question is in section 9, subsection 1 regarding the brochure that parents are supposed to receive indicating the risk associated with their child participating in a sports activity. Could that brochure be treated as a waiver of liability to the school for the parents? That way, a school could remind the parent that they acknowledged the risk to their child when they signed up for that activity. Therefore, when the parent sent them to the game or back to school, is it their responsibility if something happens? When does it shift from the school that parents may have knowledge of the risks?

MS. THORNTON:

Existing law does not require any disclaimer of liability for people to participate in an interscholastic activity, event or competitive sport, or for a youth to engage in a competitive sport. Existing law only requires pupils and youth to be given a copy of the policy concerning the prevention and treatment of head injuries as adopted by the NIAA, school district or organization. They sign a form that acknowledges that they received the policy.

Under S.B. 80, pupils and youth still are not required under State law to disclaim liability to participate in an activity or event, just like existing law. They have to sign a form acknowledging the risks of competing again after an injury and understand that the policy for head injuries is available on each school website. They agree to follow the policy.

Neither law nor S.B. 80 would require pupils to release schools from any liability as a condition of participating in interscholastic activities or events or competitive sports. School districts will remain free to require any releases from liability that they currently require pupils to complete before participation. This bill also imposes a requirement that pupils and youth acknowledge the risk of participation in a way that the existing law does not; it does not require any liability.

SENATOR HAMMOND:

Regarding Senator Neal's question, I had a similar concern, because we have protocols. If you are engaged in interscholastic activity or sport, there are protocols. If something happens on the field or on the court, your coach knows what you have to do next. You have stated that what we are looking for here are not just those school-sanctioned occurrences, but maybe a student who might have been involved in a car crash or horse accident while they were not at school. What are the responsibilities, other than a teacher or faculty member having to watch another training video? I have seen the blood-borne pathogen video way too many times. What is the obligation?

I am asking because you actually used the word "may," so if somebody sees that you are not performing normally, that you are dizzy or discombobulated in some way, they "may" report it. Is there going to be more of an obligation on that teacher who has taken the training and then they see something "off" in a student? Do they need to act? And if they do need to act, what is the next step? Who do they report it to? If they go to the school nurse, I am not sure

what the school nurse can do at that point. Does the school now have an obligation to make sure the student goes to a doctor before coming back to school?

Lastly, when you are talking about this team that you put together at the school, is that team always used at that particular school? Or is the team formed on a case-by-case basis where a new student might then be diagnosed as concussed? Therefore, they need a team to make sure there are some steps in place before that student returns to full activity. Do you have a team at your school, and is that the team they always use for everyone?

DR. MURRAY:

I cannot speak to the term "may," so I can let the legal side address that. The concussion management team is something that should be in place at every school. If a student gets hurt on or off campus and they are visibly bleeding because maybe they tripped on their way to school, there is a chain of management that should be triggered, and concussion should be no different.

This recommendation just establishes a procedure where a teacher can play a pivotal role in the management process. If they see something abnormal, they can activate the chain that triggers and starts with the team of care that is at that institution and it generally should start and end with the athletic trainer.

I cannot say enough how important those athletic trainers are. We do not have one in every school in Nevada, which is a huge detriment to our students, because they can do so many different things. I am a huge proponent of athletic trainers, but at the end of the day, the management team that is involved in that process should be triggered and should already be established by each school or the school district.

SENATOR HAMMOND:

Can anybody trigger that chain of management? Can anybody who sees it, and I am stressing the word "can," then trigger the team that is already put together to determine what the protocol should be for that particular person?

DR. MURRAY:

Yes.

MS. THORNTON:

We are all human. We all try our best. The hope for this bill is that every student who is enrolled in school, whether it be public, private or charter, is treated equally under the law. Right now, students are not treated equally because in 2011, the law was only about student athletes. This law is to make sure all students are treated equally. With the online training, we are hoping that teachers will pay attention, and that they will understand that this is an issue that affects more people than they may know. Concussions affect so many more people than we know. The hope is that because these trainings are in law to educate teachers, parents, students and coaches, that if a student walks into class after a head injury, every teacher is going to send that student down to be part of the protocol.

That may not happen, but the hope is that because we have these trainings and protocols and we have the concussion management team, which will include guidance counselors, athletic trainers, school nurses, athletic directors, coaches and their parents, every student can get care for a head injury. The concussion management team will be tailored to that particular student, including a counselor and/or a social worker and/or a school psychologist if they have them, all working together.

SENATOR HAMMOND:

When you use the word "may" and you are talking about a teacher, if I am in the classroom am I now obligated to send you somewhere and start that process? As teachers, we have so many other responsibilities. Obviously, I would love to catch something like this, but if a student is adamant about saying, "No, I am fine," am I still obligated to send that student somewhere? That is the only thing that troubles me a bit.

MS. THORNTON:

That is a very good point and I would love to be able to follow up with you on that more.

SENATOR BUCK:

Thank you for bringing this bill forward. Our elementary schools often share nurses, but there is a first-aid safety assistant or maybe a health aid in their place when they are not present. Also, they do not usually have formal athletics at that age level, but I can maybe see the need if there is something that

happens outside the school. How do you foresee those schools creating their concussion management team?

MS. THORNTON:

You are correct about the different challenges with elementary schools. I recently looked at the Nevada Department of Education statistics on how many registered nurses there are in school districts in Nevada. Not every school district has registered nurses, so some registered nurses move from school to school. That is part of the 24- to 48-hour stipulation in the amendment which allows time for the nurse to see the student in question.

DR. MURRAY:

Elementary schools are tough because we do not have a lot of health care in those schools, and I think we should. My oldest child is ten and I have four kids, so I have seen them get hurt on the playground. I have seen a student hit their head on the playground and then walk right into class and nothing happened. We should have health care available at the elementary schools. In the chain of events leading to the management team, this should activate the principal and teacher. They have a responsibility to be aware of these incidents. That way, they can activate the concussion management team, physician or emergency room visits—anything that is required to help that student.

SENATOR FLORES:

Congratulations on being well prepared. We did not cut you any breaks and you handled it well.

CHAIR LANGE:

Ditto. Senator Weiner is not here because she is a little under the weather today, but she has been listening.

LEANN MCALLISTER (Executive Director, Nevada Chapter of the American Academy of Pediatrics):

We support S.B. 80 and thank the Nevada Youth Legislature for bringing it forward. It is important to remember that a concussion means there is a problem with how the brain is working, not that there is structural damage. This means that even if a child's imaging test is normal, he or she might still experience symptoms related to concussion. Every student needs to know how crucial it is to let their coach, athletic trainer, teacher or parent know that they

have hit their head or had symptoms of a head injury. I have submitted my written testimony of support ([Exhibit D](#)).

ADAM HUNSAKER (Head Athletic Trainer, Science Teacher, Carson High School, Carson City School District):

I am the head athletic trainer and a science teacher at Carson High School. I am also employed by Carson Tahoe Health. As an athletic trainer for the last ten years, I have dealt with hundreds of athletes as they recover from concussions. The return to play process has always focused on returning the athlete to the athletic field through modified rest and a gradual return to physical activity while monitoring their symptoms.

This process has evolved over time and I believe it is good at making sure athletes do not compete in sports until they are ready. However, one frustration that I have had, especially as I have transitioned from an athletic trainer exclusively to also being in the classroom, is that at no point in the concussion protocol are we given clear instructions on what to do with students who have suffered a head injury when they return to the classroom. Concussion protocols typically are only applied to student athletes in any sanctioned sports and not to the general student body. For that reason, I support S.B. 80 and I have submitted my written testimony ([Exhibit E](#)).

DENI FRENCH:

I graduated high school in 1969. At that time, a teacher of mine mused out loud, "How in the world did you graduate without being able to read?" I was reading before and regained that ability, but they graduated me anyway. They encouraged me to go onto junior college, where I went into a program for reading and was then able to successfully continue through with an art history and recreational education degree. I found that the early childhood education program allowed me the opportunity to get more lectures than having to read. I was able to pick up my reading skills as I went on.

I am dealing with some of those trigger anxiety situations. This is a bit of an unusual episode for me. I am much better verbally than in writing my thoughts down. Had there been a program like S.B. 80 when I was younger, my situation would not have progressed as it did. I am so lucky to have had the support of my friends and family and educational resources. I have two degrees and I feel very thankful, but I am still dealing with issues, and every day it is a challenge.

Ms. Thornton's statements at a school board meeting rang all sorts of bells for me. I looked as much as I could into the psychology and physiology of the brain for my issues, trying to figure out what was going on with me, and I still am. There is a new book out called *We Are Electric* that has really got me interested in following through. Thank you especially to Ms. Thornton and the Nevada Youth Legislature for this bill. I support S.B. 80.

MR. DIMASIN:

Some of my fellow youth legislators submitted written testimony ([Exhibit F](#)) today. Other NYL members present today also have expressed their support for S.B. 80, including Devika Bhatnagar from Senate District 5; Oniana Boulware, Senate District 2; Dylan Keene, Senate District 10; Grant Kington, Senate District 19; Nicole Miller, Senate District 20; Evan Raugust, Senate District 3 and Emma Thurgood from Senate District 1.

At the end of the day, young people from across the State that you appointed are calling you to action on concussion policy for Nevada. You can see that as young Nevadans, we are unified in our cause to ensure that students suffering from concussions can go back into the classroom. Education is one of the most powerful things that any young person can have to become a leader in the future and S.B. 80 is crucial to ensuring that we can offer educational equity for all Nevada students.

MARY PIERCZYNSKI (Nevada Association of School Superintendents):

The Nevada Association of School Superintendents is comprised of all 17 superintendents in the State. We are very proud of the students today and their piece of legislation has been very thoughtfully done. Your questions were very good, and they were able to respond. We support S.B. 80.

FRANK SAKELARIOS (Teacher, Carson High School, Carson City School District):

I am a teacher and former athletic trainer at Carson High School in support of S.B. 80. In my experience as an athletic trainer in Nevada since 1994, I have witnessed and been a part of concussion protocols from the time when we just put athletes and students right back into normal activities. If they were dinged on the football field or in a physical education class, we would check them and watch them for a little while, and then we put them right back in if they had no signs or symptoms. Since my own brain injury five years ago, I still struggle daily with tasks both at work and at home. I can only imagine what our

students are dealing with in their healing processes. I have submitted my written testimony ([Exhibit G](#)).

ANDREW FEULING (Superintendent, Carson City School District):

I support S.B. 80 as a commonsense adjustment aimed at supporting our students here in the Nevada. I have submitted my letter of support ([Exhibit H](#)).

ALIVIA ASCHENBACH (President, Carson High HOSA-Future Health Professionals):

I am a senior at Carson High School (CHS) and the president of the CHS chapter of HOSA-Future Health Professionals and I am on the sports medicine track. This past year, I have had the opportunity to work with youth legislator Thornton and our school's athletic trainer, Adam Hunsaker, in a series of preventative concussion testing for our varsity football team. We did have a few opportunities to test athletes who had suffered blunt force trauma resulting in concussion.

One player in particular serves as a reminder of how impactful S.B. 80 will be in Nevada high schools, which is why I am supporting it. This athlete, a sophomore at CHS was tested two days post-concussion. The first test performed was a vestibular ocular motor screening. A series of eye movement tests were performed, after which screening questions were asked. The athlete was visibly ill and close to vomiting. As someone who is squeamish around vomit, this was something that stuck with me. This athlete became physically ill with simple eye movement. I could not imagine how difficult it was to complete schoolwork, such as reading a book or algebra.

With the current athletic concussion policies, athletes are prohibited from competing with a concussion, but there are little to no guidelines regarding learning with a concussion. I believe that S.B. 80 will significantly improve the education process for all students who have suffered traumatic brain injuries including, but not limited to, athletes. I believe this bill will help provide concrete guidelines for the reintegration of students into schools and classrooms, as well as managing their mental and physical health and well-being.

MS. THORNTON:

I want to thank the Committee for considering this bill and asking all of your questions and for hearing us. I hope you hear all of us. This is an extremely personal issue to me. I am so thankful and grateful to everyone who has shown me that there is more compassion than we think and that concussions affect us

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more than we think. Two years ago, I did not think I would be here today. If I had not had my helmet on, I would not be here. Thank you for hearing us.

CHAIR LANGE:

Thank you to all our presenters today. I have received four letters of support ([Exhibit I](#)) from people who did not testify and written testimony ([Exhibit J](#)) from Patrick Donn Dimasin. I will close the hearing on S.B. 80 and adjourn this meeting at 3:18 p.m.

RESPECTFULLY SUBMITTED:

Linda Hiller,
Committee Secretary

APPROVED BY:

Senator Roberta Lange, Chair

DATE: _____

EXHIBIT SUMMARY				
Bill	Exhibit Letter	Introduced on Minute Report Page No.	Witness / Entity	Description
	A	1		Agenda
	B	1		Attendance Roster
S.B. 80	C	5	Stella Thornton / Nevada Youth Legislature	Conceptual Amendment
S.B. 80	D	17	Leann McAllister / Nevada Chapter of the American Academy of Pediatrics	Written Testimony
S.B. 80	E	17	Adam Hunsaker / Carson High School	Written Testimony
S.B. 80	F	18	Patrick Donn Dimasin / Nevada Youth Legislature	Written Testimonies
S.B. 80	G	19	Frank Sakelarios / Carson High School	Written Testimony
S.B. 80	H	19	Andrew Feuling / Carson City School District	Letter of Support
S.B. 80	I	20	Chair Roberta Lange	Four Letters of Support
S.B. 80	J	20	Chair Roberta Lange	Written Testimony