SB 2557 – RELATING TO CONCUSSIONS

Chairs Kidani and Baker, Vice Chair Harimoto, and members of the committees, thank you for this opportunity to provide testimony in support of SB 2557.

The College of Education at the University of Hawaii supports the intent of SB 2557, however we are unable to support two main inclusions in the bill: Cognitive testing (page 7, #5) and that the funds would be appropriated from the Department of Health Neurotrauma Special Fund (page 8, section 3).

**Cognitive testing.** Since 2010, Hawai‘i high school student athletes at 9th and 11th grades have been provided with cognitive baseline concussion testing prior to their sport. The system employed to implement cognitive baseline testing is the Immediate Post-Concussion Assessment and Cognitive Testing (ImPACT), which is a computerized neurocognitive assessment tool. Over the years, the Hawai‘i Concussion Awareness and Management Program (HCAMP) has been supporting all Hawai‘i high schools by paying for ImPACT annual license fee along with contracting a neuropsychologist to assist with reading and interpreting post-concussion cognitive test results. Once concussed, all student athletes in Hawai‘i go through a concussion protocol established in part with HCAMP assistance. While neurocognitive baseline testing continues to be a critical piece to the continued health and safety of Hawai‘i high school student athletes, HCAMP fully supports the continued implementation of cognitive baseline and post testing at all Hawai‘i high schools.

SB 2557 calls for “cognitive testing of participants prior to the start of each season of school athletics or a youth athletic activity” (p. 7). The specific issue here is extending testing to youth athletic activities. Cognitive testing, while important for high school student athletes, is not necessarily feasible to provide to youth athletic activity groups. First is the fact, that there are no athletic trainers at this level to assist with baseline implementation and monitoring; second the cost associated with providing cognitive testing to youth activity groups is not feasible or realistic; and third, most cognitive
baseline tests do not reach an age lower than 12. Given these reasons, HCAMP cannot support this part of the bill.

**Neurotrauma Special Fund.** The Department of Health (DOH) Neurotrauma Special Fund has supported HCAMP since 2010. The Neurotrauma Special Fund is overseen by a board that advises the DOH in providing “start-up funds” to programs and agencies in order to fulfill the Neurotrauma Special Fund statue and requirements. HCAMP has been a beneficiary of this funding and was able to work directly with both private and public schools to address concussion safety in schools that included baseline testing mentioned above. This special fund was never intended to provide continued support and funding in perpetuity for HCAMP.

Specific to SB 2557, Section 3 (page 8) states “there is appropriated out of the neurotrauma special fund the sum of $450,000 or so much thereafter as may be necessary for fiscal year 2016-2017.” This fund was specifically designed to assist with various Neurotrauma challenges faced statewide, and has other areas that also are priorities. The appropriation of this fund for the specific purpose of continuing HCAMP will essentially “wipe out” this special fund and no other program can be supported. To this end, HCAMP has been working on a sustainability plan for two years with one option to seek funds from the legislature (as we are doing). Having Neurotrauma Special Funds specifically earmarked for HCAMP via the Kinesiology and Rehabilitation Science department should not be supported.

Thank you for this opportunity to provide testimony on SB 2257.