OREGON PROGRESSIVE PARTY



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Oregon Progressive Party Position on Bill at 2018 Session of Oregon Legislature:

SB 1547A: Oppose

Dear Committee:

February 21, 2018

The Oregon Progressive Party continues to oppose this bill, as amended by the Senate, which "expands list of health care professionals who can provide medical release to youth athlete who is suspected of having concussion." This bill title is miseading, as we do not consider athletic trainers to be "health care professionals."

The Fiscal Impact Statement for SB 1547A is baseless, as it entirely fails to address the increased cost to the state's health and welfare systems that will result from increasing the number of persons who are afflicted with chronic traumatic encephalopathy (CTE) and other brain impairments that result from repeated concussions.

In July 2017, a study published by the Journal of the American Medical Association concluded that chronic traumatic encephalopathy (CTE) was found in 110 of the 111 former NFL players whose families donated their brains to the Boston University School of Medicine. The disease, caused by head trauma, leads to dementia, memory loss, suicidal thoughts, and personality and mood changes, among other progressive symptoms. But the study also concluded that CTE was found in the brains of 3 of 14 high school players (21%) and 48 of 53 college players (91%). We have reproduced that study's summary below.

CTE among football players is a health crisis. SB 1547 makes it more likely that Oregon students will suffer CTE, because it allows more people to approve having a student return to playing on a school team, after having suffered a blow that resulted in symptoms of concussion. Those allowed to approve return to play include non-medical occupational therapists and even athletic trainers. The choice of whom will approve return to play is up to the team's coach, who has a conflict of interest (protecting the health of players v. winning games). SB 1547 also rewrites the law to more broadly exempt anyone and any entity involved in school sports from any liability for harm caused to players.

We greatly appreciate, and agree with, the testimony of Arthur Towers.

Clinicopathological Evaluation of Chronic Traumatic Encephalopathy in Players of American Football

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JAMA. 2017;318(4):360-370. doi:10.1001/jama.2017.8334

Results Among 202 deceased former football players (median age at death, 66 years [interquartile range, 47-76 years]), CTE was neuropathologically diagnosed in 177 players (87%; median age at death, 67 years [interquartile range, 52-77 years]; mean years of football participation, 15.1 [SD, 5.2]), including 0 of 2 pre–high school, **3 of 14 high school (21%), 48 of 53 college (91%)**, 9 of 14 semiprofessional (64%), 7 of 8 Canadian Football League (88%), and 110 of 111 National Football League (99%) players.

Neuropathological severity of CTE was distributed across the highest level of play, with all 3 former high school players having mild pathology and the majority of former college (27 [56%]), semiprofessional (5 [56%]), and professional (101 [86%]) players having severe pathology. Among 27 participants with mild CTE pathology, 26 (96%) had behavioral or mood symptoms or both, 23 (85%) had cognitive symptoms, and 9 (33%) had signs of dementia. Among 84 participants with severe CTE pathology, 75 (89%) had behavioral or mood symptoms or both, 80 (95%) had cognitive symptoms, and 71 (85%) had signs of dementia.

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