## **Regulatory Analysis**

Notice of Intended Action to be published: 641—Chapter 54 "Concussion or Other Brain Injury Return-to-Play Protocol"

Iowa Code section(s) or chapter(s) authorizing rulemaking: 280.13C State or federal law(s) implemented by the rulemaking: Iowa Code section 280.13C(2)

#### Public Hearing

A public hearing at which persons may present their views orally or in writing will be held as follows:

July 29, 2025 Microsoft Teams

10 a.m. Meeting ID: 242 459 066 176 7

Passcode: Wu3Kc9DH

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#### Public Comment

Any interested person may submit written or oral comments concerning this Regulatory Analysis, which must be received by the Department of Health and Human Services no later than 4:30 p.m. on the date of the public hearing. Comments should be directed to:

Victoria L. Daniels 321 East 12th Street Des Moines, Iowa 50319 Phone: 515.829.6021

Email: compliancerules@hhs.iowa.gov

# Purpose and Summary

This proposed chapter describes the return-to-play protocol for a concussion or other brain injury adopted by the board of directors of each school district and the authorities in charge of each accredited nonpublic school with enrolled students who participate in an extracurricular interscholastic activity in grades 7 through 12. Concussions are a type of brain injury that can range from mild to severe and can disrupt the way the brain normally works. Concussions can occur in an organized or unorganized sport or recreational activity and can result from a fall or from players colliding with each other, with the ground, or with obstacles. Concussions can occur with or without loss of consciousness, but the vast majority of concussions occur without loss of consciousness.

The proposed chapter underwent a Red Tape Review pursuant to Executive Order 10. As a result, the Department updated definitions to refer to the appropriate Iowa Code section and eliminated redundant language.

### Analysis of Impact

- 1. Persons affected by the proposed rulemaking:
- Classes of persons that will bear the costs of the proposed rulemaking:

There are no costs associated with the proposed rulemaking.

• Classes of persons that will benefit from the proposed rulemaking:

High school athletes who have undergone or could undergo a concussion or other brain injury and their families benefit from this proposed chapter and the protocols it outlines.

2. Impact of the proposed rulemaking, economic or otherwise, including the nature and amount of all the different kinds of costs that would be incurred:

### • Quantitative description of impact:

The Department's data from 2021 indicates that approximately 13 percent of Iowa students had a concussion from playing a sport or being physically active (Iowa HHS, 2021).

# • Qualitative description of impact:

Protocols are in place to protect high school athletes who undergo a concussion or other brain injury from sustaining further damage.

- 3. Costs to the State:
- Implementation and enforcement costs borne by the agency or any other agency:

The Department incurs personnel and other administrative costs in implementing this proposed chapter.

## • Anticipated effect on State revenues:

This proposed rulemaking has no impact on State revenues.

4. Comparison of the costs and benefits of the proposed rulemaking to the costs and benefits of inaction:

Rulemaking is required by Iowa Code section 280.13C.

5. Determination whether less costly methods or less intrusive methods exist for achieving the purpose of the proposed rulemaking:

Not applicable.

- 6. Alternative methods considered by the agency:
- Description of any alternative methods that were seriously considered by the agency: Not applicable.
- Reasons why alternative methods were rejected in favor of the proposed rulemaking: Rulemaking is required by Iowa Code section 280.13C.

Small Business Impact

If the rulemaking will have a substantial impact on small business, include a discussion of whether it would be feasible and practicable to do any of the following to reduce the impact of the rulemaking on small business:

- Establish less stringent compliance or reporting requirements in the rulemaking for small business.
- Establish less stringent schedules or deadlines in the rulemaking for compliance or reporting requirements for small business.
- Consolidate or simplify the rulemaking's compliance or reporting requirements for small business.
- Establish performance standards to replace design or operational standards in the rulemaking for small business.
  - Exempt small business from any or all requirements of the rulemaking.

If legal and feasible, how does the rulemaking use a method discussed above to reduce the substantial impact on small business?

This proposed rulemaking has no impact on small business.

Text of Proposed Rulemaking

ITEM 1. Rescind 641—Chapter 54 and adopt the following <u>new</u> chapter in lieu thereof:

CHAPTER 54

CONCUSSION OR OTHER BRAIN INJURY RETURN-TO-PLAY PROTOCOL

**641—54.1(280) Definitions.** For the purpose of these rules, the following definitions apply:

"Asymptomatic" means the student is no longer showing signs, symptoms, or behaviors consistent with a concussion or other brain injury.

"Contest" means the same as defined in Iowa Code section 280.13C(2).

"Extracurricular interscholastic activity" means the same as defined in Iowa Code section 280.13C(2).

"Licensed health care provider" means the same as defined in Iowa Code section 280.13C(2).

"Medical clearance" means written clearance from a licensed health care provider releasing the student following a concussion or other brain injury to return to or commence participation in any extracurricular interscholastic activity.

"Rest" means a recovery state at which physical and cognitive activities are reduced or removed with the intent to eliminate the signs, symptoms, or behaviors of brain injury.

"Return-to-learn plan" means the plan developed by personnel of a school district or accredited nonpublic school based on guidance developed as required under Iowa Code section 280.13C(6)"b" to provide adjustments or accommodations as the student returns to the classroom.

"Return-to-play" means the gradual, step-wise approach to returning a student to participation in any extracurricular interscholastic activity following a concussion or other brain injury.

641—54.2(280) Return-to-play protocol. The following return-to-play step-wise process shall begin when the student who has been removed from participation in any extracurricular interscholastic activity governed by the Iowa High School Athletic Association or the Iowa Girls High School Athletic Union is no longer showing signs, symptoms, or behaviors consistent with a concussion or other brain injury for a minimum of 24 hours and has received written medical clearance from a licensed health care provider to return to or commence such participation.

**54.2(1)** *Return-to-play process.* Each step shall take a minimum of 24 hours.

- a. If the student shows signs, symptoms, or behaviors consistent with a concussion or other brain injury at any step of the return-to-play protocol, the student must stop the activity and the student's licensed health care provider and parent or guardian shall be contacted.
- b. If the student shows signs, symptoms, or behaviors consistent with a concussion or other brain injury during this process, an additional 24-hour period of rest shall take place. After the 24-hour period of rest, the student shall drop back to the previous step when the student showed no signs, symptoms, or behaviors consistent with a concussion or other brain injury and begin the progression again.

**54.2(2)** *Return-to-play steps.* 

Step 1. Back to regular activities	The athlete has received written medical clearance from a licensed health care provider to begin the return-to-play process, AND the athlete is back to regular activities, including school, without experiencing any concussion signs, symptoms, or behaviors for a minimum of 24 hours.
Step 2. Light aerobic activity	Light aerobic exercise only to increase the athlete's heart rate. This means about five to ten minutes on an exercise bike, walking, or light jogging. No resistance/weight training.
Step 3. Moderate activity	Continue activities to increase athlete's heart rate with body or head movement. This includes moderate jogging, brief running, moderate-intensity stationary biking, moderate-intensity weightlifting (less time, less weight, or both from the athlete's typical routine).
Step 4. Heavy, noncontact activity	Add heavy noncontact physical activity, such as sprinting/running, high-intensity stationary biking, regular weightlifting routine, noncontact sport-specific drills (in three planes of movement).
Step 5. Practice and full contact	Athlete may return to practice and full contact (if appropriate for the sport) in controlled practice.
Step 6. Contest participation	Athlete may return to contest participation.

These rules are intended to implement Iowa Code section 280.13C.