

119TH CONGRESS
1ST SESSION

S. 2889

To promote minimum State requirements for the prevention and treatment of concussions caused by participation in school sports, and for other purposes.

IN THE SENATE OF THE UNITED STATES

SEPTEMBER 18 (legislative day, SEPTEMBER 16), 2025

Mr. DURBIN introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To promote minimum State requirements for the prevention and treatment of concussions caused by participation in school sports, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Protecting Student
5 Athletes from Concussions Act of 2025”.

6 **SEC. 2. MINIMUM STATE REQUIREMENTS.**

7 (a) MINIMUM REQUIREMENTS.—Each State that re-
8 ceives funds under the Elementary and Secondary Edu-
9 cation Act of 1965 (20 U.S.C. 6301 et seq.) and does not

1 meet the requirements described in this section, as of the
 2 date of enactment of this Act, shall, not later than the
 3 last day of the fifth full fiscal year after the date of enact-
 4 ment of this Act (referred to in this Act as the “compli-
 5 ance deadline”), enact legislation or issue regulations es-
 6 tablishing the following minimum requirements:

7 (1) LOCAL EDUCATIONAL AGENCY CONCUSSION
 8 SAFETY AND MANAGEMENT PLAN.—Each local edu-
 9 cational agency in the State, in consultation with
 10 members of the community in which such agency is
 11 located, shall develop and implement a standard plan
 12 for concussion safety and management that—

13 (A) educates students, parents, and school
 14 personnel about concussions, through activities
 15 such as—

16 (i) training school personnel, including
 17 coaches, teachers, athletic trainers, related
 18 services personnel, and school nurses, on
 19 concussion safety and management, includ-
 20 ing training on the prevention, recognition,
 21 and academic consequences of concussions
 22 and response to concussions; and

23 (ii) using, maintaining, and dissemi-
 24 nating to students and parents—

1 (I) release forms and other ap-
2 propriate forms for reporting and
3 record keeping;

4 (II) treatment plans; and

5 (III) prevention and post-injury
6 observation and monitoring fact
7 sheets about concussion;

8 (B) encourages supports, where feasible,
9 for a student recovering from a concussion (re-
10 gardless of whether or not the concussion oc-
11 curred during school-sponsored activities, dur-
12 ing school hours, on school property, or during
13 an athletic activity), such as—

14 (i) guiding the student in resuming
15 participation in athletic activity and aca-
16 demic activities with the help of a multi-
17 disciplinary concussion management team,
18 which may include—

19 (I) a health care professional, the
20 parents of such student, a school
21 nurse, relevant related services per-
22 sonnel, and other relevant school per-
23 sonnel; and

1 (II) an individual who is assigned
2 by a public school to oversee and
3 manage the recovery of such student;

4 (ii) providing appropriate academic
5 accommodations aimed at progressively re-
6 introducing cognitive demands on the stu-
7 dent; and

8 (iii) if the student's symptoms of con-
9 cussion persist for a substantial period of
10 time—

11 (I) evaluating the student in ac-
12 cordance with section 614 of the Indi-
13 viduals with Disabilities Education
14 Act (20 U.S.C. 1414) to determine
15 whether the student is eligible for
16 services under part B of such Act (20
17 U.S.C. 1411 et seq.); or

18 (II) evaluating whether the stu-
19 dent is eligible for services under sec-
20 tion 504 of the Rehabilitation Act of
21 1973 (29 U.S.C. 794); and

22 (C) encourages the use of best practices
23 designed to ensure, with respect to concussions,
24 the uniformity of safety standards, treatment,
25 and management, such as—

(i) disseminating information on concussion safety and management to the public; and

(ii) applying uniform best practice standards for concussion safety and management to all students enrolled in public schools.

(2) POSTING OF INFORMATION ON CONCUSSIONS.—Each public elementary school and each public secondary school shall post on school grounds, in a manner that is visible to students and school personnel, and make publicly available on the school website, information on concussions that—

(A) is based on peer-reviewed scientific evidence (such as information made available by the Centers for Disease Control and Prevention);

(B) shall include information on—

(i) the risks posed by sustaining a concussion;

(ii) the actions a student should take in response to sustaining a concussion, including the notification of school personnel; and

1 (iii) the signs and symptoms of a con-
 2 cussion; and

3 (C) may include information on—

4 (i) the definition of a concussion;

5 (ii) the means available to the student
 6 to reduce the incidence or recurrence of a
 7 concussion; and

8 (iii) the effects of a concussion on
 9 academic learning and performance.

10 (3) RESPONSE TO CONCUSSION.—If an indi-
 11 vidual designated from among school personnel for
 12 purposes of this Act, one of whom must be in at-
 13 tendance at every school-sponsored activity, suspects
 14 that a student has sustained a concussion (regard-
 15 less of whether or not the concussion occurred dur-
 16 ing school-sponsored activities, during school hours,
 17 on school property, or during an athletic activity)—

18 (A) the student shall be—

19 (i) immediately removed from partici-
 20 pation in a school-sponsored athletic activ-
 21 ity; and

22 (ii) prohibited from resuming partici-
 23 pation in school-sponsored athletic activi-
 24 ties—

1 (I) on the day the student sus-
 2 tained the concussion; and

3 (II) until the day the student is
 4 capable of resuming such participa-
 5 tion, according to the student's writ-
 6 ten release, as described in paragraph
 7 (4); and

8 (B) the designated individual shall report
 9 to the parent or guardian of such student—

10 (i) any information that the des-
 11 ignated school employee is aware of re-
 12 garding the date, time, and type of the in-
 13 jury suffered by such student (regardless
 14 of where, when, or how a concussion may
 15 have occurred); and

16 (ii) any actions taken to treat such
 17 student.

18 (4) RETURN TO ATHLETICS.—If a student has
 19 sustained a concussion (regardless of whether or not
 20 the concussion occurred during school-sponsored ac-
 21 tivities, during school hours, on school property, or
 22 during an athletic activity), before such student re-
 23 sumes participation in school-sponsored athletic ac-
 24 tivities, the school shall receive a written release
 25 from a health care professional, that—

1 (A) states that the student is capable of
 2 resuming participation in such activities; and

3 (B) may require the student to follow a
 4 plan designed to aid the student in recovering
 5 and resuming participation in such activities in
 6 a manner that—

7 (i) is coordinated, as appropriate, with
 8 periods of cognitive and physical rest while
 9 symptoms of a concussion persist; and

10 (ii) reintroduces cognitive and phys-
 11 ical demands on such student on a pro-
 12 gressive basis only as such increases in ex-
 13 ertion do not cause the reemergence or
 14 worsening of symptoms of a concussion.

15 (5) RETURN TO ACADEMICS.—If a student en-
 16 rolled in a public school in the State has sustained
 17 a concussion, the concussion management team (as
 18 described under paragraph (1)(B)(i)) of the school
 19 shall consult with and make recommendations to rel-
 20 evant school personnel and the student to ensure
 21 that the student is receiving the appropriate aca-
 22 demic supports, including—

23 (A) providing for periods of cognitive rest
 24 over the course of the school day;

1 (B) providing modified academic assign-
2 ments;

3 (C) allowing for gradual reintroduction to
4 cognitive demands; and

5 (D) other appropriate academic accom-
6 modations or adjustments.

7 (b) NONCOMPLIANCE.—

8 (1) FIRST YEAR.—If a State described in sub-
9 section (a) fails to comply with subsection (a) by the
10 compliance deadline, the Secretary of Education
11 shall reduce by 5 percent the amount of funds the
12 State receives under the Elementary and Secondary
13 Education Act of 1965 (20 U.S.C. 6301 et seq.) for
14 the first fiscal year following the compliance dead-
15 line.

16 (2) SUCCEEDING YEARS.—If the State fails to
17 so comply by the last day of any fiscal year following
18 the compliance deadline, the Secretary of Education
19 shall reduce by 10 percent the amount of funds the
20 State receives under that Act for the following fiscal
21 year.

22 (3) NOTIFICATION OF NONCOMPLIANCE.—Prior
23 to reducing any funds that a State receives under
24 the Elementary and Secondary Education Act of
25 1965 (20 U.S.C. 6301 et seq.) in accordance with

1 this subsection, the Secretary of Education shall
2 provide a written notification of the intended reduc-
3 tion of funds to the State and to the appropriate
4 committees of Congress.

5 **SEC. 3. RULE OF CONSTRUCTION.**

6 Nothing in this Act shall be construed to affect civil
7 or criminal liability under Federal or State law.

8 **SEC. 4. DEFINITIONS.**

9 In this Act:

10 (1) CONCUSSION.—The term “concussion”
11 means a type of mild traumatic brain injury that—

12 (A) is caused by a blow, jolt, or motion to
13 the head or body that causes the brain to move
14 rapidly in the skull;

15 (B) disrupts normal brain functioning and
16 alters the mental state of the individual, caus-
17 ing the individual to experience—

18 (i) any period of observed or self-re-
19 ported—

20 (I) transient confusion, dis-
21 orientation, or impaired consciousness;

22 (II) dysfunction of memory
23 around the time of injury; or

24 (III) loss of consciousness lasting
25 less than 30 minutes; or

1 (ii) any 1 of 4 types of symptoms, in-
 2 cluding—

3 (I) physical symptoms, such as
 4 headache, fatigue, or dizziness;

5 (II) cognitive symptoms, such as
 6 memory disturbance or slowed think-
 7 ing;

8 (III) emotional symptoms, such
 9 as irritability or sadness; or

10 (IV) difficulty sleeping; and

11 (C) can occur—

12 (i) with or without the loss of con-
 13 sciousness; and

14 (ii) during participation in any orga-
 15 nized sport or recreational activity.

16 (2) HEALTH CARE PROFESSIONAL.—The term
 17 “health care professional” means an individual—

18 (A) who has been trained in diagnosis and
 19 management of concussion in a pediatric popu-
 20 lation;

21 (B) who is registered, licensed, certified, or
 22 otherwise statutorily recognized by the State to
 23 provide such diagnosis and management; and

24 (C) whose scope of practice and experience
 25 includes the diagnosis and management of trau-

1 matic brain injury among a pediatric popu-
 2 lation.

3 (3) LOCAL EDUCATIONAL AGENCY; STATE.—
 4 The terms “local educational agency” and “State”
 5 have the meanings given such terms in section 8101
 6 of the Elementary and Secondary Education Act of
 7 1965 (20 U.S.C. 7801).

8 (4) RELATED SERVICES PERSONNEL.—The
 9 term “related services personnel” means individuals
 10 who provide related services, as defined under sec-
 11 tion 602 of the Individuals with Disabilities Edu-
 12 cation Act (20 U.S.C. 1401).

13 (5) SCHOOL-SPONSORED ATHLETIC ACTIVITY.—
 14 The term “school-sponsored athletic activity”
 15 means—

16 (A) any physical education class or pro-
 17 gram of a school;

18 (B) any athletic activity authorized during
 19 the school day on school grounds that is not an
 20 instructional activity;

21 (C) any extra-curricular sports team, club,
 22 or league organized by a school on or off school
 23 grounds; and

24 (D) any recess activity.

