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Health and Government Operations Committee

Subcommittees Government Operations and Health Facilities

Public Health and Minority Health Disparities

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## THE MARYLAND HOUSE OF DELEGATES

## ANNAPOLIS, MARYLAND 21401

## SUPPORT HB733 – Youth Sports Safety Advisory Commission

## Dear Chair Atterbeary, Vice Chair Wilkins, and Committee Members,

**HB733** would establish a Youth Sports Advisory Commission to stay current on and review evolving science and evidence-based data regarding recreation and sports activities and their short- and long-term impact on youth athletes, to make timely recommendations regarding policies and practices that maximize health benefits for our youngest youth athletes.

The field of sports safety and best practices is rapidly evolving on all levels and in all arenas, from NASCAR, to swimming, and at every level. Physiologically, children are not simply small adults, and the health considerations in children differ, sometimes significantly, at different ages and stages of development. Some issues where age or stage-specific protocols might be relevant and recommendations for secondary school-aged athletes might differ from those for primary school-aged children include

- heat related illness in the era of more frequent extreme heat events
- susceptibility to growth plate, cartilage, and joints to repetitive microtrauma
- head trauma, traumatic brain injury and Chronic Traumatic Encephalopathy risk to developing brains
- relative benefits and risks of early and later sports specialization
- competition, stress, and emotional-psychological resiliency
- imbalances of strength or of joint range of motion

The Maryland Public Secondary Schools Athletics Association (MPSSAA), organized by local school authorities in 1946 and operating under a Memorandum of Understanding with local school systems, has a similarly composed Medical Advisory Committee. Its charge, however, is specific and limited to health and safety measures for high school interscholastic student athletes.

Establishing a commission of pediatric sports, health, and policy experts tasked to look at evolving science and national best practices for these our youngest, most vulnerable athletes, will make us less reactionary and more thoughtful, pro-active, confident that we are doing our best to optimize the benefits for children participating in sports. The commission's roles would be advisory, with recommendations being open for consideration, rejection, or adoption by individual youth sports leagues at the local level, and state-wide supervisory and oversight entities.

The commission sunsets in 5 years without further action. If we believe that our teen athletes deserve a regular review of the latest information on health and safety to inform protocols and policies, why don't our youngest athletes deserve the same? I respectfully request a favorable report with one technical amendment on HB0733.