



State Representative Cindy Abrams
State Representative Rick Carfagna
Sponsor Testimony - House Bill 484
House Health Committee
February 11, 2020

Rep. Cindy Abrams

Chairman Lipps, Vice Chair Manning, Ranking Member Boyd and fellow members of the House Health Committee. Thank you for affording us the opportunity to provide sponsor testimony on House Bill 484. HB 484 modernizes the practice act for Ohio's athletic trainers, in order to better reflect current practice and changes in athletic training education and training. Ohio was the first state to license athletic trainers back in 1991 - nearly 30 years ago - which is also the last time their practice act was updated.

There are currently over 2,300 licensed athletic trainers (ATs) in Ohio. They are licensed health care providers of physical medicine and rehabilitation, who collaborate with physicians to provide preventative services, emergency care, clinical diagnosis, therapeutic intervention and rehabilitation of injuries and medical conditions. They operate in a variety of settings, including secondary schools, colleges and universities, hospitals, and sports medicine and outpatient clinics. Licensed athletic trainers also practice in industrial and occupational facilities, and the Ohio Bureau of Workers' Compensation recognizes them as providers of physical medicine and rehabilitation.

Athletic trainers must graduate with a bachelor's degree from an accredited athletic training program by the Commission on Accreditation of Professional Athletic Training Programs (CAATE), with a curriculum of knowledge and skills built around competencies in eight distinct content areas. Students are required to participate in a minimum of two years of academic clinical education with a variety of different patient populations that address the continuum of care. Beginning in 2022, all entry level ATs will be required to have a master's of athletic training from a CAATE program, and over 80% of current Ohio ATs have a master's degree or higher. Ohio has approximately 24 higher education programs for athletic training, and the state's Athletic Trainers' Hall of Fame is housed at Ohio University.

ATs have been recognized nationally by a number of healthcare professions. The American Medical Association (AMA) formally recognizes ATs as allied healthcare professionals, and encourages the use of ATs in every school offering a sports program. In 2015, the American Academy of Pediatrics introduced a resolution requesting support from the AMA to place athletic trainers in all secondary schools. As documented healthcare providers by the U.S.

Centers for Medicare and Medicaid Services (CMS), athletic trainers have been provided with a National Provider Identifier to submit claims or conduct other electronic transactions specified by HIPAA. Finally, ATs are eligible for credentialing through the Coalition for Affordable Quality Healthcare, a non-profit alliance of health plans and related associations working together to achieve the shared goal of streamlining the business of healthcare.

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As Rep. Abrams indicated, HB 484 updates the practice act for Athletic Trainers, which has not been revised since 1991. The bill, as proposed, would:

- Modernize the definition of athletic training to better reflect that the training and education received by ATs adequately prepares them to treat our increasingly physically active population.
- Allow ATs to work under a collaboration agreement with physicians. This bill in no way seeks to allow ATs to operate as independent practitioners, but rather would provide greater oversight by a physician and strengthen the care coordination relationship between the physician and the AT.
- Eliminate language in current law that restricts ATs by only allowing administering of “topical” care.
 - For example, in an emergency situation, despite having the training to successfully administer an IV, an athletic trainer must wait for an EMT to arrive, potentially to the detriment of a patient.
 - Additionally, despite having the necessary pharmacological training to provide over-the-counter drugs like aspirin, the current practice act prohibits this.
 - Recent changes to Ohio law have allowed certain school employees to administer epi-pens or naloxone in a crisis situation. However, while athletic trainers are certainly qualified to act in such a situation, they are once again prohibited by their practice act.
- Ensure access to rehabilitation providers for non-opioid, non-surgical pain management treatment.
- Address the ability for an AT to provide care for a visiting team through a referral from an AT to an AT. To illustrate, a team traveling without their AT is unable to refer to the home AT attending the game or event to even tape a visiting athlete.

Chairman Lipps and members of this committee, we are asking you to consider the changes in the delivery of healthcare and the evolving needs of the population over the past 29 years. What ATs are being taught at the university level does not match up with what they are permitted to do in the real world. As we continue to explore ways to keep healthcare costs low and identify effective pain management techniques in response to the opioid crisis, expanding access to the expertise provided by athletic trainers will help to keep Ohioans of all ages and abilities healthy and active.

Thank you again for allowing us to provide testimony and at this time, we would be happy to answer any questions.