



State Representative Thomas Hall
State Representative Rick Carfagna
Sponsor Testimony - House Bill 176
Senate Health Committee
May 25th, 2021

Rep. Thomas Hall

Chairman Huffman, Vice Chair Antani, Ranking Member Antonio and fellow members of the Senate Health Committee. Thank you for affording us the opportunity to provide sponsor testimony on House Bill 176. This legislation passed out of the House unanimously, it is a re-introduction of House Bill 484 from the last General Assembly, which also passed the Ohio House last June. HB 176 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 - 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. Previous to my time in the state legislature, I spent 6 seasons helping to coach boys' basketball. In this role, I was able to observe first-hand the skill set and expertise that an Athletic Trainer can have on a team and how pivotal they can be to a team's success. As a coach, I relied on our AT to help get our players back healthy and back in the game.

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. In conclusion, Ohio should be able to fully utilize AT's and their modern-day skills.

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As Rep. Hall indicated, HB 176 updates the practice act for Athletic Trainers, which has not been revised since 1991. What this bill does is the following:

- First, it modernizes the definition of athletic training to better reflect the training and education received by ATs and to adequately prepare them to treat our increasingly physically active population.
- Next, it codifies the collaboration agreements between athletic trainers and physicians and allows for the enhancement of their duties under these agreements. 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.
- We understand that there are some ATs that are content operating under the status quo – perhaps they do not wish to enter into a collaboration agreement or they have a pre-existing arrangement with other medical professionals. Those ATs are free to not avail themselves of these additional services and activities and remain under the former limited practice act, which will be retained in Ohio Revised Code.
- Finally, it affords athletic trainers the ability 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 Huffman 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 explore ways to stabilize healthcare costs and identify effective pain management techniques (particularly 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.