



**Ohio Senate Health Committee  
Sub HB 176 (Carfagna, Hall) Athletic Training  
Wednesday, June 2, 2021**

Good morning, Chairman Huffman, Ranking Minority Member Antonio, and members of the Senate Health Committee. Thank you for the opportunity to testify today in support of Sub HB 176. I am Siobhan Fagan, Immediate Past President of the Ohio Athletic Trainers' Association (OATA), and serve as Clinical Education Coordinator at Wright State University. I am testifying today on behalf of the Ohio Athletic Trainers' Association (OATA). I have been very involved in the years of discussion and preparation in the bill that is before you today. We appreciate the opportunity for your consideration of this important legislation, especially in light of the pandemic and what we have learned about the need for access to health care providers to help during a public health emergency.

The OATA is the statewide trade association that supports the athletic training profession in Ohio, representing over 1800 licensed athletic trainers in the state of Ohio. There are currently over 2,500 licensed ATs in Ohio and approximately 24 higher education athletic training programs across the State. Ohio has a rich history in the athletic training profession, including being one of the first states to license ATs in 1991, and the athletic training Hall of Fame is located at Ohio University.

The changes proposed in Sub HB 176 are necessary, since the scope of practice for ATs have not received a wholesale update by the profession since the initial enactment of our state licensure in 1991. While there have been incremental updates over the past couple of decades, this is the first proposed by the profession. While Ohio was one of the first states to license athletic trainers, other states that have licensed ATs more recently have scope of practice acts that are more aligned with what is contained in HB 176. These states have a practice act that is more current with the ongoing changes in athletic training education that have followed the advancements in the delivery of health care today.

There have been 3 major athletic training educational changes since the enactment of our state licensure in 1991. These changes have culminated in new national education standards for athletic training recently being adopted to require a master's level entry for all athletic trainers beginning in 2022. Prior to this change, the national standard was a bachelor's degree, however, over 85% of Ohio's licensed ATs have a master's degree or higher level of education. With the three generations of change, along with the current national education standards, we felt it was an appropriate time to update our state practice act.

This bill as proposed will ensure that Ohio's graduates of athletic training will be able to practice the skills they are taught in the classroom daily right here in Ohio. Since Ohio currently has more accredited programs than any other state, we believe it is important that we retain our graduates to work and live in Ohio. It will also attract athletic trainers from out of state to Ohio as they will be able to practice at the top of their license.

For those of you that may not be familiar with athletic trainers, we provide care in various settings. ATs can work for a professional sports team, colleges and universities, primary and secondary schools, health clinics, wellness facilities, youth sports programs, hospitals, sports clinics/outpatient rehab, performance arts, public safety, military, and industrial/occupational settings. Within these settings, we are often the front-line health care provider. We may be the only health care provider present in a collegiate, secondary school, or youth sports facility while patients are engaging in physical activity. This requires our ability to bring lifesaving techniques to bear on emergent situations that inevitably arise.

If you haven't visited an athletic training room at a college or university, we encourage you to do so—they are a microcosm of care coordination models that we hear so much about in health care today. Athletic trainers work closely with physicians throughout their education and training in athletic training rooms, with the physician as the center of the care delivery team. Athletic Trainers work in collaboration with the physician to provide effective care coordination, resulting in better health outcomes for the patient. As such, the bill seeks to change from a "referral" to a "collaboration" with a physician that better reflects this care delivery model. The bill also requires an AT to enter into a "collaboration agreement" with a physician. This modification is not entirely different than how we currently practice, which is through a "standard operating protocol" (SOP) as outlined in our administrative code. We believe the inclusion of a collaboration agreement strengthens our practice act as well as our relationship with our team physicians. Please note that the sub bill further clarifies that ATs may continue to practice under the current scope of practice, but for the expanded scope proposed by the bill, the AT must enter into a collaboration agreement with a physician. The need for the clarification was to allow for those ATs that are working in other settings, such as a chiropractor's office, may continue to do so under their existing scope.

The expanded scope includes the following: updates the definition of athletic training that is more appropriate to our qualifications and the populations we serve. The athletic trainer can serve a physically active individual and should not be limited to the mindset of an athlete with a number on a jersey. If I am playing golf on the weekend and I injure my knee, the care required for the injury is still the same regardless of any association to a team. When we were originally licensed, our profession was in its infancy, most people confused athletic trainers with "personal trainers", but today the public is more familiar with athletic trainers.

In addition, under a collaboration agreement with a physician, athletic trainers will be able to administer prescriptions as prescribed. I want to explain the need for this change and to clear up any confusion about it. Under current law, ATs are limited to administering topical drugs despite the fact that athletic training educational competencies have included education in pharmacology since the third edition of our competencies, published 2 decades ago. But what does this mean in practice? This means that I cannot provide aspirin or Tylenol to a patient even when directed by a physician. It has hampered our ability to provide emergency care to our patients. While I was on the board the state passed previous legislation for the emergency use of EpiPen's to be administered by school employees with the appropriate training. Athletic trainers as licensed health care providers were prohibited by our practice act to use an injectable and we as a board had to seek an exception by the Board of Pharmacy. Similar issues have hampered emergency care for those with emergent asthma, as we had to seek an exception by the Board of Pharmacy to use emergency inhalers for the emergent treatment of this condition. This provision does not mean that any athletic trainer will be administering prescriptions to their athletes on their own, but it will provide the ability for those team physicians to directly order the administration of particular drugs as the physician sees fit. It will

allow athletic trainers to be able to administer lifesaving drugs for emergent conditions as directed by their team doctors. This is another example of the importance of this legislation in light of the pandemic. Athletic trainers in other states that do not have this prohibition in their practice act, are able to help administer COVID-19 vaccines.

The OATA is grateful for the assistance and support of our bill sponsors, the OSMA, OOS , OTs, PTs, and Chiropractors that have worked with us to address our concerns and the needs of the profession, which is reflected in the bill before you today. We are not aware of any opponents to this bill.

On behalf of the OATA, I respectfully request your support of the bill and am available to answer any questions at this time.