OhioHealth Dublin
Methodist Hospital
Family Medicine Residency
www.ohiohealth.com

Ohio House Health Committee
Proponent Testimony HB 484 (Carfagna, Abrams) Athletic Training
Tuesday, May 19, 2020

Good morning, Chairman Lipps, Ranking Minority Member West, and members of the House Health Committee. Thank you for the opportunity to testify today in support of HB 484. My name is Ben Bring and I am a board certified Osteopathic physician in both family and sports medicine, and currently serve as the Program Director of the Dublin Methodist Family Medicine Residency program. In the capacity as a sports medicine physician, I serve as the head team physician for Central Crossing High School, medical director for the OhioHealth Capital City Half and Quarter Marathon, and medical director for the OhioHealth Emerald City Half and Quarter Marathon. During my medical career, I have provided medical care in collaboration with athletic trainers for thousands of amateur and professional athletes in just about any sport you can name. Over the years I have been able to realize the outstanding care that athletic trainers provide both personally and professionally.

As a former high school and college athlete I relied heavily on athletic trainers to get me back in the game – including my time as a student athlete at Denison University under the care of Dr. Brian Hortz, who is testifying today. As a sports medicine physician, I have worked with athletic trainers at the amateur and professional level and I have a clear understanding of their scope of practice and tremendous value in our healthcare system.

To give a few examples, the Capital City Half Marathon is one of the largest road races in the state of Ohio and comprises of more than 14,000 runners and thousands of spectators. Our role in planning for this event includes preparation of a medical team to provide support for injured or ill runners before, during, and after the race is completed. Usually, our medical team consists of approximately 70-80 healthcare personnel to comply with known standards of medical usage rates. Out of this group, athletic trainers comprise about 50-60% of the team because of their abilities and training with multiple medical issues including heat stroke and hyperthermia, cardiac arrest and CPR, exertional associated collapse, and many other first aid skill sets. I can personally speak to how important these members of our team are and they have saved lives. In my role as a high school team physician I also work directly with a head athletic trainer, a graduate athletic training student, and an undergraduate athletic training major on a weekly basis. These professionals are my “eyes and ears” on the field and help coordinate care for the student athletes when I am unable to be present. I trust them completely because of their extensive training and work hours that have allowed them to provide such exceptional care. When I perform assessments on the student athletes I always ask for the opinion of our athletic training staff because they have information and insights that I am unable to gain from a 15-20 minute appointment.

As was mentioned previously, it is essential that we consider these necessary changes to the state practice act that has not been updated since 1991. The profession of athletic training has evolved significantly in the past 30 years and we need to ensure that our athletic trainers are able to practice at the top of their license. The collaboration agreement between athletic trainers and physicians provides team based care that is far stronger than any individualized care. As a residency program director, I am a believer in practicing to the scope of your training and your license, which is why I am so passionate about the need for updating this legislation. Our goal is to

supplement the care we are providing and we are not replacing physicians. The medical team in sports medicine is always stronger when athletic trainers are involved.

In addition to contributions of their medical expertise, knowledge, and compassion to student athletes, athletic trainers are also sources of non-opioid pain management treatments including providing manual therapy and physical therapy on a daily basis. Moving forward, it is so vital that we continue to strengthen this relationship and partnership with the collaboration agreement between physicians and athletic trainers. In particular, it is essential for athletic trainers to be able to administer prescription drugs when appropriate and proper training as well as under the direction of the prescribing physician. When considering a student athlete who has a history of allergies or anaphylaxis, athletic trainers should be able to administer epinephrine when this condition is recognized. Training for use of a system that delivers epinephrine such as an "Epipen" is easy to teach and should be able to be administered by our athletic trainers. I am confident that the move to obtaining a master's of athletic training will continue to provide outstanding medical training in the future for conditions such as this.

As a former athlete and sports medicine physician I have been blessed to get to work with so many talented athletic trainers over the years and I am confident that this bill will continue to allow our athletic training staff to continue to provide outstanding care to our student athletes. This continued collaboration will ensure the success of our student athletes for many years to come and I am honored to be able to provide this testimony today. On behalf of the OATA, I respectfully request your support of the bill and am available to answer any additional questions.