Legislative Questionnaire for Expanded Scope of Practice of Health Occupations

Minnesota Athletic Trainers' Association - House File 1726/Senate File 858

**1. How is this profession's scope of practice in the area of proposed change currently defined and what failings or shortcomings are being addressed by the proposed changes to the profession's scope?**

*Chapter 148.7802 Subd. 4.* ***Athlete****. "Athlete" means a person participating in exercises, sports, games, or recreation requiring physical strength, agility, flexibility, range of motion, speed, or stamina.*

*Chapter 148.7802 Subd. 5.* ***Athletic injury.*** *"Athletic injury" means an injury sustained by a person as a result of the person's participation in exercises, sports, games, or recreation requiring physical strength, agility, flexibility, range of motion, speed, or stamina.*

This language has proven to be very confusing, especially for hospital and clinic administrators, because many people see the term 'athlete' and believe that means only people involved in organized sports. As you can see by the current definitions in current statute, the law does define 'athlete' in much broader terms than someone on a sports team. By removing the word 'athlete' from the statute and replacing it with a more appropriate alternative (such as 'patient' and 'injury') we can help others understand that the scope of practice for athletic trainers is based on their education rather than the type of activity a person is participating in when they are injured.

**2. Does specialized skill or training support the expansion of this occupation into the proposed areas of practice? If so, what skills or training?**

The profession of athletic training and the education of athletic trainers have changed considerably since 1993 when the current statute was signed into law. In order to keep this document succinct only some will be included, but we are happy to provide more examples upon request.

a. The Athletic Training Educational Competencies have been updated 3 times. The word 'patient' is used 126 times and the word 'athlete' is used 4 times (for instance when referring to someone wearing a helmet and shoulder pads). Educational language now includes statements such as:

   i. Students must gain clinical education experiences that address the continuum of care that would prepare a student to function in a variety of settings with patients engaged in a range of activities with conditions described in athletic training knowledge, skills and clinical abilities, role delineation study and standards of practice delineated for a certified athletic trainer in the profession.
   ii. Communicating with appropriate professionals regarding referral and treatment for individuals.

iii. Clinical education must allow students opportunities to practice with different patient populations, care providers, and in various health care settings

b. Athletic training education programs have transitioned from being approved by the National Athletic Trainers' Association to being accredited by independent accrediting agencies. The first accrediting agency was a branch of the American Medical Association, and currently they are accredited by the Commission on Accreditation of Athletic Training Education (CAATE), a commission that is sponsored by the American Academy of Family Physicians, The American Academy of Pediatrics, the American Orthopaedic Society for Sports Medicine, and the National Athletic Trainers' Association.

c. The athletic training profession has completed 4 role delineation studies. These studies are undertaken to ensure that the Board of Certification examination adequately tests the knowledge that an athletic trainer must have to ensure that their clients, the athletic trainer themselves, their employer, fellow employees, and the profession are not physically, financially, or emotionally harmed through their actions.

Athletic trainers are allied healthcare professionals that must obtain a degree from an accredited athletic training education program, pass a national certification examination, and complete professional development to maintain their credential. Their training and knowledge, and practice in other states, supports this change.

**3. How would the public benefit by the occupation's ability to practice in the new proposed areas of practice? Is there any potential detriment to the public? Who would monitor practitioners to insure high quality service?**

The public would benefit by having greater access to healthcare, provided their situation was appropriate for an athletic trainer to treat. Athletic trainers have always been focused on a healthcare team mentality and these proposed updates do not change the fact that we will still work with the entire healthcare team to provide the best possible care for our patients.

There is no potential detriment to the public. Under the proposal, athletic trainers would only provide care for those patients for whom they were qualified to treat. Opponents of this proposal will sometimes argue that athletic trainers are not able to treat patients with comorbidities. Since being an athlete, or on a sports team, does not guarantee a person will not have a comorbidity this statement is not true. Athletic trainers have been treating people who have comorbidities since they first started the profession of athletic training. In addition, the educational competencies and professional standards for athletic training are both very explicit in requiring athletic trainers to know when and how to refer patients.

There are several safeguards in place to insure high quality service. First, all athletic trainers in Minnesota need to be supervised by a physician. Since all care provided by the athletic trainer under the direction of that physician is ultimately the physician's legal responsibility the physician has an invested stake in ensuring the quality of care provided by that athletic trainer. Second, the Minnesota Board of Medical Practice is responsible for

the oversight of athletic trainers. Thirdly, athletic trainers are bound by the Board of Certification's Standards of Professional Practice to take appropriate action to protect patients from athletic trainers, other healthcare providers or athletic training students who are incompetent, impaired or engage in illegal or unethical practice. Lastly, patients themselves and the legal system will certainly monitor the practice of athletic trainers to insure high quality service.

**4. Could Minnesotans effectively receive the impacted services by a means other than the proposed changes to scope of practice?**

Yes and no. Athletic training shares common areas with several other professions. A patient could receive a particular service provided by an athletic trainer, by an EMT/Paramedic, Nurse, Physical Therapist or Physical Therapy Assistant, Personal Trainer, Chiropractor, Physician Assistant, Massage Therapist, etc, but they would not be able to obtain the specific and unique blend of services an athletic trainer provides.

**5. How would the new or expanded services be compensated? What other costs and what savings would accrue and to whom? (E.g., the state, providers, patients)**

There will be no changes in revenue or cost models.

**6. What, if any, economic impact is foreseeable as a result of the proposed change?**

We do not see any economic impact as a result of the proposed change.

**7. What other professions are likely to be impacted by the proposed regulatory changes?**

We are unsure if there will be a noticeable impact on other professions by this proposed regulatory change. There is some anecdotal evidence that when orthopedic surgical facilities increase the number of athletic trainers on staff there is an increase in referrals to their Rehabilitation/ Physical Therapy departments. However, as this is not the goal of this proposal we have not attempted to quantify this data. We believe it will help other professions understand we are no longer healthcare professionals that work solely with "athletes", and increase our inter-professional collaboration, but that is something that will primarily occur through outreach efforts.

**8. What position, if any, have professional associations of the impacted professions taken with respect to your proposal?**

Over the last seven years we have reached out to the Minnesota Medical Association, Minnesota Occupational Therapy Association, Minnesota Chiropractic Association, Minnesota Physical Therapy Association, Minnesota Nurses Association, Minnesota Physician Assistant Association, and Minnesota Chapter of the American Massage Therapy Association. With the exception of the Minnesota Physical Therapy and Occupational Therapy Associations, the groups listed have taken a neutral position. We continue to try

and work with the Minnesota Physical Therapy Association and Minnesota Occupational Therapy Association in order to address their concerns.

**9. Please describe what efforts you have undertaken to minimize or resolve any conflict or disagreement described above.**

We have met several times over the years and discussed our efforts with several associations. These meetings have generally been productive and we have worked hard with other associations to shape our bill so that they can support it. Our primary energies to minimize and resolve conflict have been directed towards the Minnesota Physical Therapy Association, and to a lesser extent the Occupational Therapy Associations as they are the most vocal opponent of our efforts. Throughout our discussions we have provided them with information regarding the education of athletic trainers and the skills and knowledge they possess. We have also repeatedly asked for suggestions on what wording that might be acceptable to them, which they have not provided. During the last meeting between these organizations, convened by our chief bill authors on November 13th, 2013, we all agreed to continue to work to see if we could develop language that would be acceptable to all parties. At the time of this writing that discussion is ongoing, we hope to meet at least once more with those stakeholders before Feb. 25th, 2014.

During this legislative session we plan to continue to work with our authors and any other association that is willing to help improve our bill (House File 1726/Senate File 858) so that athletic trainers can responsibly provide all their services in a safe manner to the citizens of Minnesota.