Proposal Summary/ Overview

To be completed by proposal sponsor. (500 Word Count Limit for this page)

Name: ____Amy Hamilton, MA, LAT, ATC, Chair MATA Governmental Affairs Committee_____

Organization: ___Minnesota Athletic Trainers' Association (MATA)______________________

Phone: ____

Email Address: ____gac@mnata.com____

Is this proposal regarding:

- *New or increased regulation of an existing profession/occupation? If so, complete this form, Questionnaire A.*
- *Increased scope of practice or decreased regulation of an existing profession? If so, complete Questionnaire B.*
- *Any other change to regulation or scope of practice? If so, please contact the Committee Administrator to discuss how to proceed.*

1) State the profession/occupation that is the subject of the proposal.
   a. Profession: Athletic Training
   b. Occupation: Athletic Trainer (AT)

2) Briefly describe the proposed change.
   a. Create a definition for the term "athletic training" in state statutes that mirrors professional practice and national guidelines for model language;
   b. Modernize scope of practice to accurately reflect the professional education and preparation of athletic trainers which has evolved since the original 1993 statutes;
   c. Exclude preventative programming executed by the athletic trainer from being subject to the 30-day access window prior to referral to a physician.

3) If the proposal has been introduced, provide the bill number and names of House and Senate sponsors. If the proposal has not been introduced, indicate whether legislative sponsors have been identified. If the bill has been proposed in previous sessions, please list previous bill numbers and years of introduction.
   a. Current – Introduced 2021:
      i. SF 439 (Kiffmeyer, Rosen *as of 2/10/22)
      ii. HF 1828 (Kiel, Mortensen, Moller, Boe *as of 2/10/22)
   b. Previous – Introduced 2020:
      i. SF 2919
      ii. HF 2920

Questionnaire B: Change in scope of practice or reduced regulation of a health-related profession (adapted from Mn Stat 214.002 subd 2 and MDH Scope of Practice Tools)

This questionnaire is intended to assist the House Health Finance and Policy Committee in deciding which legislative proposals for change in scope of practice or reduced regulation of health professions should receive a hearing and advance through the legislative process. It is also intended to alert the public to these proposals and to narrow the issues for hearing.

This form must be completed by the sponsor of the legislative proposal. The completed form will be posted on the committee's public web page. At any time before the bill is heard in committee, opponents may respond in writing with concerns, questions, or opposition to the information stated and these documents will also be posted. The Chair may request that the sponsor respond in writing to any concerns raised before a hearing will be scheduled.

A response is not required for questions that do not pertain to the profession/occupation (indicate "not applicable"). Please be concise. Refer to supporting evidence and provide citation to the source of the information where appropriate.

While it is often impossible to reach complete agreement with all interested parties, sponsors are advised to try to understand and to address the concerns of any opponents before submitting the form.

1) <u>Who does the proposal impact?</u>

a. Define the occupations, practices, or practitioners who are the subject of this proposal.

   Athletic Trainers practicing Athletic Training in Minnesota are the subject of this proposal.

b. List any associations or other groups representing the occupation seeking regulation and the approximate number of members of each in Minnesota.

   Currently, there are over 1,200 athletic trainers licensed to practice in the state. The Minnesota Athletic Trainers' Association (MATA) has been the active agent in the development of this bill. The MATA has regularly advocated for scope of practice modernization for the state's athletic trainers since 2005. The MATA has a membership consisting of approximately 930 athletic trainers. The National Athletic Trainers' Association (over 45,000 members) supports the proposed bill, as does the Board of Certification, Inc., (national credentialing agency for athletic trainers), and the Commission on Accreditation of Athletic Training Education (CAATE). The MATA has consulted with the Board of Medical Practice, who takes a neutral position on the proposed bill regarding its ability to regulate athletic trainers with this proposed modification of scope.

c. Describe the work settings, and conditions for practitioners of the occupation, including any special geographic areas or populations frequently served.

Athletic Trainers, educated and prepared to care for patients who live an active lifestyle across all age and care continuums can be found practicing in the following work settings:

- Secondary Schools
- Hospitals, Clinics and Physician Practice
- Colleges and Universities
- Higher Education
- Rehabilitation
- Professional Sports
- Health Care Administration
- Occupational Health
- Performing Arts
- Military
- Public Safety

Despite not having a direct provision to serve specific populations or geographical areas, this proposed bill will open an access door that allows physically active individuals to seek care from athletic trainers regardless of their "athlete" status. This proposed increase in access through statutory revision may allow for greater innovation by healthcare organizations and individual practitioners to serve the broader active population across all of Minnesota.

d. Describe the work duties or functions typically performed by members of this occupational group and whether they are the same or similar to those performed by any other occupational groups.

This bill does not prohibit, alter, or attempt to regulate the professional practice of other provider groups in Minnesota. Although there is some professional overlap between athletic trainers and many other health care professionals, the proposed bill is intended to delineate a greater differentiation between professions by creating a statutory definition for the term "athletic training" in §148.7802, which is currently absent from Minnesota statutes. Under the proposed bill this definition reads:

> *Subd. 6a.Athletic training.(a) "Athletic training" means, for the purpose of emergent, acute, and chronic injuries and non-orthopedic conditions within the scope of the athletic trainer's education:*
> *(1) prevention and wellness promotion;*
> *(2) risk management;*
> *(3) immediate and emergency care;*
> *(4) examination, assessment, and diagnosis of a condition for which treatment is included in the athletic trainer's scope of practice; and*
> *(5) therapeutic intervention, rehabilitation, and reconditioning.*
> *(b) Athletic training also includes making clinical decisions to determine if a consultation or referral are necessary; health care administration; and maintaining professional responsibility. An athletic trainer shall not practice or claim to practice as a physician; chiropractor; podiatrist; occupational therapist; physical therapist, acupuncturist, or any other licensed or registered health care professional, unless the athletic trainers also holds the appropriate license or registration to practice that profession.*
> *(c) Nothing in this subdivision restricts an athletic trainer's ability to provide physical*

therapy under the supervision of a licensed physical therapist in a clinical or corporate setting pursuant to section 148.7806, paragraph (f).

The proposed changes seek to create statutory authorization for the evaluation and treatment of these conditions commonly associated with physical activity that are clearly delineated in the 2020 Commission on Accreditation of Athletic Training Education (CAATE) Standards which are the educational foundation for all professional programs in athletic training.

Our proposal does not change the function of an athletic trainer, but instead removes the access barriers that patients face when choosing to seek the care of an athletic trainer.

When services are represented as "physical therapy" existing statutes assert the following in §148.7806, **and this clause would remain unchanged**, as 2005 case law from the 8th Circuit of the U.S. Court of Appeals exists based upon this section of Minnesota statutes:

"In a clinical, corporate, and physical therapy setting, when the service provided is, or is represented as being, physical therapy, an athletic trainer may work only under the direct supervision of a physical therapist as defined in section 148.65"

e. Discuss the fiscal impact.

There is no anticipated state fiscal impact with the proposed bill. The Board of Medical Practice does not perceive that there will be any fiscal implications, and athletic training services are not covered services under the state's Medical Assistance (MA) program.

2) Specialized training, education, or experience ("preparation") required to engage in the occupation

a. What preparation is required to engage in the occupation? How have current practitioners acquired that preparation?

The proposed bill does not alter the education requirements for athletic trainers credentialed in Minnesota, but instead modernizes the scope of practice to reflect the natural evolution of the professional education and practice since the 1993 statutes were enacted. In 1993 the minimum education expectation for athletic trainers was completion of a National Athletic Trainers' Association (NATA)-approved bachelor's curriculum or a bachelor's degree in a related field with an associated internship, in order to be eligible for the national credentialing examination offered through the Board of Certification, Inc. Today, the minimum education required[1] to be eligible for the Board of Certification, Inc. examination is a bachelor's or master's degree from a Commission on Accreditation of Athletic Training Education (CAATE), accredited program, including at least two years of clinical education. Degrees in exercise science, physical therapy, or any other health care profession do NOT qualify a candidate to sit for the BOC exam. Athletic Training, like all other health care professions, has undergone evolution in the academic preparation required to enter the profession, with this year being pivotal as all accredited programs must transition to the master's degree level by 2022.[2]

[1] National Athletic Trainers' Association – Athletic Training Education Overview
[2] Commission on Accreditation of Athletic Training Education

b. Would the proposed scope change or reduction in regulation change the way practitioners become prepared? If so, why and how? Include any change in the cost of entry to the occupation. Who would bear the increase or benefit from reduction in cost of entry? Are current practitioners required to provide evidence of preparation or pass an examination? How, if at all, would this change under the proposal?

As stated above, the proposed bill does not alter the education or examination requirements for athletic trainers credentialed in Minnesota, but instead modernizes the scope of practice to reflect the natural evolution of the professional preparation and practice since the 1993 statutes were enacted. The process to become and remain a licensed AT in remains unchanged and includes degree completion from a CAATE Accredited Athletic Training program and successful completion of the BOC exam.

c. Is there an existing model of this change being implemented in another state? Please list state, originating bill and year of passage?

Wisconsin, §448.95 – 448.959,[3] History: 1999; 2007; 2009; 2017; 2019; 2021
Ohio, §4755.60 – 4755.66,[4] History: 2001; 2007; 2008; 2013; 2021; 2022
Michigan, §333.17901 – 333.17907,[5] History: 2006; 2010; 2011; 2015; 2020

3) Supervision of practitioners

a. How are practitioners of the occupation currently supervised, including any supervision within a regulated institution or by a regulated health professional? How would the proposal change the provision of supervision?

This proposal does not change the provision of supervision. Athletic trainers in Minnesota have been regulated by the Board of Medical Practice since 1993. Measures are already in place through the Board of Medical Practice to credential athletic trainers at the licensure level and an athletic trainer's professional practice is authorized under a supervising physician protocol form[6], which is more stringent than the majority of the nation, as only five other states still require a physician signed protocol form in their regulation of athletic trainers.

b. If regulatory entity currently has authority over the occupation, what is the scope of authority of the entity? (For example, does it have authority to develop rules, determine standards for education and training, assess practitioners' competence levels?) How does the proposal change the duties or scope of authority of the regulatory entity? Has the proposal been discussed with the current regulatory authority? If so, please list participants and date.

The Board of Medical Practice will continue to regulate and discipline athletic trainers in accordance with current practice under §148.7813, Subd. 5,[7] which outlines that "Licensed athletic trainers and applicants are subject to sections §147.091 to §147.162" of state law under the Board of Medical Practice. There are no proposed changes to this process.

[3] Wis. Stat. §448.95 – 448.959
[4] Ohio Stat. §4755.60 - 4755.66
[5] Mich. Stat. §333.17901 – 333.17907
[6] Minnesota Board of Medical Practice – Athletic Trainer Protocol Form
[7] Minn. Stat. §148.7813, Subd. 5

This proposal does not change the duties or scope of authority of the Board of Medical Practice, and the proposal has been discussed with the Board of Medical Practice who have no concerns in their ability to regulate the proposed. There have been ongoing meetings between MATA and the Board of Medical Practice over the past several years, most recently on October 7, 2021 at the Board of Medical Practice Policy and Planning Meeting where MATA President, Lisa Schniepp, MA, LAT, ATC and MATA President-Elect, Kathleen Taber, MA, LAT, ATC represented MATA and were told the Board of Medical Practice had no concerns and would maintain their neutral or no position on the proposed as in years past.

All professional education programs in athletic training must be accredited by the CAATE, an accrediting agency recognized by the Council for Higher Education Accreditation (CHEA). After obtaining a degree in athletic training from an Athletic Training program that is accredited by the CAATE, the individual entering the profession of athletic training must obtain national certification, granted by the Board of Certification, Inc. (BOC). This certification is earned by passing the comprehensive board exam administered by the BOC. The Board of Medical Practice does ensure continued competence of athletic trainers in Minnesota as delineated in §148.7812,[8] via the completion of the Board of Certification, Inc. (BOC) requirements for completion of 50 hours of continuing education every two years and maintain a current certification in emergency cardiac care.[9]

c. Do provisions exist to ensure that practitioners maintain competency? Under the proposal, how would competency be ensured?

As stated above, the Board of Medical Practice ensures continued competence of athletic trainers as delineated in §148.7812,[10].

4) **<u>Level of regulation</u> (See Mn Stat 214.001, subd. 2, declaring that "no regulations shall be imposed upon any occupation unless required for the safety and wellbeing of the citizens of the state." The harm must be "recognizable, and not remote." Ibid.)**

a. Describe how the safety and wellbeing of Minnesotans can be protected under the expanded scope or reduction in regulation.

There is no evidence that the proposed changes would pose a risk to the public. The modernization of an athletic trainer's scope of practice to not be limited to only "athletes" is based on the professional preparation of athletic trainers under the 2020 Commission on Accreditation of Athletic Training Education (CAATE) Standards (effective July 1, 2020). As with all professions regulated by the Board of Medical Practice, individuals may verify an athletic trainer's Minnesota credential at http://mn.gov/boards/medical-practice/public/find-practitioner/. The public may also review the athletic trainer's national certification at http://www.bocatc.org/ats/certification-verification. Public disciplinary actions by the Board of Medical Practice for all professions it regulates can be found at http://mn.gov/boards/medical-practice/public/disciplinary-action/ and members of the public can file an official complaint

[8] Minn. Stat. §148.7812
[9] Board of Certification, Inc., Certification Maintenance Requirements
[10] Minn. Stat. §148.7812

against an athletic trainer with the Board of Medical Practice at http://mn.gov/boards/medical-practice/public/complaints/.

b. Can existing civil or criminal laws or procedures be used to prevent or remedy any harm to the public?

The Board of Medical Practice will continue to discipline athletic trainers in accordance with current practice under §148.7813, Subd. 5,[11] which outlines that "Licensed athletic trainers and applicants are subject to sections §147.091 to §147.162" of state law under the Board of Medical Practice. There are no proposed changes to this process.

5) Implications for Health Care Access, Cost, Quality, and Transformation

a. Describe how the proposal will affect the availability, accessibility, cost, delivery, and quality of health care, including the impact on unmet health care needs and underserved populations. How does the proposal contribute to meeting these needs?

The proposed changes seek to modernize the scope of practice for the state's athletic trainers by correctly identifying care recipients as "patients" and not limiting the athletic trainers' provision of services to people who are formally recognized as "athletes". This improves Minnesotans' access to Athletic Trainers, allowing individuals to have greater choice in their health care. Given that existing statutes assert that athletic trainers only provide care to "athletes" for "athletic injuries", and does not address all populations athletic trainers regularly engage with, some healthcare organizations experience confusion as to which patients are allowed to access athletic trainers for their sports medicine, musculoskeletal, preventative care, occupational health, and wellness programming. By correcting this definitional access issue, healthcare organizations would possess a greater capacity for innovation in delivery of health care services provided by the athletic trainers.

These are examples of how a more encompassing definition of the athletic trainer's patient population under state statutes allows for greater innovation around patient access and health care delivery. Such innovation is far less possible when an athletic trainer's patient population is limited to only "athletes" and "athletic injuries" by state statutes, boxing healthcare organizations into more traditional positions for their athletic trainers as outreach sports medicine providers in school settings. Additionally, opening access to an athletic trainer's services beyond "athletes" may further encourage musculoskeletal and preventative care delivery in the workplace. A 2011 study[12] in the *Journal of Occupational & Environmental Medicine* found that employee health programming utilizing athletic trainers demonstrated more than a 50% decrease in mean days lost after workplace injury. An athletic trainer's ability to return physically active individuals back to a level of function beyond that of normal activities of daily living to promote and maintain overall health and wellness may provide valuable savings for patients, insurers, and businesses, as well as prevent future health care expenditures. It is for this reason that companies like Amazon, Delta and even the Minnesota Department of

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[11] Minn. Stat. §148.7813, Subd. 5

[12] Larson, M.C., Renier, C.M., & Konowalchuck, B.K. (2011). Reducing lost workdays after work-related injuries: The utilization of athletic trainers in a health system transitional work program. *Journal of Occupational & Environmental Medicine,* 53(10), 1199-1204. doi: 10.1097/JOM.0b013e31822cfab3

Corrections hire Athletic Trainers to provide care for individuals in their facilities

b. Describe the expected impact of the proposal on the supply of practitioners and on the cost of services or goods provided by the occupation. If possible, include the geographic availability of proposed providers/services. Cite any sources used.

Currently, there are over 1,200 athletic trainers licensed to practice in the state via the Board of Medical Practice. During the 10-year period reviewed in the Board of Medical Practice's 2012 Sunset Review[13], the number of new athletic trainer registrations ranged from 59 in 2002 to 82 in 2007. Overall, the Bureau of Labor Statistics projects a 23% growth in the occupation of athletic trainers nationally between 2020 and 2030.[14] Regionally, other states, with practice acts which allow athletic trainers to practice at the top of their education and training, may prove to have more enticing employment options within the profession.

c. Does the proposal change how and by whom the services are compensated? What costs and what savings would accrue to patients, insurers, providers, and employers?

The proposed bill does nothing to change how and by whom services are compensated. Athletic trainers seeking to have their services covered will still need to negotiate such coverage as individuals or in conjunction with the healthcare organization that employs them. It is anticipated that by adding the clause "prevention, wellness, education, exercise, or reconditioning are not considered treatment" in the athletic trainer's case management under the proposed changes to §148.7806 that there could be a potential cost savings to patients and insurers, but the extent of this potential savings in unknown. Existing statutes require that the individual being treated by an athletic trainer be referred to a physician, chiropractor, podiatrist, or dentist after a 30-day access window, regardless of whether or not the patient or client case is simply preventative care. It is hoped that the addition of this prevention clause will decrease medically unnecessary referrals into the healthcare system.

d. Describe any impact of the proposal on an evolving health care delivery and payment system (eg collaborative practice, innovations in technology, ensuring cultural competency, value-based payments)?

This bill does not impact payment systems. There is potential the bill may promote some components of evolving healthcare delivery models by promoting greater collaborative practice and emphasizing access to preventative services.

However, the proposed modernization of scope of practice for athletic trainers creates greater statutory allowance for preventative care for both musculoskeletal conditions and overall wellness by shifting "prevention, wellness, education, exercise, or reconditioning" provided by the athletic trainer to no longer be subject to a 30-day access window in section 148.7806 (e). Existing statues only recognize "preventative care after the resolution of injury" as not being considered "treatment" under this 30-day access window. It is hoped that this proposed change will decrease the need to refer the athletic trainer's patient/client to another credential

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[13] Minnesota Board of Medical Practice 2012 Sunset Review

[14] Bureau of Labor Statistics, U.S. Department of Labor

provider when an injury has not yet occurred.

e. What is the expected regulatory cost or savings to state government? How are these amounts accounted for under the proposal? Is there an up-to-date fiscal note for the proposal?

The proposed bill is not projected to affect regulatory cost to the state as the Athletic Trainers Advisory Council of the Board of Medical Practice already exists. The initial application fee ($50) and renewal fee ($100) for a state credential will remain the same under §148.7815.

6) Evaluation/Reports

Describe any plans to evaluate and report on the impact of the proposal if it becomes law, including focus and timeline. List the evaluating agency and frequency of reviews.

There are no current plans to evaluate and report on the impact of the proposal when it becomes law.

7) Support for and opposition to the proposal

a. What organizations are sponsoring the proposal? How many members do these organizations represent in Minnesota?

The Minnesota Athletic Trainers' Association (MATA) has been the active agent in the development of this bill. The MATA has regularly advocated for scope of practice modernization for the state's athletic trainers since 2005. Currently, there are over 1,200 athletic trainers licensed to practice in the state. The MATA has a membership consisting of approximately 930 athletic trainers.

b. List organizations, including professional, regulatory boards, consumer advocacy groups, and others, who support the proposal.

The National Athletic Trainers' Association (over 45,000 members) supports the proposed bill, as does the Board of Certification, Inc., (national credentialing agency for athletic trainers), and the Commission on Accreditation of Athletic Training Education (CAATE). The MATA has consulted with the Board of Medical Practice, who takes a neutral position on the proposed bill regarding their ability to regulate athletic trainers with this proposed modification of scope most, recently on October 7, 2021.

MATA has met with the Minnesota Medical Association (MMA) and the Minnesota Orthopedic Society (MOS) who have historically been neutral on the proposed bill. From meetings and conversations with both organizations ahead of the 2022 legislative session they continue their neutrality. MATA has also met and worked together with the Minnesota Chiropractic Association (MCA) regularly, most recently in late 2021 to resolve any of their historic concerns through amendments to proposed language. MCA is also neutral on the proposed language. Additionally, MATA has met with the Minnesota Acupuncture Association several times in recent years. Collaboration and compromise, including language specific to their requests have been added to our proposed language and they have historically remained neutral based on these efforts.

c. List any organizations, including professional, regulatory boards, consumer advocacy groups, and others, who have indicated concerns/opposition to the proposal or who are likely to have concerns/opposition. Explain the concerns/opposition of each, as the sponsor understands it.

The MATA is the only professional association directly impacted by the proposed bill as the proposed changes revise the scope of practice for athletic trainers only. MATA anticipates opposition from the APTA-MN who has opposed all previous scope of practice language in bills since 2005. There has been no proposed language which they will accept, nor have they been able to provide suggested language they would accept that would allow Athletic Trainer scope to advance beyond current language which was enacted in 1993. They have not produced any data or research to support their concerns and they fail to recognize that athletic trainers' education and profession practice has evolved along with the rest of health care in the last 30 years.

d. What actions has the sponsor taken to minimize or resolve disagreement with those opposing or likely to oppose the proposal?

MATA has met with APTA-MN regularly over the past 16 years in efforts to find common ground and compromise. The last meeting held between the two groups was in March of 2020. The two organizations are currently seeking to schedule a meeting; however, MATA has responded to APTA-MN with a suggested date to which we have received no response.