

Approved 2-20-91  
Date

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE

The meeting was called to order by SENATOR ROY M. EHRLICH at  
Chairperson

10:00 a.m./~~p.m.~~ on February 13, 1991 in room 526-S of the Capitol.

All members were present except:

Committee staff present:

Bill Wolff, Legislative Research  
Jo Ann Buntten, Committee Secretary

Conferees appearing before the committee:

Dr. Charles Konigsberg, Department of Health and Environment  
Senator Wint Winter  
Lynn Bott, University of Kansas Athletic Trainer  
John Baxter, Emporia State University Athletic Trainer  
Chip Wheelen, Kansas Medical Society  
Ken Henderson, Barton County Community College Athletic Trainer

Chairman Ehrlich called the meeting to order at 10:00 a.m. and announced the minutes for February 5, 6, and 7th were distributed to the committee for review. The chairman then asked for committee bill requests.

Dr. Charles Konigsberg, Director of Health at the Department of Health and Environment, requested three bills: (1) relating to prenatal serological testing for syphilis; (2) regarding a maternity hospital or boarding home for children, and amending K.S.A. 1990 Supp. 65-504 and 65-505 and repealing the existing sections; (3) prohibiting the knowing transmission of human immunodeficiency virus (HIV). (Attachments 1, 2 and 3)  
Senator Hayden moved, seconded by Senator Vidricksen to introduce the bills. The motion carried.

Senator Salisbury and Senator Walker introduced their pages to the committee.

SB 105 An act providing for the registration of athletic trainers; granting certain powers to and imposing certain duties upon the secretary of health and environment; establishing the board of athletic trainers and providing for the functions thereof; declaring certain acts to be unlawful and providing penalties for violations.

Senator Wint Winter appeared in support of SB 105 (his committee bill request) stating the bill provides for the registration process of athletic trainers through the Department of Health and Environment.

Lynn Bott, University of Kansas Head athletic trainer and coordinator of the athletic trainer education program, appeared in support of SB 105 stating he supports registration of athletic trainers in order for them to have proper credentials, thereby protecting the public's health, safety and welfare in Kansas. (Attachment 4) Question was asked by Senator Reilly regarding the number of other states that register athletic trainers. Mr. Bott stated 19 other states license, register or certify athletic trainers, and approximately 80 athletic trainers are in Kansas. Senator Reilly also brought up the question of association fees.

Senator Strick expressed his concern regarding injured players being

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE,  
room 526-S Statehouse, at 10:00 a.m./~~p.m.~~ on February 13, 1991.

treated without consultation with a physician. Senator Salisbury called attention to Section 6 of the bill regarding the certification by an athletic trainers association board. Senator Hayden inquired how an athletic trainer relates to an EMS crew, and was told they interact with one another. Senator Vidricksen questioned the number of trainers on the payroll at K.U., and was told 1 paid by the corporation, and 3 paid by the state of Kansas.

John Baxter, athletic trainer and associate professor at Emporia State University presented written testimony and spoke in support of SB 105 stating a need in Kansas to register athletic trainers in order to properly identify them, and the need to have proper credentials to practice within the restricted scope the state allows. (Attachment 5) Senator Kanan questioned the training required of an athletic trainer compared to a physical therapist. Mr. Baxter stated a physical therapist has two years of concentrated study while an athletic trainer is required to enroll in 36 to 45 college hours, or another route being an internship, with approximately 24 college credit hours along with practical experience. Administering treatment without the benefit of X-rays was also discussed.

Chip Wheelen, Kansas Medical Society, presented written testimony on SB 105 and supported the concept of the bill but expressed concern regarding the language of the bill. Some of his recommendations included:  
(1) relationship of athletic trainer with the team physician; (2) clean-up of language on page 2, line 14; (3) eliminate section 4 of the bill; and (4) eliminate the need to provide a grandfather clause in subsection (c) of section 6. (Attachment 6) Senator Hayden questioned if he had consulted with Mr. Bott and Mr. Baxter regarding these amendments, and Mr. Wheelen stated he would be consulting with them.

Appearing in support of SB 105 and presenting written testimony was Ken Henderson, Head athletic trainer at Barton County Community College. He supports the bill because state registration of athletic trainers would provide the mechanism necessary to: (1) achieve quality control over those individuals engaged in the practice of athletic training; (2) help establish the criteria for initiating new athletic training positions; and (3) increase public awareness regarding the important role a qualified athletic trainer plays in the delivery of an athlete's health care. (Attachment 7) Senator Reilly expressed his concern regarding liability insurance, and was told it depended on the individual athletic trainer to obtain it.

The chair announced that continued hearings on SB 105 would be held on February 14, 1991. The meeting was adjourned at 11:00 a.m.



January 29, 1991

\_\_\_\_\_ BILL NO. \_\_\_\_\_

BY \_\_\_\_\_

AN ACT relating to prenatal serological testing for syphilis; approved laboratories; laboratory reports; confidentiality, amending K.S.A. 65-153f and repealing the existing section.

Be it enacted by the Legislature of the State of Kansas:

Section 1. K.S.A. 65-153f is hereby amended to read as follows: 65-153f. Each physician or other person attending a pregnant woman in this state during gestation, shall, with the consent of the woman so attended, take or cause to be taken a sample of blood of such woman within 14 days after diagnosis of same is made. Such sample shall be submitted for serological tests which meet the standards recognized by the United States public health service for the detection of syphilis to ~~either~~ a laboratory approved by the secretary of health and environment for such serological tests ~~or to the laboratories of the department of health and environment at Topeka.~~ Any ~~other~~ state, United States public health service, or United States army, navy or air force laboratory or any laboratory approved by the state health agency of the state in which the laboratory is operated shall be considered approved for the purposes of this act. Any laboratory in this state, performing the tests required by this section shall

make a report to the secretary of health and environment of all positive or reactive tests on forms provided by the secretary of health and environment and also shall make a report of the test results to the submitting physician or person attending the woman. Laboratory statements, reports, files and records prepared pursuant to this section shall be confidential and shall not be divulged to or open to inspection by any person other than state or local health officers or their duly authorized representatives, except by written consent of the woman.

Sec. 2. K.S.A. 65-153f is hereby repealed.

Sec. 3. This act shall take effect and be in force from and after its publication in the statute book.

September 24, 1990

\_\_\_\_\_ BILL NO. \_\_\_\_\_

BY \_\_\_\_\_

AN ACT relating to the secretary of health and environment, regarding a maternity hospital or home, or a boarding home for children, amending K.S.A. 1990 Supp. 65-504 and 65-505 and repealing the existing sections.

Be it enacted by the Legislature of the State of Kansas that:

Section 1. K.S.A. 1990 Supp. is hereby amended as follows:  
65-504. (a) The secretary of health and environment shall have the power to grant a license to a person, firm, corporation or association to maintain a maternity hospital or home, or a boarding home for children under 16 years of age. The license shall state the name of the licensee, describe the particular premises in or at which the business shall be carried on, whether it shall receive and care for women or children, and the number of women or children that may be treated, maintained, boarded or cared for at any one time. No greater number of women or children than is authorized in the license shall be kept ~~in~~ on those premises and the business shall not be carried on in a building or place not designated in the license. The license shall be kept posted in a conspicuous place in the hospital or house in which the business is conducted. ~~No license shall be granted for a term exceeding one year.~~ The secretary of health and environment shall grant no

license in any case until careful inspection of the maternity hospital or home, or home for children shall have been made according to the terms of this act and until such maternity hospital or home, or home for children has complied with all the requirements of this act. No license shall be granted without the approval of the secretary of social and rehabilitation services, except that the secretary of health and environment may issue, without the approval of the secretary of social and rehabilitation services, a temporary permit to operate for a period not to exceed 90 days upon receipt of an initial application for license.

(b)(1) In all cases where the secretary of social and rehabilitation services deems it necessary, an investigation of the home shall be made under the supervision of the secretary of social and rehabilitation services or other designated qualified agents. For that purpose and for any subsequent investigations they shall have the right of entry and access to the premises of the home and to any information deemed necessary to the completion of the investigation. In all cases where an investigation is made, a report of the investigation of such home shall be filed with the secretary of health and environment.

(2) In cases where neither approval or disapproval for licensure can be given by the secretary of health and environment within a period of ~~30~~ 60 days following formal request for ~~such a~~ licensing study or investigation, the secretary of health and environment may issue a temporary license without fee pending final approval or disapproval of the home or facility.

(c) Whenever the secretary of health and environment refuses to grant a license to an applicant, the secretary shall issue an order to that effect stating the reasons for such denial and within five days after the issuance of such order shall notify the applicant of the refusal. Upon application not more than 15 days after the date of its issuance a hearing on the order shall be held in accordance with the provisions of the Kansas administrative procedure act.

(d) When the secretary of health and environment finds upon investigation or is advised by the secretary of social and rehabilitation services that any of the provisions of this act or the provisions of section 13 are being violated, or such maternity hospital or home, or home for children is maintained without due regard to the health, comfort or morality of the residents, the secretary of health and environment, after giving notice and conducting a hearing in accordance with the provisions of the Kansas administrative procedure act, shall issue an order revoking such license and such order shall clearly state the reason for such revocation.

(e) If the secretary revokes or refuses to renew a license, the licensee who had a license revoked or not renewed shall not be eligible to apply for a license or for a certificate of registration to maintain a family day care home under K.S.A. 65-518 and amendments thereto for a period of one year subsequent to the date such revocation or refusal to renew becomes final.

(f) Any applicant or licensee aggrieved by a final order of the secretary of health and environment denying or revoking a



license under this act may appeal the order in accordance with the act for judicial review and civil enforcement of agency actions.

Sec. 2. K.S.A. 1990 Supp. 65-505 is hereby amended to read as follows: 65-505. (a) Except as otherwise provided in this section, ~~the~~ an annual fee for a license to conduct a maternity hospital or home, or home for children shall be fixed by the secretary of health and environment by rules and regulations. Such fee shall not exceed \$15 except that for a hospital or home which is licensed to care for 13 or more residents such fee shall not exceed \$75. Such fee shall be paid to the secretary of health and environment when the license is applied for and annually thereafter. The fee shall ~~is~~ not be refundable. No fee shall be charged for a license to conduct a home for children which is a family foster home as defined in K.A.R. 28-4-311 and amendments thereto. The secretary of health and environment shall remit all moneys received by the secretary from fees under the provisions of this section to the state treasurer at least monthly. Upon receipt of any such remittance the state the state treasurer shall deposit the entire amount thereof in the state treasury, and such amount shall be credited to the state general fund.

~~(b) The fees established by this section immediately prior to July 1, 1986, shall continue in effect until different fees are fixed by rules and regulations in accordance with subsection (a) of this section.~~

Sec. 3. K.S.A. 1990 Supp. 65-504 and 65-505 are hereby repealed.

Sec. 4. This act shall take effect and be in force from and after its publication in the statute book.

January 24, 1991

\_\_\_\_\_ BILL NO. \_\_\_\_\_

BY \_\_\_\_\_

AN ACT prohibiting the knowing transmission of human immunodeficiency virus (HIV) and establishing the penalty therefore.

Be it enacted by the Legislature of the State of Kansas that:

Section 1. It is unlawful for a person who knows that he is infected with human immunodeficiency virus (HIV) to:

(a) knowingly engage in sexual intercourse, or sodomy, with another person without first informing that person of his HIV infection:

(b) knowingly sell or donate blood, blood products, semen, tissue, organs or other body fluids;

(c) knowingly share with another person a hypodermic needle, syringe, or both, for the introduction of drugs or any other substance into, or for the withdrawal of blood or body fluids from the other person's body without first informing that person that the needle, syringe, or both, as been used by someone infected with HIV.

Sec. 2. As used in this act the term "sexual intercourse" shall not include penetration by any object other than the male sex organ; the term "sodomy" shall not include the penetration of the anal opening by any object other than the male sex organ.

Sec. 3. Violation of this section is a class A misdemeanor.

Sec. 4. This act shall take effect and be in force from and after its publication in the statute book.

Testimony for Senate Bill 105, Wednesday, February 13, 1991

MR. CHAIRMAN AND MEMBERS OF THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

My name is Lynn Bott. I am present to testify on behalf of the Kansas Athletic Trainers' Society and myself as an athletic trainer, but not as a representative of my employer. My employment is with the University of Kansas, specifically the Athletic Corporation and the Department of Health, Physical Education and Recreation. I am the Head Athletic Trainer and Coordinator of the athletic trainer education program.

My roots are in Kansas. I graduated from Dighton High School in Dighton, Kansas. My undergraduate degree was awarded from Emporia State University with a B.S.E. in physical education and biology. While at E.S.U., I was an intern student athletic trainer under John Baxter, Head Athletic Trainer and Associate Professor. I completed my M.S. from the University of Arizona in physical education specializing in athletic training. This graduate athletic training program is coordinated by a Professor Gary Delforge, graduate of Kansas State University and a home town boy from Concordia, Kansas. I returned to Kansas in 1976 to assume the duties of assistant athletic trainer under the legendary Dean "Deaner" Nesmith. Upon Dean's retirement in 1984, I was appointed to my current position.

As President and Legislative Chair of the Kansas Athletic Trainers' Society, I wish to inform you that athletic trainers completed the Kansas Credentialing Law in 1989 and Stanley C. Grant, Ph.D., Secretary of Health and Environment, concurred with the technical committee's conclusions that all

(Continued Testimony from Lynn Bott)

criteria had been met and a need for credentialing exists and recommended that the legislature consider enacting a registration law for athletic trainers.

The credentialing program process was thorough and rewarding to us professionally, and because of this process, Senate Bill 105 has been written and sponsored by Senator Wint Winter, Jr. which is now being addressed by this Senate Committee.

We are pursuing registration in the attempt to credential athletic trainers thereby protecting the public's health, safety, and welfare in Kansas. As athletic trainers, our functions include the

- 1) Administration of an injury prevention program for the athlete in order to develop and implement a comprehensive athletic injury prevention program;
- 2) Administration of an injury assessment of the injured athlete in order to provide management of emergency care and referral;
- 3) Coordination with the team physician or consulting physician in order to provide physical reconditioning.

Credentialing through registration, a concept which involves protecting the title of a designated registered group but not protecting the scope of practice of that group, will

- 1) identify the consumer and employment (Section 2)
- 2) protect title (Section 3)
- 3) establish scope of practice (Section 4)

(Continued Testimony from Lynn Bott)

- 4) establish rules and regulations (Section 5)
  - a. standards of practice
  - b. continuing education criteria
  - c. criteria for registration
  - d. professional conduct and discipline
- 5) maintain a roster of persons registered (Section 5)
- 6) allow for "grandfathering" (Section 6)
- 7) establish recognized standards of education (Section 7)
- 8) authorize entry-level examination (Section 8)
- 9) declare certain acts to be unlawful (Section 12)

We are pursuing registration in an attempt to gain stricter regulation of the allied health profession of athletic training, thus registration would ultimately protect the public's health, safety, and welfare. By giving athletic trainers in Kansas a legal sanction for our functions and duties, registration would create a more positive attitude and atmosphere for all persons associated and involved with sports. It would allow for standards and guidelines to be established, so there would be greater control of the qualifications of those entering the field and also the direction of athletic training and sports health care in Kansas. No rules or regulations exist in Kansas to regulate athletic trainers.

Athletic trainers are responsible for the health, safety, and welfare of athletes and are often confronted with potentially life-threatening situations or trauma that could lead to harm in later years of life. As responsible allied health professionals, we must deal with the health care delivery system

(Continued Testimony from Lynn Bott)

and maintain a standard of care. Registration would assure the public that the person calling him/herself an athletic trainer has met the theoretical and practical entry-level requirements of registration, conducts him/herself according to the rules and regulations delineated by registration, and maintains a standard of care; thus, assuring "quality control" and "accountability for actions."

Another advantage of registration is to identify to the general public those persons who are qualified to perform the functions and duties of an athletic trainer. It would relieve the public of the burden of evaluating those qualifications and skills needed to perform this allied health profession, especially since the field of athletic training is a rather specialized area of sports medicine. Registration assures the public that scope of practice and employment, standards of practice, continuing education criteria, criteria for registration, professional conduct and discipline, standards of professional education, etc., have been met by the person calling him/herself an athletic trainer. For the health, safety and welfare of the public, the State needs to become involved in the allied health profession of athletic training.



I have asked and been granted permission to speak for the credentialing of athletic trainers in Kansas. This testimony is for Senate Bill 105.

My name is John Baxter, athletic trainer and associate professor at Emporia State University. My undergraduate degree was from the University of New Mexico with a major in biology and physical education. Also, I served as what was known at the time as a apprentice student trainer during my undergraduate studies. My masters degree is from Emporia State University. Work experience includes assistant athletic trainer positions at the University of New Mexico, West Point, teaching/coaching position in the Albuquerque Public School system, and a teaching athletic training position at Emporia State University beginning in 1966. Interestingly enough my mentor at the University of New Mexico, L.F. "Tow" Diehm, is a Kansas native receiving his degrees from Pittsburg State, and serving on that institutions faculty as their first athletic trainer prior to moving to New Mexico in 1957.

I am an individual that has seen a tremendous development in the athletic training profession since I began as a student apprentice way back in 1957. The National Athletic Trainers Association (NATA) membership has actively professionalized the education and functions practiced by athletic trainers. More people than ever before recognize the value an athletic trainer as a part of athletic programs.

The NATA certified athletic trainer is an allied health care professional who has successfully completed a college/university undergraduate degree, fulfilled requirements established by the Board of Certification of the NATA, and passed the NATA certification examination administered by the NATA Board of Certification. The six domains which athletic training education address and the national examination test are the following: prevention of athletic injuries and/or conditions; recognition and evaluation of athletic injuries; management, treatment and disposition of athletic injuries; organization and administration of the athletic training program; rehabilitation/reconditioning of athletic injuries; and education and counseling of athletes. As in most allied health care professions the athletic trainer works under the direction of a physician.

It appears to me the athletic public would want registration of athletic trainers. Registration identifies a professional that has progressed through standardized educational experiences and knowledges specific to carry out required practices. And, registration identifies the acceptable functions of the athletic training profession within the guidelines of allied health care

practioners in the state.

Throughout my career as an athletic trainer, as my peers, I have been confronted with injury situations that are life-threatening, injuries leaving life long disability, and many not so serious injury circumstances. Having followed the NATA basic education guidelines, the required continuing education, and experience, the dangers and harms existing in athletic injury circumstances are minimize by me and my peer athletic trainers. But there are individuals calling themselves athletic trainers that have not appropriately prepared themselves through education and experience that will not minimize the dangers and harms in athletic injury circumstance. I strongly feel the public in Kansas should expect certain levels of specific education so that function used for athletic injury care by those calling themselves athletic trainers minimize further harm. And, those individuals not following requirments for the practice of athletic training should not be allowed to use the title.

A concluding point I feel necessary to address is that athletic training is a growing profession across the United States as well as in Kansas. In 1966 when I arrived in Kansas as the athletic trainer for Emporia State University, I traveled and visited with the other five athletic trainers in the state during the first month. Only the regent universities had athletic trainers at that time. Today that same task is not possible because the number of athletic trainers in the state has had a considerable growth, and the number will continue to grow as the demand for athletic training care increases. We, the public of Kansas, need to be sure all athletic trainers being added to the roll have the proper credentials to practice in our state. And, we need to be as sure as we can those having proper credentials are practicing within the restricted scope the state allows for athletic trainers. Certainly one way for school administrators and clinics to assure the person they hire to be an athletic trainer is qualified is because they have met the registration requirements established for Kansas athletic trainers.

These opinions do not reflect the opinion of my employer. Thank you for listening to me today.



## KANSAS MEDICAL SOCIETY

1300 Topeka Avenue • Topeka, Kansas 66612 • (913) 235-2383  
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February 13, 1991

TO: Senate Public Health and Welfare Committee

FROM: Kansas Medical Society *Chap Wheeler*

SUBJECT: Senate Bill 105; Registration of Athletic Trainers

Thank you for this opportunity to express the support of the Kansas Medical Society for the concept of registration of athletic trainers. The report and findings of the KDHE Credentialing Committee were referred to the Kansas Orthopedic Society for review by physicians specializing in orthopedic surgery. The Kansas Orthopedic Society agreed with the KDHE Credentialing Committee that athletic trainers should be registered.

The benefit of registration of athletic trainers is principally to those who would employ registered athletic trainers. Universities, public schools, and medical practices oftentimes recruit and employ persons who serve in athletic trainer positions. If an individual has met the criteria necessary to be registered by the State of Kansas, then the employer can screen applicants for those positions and be assured that those who are indeed registered by the state are basically qualified to serve in a capacity that has the potential of causing harm to injured athletes. It is for this reason that we believe that basic criteria should be met before a person is employed as an athletic trainer.

We do, however, have some concerns about the manner in which SB 105 was drafted. We agree that the definition of "registered athletic trainer" (p. 2, line 13) should mention the very important relationship of the athletic trainer with the team physician or consulting physician. In this regard, we would recommend that the word "under" be substituted for the word "upon" at line 14 of page 2. In addition, there may be instances when an athletic trainer might be employed by a medical practice, a hospital, or under the direction of other than a team physician. Therefore, we request that the straightforward phrase "under the direction of a physician" be used in lieu of the language in lines 14 and 15 of page 2. Furthermore, we respectfully recommend that a definition of physician be included in section 2 of the bill. Those amendments are outlined for you and are attached to this statement.

Senate P H&W  
Attachment #6  
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We also question the need for section 4 of the bill. This particular section would be needed if SB 105 was for purposes of licensure. Because this is a registration law, the definition of scope of practice seems unnecessary. As long as the definition of "registered athletic trainer" generally describes the functions of such a person, then it would seem entirely unnecessary to elaborate on all of the duties involved in the capacity of an athletic trainer.

We would also question why it is necessary to provide a grandfather clause in subsection (c) of section 6, since anyone who is currently engaged in the occupation of an athletic trainer could continue working in that capacity after the effective date of this act, but simply could not refer to themselves as a "registered athletic trainer." We must reemphasize that registration does little more than protect a title, by contrast to licensure which prohibits anyone who is not so licensed from engaging in the defined scope of practice.

Thank you for considering our comments. We believe that because the athletic trainers have been recommended by the KDHE Credentialing Committee as well as the Kansas Orthopedic Society, that an amended version of SB 105 should be recommended for passage.

/cb

Attachment

organizations.

(g) "Health care organization" means a clinic or hospital that provides a health care based program of athletic training services for athletes.

(h) "Athletic training" means the practice of prevention, management of emergency care and referral or physical reconditioning of injuries incurred by athletes or any combination of these elements.

(i) "Student athletic trainer" means a person who is an aspiring athletic trainer who is receiving the educational requirements pertaining to knowledge and skills of athletic training and work experience under the supervision of a registered athletic trainer directed by a team physician or consulting physician.

(j) "Registered athletic trainer" means a person registered under this act to provide athletic training who, ~~upon~~ <sup>under</sup> the direction of a ~~team physician or consulting physician~~, carries out the practice of prevention, management of emergency care and referral or physical reconditioning of injuries incurred by athletes or any combination thereof.

Sec. 3. (a) On and after January 1, 1991, no person shall represent that such person is a registered athletic trainer or use the title "registered athletic trainer" or the letters "R.A.T." or "A.T.R." unless registered under this act.

(b) Violation of this section is a class B misdemeanor. *delete entire section?*

Sec. 4. (a) Specific functions and duties of the registered athletic trainer include, but are not limited to:

(1) Administration of an injury prevention program for the athlete in order to develop and implement a comprehensive athletic injury prevention program through:

(A) Provision of assistance to coaches in the development and implementation of physical conditioning programs;

(B) selection, fabrication and application of specific and appropriate taping, protective devices, braces, etc.;

(C) supervision, inspection and monitoring of athletic training facilities, equipment and athletic activity environments;

(D) coordination with the team physician or consulting physician to provide preparticipation physical examinations or screenings;

(E) coordination with the team physician or consulting physician to organize a health care services system;

(F) provision of assistance to athletes in the dissemination of health topic issues and concerns; and

(G) instruction and supervision of student athletic trainer staff according to regulations on delegation of skilled care.

(2) Administration of an injury assessment of the injured athlete

SENATE HEALTH AND WELFARE COMMITTEE  
February 13, 1991

Presented by Ken Henderson, A.T.,C.  
Head Athletic Trainer  
Barton County Community College

MR. CHAIRMAN & COMMITTEE MEMBERS:

I'm appearing before this committee to lend my support for Senate Bill 105. Prior to Senator Winter's sponsorship of Senate Bill 105, the Kansas Athletic Trainers Society successfully completed the credentialing process as established by the Kansas Credentialing Act. This process defined the athletic training profession and established its role as a provider of health care in the athletic setting.

The athletic training profession, although established at the university and professional level, often remains undefined at the small college, community college, junior/senior high school, and sports medicine clinic levels. The registration of athletic trainers would help ensure that those institutions, both educational and clinical, who desire to hire an athletic trainer would be employing appropriately educated and qualified individuals. Through the registration process, administrators would now have definite guidelines to follow when establishing an athletic training position. Individuals pursuing an athletic training position would also be required to meet specific educational requirements and follow set regulations specific to the athletic training profession.

Senate P H&W  
Attachment #7  
2-13-91

In the fall of 1981 only three Kansas community colleges employed full time athletic trainers. Today 12 of 22 have a full time athletic trainer on staff. Three or four community colleges currently plan to look at adding an athletic trainer to their staff in the future. The same situation holds true for the state's small colleges. Ten years ago no small colleges employed an athletic trainer, and today seven of fourteen have an athletic trainer on staff, with several discussing the necessity of creating an athletic trainer position. It is important to note that at this point in time, an institution establishing an athletic training position looks to athletic trainers currently in the field for guidance with setting up the policies and procedures necessary for program success.

A handful of high schools throughout the state have hired athletic trainers; but for the most part coaches, or volunteers, provide athletic injury management services. Athletic trainers working out of several eastern Kansas sports medicine clinics provide some high school athletic programs with basic athletic training services.

Ten years of employment as a community college athletic trainer have shown me that many administrator's, coaches, and especially athletes and their parents have a limited awareness of the athletic training profession. Several athletic trainers employed by small college and community college athletic departments had nothing more than a physical education degree and experience as a college student athletic trainer when they started out.

One coach I have had a chance to talk with had no idea the athletic training profession even existed. Throughout a career as both an athlete and coach he had never been involved with an athletic trainer. His coaches had always taken care of their teams' injuries, and now as a coach, he was doing the same. His only training regarding injury recognition and management came from one athletic injury class taken during his sophomore year in college.

Many athletic trainers obtain National Athletic Trainers Association certification to demonstrate proficiency, ensure continuing education avenues, and obtain some degree of legal protection. However, an educational institution or sports medicine clinic in Kansas can currently hire any individual to serve as an athletic trainer without that individual having completed any educational or practical experience requirements specific to the athletic training profession.

In conclusion, State registration of athletic trainers will provide the mechanism necessary to: 1) achieve quality control over those individuals engaged in the practice of athletic training; 2) help establish the criteria for initiating new athletic training positions; and 3) increase public awareness regarding the important role a qualified athletic trainer plays in the delivery of an athlete's health care.