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 14, 1991 in room 526-S of the Capitol.

All members were present except:

Committee staff present:

Emalene Correll, Legislative Research
Bill Wolff, Legislative Research
Norman Furse, Revisor's Office
Jo Ann Bunten, Committee Secretary

Conferees appearing before the committee:

Walter L. Jenkins, Kansas University Medical Center
Carolyn Bloom, President of the Kansas Physical Therapy Association
Cathy Rooney, Director, Department of Health and Environment
Dr. Charles Konigsberg, Department of Health and Environment
Cathy Rooney, Department of Health and Environment

Chairman Ehrlich called the meeting to order at 10:00 a.m.

Hearings were continued on SB 105 regarding registration of athletic trainers. Walter L. Jenkins, physical therapist and an athletic trainer who is currently employed as the Coordinator of Sports Physical Therapy at the Kansas University Sports Medicine Institute (KU Med Center) presented his written testimony and spoke in support of SB 105. He stated the bill would establish athletic trainers as bona fide allied health professionals and define the practice of athletic training within Kansas as his reasons to support the bill. (Attachment 1)

Carolyn Bloom, President of Kansas Physical Therapy Association, also presented written testimony on SB 105. Ms. Bloom stated KPTA approves in concept the registration of athletic trainers, but objects to language in the bill as written. She stated the association believes it is important to protect the public by requiring standards of education and treatment by persons who wish to perform as athletic trainers. She reviewed various sections of the bill and recommended changes for consideration by the committee. (Attachment 2)

The chair called upon Senator Anderson who introduced his three pages from Wichita who served in the Kansas Senate and assisted at the committee meeting.

Briefing on SB 105 was presented by Cathy Rooney, Director, Health Occupations Credentialing of the Department of Health and Environment. She stated the technical committee and the Secretary of Health and Environment both agreed a need for credentialing of athletic trainers does exist. However, the bill as proposed, raised a number of policy and technical administrative issues. She also stated the Secretary of Health and Environment, in accordance with K.S.A. 65-5007, recommended the legislature consider enacting a law mandating anyone who supervises athletes in an educational setting be certified in first aid, personal safety and CPR. (Attachment 3) After committee discussion, it was suggested Health and Environment work with the athletic trainers and submit necessary amendments.

Unless specifically noted, the individual remarks recorded herein have not been transcribed verbatim. Individual remarks as reported herein have not been submitted to the individuals appearing before the committee for editing or corrections.

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE,

room 527-S, Statehouse, at 10:00 a.m./p.m. on February 14, 1991.

The chairman asked for approval or correction to the minutes of February 5, 6, and 7, 1991. Senator Salisbury made the motion to accept the minutes as presented with a second from Senator Reilly. Motion carried.

Dr. Charles Konigsberg, Director of Health, Department of Health and Environment, presented a report on AIDS and answered questions from the committee regarding tagging of a deceased person with AIDS, bodily fluids transmission from a health care worker to a patient, and discussion of an article concerning HIV in the Kansas City Star. Dr. Konigsberg stated he felt the article was misleading and also commented about the increased percentage of cases in women, persons abusing drugs and minorities.

Senator Reilly expressed his concern regarding testing of newborns and inmates. Reference was made to SB 149 that would address the inmate issue. Senator Reilly also suggested an annual report or update on AIDS from the Department of Health and Environment be submitted to all members of the legislature.

Deborah Taylor, Director of AIDS Program, Department of Health and Environment, was questioned regarding what is being done in adult and community homes. Ms. Taylor commented there are four counties in Kansas that have early intervention programs that provide testing and monitoring of the situation, but to her knowledge, nursing homes in Kansas have not addressed the issue. State employees as direct care providers were also discussed, and the committee was informed of 450 confirmed cases of AIDS in Kansas, with 289 deaths as of the end of January 1991.

The meeting was adjourned at 10:50 a.m.

SENATE
PUBLIC HEALTH AND WELFARE COMMITTEE
DATE 2-14-91

(PLEASE PRINT) NAME AND ADDRESS	ORGANIZATION
James A. Todd	KSTTA
Deborah Taylor	KDHE
Cathy Rooney	KDHE
Marcia A. Gilliland	University of Kansas Hospital
[illegible]	KDHE
Karen C. Tappan	KDHE
Barb Houser	KDHE
Terry A. [illegible]	Topeka AIDS Project
Charles Konigsberg	KDHE
[illegible]	Athletic Trainer KATS
[illegible] C. Bott	Athletic Trainer KATS
Walter J. Jenkins	Athletic Trainer KATS
Robert L. Shaw	Positive Action Coalition of Ks
FRANCES KASTNER	Ks Phys Therapy Assn
Lisa Gress	KS Phys. Therapy Assn
[illegible]	KDHE
Carolyn Bloom	KS Physical Therapy Assoc
Tom Bell	Ks. Hosp. Assn
Tom Burgess	APFC
[illegible]	

Walter L. Jenkins, MS, PT, ATC
10431 Rosehill Road
Overland Park, KS 66215

Testimony for Senate Bill 105 Thursday, February 14, 1991

Mr. Chairman and Members of the Senate Public Health and Welfare Committee. My name is Walter L. Jenkins. I am here to testify in favor of the athletic trainers registration is in the state of Kansas. I am a physical therapist and an athletic trainer who is currently employed as the Coordinator of Sports Physical Therapy at the Kansas University Sports Medicine Institute (Kansas University Medical Center, Kansas City, KS). I received my bachelors degree from Purdue University in 1977 in athletic training and a masters degree in athletic training from West Virginia University in 1979. In 1982 I received a masters in physical therapy from the University of Indianapolis. After graduation from physical therapy school I have worked in collegiate athletics at Purdue University, clinical settings for sports physical therapy in Joliet, Illinois, and Cincinnati, Ohio, and taught physical therapy at the University of Indianapolis. I also taught athletic training students at Purdue and West Virginia University. At the present time I am involved in the coordination of physical therapy services at the KUSMI. These duties include direct patient care, clinical teaching of physical therapy students, and orthopaedic residents, and research. Additionally I am involved in the entry-level masters physical therapy program at KUMC as a classroom instructor. My testimony is in no way an endorsement by the Kansas University Sports Medicine Institute or the Kansas University Medical Center.

Senate P H&W
Attachment #1
2-14-91

I would like to talk with you today regarding the athletic training registration act from a physical therapy perspective. At the present time athletic trainers can be employed in a variety of ways. First as a primary care giver in professional, collegiate, scholastic, or club sports as an athletic trainer. These are the settings that athletic trainers have received the majority of their professional experience and a place where they are able to provide the greatest impact. Virtually every professional and collegiate team in the state of Kansas employs an athletic trainer.

A second setting in which athletic trainers may be employed is in physical therapy or sports medicine clinics. In this setting an athletic trainer treats athletic or non-athletic injuries and reconditions the injured individual prior to their return to work or athletics. It is this area that I feel athletic trainers need to have further definition. While the athletic trainer may be the most qualified allied health professional to treat athletic injury in a clinic setting, the same does not apply to the industrial worker or a victim of an auto accident. Presently there are no restrictions on athletic training's practice in the state of Kansas allowing athletic trainers to treat virtually anyone. Physical therapist's view this as an infringement of their practice.

Much discussion has occurred over the use of an athletic trainer in the physical therapy or sports medicine clinic. The national organizations in physical therapy and athletic training are currently outlining guidelines for the use of an athletic trainer in a clinical setting. There has been general agreement on both sides that athletes may be seen and treated by athletic trainers in a clinic setting with non-athletic individuals being seen by the physical therapist. If the physical therapist feels that an athletic trainer's services are helpful in treatment of the non-athlete then the athletic trainer may then see the patient.

A registration act for athletic trainers would greatly serve two purposes. One it will establish athletic trainers as a bona fide allied health professional within the state of Kansas. Secondly it will define the practice of athletic training within Kansas. Athletic trainers will thus be recognized as care givers for athletes and the practice of physical therapy will be preserved.

The Kansas Physical Therapy Association
9102 W 98th Terrce
Overland Park, KS 66212
(913) 648-5004

February 13, 1991

Supporting Senate Bill #105 with certain modifications

Mr. Chairman and Members of the Senate Public Health Committee:

I am Carolyn Bloom, President of the Kansas Physical Therapy Association and wish to speak to you today on SB 105. My Association approves in concept the registration of Athletic Trainers. We believe it is important to protect the public by requiring standards of education and treatment by persons who wish to perform as athletic trainers.

My Association volunteered to meet with athletic trainer representatives to discuss certain questions and concerns we had about this bill. The meeting never materialized so we must come to you.

One concern is with the definition of Athlete - Sec 2C. P.1, line 21 which reads "Athlete" means a person who participates in an interscholstic, intercollegiate or intramural sport activity conducted through educational institutions in this state, or a person who participates in amateur athletic organizations or professional athletic organizations or sports related activities completed in the recreational setting."
Sec. 2 (f) P.1, line 41 defines "Recreational setting" as the arena in which athletic related activities occur outside the jurisdiction of educational institutions, amateur athletic organizations or professional athletic organizations."

We have no problems with Athletic Trainers working in educational settings or in organized amateur or professional athletics, but we wonder exactly what "sports related activities completed in the recreational setting" means. Would this include the college men who participate in an impromptu game of football? A legislator out for a morning jog? A businessman or woman who participates in a volleyball or baseball game organized for charity? Kids who play T-ball or develop their own contests of bike racing or skate

boarding? Our interpretation is that this definition could include almost everyone except the most sedentary. Should this really be the scope of an athletic trainer? We think not and would suggest an amendment be made to this bill which would place a period after line 24, P.1 and delete line 25 P. 1. which says "or sports related activities in recreational settings." Also delete Sec. 2 (f)P. 1, lines 41 to 1 on P.2, the definition of "recreational setting."

We question Sec 6 (e) line 36 on P. 4 that states "Applicants have three years from the date of application to complete the process." Does this mean the person making the application can work as an athletic trainer during the period his application is pending? If examinations of applicants are scheduled twice a year as stated in Sec 8 (a) P, 5, line 22, why would an applicant need three years to complete an application?

We also wonder about the definition of a registered athletic trainer, P. 2, Sec 2 (f) line 13 which reads "Registered Athletic Trainer" means a person registered under this act to provide athletic training who, upon 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."

What does "upon the direction of a team physician or consulting physician" mean? Is a physician always on hand at practice and sport events? If not, does the athletic trainer diagnose the injury, then rush to the phone to receive direction from the physician or does he begin immediate care without consulting the physician? Isn't "care" another word for "treatment"? Does the physician see every injured athlete or only the most severe cases of acute trauma as diagnosed by the athletic trainer? Is the physician consulted personally about less severe injuries or does the athletic trainer assume the responsibility of the treatment? Is the athletic trainer covered by malpractice insurance? If the definition of recreational athlete is retained in the bill, can a person walk in off the street and receive care from an athletic trainer without first

eiving a referral · onsultation from a physiciar Would the treatmen a "recreational athlete" be provided at the instutition such as at K-State, KU or Washburn, and would the institution then be liable?

We are not necessarily opposed to the definition of "registered athletic trainer" but do feel these are appropriate questions for your consideration as you deliberate.

Carolyn Bloom, KPTA President
Rt 1, Box 139
Eudora, KS 66025

State of Kansas

Joan Finney, Governor

Department of Health and Environment

Division of Health

Stanley C. Grant, Ph.D., Acting Secretary

Landon State Office Bldg., Topeka, KS 66612-1290

FAX (913) 296-6231

TESTIMONY PRESENTED TO

THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

by

THE KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

Senate Bill 105

The Credentialing Review Program established by request of the legislature in 1980 requires health occupations seeking state credentialing (licensure/ registration) to submit a credentialing application to the Kansas Department of Health and Environment (KDHE) for review. The Kansas Athletic Trainers' Society submitted a credentialing application and the application has gone through the review process. This society desires athletic trainers to be registered by the state. Senate Bill 105 provides such registration.

A seven-member technical committee consisting of three currently credentialed health care personnel and four consumers conducted three public meetings and one public hearing to review the application. The technical committee forwarded its report to the Secretary of Health and Environment. The end product of the review process was a final report by the Secretary issued to the legislature on August 15, 1989 (both reports are attached).

In summary, the technical committee and the Secretary found that all of the criteria established by KSA 65-5006 were met and that a need for credentialing of athletic trainers exists. In accordance with KSA 65-5007, the Secretary recommended that the legislature consider registering athletic trainers as the first step toward addressing the issues of the documented harm. In addition, the Secretary recommended that the legislature consider enacting a law mandating that anyone who supervises athletes in an educational setting must be certified in first aid, personal safety, and CPR by the American Red Cross or certified emergency medical training and completes courses in prevention and care of athletic injuries. North Carolina initiated such a requirement and experienced an overall decrease in injury and reinjury rates of athletes.

Senate P H&W
Attachment #3
~~2-14-91~~

Charles Konigsberg, Jr., M.D., M.P.H.
Director of Health
(913) 296-1343

Ronald Hammerschmidt, Ph.D.,
Acting Director of Environment
(913) 296-1535

Lorne Phillips, Ph.D.,
Director of Information Systems
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Roger Carlson, Ph.D.,
Director of the Kansas Health and Environmental Laboratory
(913) 296-1619

Documentation showed that harm resulted from untrained persons unable to evaluate injuries, lack of adequately trained persons in emergency medical/first aid and injury identification who supervise athletes in the primary/secondary schools, and persons other than athletic trainers using titles referring to athletic trainers. A Kansas physician provided several cases of harm to athletes that occurred because untrained individuals were unable to properly recognize or evaluate injuries. Surgery was required in some cases because proper initial treatment was not provided. Although injuries were usually not life threatening, they occurred frequently. For example, a study of 36 North Carolina high schools during a two-season period reported 1,079 football injuries. These injuries were predominately to the knee, ankle, and arm. A survey by the applicant showed that out of 223 Kansas schools participating in the survey 113 used inappropriate personnel or no personnel to handle athletic programs and injuries whereas a majority of the Kansas colleges and universities employ a National Association of Athletic Trainers, Inc. (NATA) certified athletic trainer. Evidence showed that the use of the title "athletic trainer" or "trainer" is being applied to coaches and students as well as to NATA-certified athletic trainers.

Should the legislature pass Senate Bill 105, KDHE would become the agency responsible for implementing the registration requirements. There are some policy concerns regarding this bill that KDHE asks the legislature to consider:

1 The educational standards for registered athletic trainers be in accordance with nationally established standards (NATA-approved curriculum program) or its equivalency rather than the 10 specified courses in Section 7 of the bill. The bill specifications do not correspond with the educational standards that the technical committee and Secretary concluded are necessary for Criterion II of the review to be met. (All criteria must be met to make a recommendation for credentialing.) The specifics about this issue are noted in the technical committee's and the Secretary's reports under Criterion II.

2 To reduce the proliferation of separate boards for each occupation credentialed by KDHE, allow the board specified in Section 13 of this bill to become the basis for an "allied health occupations board." This board would be advisory to the Secretary on the registration of athletic trainers and any other future licensed or registered occupations that may be under the auspices of KDHE.

3 Language in the bill be added that allows the fees to be set in regulation and that these fees should be set to cover the cost of administering the provisions of the act.

4 Language be added that allows the Secretary the option to contract with investigative agencies, commissions, or consultants to assist the Secretary in obtaining information about the equivalency of educational and experience programs.

There is a more efficient, direct, and less expensive means to administer many of the bill requirements. For example:

1 The "grandfathering" clause in Section 6 can be accomplished without the state developing a competency examination which is quite costly.

2 Section 6 involves KDHE in tracking "grandfathering" applicants for a three-year period in which they are completing the registration requirements. Traditionally, applicants do not apply unless they meet the requirements.

3 Detailed examination procedures are listed in Section 8 which can be delineated in regulations to actually correspond with specific board-approved examination procedures.

4 Detailed procedures on an applicant moving from an inactive status to an active status are listed in Sections 9 and 10 which can be delineated in regulations to conform with standardized procedures used by other Kansas regulatory boards.

5 January 1, 1991 is the effective date often referenced in the bill to begin the registration process which is not feasible.

KDHE does support legislation requiring the registration of athletic trainers. However, the bill as proposed raises a number of policy and technical administrative issues as noted above.

Time did not allow us to prepare specific proposed amendments. However, we will be happy to do so and submit them to the committee as soon as possible. Thank you for your consideration.

Presented by: Cathy Rooney, Director
Health Occupations Credentialing
Bureau of Adult and Child Care
February 13, 1991

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

EXECUTIVE SUMMARY OF THE FINAL REPORT ATHLETIC TRAINERS' CREDENTIALING APPLICATION

August 15, 1989

The Secretary of Health and Environment Recommendations to the Legislature:

I have found that all of the criteria established by KSA 65-5006 were met and that a need for credentialing of athletic trainers exists. In accordance with KSA 65-5007, I recommend that the legislature consider registering athletic trainers as the first step toward addressing the issues of the documented harm. In addition, I recommend that the legislature consider enacting a law mandating that anyone who supervises athletes in an educational setting must be certified in first aid, personal safety, and CPR by the American Red Cross or certified emergency medical training and takes courses in prevention and care of athletic injuries.

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

FINAL REPORT TO THE LEGISLATURE FROM THE SECRETARY
ON THE APPLICATION FOR CREDENTIALING OF ATHLETIC TRAINERS

August 15, 1989

The Kansas Athletic Trainers' Society, referred to as the applicant, submitted to the Kansas Department of Health and Environment an application to be reviewed through the credentialing review program. The applicant seeks to make it unlawful for anyone to hold himself/herself out as an athletic trainer unless he/she is registered by the state. The titles to be protected are: athletic trainer, certified or registered athletic trainer, AT, ATC, and KATR.

The application has been reviewed according to the Kansas Credentialing Act (KSA 65-5001, et seq.) by a technical committee and the Secretary of Health and Environment. The purposes of the review are: (1) to provide the legislature with a thorough analysis of the application and information gathered at the technical committee meetings, (2) to make recommendations on whether the statutory criteria are met, whether there is a need for credentialing, and (3) if necessary, to recommend appropriate level of credentialing. The legislature is not bound by these recommendations. In accordance with state laws, a seven-member technical committee conducted four fact-finding meetings, which included one public hearing, to investigate the issues. Attached is a copy of the final report of the technical committee.

The statutes require that all of the criteria be found met and a need for credentialing exists prior to the technical committee and Secretary recommending that the group be credentialed. The technical committee found that all of the criteria have been met. I concur with the technical committee's findings and conclusions about the criteria. In summary, the technical committee found:

- The applicant has met Criterion I by demonstrating that the unregulated practice of treatment of athletic injuries does promote harm to the public and such harm is not remote.

  Evidence showed that harm resulted from untrained persons unable to evaluate injuries and lack of adequately trained persons in emergency medical/first aid and injury identification who supervise athletes in the primary/secondary schools. Another problem was that persons other than athletic trainers are using titles referring to athletic trainers. A Kansas physician provided several cases of harm to athletes that occurred because untrained individuals were unable to properly recognize or evaluate injuries. Surgery was required in some cases because proper initial treatment was not provided. Although injuries were usually not life threatening, they occurred frequently. For example, a study of 36 North Carolina high schools during a two-season period reported 1,079 football injuries. These injuries were predominately to the knee, ankle, and arm respectively. A survey by the applicant showed that out of 223 Kansas schools participating in the survey 113 used inappropriate personnel or no personnel to handle athletic programs and injuries whereas a majority of the Kansas colleges and universities employ a National Association of Athletic Trainers, Inc. (NATA) certified athletic trainer.

Evidence showed that the use of the title "athletic trainer" or "trainer" is being applied to coaches and students as well as to NATA-certified athletic trainers.

- The applicant has met Criterion II by demonstrating that "the practice of athletic trainers requires an identifiable body of knowledge or proficiencies that is acquired through a formal period of advanced study and training." The public would benefit by the advance study.

  Evidence showed that there appears to be an identifiable body of knowledge with the NATA-approved curriculum program. I concur with this conclusion. It should be noted that at this time there are no NATA-approved curriculum programs in Kansas. KU and KSU are working toward having NATA-approved curriculum programs. The technical committee did not tackle the issue of whether the revised application proposing that students take 12 specific courses is an appropriate method to acquire the body of knowledge. Concern was raised about the acquisition of the body of knowledge from such a listing of courses that are not in conjunction with a national accrediting/approval mechanism. I conclude that the NATA-approved curriculum is the only approach at this time that allows for this criterion and Criterion IX to be found met. If this requirement is not in the registration bill proposal, I question whether the profession is ready to ask the state to credential its members.

- The applicant has met Criterion III by demonstrating that "the occupation does not perform, for the most part, under the direction of other health care personnel or inpatient facilities." Therefore, such an arrangement is not adequate to protect the public from harm.

  Evidence showed that 76.5 percent of the athletic trainers work for nonhealth institutions. Even though athletic trainers should be working with a team or consulting physician, it is generally the athletic trainer who first sees the patient and makes an evaluation. The athletic trainer then determines whether to refer the patient to the physician.

- The applicant has met Criterion IV by illustrating that "the public is not effectively protected from harm by private certification of members of the occupation or by means other than state credentialing."

  There are 72 persons in Kansas certified by the National Athletic Trainers' Association, Inc. (NATA). Evidence showed that colleges and universities in Kansas generally have on staff NATA-certified athletic trainers. Therefore, in these settings, the public is protected by private certification. However, this is not the case in the junior high and high school settings. Registration appears to be a first step in addressing the problem by identifying to schools, students, and parents who is appropriately trained and who can use the titles associated with the profession. Another remedy

besides registration is needed to focus on the issue of assuring adequately trained personnel supervising athletes in the primary/secondary schools.

- The applicant has met Criterion V by showing that "the effect of credentialing on the cost of health care to the public is minimal."

  From the information provided, it appears that the traditional setting of an athletic trainer is salary-based employment where credentialing would not change the situation and would not impact the cost of health care through fees-for-services, third-party reimbursement, etc.

- The applicant has met Criterion VI by illustrating that credentialing of the occupation probably would not have a negative effect on availability of athletic trainers practicing in Kansas.

  Registration does not limit who can practice - just who can use the title of the occupation. Therefore, the effect would be minimal.

- The applicant has met Criterion VII by drafting a "scope of practice of the occupation that is identifiable."

  The technical committee found that although the amended scope of practice is identifiable that further clarification is required by adding a definition of "health care organization" and limiting the scope of practice in a health care setting to athletic injuries. In addition, there needs to be a general statement confirming that the scope of practice of athletic trainers does not include private practice.

- The applicant has met Criterion VIII by demonstrating that the "effects of registering athletic trainers on the scope of practice of other health care personnel is minimal."

  Evidence indicated, if the applicant limits the role of the athletic trainer in health care organizations to athletic injuries, defines "health care organization," and limits athletic trainers to nonprivate practice situations in the registration law, then the impact of credentialing of athletic trainers on other health care personnel would be minimal.

- The applicant has met Criterion IX by demonstrating that there are "nationally recognized standards of education that exist for the practice of the occupation."

  There are nationally recognized standards of education and these standards are identifiable and measurable in the NATA-approved curriculum programs.

The technical committee found that all of the criteria established in KSA 65-5006 have been met and that there is sufficient need shown for credentialing

athletic trainers. I concur with the technical committee's conclusions. Since all of the criteria are found to be met and a need for credentialing exists, the next step in the process is to apply criteria established in KSA 65-5007 to determine the appropriate level or levels of credentialing to protect the public. Credentialing should be aimed at helping alleviate the problems of untrained persons unable to evaluate injury, lack of adequately trained persons in emergency medical/first aid and injury identification who supervise athletes in the primary/secondary schools, and persons other than athletic trainers using titles referring to athletic trainers. The technical committee concluded that registration is the first step to addressing the issues of harm through identifying practitioners who possess skills to practice as athletic trainers and who can use the titles of the profession.

The technical committee recommended that athletic trainers be registered by the state. Registration alone will not assure adequately trained personnel in the primary/secondary school levels to render emergency medical care/first aid and injury identification. Therefore, other statutory regulation is being recommended. The technical committee recommended that the enactment of a law mandating that anyone who supervises athletes in an educational setting must be certified in first aid, personal safety, and CPR by the American Red Cross or certified emergency medical training and take courses in prevention and care of athletic injuries. North Carolina initiated such a requirement and experiences an overall decrease in injury and reinjury rates of athletes.

I concur with the technical committee's recommendations.

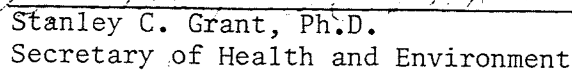
Secretary's Conclusions and Recommendations

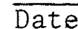
1. I have found that all of the criteria established by KSA 65-5006 are met and a need for credentialing exists.

2. In accordance with criteria established by KSA 65-5007, I recommend that the legislature consider enacting a registration law for athletic trainers and enacting another law requiring anyone who supervises athletes in an educational setting must be certified in first aid, personal safety, and CPR by the American Red Cross or certified emergency medical training and take courses in prevention and care of athletic injuries.

3. KSA 65-5005 delineates that the Secretary is to identify the appropriate agency for the credentialing process. I recommend that no new regulatory board be established but to name the Department of Health and Environment as the regulatory body responsible for carrying out the registration law.

4. In accordance with the findings regarding Criterion II and Criterion IX, I recommend that the body of knowledge and the national standards to be used in the training of athletic trainers be those of the NATA curriculum program and such requirement be included in the educational and experience mandatess of the registration law.





Stanley C. Grant, Ph.D.
Secretary of Health and Environment

Date

FINDINGS AND CONCLUSIONS OF THE
TECHNICAL COMMITTEE ON THE REVIEW OF THE
APPLICATION TO REGISTER ATHLETIC TRAINERS

Technical Committee Meeting
June 2, 1989
Submitted to the Secretary
June 26, 1989

The Kansas Athletic Trainers' Society (KATS), cited in this report as the applicant, submitted a credentialing application to the Kansas Department of Health and Environment. The application was revised and resubmitted to conform with the current review process and to be consistent with the criteria established by the 1986 legislature.

The applicant desires the State of Kansas to provide for the registration of athletic trainers. The proposed scope of practice is: Upon the direction of a team physician or consulting physician, the athletic trainer carries out the practice of prevention, management of emergency care and referral, and/or physical reconditioning of injuries incurred by athletes participating in sports or recreation (Official Record, Exhibit 20).[1]

This report summarizes the final findings, conclusions, and recommendations of the technical committee regarding the credentialing application. The statutes require that all of the criteria must be found met and that a need for credentialing must be determined before a recommendation for credentialing can be made. In summary, the technical committee found all of the criteria met and that a need for credentialing exists. Documentation revealed that the issues pertaining to the documented harm involved untrained persons unable to evaluate injuries, lack of adequately trained persons in emergency medical/first aid and injury identification who supervise athletes in the primary/secondary schools, and persons other than athletic trainers using titles referring to athletic trainers.

The technical committee concluded that the first step in approaching the issue of harm is to identify practitioners who possess skills to practice as athletic trainers and who can use the title "athletic trainer." Hence, the technical committee recommends that the state enact a law to register athletic trainers. In addition, the technical committee concluded that registration would not assure that adequately trained personnel are in the primary/secondary schools to render emergency medical/first aid. Therefore, it was recommended that a law be enacted that mandates that anyone who supervises athletes in an educational setting be certified in first aid, personal safety, and CPR or certified emergency medical training and take courses in prevention and care of athletic injuries.

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[1]This scope of practice definition is a change from the one proposed in the original application.

Summary of Application

The applicant desires to make it against the law for anyone to hold himself/herself out as an athletic trainer unless he/she is registered by the state (Application, page seven). The titles to be protected by the proposed registration law are athletic trainer, certified or registered athletic trainer, AT, ATC, and KATR. In addition, the applicant proposes that no person can practice athletic training or to render services as an athletic trainer nor consult, teach, or supervise athletic trainer education courses unless registered by the state (Official Record, Exhibit 20).[2] The applicant proposes that requirements to be state registered include graduating from a four-year college or university, completing 12 specified courses, completing 800 hours of supervised clinical experience, and passing an examination (Official Record, Exhibit 20).[3] (See Criterion II, pages five through eight, for more information on educational requirements.) Those persons who currently practice as an athletic trainer at the time the registration law would take effect must be certified by the National Association of Athletic Trainers, Inc. (NATA) to be granted registration (grandfather clause)[4] (Official Record, Exhibit 20). There are 72 athletic trainers in Kansas who are certified by NATA.

Athletic trainers are generally utilized by colleges and universities as educators and athletic trainers. Athletic trainers are also employed by professional athletic organizations, fitness or recreational industries, sports medicine clinics, community colleges, secondary schools, and hospitals (Application, page 90).

CRITERIA TO DETERMINE THE NEED FOR CREDENTIALING

The statutes require the technical committee to determine if the statutory criteria have been met by analyzing the application and information gathered at the meetings and the public hearing. This portion of the report summarizes the information provided and the findings and conclusions on whether each of the nine criteria are met.

CRITERION I

The unregulated practice of the occupation can harm or endanger the health, safety, or welfare of the public and the potential for such harm is recognizable and not remote.

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[2]It was noted that these restrictions are not appropriate for a registration law. A registration act limits who can use specific titles, not who can practice.

[3]These educational requirements are a change from the ones proposed in the original application.

[4]The grandfather clause requirements are a change from the ones proposed in the original application.

Information Provided

The applicant concludes that all of the functions of an athletic trainer and the devices used by the profession can harm or endanger an athlete. Specifically, the applicant states that the potential for harm exists due to improper recognition or evaluation of an injury which can occur when a history of the injury is not taken, the injury site is not inspected or palpitated bilaterally, etc. (Application, pages 23-25). Documentation about harm included accounts from a physician from Lawrence, Kansas. The physician relayed several personal experiences where an untrained person did not recognize the seriousness of the problem and did not provide appropriate treatment. These cases involved fractures in the hand, ruptured extension tendons, etc. Ankle injuries were commonly not followed up with rehabilitation, etc. Surgery resulted in some cases since the athletes were not provided proper treatment initially (Official Record, Exhibit 18). Another example of an injury that was not properly identified or a medical referral made by a coach which resulted in a ninth grade football player having surgery twice to reattach finger tendons (Official Record, Exhibit 26).

One study of 36 high schools in North Carolina illustrated the ability of athletic trainers to identify injuries. There were 1,079 reported football injuries during a two-season period. The most predominate injuries were to the knee, ankle, and arm, respectively. Schools with athletic trainers and a physician reported the greatest number of injuries during practice - the greatest number of less severe injuries, and the greatest number of injuries examined by a physician (Application, Appendix G, "Utilization of Athletic Trainer/Team Physician Services and High School Football Injuries"). Another example describing the need for persons working with athletes to recognize potential problems was provided in an article on heat illnesses. In 1979 heat stroke was the second leading cause of death among athletes (especially in high school), second only to head and spinal cord injuries (Application, Appendix G, "Heat Illness in Athletes"). According to Dr. Davidson, heat stroke is totally preventable; every coach, athletic trainer, and team physician should be familiar with the warning signals of heat illness and maintain a safe practice and playing environment to prevent its occurrence (Application, Appendix G, "Heat Illness in Athletes").

The applicant maintains that the potential for harm exists due to improperly performed preventive techniques, such as a lack of proper conditioning of the athlete, improper fabrication of protective devices, or improper maintenance of equipment and activity area, etc. (Application, pages 21 and 22). For example, an article on weight room safety stressed that a well supervised and planned program is needed which does not allow athletes to do barbell squats, etc., which can cause immediate injury or predisposition to future injuries (Application, Appendix G, "Coaches Responsible for Weight Room Safety"). The applicant notes that improper management, treatment, disposition, or rehabilitation of athletic injuries can cause potential harm. Injuries may result specifically from improper splinting, bandaging, emergency care, therapeutic modalities, or a lack of a referral to a physician for treatment, etc. (Application, pages 26-29). For example, possible harm due to improper management of whirlpool use include the athlete in the whirlpool overheating, fainting, and possibly drowning (Application, Appendix G, "The Use and Abuse of

Hydrotherapy in Athletics: A Review"). Out of 223 schools that returned a survey by the applicant, 159 had a whirlpool (Official Record, Exhibit 7). Other examples of potential harm from improper organization and administration of athletic programs and education/counseling were provided in the application (pages 30-33) and by articles in Appendix G of the application.

The applicant maintains that harm to the public is attributed to a lack of knowledge or training, secondly attributed to a lack of supervision, and thirdly attributed to a lack of ethics (Application, page 107). A majority of the universities, colleges, and junior colleges in Kansas have a certified athletic trainer (Minutes, 3-3-89, page two). It is estimated that a majority of high school and junior high school athletes do not have access to an athletic trainer (Minutes, pages five and six). There are over 700 junior and senior high schools in Kansas (Official Record, Exhibit 10). Out of 223 schools in Kansas that completed a survey by the applicant, some 57 had trained persons employed or as volunteers that provide athletic training functions. Another 53 schools employed someone to perform the duties of an athletic trainer with 28 being certified athletic trainers. Some 31 individuals with what appears to be little or no training in the field were used as athletic trainers. In summary, it appears that out of the 223 schools in the survey 110 use appropriate personnel to provide athletic training services and some 113 schools use inappropriate personnel (e.g., students or coaches) or no personnel to handle athletic programs and injuries (Official Record, Exhibit 7). The greatest need for trained persons in athletic injuries appears to be at the secondary school level (Minutes 3-3-89, page two). However, registering athletic trainers would not require high schools or junior high schools to have a person trained in athletic injuries or an athletic trainer present. The applicant added at the public hearing to the proposed registration bill a requirement that the regulatory board for athletic trainers devise a model to get the athletic trainer into the athletic programs of educational institutions, professional athletic organizations, or sanctioned amateur athletic organizations (Official Record, Exhibit 20).

The applicant notes that the title of "trainer" or "athletic trainer" is being applied to students or coaches of high schools (Minutes, 3-3-89, page five).

The Department of Health and Human Services reported that school systems cannot afford to hire a qualified trainer due to shortages of funding. The Kansas State High School Activities Association questions how could the 700+ schools in Kansas afford or find athletic trainers (Official Record, Exhibit 10). In addition, even if an athletic trainer were hired, there would be inadequate coverage of all sports with only one trainer available (Application, Appendix G, "Trainer Malpractice: A Sleeping Giant").

One report indicated that overall injury and reinjury rates dropped between 1972 and 1978 in North Carolina due to the use of trainers or teachers who took courses in the prevention and care of athletic injuries (Application, Appendix G, "Trainer Malpractice: A Sleeping Giant"). A director of a county emergency medical services in Kansas stated that very few of the persons acting as trainers in the primary and secondary education level have any formal emergency medical care training; thereby, victims of accidents or illnesses are not always properly managed before the arrival of emergency care services.

Committee Discussion

Does harm (due to dangerous nature of functions, procedures, devices, substances, or judgment calls) to the public exist? What is the cause of the harm? Does the cause of harm have anything to do with the practice being unregulated? Was the harm documented by expert or consumer testimony? Was the harm documented by research findings, legal precedents, financial awards, or judicial rulings? Is the potential for harm recognizable? Is the potential for harm not remote?

Findings

From the information provided, there appears to be evidence that harm to the athlete is not remote and does exist because the practice of athletic trainers is not regulated. Documentation showed that harm to athletes often occurred due to an untrained person's inability to properly recognize or evaluate injuries. In some cases corrective surgery was required that would not have been needed had the injury been initially treated. A majority of primary and secondary schools in Kansas use inappropriate or no personnel to handle athletic programs and injuries. (This problem does not appear to be prevalent in the colleges and universities in Kansas because they generally employee NATA-certified athletic trainers.) Studies show that athletic trainers are able to identify severity of injuries and that injury rates for athletes are lower when athletes are cared for by qualified personnel, which includes athletic trainers. Another documented problem was the use of the titles "trainer" or "athletic trainer" by persons (e.g., coaches and students) other than certified athletic trainers.

The technical committee throughout the meetings stressed the need for action to be taken that addresses the junior and senior high school situations. Evidence indicates that regulation in the form of registration as proposed would not address the problem of high schools and junior high schools being without an athletic trainer or other qualified health care personnel to supervise athletes and athletic programs. However, registration would address the issues of identifying persons who are properly trained to recognize injuries and who can use the title "athletic trainer."

Conclusions

The applicant has shown that the unregulated practice of treatment of athletic injuries does promote harm to the public and such harm is not remote. Therefore, Criterion I is met.

CRITERION II

The practice of the occupation requires an identifiable body of knowledge or proficiency in procedures, or both, acquired through a formal period of advanced study or training, and the public needs and will benefit by assurances of initial and continuing professional ability.

Information Provided

The major tasks of athletic training include: (1) prevention of athletic injuries; (2) recognition and evaluation of athletic injuries and medical referral; (3) first aid and emergency care; (4) management, treatment, and disposition of athletic injuries; (5) rehabilitation and reconditioning of athletic injuries; (6) organization and administration of athletic training programs; and (7) education and counseling of athletes (Appendices C, J, and O). According to the Professional Education Committee of the National Athletic Trainers' Association (NATA), to acquire the body of knowledge to perform these tasks one must have completed an undergraduate or graduate level NATA-approved athletic training curriculum program or have a bachelor's degree and have completed an internship athletic training program from a college or university that follows NATA internship program recommendations (Application, page 82, and Appendix J). In addition, each person must be certified by the American Red Cross in first aid and in personal safety and CPR or certified as an emergency medical technician (EMT).

Approved NATA athletic training curriculum programs consist of an academic major in athletic training which includes course work in: (1) preventing and evaluating injuries; (2) first aid and emergency care; (3) therapeutic modalities and exercise; (4) administration of athletic programs; (5) human anatomy and physiology; (6) exercise physiology, (7) kinesiology, nutrition, and psychology; (8) personal and community health; and (9) instructional methods (Application, Appendix J). The program includes 800 clock hours for undergraduates and 400 for graduate students of clinical experience under the direct supervision of a NATA-certified athletic trainer (Application, page 83). No NATA athletic curriculum training programs currently exist in Kansas. The University of Kansas and Kansas State University are working at turning their internship programs into approved NATA athletic curriculum training programs (Application, page 86). Examples of courses offered in approved NATA curriculum programs were provided (Official Record, Exhibit 11). A majority of the states who credential athletic trainers (Georgia, Idaho, Maine, Nebraska, New Mexico, North Dakota, South Carolina, Tennessee, Texas, Kentucky, Louisiana, and Massachusetts) require the athletic trainer to be a graduate of a curriculum program or the curriculum program is one of several methods to meet education requirements (Official Record, Exhibit 20).

According to NATA, the internship training program is an alternative route to acquire appropriate training. The internship training program includes course work in: (1) athletic training, (2) human anatomy and physiology, (3) kinesiology, (4) exercise physiology, and (5) personal health. In addition, undergraduates must have 1,500 hours of clinical experience under the direct supervision of a NATA-certified athletic trainer (Application, page 84). Typically, a student in the internship program is in the school of education and majoring in athletic training or biology or physical education (Application, page 84). Eleven colleges and universities in Kansas qualify as meeting the standards of an internship program (Application, page 86). Several states appear to allow the internship route as a method for qualifying for credentialing since they allow a person who meets standards for NATA certification. A physical therapist expressed concern about the educational requirements and suggested that athletic trainers be required to have a degree

in some health and/or science field in regard to the internship program. Louisiana has such a requirement if one is not a graduate of a curriculum program.

However, the applicant proposed at the public hearing that rather than following the standards of NATA that the state law should specify the educational requirements of an athletic trainer as: A graduate from a four-year accredited college or university and have taken the following courses: (1) human anatomy; (2) human physiology; (3) physiology of exercise; (4) kinesiology or biomechanics; (5) psychology (two courses); (6) first aid and CPR certification or registered EMT; (7) nutrition; (8) remedial exercise or therapeutic exercise or adaptive physical education or rehabilitation of athletic injuries; (9) personal, community, and school health; (10) Athletic Training I (or care and prevention of athletic injuries); (11) Athletic Training II (e.g., recognition and evaluation of athletic injuries or organization and administration of athletic injuries); (12) Athletic Training III (e.g., management and treatment or modalities); and (13) 800 hours of clinical experience under the supervision of a NATA-certified athletic trainer (Official Record, Exhibit 20). The states of Illinois, Rhode Island, and New Jersey specify similar course requirements for credentialing as the ones outlined in the applicant's revised proposal. According to the applicant, many of the regent and private universities in Kansas offer these courses (Official Record, Exhibit 20). However, current programs may not be structured as such (e.g., Emporia State needs to add a class) at this time (Minutes, 5-18-89, page eight).

Examples of how the occupation has come to be since the 1970s was provided by the applicant. For example, in the last 10 years, knowledge and skills for athletic trainers were identified, the private certification process evolved, and the standards of practice and code of professional practice were established (Application, pages 87 and 88).

Opportunities for NATA-certified members and nonmembers to receive continuing education are available through NATA annual and district meetings, short-term courses, and scientific meetings (Application, Appendix F, and Minutes, 3-3-89, page 15). Continuing education was not included in the applicant's original proposed registration bill. However, at the public hearing, the applicant added a requirement to the proposed registration bill that the regulatory board "establish, conduct, and publish advanced study in the form of continuing education to be offered at annual or biannual meetings" (Official Record, Exhibit 20, page seven). It is unclear what exactly this specific statement means. At the public hearing the applicant noted that continuing education requirements for athletic trainers were added to the proposal.

Should the registration law be enacted, to assure competency, currently practicing athletic trainers will have to be NATA-certified to become state registered (Official Record, Exhibit 20).[5] The number of persons who may be

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[5]The original application required that the currently practicing trainer meet the educational standards and pass an examination. However, this proposal is not feasible now because those persons previously trained by regent schools may be short a course or two that is required by the revised application.

practicing as an athletic trainer and meet proposed educational requirements but not NATA certified was not provided.

Committee Discussion

From the information provided, is the body of knowledge required to function as an athletic trainer identifiable? Is this body of knowledge acquired through a formal period of advanced study or training? Can this advance study or training be obtained? Are there changes in the occupation requiring skills and knowledge of the athletic trainer to undergo continuing study? Are there mechanisms to assure continuing ability to practice?

Findings

From the information provided, there appears to be an identifiable body of knowledge with the NATA-approved curriculum program. However, concerns were raised about the internship program, particularly in regard to the very broad scope of practice definition provided in the proposal and the limited curriculum provided in the internship program which is to cover all of the areas of the scope of practice. Due to these concerns, the applicant changed the proposal to require the student to take 12 specific courses and further defined the scope of practice. The technical committee did not tackle the issue of whether the revised proposal, specifying the 12 courses, is an appropriate method to acquire the body of knowledge. Concerns were expressed about specifying courses as proposed in the revised bill versus specifying course work as with the NATA curriculum. In addition, concern was raised about requiring the acquisition of the body of knowledge from a listing of courses that are not in conjunction with a national accrediting/approval mechanism. (See Criterion IX for more information.)

Conclusions

The practice requires an identifiable body of knowledge or proficiency that is acquired through a formal period of advanced study and training. The public would benefit by the advance study. Therefore, Criterion II is met.

CRITERION III

If the practice of the occupation is performed, for the most part, under the direction of other health care personnel or inpatient facilities providing health care services, such arrangement is not adequate to protect the public from persons performing noncredentialed functions and procedures. (The KDHE Secretary recognizes this criterion as asking for documentation on why such arrangements are not adequate to protect the public.)

Information Provided

A majority of athletic trainers are not under the direction of an inpatient facility. According to the applicant, 76.5 percent of the athletic trainers work for nonhealth institutions (universities, community colleges, high schools, junior highs, or corporations), 20 percent work for health institutions (sports

medicine clinics or hospitals), and 3.5 percent are self-employed (Application, page 90). The applicant maintains the public is adequately protected by those employed in health institutions since the athletic trainer is practicing under a licensed physician. Those athletic trainers who are employed in nonhealth institutions should also be working with a team physician but may not be (Minutes, 4-7-89, page four). A portion of the tasks that an athletic trainer performs, such as management, treatment, and disposition of injuries, should be under a physician's direction (Application, page 90, and Appendix O). However, the applicant contends that in most settings the athletic trainer is not directly supervised which results in the athletic trainer having considerable freedom in performing various functions (Application, page 92). In addition, most injuries occur at practice sessions where a physician is usually not present.

Committee Discussion

Does the information provided show whether athletic trainers perform, for the most part, under the direction of inpatient facilities or other health care personnel? If so, is this arrangement adequate or inadequate to protect the public from persons performing noncredentialed functions? Has enough information been provided to determine if protection is needed and whether the situation is adequate or not? Would state registration impact on this situation?

Findings

From the information provided, a majority of athletic trainers do not work under the direction of an inpatient facility. Even though athletic trainers who are in nonhealth institutions work with a team or consulting physician, the athletic trainers are often the first person to see the patient and make an evaluation. (Many of the other health professions only see the patient after getting a referral from a physician.) The athletic trainer makes the referral to the physician. Once the patient is referred back to the athletic trainer for follow-up treatment, then direction is provided by the physician.

Conclusions

The practice of the occupation is not performed, for the most part, under the direction of other health care personnel. Therefore, such an arrangement would not be adequate to protect the public from harm and Criterion III has been met.

CRITERION IV

The public is not effectively protected from harm by (private) certification of members of the occupation or by means other than (state) credentialing. (The KDHE Secretary recognizes this criterion as asking for documentation on why certification (nongovernmental or federal) or other means are not effective in protecting the public from harm.)

Information Provided

National (private) certification for athletic trainers is through the National Athletic Trainers' Association, Inc. (NATA) (Application, page 93). Members must met certain educational and experience requirements and pass an examination. Seventy-two individuals in Kansas are certified by NATA. The applicant explained that private certification is not adequate since it is a voluntary process and, therefore, unenforceable (Application, page 96). NATA has developed standards of practice for the occupation but no mechanism of enforcement (Application, page 97). The applicant contends that a registration law would more effectively protect the public than private certification because a state law can enforce practice standards (e.g., coordination of care under direction of a physician) and can be used to discipline unprofessional conduct (Official Record, Exhibit 20). The Food and Drug Administration regulates the sale of certain devices (i.e., electrical muscle stimulations) to physicians or through a prescription of a physician or practitioners. However, the applicant maintains that anyone can basically purchase the machinery; therefore, these laws are inadequate (Minutes, 3-3-89, page 17). No federal certification mechanism exists. The applicant explains that the initial step of putting "teeth" in a profession is state registration. The technical committee expressed concern that registering athletic trainers would not be a change in what is already occurring through the current private certification process. Certified athletic trainers are currently in the college/university setting. The problem to address is lack of athletic trainers in the primary/secondary schools. In response, the applicant changed its original proposed registration law to include that the state regulatory board of athletic trainers design a model to get the trainer into the educational institution, professional athletic organization, or sanctioned amateur athletic organization (Official Record, Exhibit 20).

Committee Discussion

What is the documented harm and its causes? How is private certification of athletic trainers inadequate to protect the public from the documented harm? How would state registration differ from private registration? Are other means (other than state credentialing) that are in operation adequate or inadequate to protect the public from the documented harm? Has enough information been provided to make a decision?

Findings

The technical committee identified in Criterion I that the issues of harm involve untrained persons unable to evaluate injuries, lack of adequately trained (e.g., emergency medical/first aid and injury identification) persons supervising athletes in the primary/secondary schools, and persons other than athletic trainers using titles referring to athletic trainers. From the information provided, it appears that the proposal is directed toward university/college settings and private certification by NATA addresses the university/college settings. Only certified individuals are being hired in these settings. The harm that is occurring in the high school and junior high school areas would not necessarily be addressed by a state registration proposal. However, registration of athletic trainers would be the first step

in approaching this serious concern. Registration would enforce the practice standards of the profession while identifying to the schools, students, and parents who is appropriately trained and who can use the titles of the profession of athletic training. Another remedy besides registration is needed focusing on the issue in primary/secondary schools.

Conclusions

Criterion IV is met. (Refer to the above "Findings" section for more information.)

CRITERION V

The effect of credentialing of the occupation on the cost of health care to the public is minimal. (The KDHE Secretary stipulates that the applicant, in determining if the cost of health care to the public is minimal, shall consider fees-for-services, salaries and wages, and payments to members and services covered by the public and private insurance programs.)

Information Provided

Athletic trainers are generally employed on a salary basis rather than a fee-for-service schedule (Application, page 99). According to the applicant, a majority of the athletic trainers are employees of the State of Kansas in educational institutions. Salaries are based on degree, years of services, etc. Therefore, registering athletic trainers should not have an impact on salaries. Currently, public and/or private insurance programs do not recognize athletic trainers as adjunct health care providers so services are not covered. However, registering the occupation might open the avenue for third-party reimbursement (Application, page 99).

Committee Discussion

From the information provided, is the effect of registering the occupation on the cost of health care (fees, salaries, and third-party reimbursement) to the public minimal?

Findings

From information provided, it appears that the traditional setting of an athletic trainer is salary-based employment where credentialing would not change the situation and would not impact the cost of health care through fees-for-services, third-party reimbursement, etc.

Conclusions

Criterion V is met. (Refer to the above "Findings" section for more information.)

CRITERION VI

The effect of credentialing of the occupation on the availability of health care personnel providing services provided by such occupation is minimal.

Information Provided

The applicant feels that state registering of the occupation will not have any effects on geographic and career mobility of current practitioners (Application, page 101). However, those who are currently practicing at the time that the registration law goes into effect will have to be NATA certified to become registered. The number of persons who may be practicing as athletic trainers and have the specified education required by the proposed law but not NATA certified was not provided.[6] (Registration protects a title of an occupation and only those registered can use the title. Anyone practicing as an athletic trainer can do so but cannot identify themselves as one unless registered.) The applicant theorizes that state credentialing may even increase the demand for teacher-athletic trainers when educational administration and parents realize the importance of athletic health care (Application, page 101).

Committee Discussion

From the information provided, can the effects of credentialing athletic trainers on the availability of current athletic trainers be speculated? If so, are the effects minimal?

Findings

From the information provided, it appears that there would be no negative impact on availability of athletic trainers providing services because of state credentialing as proposed in this application.

Conclusions

Criterion VI is met. (Refer to the above "Findings" section for more information.)

CRITERION VII

The scope of practice of the occupation is identifiable.

Information Provided

The applicant's revised application requires the scope of practice of athletic trainers to be:

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[6]The grandfather clause requirement is a change from the one proposed in the original application.

> Upon the direction of a team physician or consulting physician, the athletic trainer carries out the practice of prevention, management of emergency care and referral, and/or physical reconditioning of injuries incurred by athletes participating in sports or recreation (Official Record, Exhibit 20, page one).

The applicant's revised registration bill outlines specific duties of athletic trainers to include: (1) development and implementation of physical conditioning programs; (2) maintenance of protective equipment and injury prevention devices; (3) counseling supervisors, coaches, and athletes on health topic issues; (4) supervision of playing facilities and training facilities; and (5) supervision of student athletic trainer staff (Official Record, Exhibit 20). Duties under the coordination of a physician include: (1) precompetition physical examinations and health history and annual updates; (2) game coverage; (3) management of emergency care and referral of injured athletes; (4) follow-up injury care and reconditioning programs as approved by a physician; (5) fitting braces, guards, etc., as approved by a physician; and (6) determination of an athlete's ability to return participation (Official Record, Exhibit 20).

The athletic trainer may perform emergency care procedures, physical modalities (e.g., cold, sound) related to care, and reconditioning established by the team physician or consulting physician (Official Record, Exhibit 20). The Kansas Physical Therapy Association suggested that under various descriptions of the scope of practice that clarification of the physician's role be made by specifying when direction by a physician should be upon "written" direction, "prescription," or "release" (Official Record, Exhibit 22).

The practice settings defined in the revised proposed registration bill are educational institutions, professional athletic organizations, sanctioned amateur athletic organizations, or health care organizations (Official Record, Exhibit 20). The Kansas Physical Therapy Association suggests that the practice within a health care organization be further defined to restrict treatment to athletes (Official Record, Exhibit 24).

Committee Discussion

From the information provided, is the scope of practice of athletic trainers identifiable? Does the proposed scope of practice match the proposed educational training received or with actions of other states?

Findings

The original proposed scope of practice was found to be too broad to identify the boundaries of the practice, such as the all encompassing statement of "evaluation and treatment" of athletic injuries. The committee concluded that the scope of practice definition needs to be more narrowly and concisely defined as it is in done in several other states. The applicant reworked the scope of practice definition. The technical committee found that the revised scope of practice satisfied previous concerns. However, the technical committee recommends that additional clarification be added defining "health care organization" and limiting the scope of practice in a health care setting to

athletic injuries. In addition, there needs to be a general statement confirming that the scope of practice of athletic trainers does not include private practice. (These issues, if not addressed, could impact the findings of Criterion VIII too.)

Conclusions

Criterion VII is met. (Refer to the above "Findings" section for additional information.)

CRITERION VIII

The effect of credentialing of the occupation on the scope of practice of other health care personnel, whether or not credentialed under state law, is minimal.

Information Provided

The applicant stated that physicians, physical therapists, and EMTs perform different but related functions in association with athletic trainers. For example, the applicant explains that the physician is by law the one responsible for the diagnosis and treatment of an injury (Application, Page 104). In the educational setting, the athletic trainer refers the injured athlete to a physician by contacting emergency medical personnel or, in nonemergency cases, the referral is directly to a physician. "Once the athlete has been seen by the physician, the athlete is returned to the athletic trainer and/or a physical therapist with physician orders that document treatment and/or rehabilitation procedures" (Application, page 105).

The applicant notes that the athletic trainer is often a confidant for coaches, parents, athletes, etc., and can provide educational recommendations (Application, page 105).

The applicant contends that credentialing of athletic trainers would have a positive affect on the scope of practice of other health care personnel by providing a total sports medicine package for health care of athletes and those involved in fitness (Application, page 105). The athletic trainer is a link between the athletic or sports program and the medical community.

The applicant's proposed registration bill states that nothing in the registration act "shall prohibit or interfere with any person engaged in a practice from which such person is trained, registered or licensed under another law of this state" (Application, page four).

Committee Discussion

From the information provided, is the affect of credentialing of athletic trainers on the scope practice of other health care personnel minimal?

Findings

Should the recommendations of the technical committee expressed in Criterion VII about limiting the role of the athletic trainer in health care organizations to athletic injuries, defining "health care organization," and limiting athletic trainers to nonprivate practice situations be included in the registration law, then the impact of credentialing of athletic trainers on other health care personnel would be minimal. (For nonhealth professions, such as coaches, it could have an impact.)

Conclusions

Criterion VIII is met. (Refer to the "Findings" section for more information.)

CRITERION IX

Nationally recognized standards of education or training exist for the practice of the occupation and are identifiable.

Information Provided

No agency accredits the educational programs of athletic training. However, the Professional Education Committee of the National Athletic Trainers' Association (NATA) evaluates and approves college or university programs that offer NATA-approved training curriculum. These standards include specific educational training and clinical experience necessary to acquire the knowledge and skills of a NATA-certified athletic trainer. The standards of education from approved NATA curriculum programs are listed under Appendices J and O of the application. In addition, NATA has established recommendations on standards for internship programs which is an alternative route to train persons in athletic training (Application, Appendix J). The standards for internship programs are listed under Appendices J and O of the application. However, no formal mechanism by NATA for evaluating internship programs currently exists.

The applicant changed the original proposal at the public hearing to incorporate standards of education modeled after credentialing laws in Rhode Island and Illinois in an attempt to address the concern of the technical committee about scope of practice and the internship program. This proposal lists 12 specific courses which would be required (Official Record, Exhibit 20). To date, the number of schools in Kansas, if any, who would meet this proposal is unclear.

Committee Discussion

From the information provided, are there recognizable standards of education or training for athletic training? Are these standards identifiable?

Findings

NATA has established standards for curriculum programs and internships programs. However, NATA has no mechanism to assure standards are met in the internship program. At this time, no schools in Kansas offer a curriculum program. K-State and KU are in the process of having a NATA-approved curriculum program.

The technical committee concludes that there are nationally recognized standards of education and these standards are identifiable in the NATA-approved curriculum programs. However, there is concern on whether the internship program and the newest proposal of the list of 12 courses adequately reflects these standards and whether these standards are measurable in the Kansas programs.

Conclusions

Criterion IX, with the intent of the proposal, has been met. (See "Findings" section for more information.)

NEED FOR CREDENTIALING

The technical committee finds that all of the criteria have been met and that there is sufficient need shown for credentialing athletic trainers.

LEVEL OF CREDENTIALING

> **The statutes state that all recommendations of the technical committee relating to the level or levels of credentialing of athletic trainers must be consistent with the policy that the least regulatory means of assuring the protection of the public is preferred. The options afforded by the statutes beginning with the least regulatory and ending with the most regulatory are: (1) statutory regulation such as the creation or extension of civil action, criminal prohibitions, or injunctive remedies; (2) registration; and (3) licensure.**

The following information was found to document the case of harm as specified by Criterion I. A Kansas physician provided several cases of harm to athletes that occurred because untrained individuals were unable to properly recognize or evaluate injuries. Surgery was required in some cases because proper initial treatment was not provided. A survey by the applicant showed that out of 223 Kansas schools participating in the survey 113 used inappropriate personnel or no personnel to handle athletic programs and injuries. A majority of the Kansas colleges and universities employ a NATA-certified athletic trainer. Therefore, the greatest need for trained, qualified health care personnel appears to be at the primary/secondary school level. Surveys show that injury or reinjury rates for athletes are lower when they have been cared for by qualified personnel. The use of the title "athletic trainer" or "trainer" is being applied to coaches and student as well as certified athletic trainers.

The remainder of this report is an analysis of the three credentialing options (statutory regulation, registration, and licensure), conclusions, and recommendations concerning the most appropriate level or levels of credentialing to help protect the public from the cause of the documented harm (untrained personnel unable to evaluate injuries, lack of adequately trained emergency care/first aid and injury identification personnel in the primary/secondary schools, and improper use of the title "athletic trainer").

Option 1 - Statutory Regulation

The statutes state that statutory regulation, other than registration or licensure, by the creation or extension of statutory causes of civil action, criminal prohibitions, or injunctive remedies is the appropriate level of credentialing when this level will adequately protect the public.

Information Provided

Information was provided noting that North Carolina requires athletic trainers and teachers who are involved with supervision of athletes to take courses in the prevention and care of athletic injuries and be trained in first aid (Application, Appendix G). This requirement has reduced the overall injury and reinjury rates of student athletes in North Carolina. No other information was provided about changing criminal or civil law or the creation of injunctive remedies to help protect the athlete from being in the situation of not having a person who can identify injuries, make appropriate referrals, and provide first aid.

Committee Discussion

Is this option a viable means for protecting the public? Does this option address the issues involved with the documented harm (untrained personnel, getting trained personnel in the secondary level school systems, and identifying appropriately trained personnel)?

Option 2 - Registration

The statutes state that registration is the appropriate level when statutory regulation is not adequate to protect the public and when registration will adequately protect the public by identifying practitioners who possess certain minimum occupational skills so that members of the public may have a substantial basis for relying on the services of such practitioners.

Information Provided

Three states (Illinois, New Jersey, and Missouri) register athletic trainers. Another six states certify athletic trainers and 11 states license athletic trainers (Application, pages 108 and 111). The applicant requested registration. Registration would restrict the use of titles and require those choosing to become registered to meet specific educational requirements and pass an examination. Registration would not prevent anyone from practicing the occupation as long as he/she does not refer to himself/herself as an athletic trainer. Only a licensure law would restrict a scope of practice to those who demonstrate competency.

The applicant maintains that the initial step of putting "teeth" in the profession is state registration. The applicant concludes that registration is necessary to: (1) provide a legal sanction for what is being done

professionally by athletic trainers, (2) provide a stricter regulation of athletic trainers, (3) create a stronger control of qualifications of those entering the field, and (4) identify appropriately trained individuals who can use the title "athletic trainer" (Application, page 110). Registration would identify to the public those individuals who are qualified to perform the duties of an athletic trainer.

Committee Discussion

Is Option 1 an adequate means to address the harm issue? Will registration protect the public by identifying practitioners who possess certain minimum occupational skills so members of the public may have a substantial basis for relying on the services of such practitioners?

Option 3 - Licensure

The statutes state that licensure is the appropriate level when statutory regulation and registration is not adequate to protect the public and when the athletic trainers to be licensed perform functions not ordinarily performed by persons in other occupations or professions.

Information Provided

Eleven states license athletic trainers. A licensure law would restrict the scope of practice to individuals who demonstrate competency (meet qualifications) and are licensed by the state. The applicant feels that registration would provide adequate protection to the public. The technical committee analyzed the application against criteria I through IX and the proposed registration law.

Findings

The technical committee concluded that registration is the first step to addressing the issues of harm through identifying practitioners who possess skills to practice as athletic trainers and who can use the titles of the profession.

It was found that statutory regulation would not satisfy all of the areas of need which have surfaced, particularly the need to identify appropriately trained personnel. However, a law similar to the requirement initiated in North Carolina would best address the specific concern of getting persons who supervise athletes in the primary/secondary schools to be trained in emergency medical/first aid training and identification of injuries.

RECOMMENDATIONS RELATED TO THE LEVEL OR LEVELS OF CREDENTIALING TO PROTECT THE PUBLIC

The technical committee recommends that athletic trainers be registered by the state. Registration alone will not assure adequately trained personnel in the primary/secondary school levels to render emergency medical care/first aid and injury identification. Therefore, other statutory regulations is being recommended.

The technical committee recommends that the enactment of a law mandating that anyone who supervises athletes in an educational setting must be certified in first aid, personal safety, and CPR by the American Red Cross or certified emergency medical training and take courses in prevention and care of athletic injuries.