Approved: February 11, 2004
Date

MINUTES OF THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEE

The meeting was called to order by Chairman Jim Morrison at 1:30 p.m. on February 9, 2004, in Room 526-S of the Capitol.

All members were present except Representative McLeland, who was excused

Committee staff present:
Dr. William Wolff, Legislative Research Department
Renae Jefferies, Office of Revisor of Statutes
Gary Deeter, Secretary

Conferees appearing before the committee:
Steve Barrett, President, Kansas Athletic Trainers' Society
Aric Warren, Program Director, Health, Sport and Exercise Science, University of Kansas
Steve Ice, Head Trainer, Washburn University
Larry Buening, Executive Director, Kansas Board of Healing Arts
Charles Mossman, Kansas Chiropractic Association

Others attending:
See Attached List.

The minutes for the February 5 meeting were approved.

The Chair encouraged members during hearings to ask questions, but reserve comments for working a bill.

Chaired by Representatives Williams and Goico, Representative Williams opened the hearing on **HB 2737**, a bill changing Athletic Trainers from registration to licensure.

Steve Barrett, President, Kansas Athletic Trainers Society, spoke as a proponent. (Attachment 1) He said that he represented 265 registered athletic trainers currently working in Kansas. He noted that only the terminology change from registration to licensing is addressed in the bill except for a few changes requested by the Kansas Board of Healing Arts to standardize the language. He said athletic trainers went through the standard credentialing process in 1989 and became registered in 1996, stating that on January 1, 2004, the education for athletic trainers became standardized and more rigorous. Moving from registration to licensure will put the athletic trainers on the same level as allied health-care providers and assure parents that injured athletes are receiving the best possible care.

Answering questions, Mr. Barrett said that 70% of athletic trainers have advanced degrees in the field. He said the fee increase was requested by the Board of Healing Arts. He replied, as the bill is presently

worded, that licensure does not include a scope of practice.

Aric Warren, Program Director/Athletic Training, Health, Sport and Exercise Science, University of Kansas, reviewed the formalized system of training now required of athletic trainers, noting that the previous certification through an apprentice program had been abolished, saying that only through an accredited college program can an athletic trainer now become certified. (Attachment 2) He said that the degree program requires comprehensive training in 12 content areas, two years of clinical training, continuing education, and re-certification every 5 years. He concluded by saying that licensure is more fitting for the advanced education requirements now in effect.

Answering questions, Mr. Warren said the Kansas accepts the National Athletic Trainers Association exam to measure competence. He replied that licensure better protects the public, but could not satisfy member queries as to how this was accomplished. He said athletic trainers focus primarily on sports injuries.

Tom Bruno, legislative liaison for the Athletic Trainers, reiterated that nothing in the bill carves out a scope of practice and that the bill will change nothing from what athletic trainers presently do. Mr. Warren assured members that present athletic trainers who do not meet the new standards will not lose their certification. He said that all practice is under the supervision of a physician; patients have no direct access to athletic trainers.

Steve Ice, Head Trainer, Washburn University, reviewed the growth of the program at Washburn, saying that licensure was an appropriate step for a growing profession. Answering questions, he said that licensure adds stature in the mind of the public. (Attachment 3)

Larry Buening, Executive Director, Kansas Board of Healing Arts, spoke as a proponent for the bill. (Attachment 4) Providing background, he said that until 1999, the Board considered independent practitioners as appropriate for licensure and those under supervision to be registered. However, he said, over the years licensure has become more common among a variety of health-care practitioners. He stated that the athletic trainers have worked closely with the Board to develop suitable language, and the Board endorses their desire for licensure.

Charles Mossman, Kansas Chiropractic Association, testified as a proponent. (Attachment 5) He stated that, although previously chiropractors had opposed efforts for health-care providers to move from registration to licensure, they support the athletic trainers and consider them valuable support in the health-care field, noting that the bill does not attempt to create a protected scope of practice.

Answering a question, staff Bill Wolff said that the credentialing act requires that all health-care providers go through a credentialing process.

Marla Rhoden, Director, Health Occupations Credentialing, Kansas Department of Health and

Environment, spoke as an opponent to the bill, saying that the Kansas legislature established the credentialing act in order to protect public health and safety, assigning the Kansas Department of Health and Environment the responsibility of providing a thorough analysis of any groups desiring credentialing and making recommendations to help the legislature make informed decisions. (Attachment 6) She said that KDHE opposes the bill because it bypasses the credentialing process set forth by the credentialing act. Answering questions, she said that the terms *registration* and *licensure* carry different meanings in different states and have no uniform definition.

The Chair noted a list of proponents who did not appear, but who provided written testimony:

- Chuck Broyles, college football coach (Attachment 7)
- Jerlyn Peak, Susan B. Allen Memorial Hospital (Attachment 8)
- Brad Rea, PA, (Attachment 9)
- Bill Weatherly, Athletic Director, Garden City High School (Attachment 10)
- Mark Williams, DO, Garden City (Attachment 11)
- Michael Baughman, MD (Attachment 12)
- Mark Stovak, MD, Via Christi Sports Medicine (Attachment 13)
- Scott Winslow, Governmental Affairs Chair, Kansas Athletic Trainers' Society (Attachment 14)
- Brent Jones, Activities Director, Circle High School (Attachment 15)
- Lawrence Magee, MD, Director of Sports Medicine, University of Kansas (Attachment 16)

The Chair closed the hearing on **HB 2737.**

Staff Bill Wolff provided a briefing on **HB 2388**, which creates an independent Commission for the blind and visually impaired. He stated that Section 2 lays out the purpose of the bill: to assist the blind in gaining employment and in increasing their skills for living in the community, noting that Section 4 actually creates the Commission–5 members appointed by the Governor and approved by a majority of the legislature. He commented the bill is unique in requiring approval by the entire legislature, since that responsibility is normally reserved for the Senate. He said that several references in Section 4 are not consistent, referring sometimes to the Commission and sometimes to the governing board of the Commission, at one point designating a director to hire staff and another time the Commission to hire employees. He said that Sections 6 and 7 each give a list of what the Commission shall do; after Section 7, the subsequent sections often have repetitive wording that could be merged into earlier sections of the bill. After noting that Section 15 creates a rehabilitative council, he said the bill gives a list of collaborative and strategic duties that are shared between the council and the commission, noting that the bill is not always clear as to whether the council is advisory.

The Vice-Chair closed the meeting at 2:59 p.m. The next meeting is scheduled for Tuesday, February 10, 2004, at 1:30 p.m.

HOUSE HEALTH AND HUMAN SERVICES COMMITTEE
GUEST LIST

DATE: February 9 2004

NAME	REPRESENTING
Brad Parry	KATS
Robin Rivers	KATS
Steve Barrett	KATS
BRAD JONES	KATS
Stacey Pickert	KATS
Steve Lee	KATS
MICHAEL RAMIREZ	KATS
Aric Warren	KATS
Sloneé Dyke	KATS
Lynsey Payne	KATS
Lindsey Hoyer	KATS
Amber Sellers	KATS
Laura Hayes	KATS
Amber Snyder	KATS
Eric Tanking	KATS
Tim Kerley	KATS
JOSH ADAMS	KATS
Bob Rosche	KATS
Marla Rhoden	KDHE

e-GOVERNMENT COMMITTEE
GUEST LIST
DATE: FEBRUARY 9 2004

NAME	REPRESENTING
Scott Winslow	KATS
Charles Moyman, DC	KCA
Chip Wheelen	Osteopathic Assn
LARRY BUENING	BD OF HEALING ARTS.
DALE BARNUM	SRS - REHAB SERVICES
Michael Byington	KS Assn for Blind & Visually Impaired (KABVI)
Beulah Carrington.	KABVI
Darlene Carrington.	KABVI
Elizabeth Winder	Washburn University/KATS
MICHAEL LONGHOFER	KATS
Tom Brund	KATS
Jamie Ann Rowen	KAHP
Kevin Baone	Myers Law Firm

KANSAS ATHLETIC TRAINERS SOCIETY

Testimony
By
Steve Barrett, MS, ATC/R,
Kansas Athletic Trainers Society President
February 9, 2004

House Health and Human Services Committee
Hearing on House Bill # 2737

Dear Chairman Morrison and Committee Members:

As president of the Kansas Athletic Trainers Society I would like to ask for your support for House Bill # 2737 . I represent the 265 registered athletic trainers working in Kansas who are requesting the change from registration to licensed. Our request is simple in our bill we have changed the language from registered to licensed. The only other changes made were requested by the Kansas Board of Healing Arts. These additions were requested to clarify language pertaining to our practice protocol and standardize wording for inactive licenses and fees.

Athletic trainers went through the credentialing process in 1989 and became registered in 1996. Many things have changed in the last fifteen years. When I became an athletic trainer in 1985 few Kansas high schools even knew what an athletic trainer did and even fewer employed the services of an athletic trainer. While attending Thomas More Prep High School in Hays our football and wrestling coach cared for our injuries. During my last football game as a junior I fractured my hand during the first quarter. Coach called me a few choice, motivational words and tightly taped my hand. By the end of the game the hand as so swollen that my fingers were numb and I had no grip strength. I was fortunate this simple hand fracture did not become a complex open fracture with continued play. I share this story with you today because many high schools in Kansas still do not have adequate medical care. Injured high school student-athletes are often left to fend for themselves or are treated by a coach with only a first aid class. My dream is to have every athlete at every school in Kansas benefit from the services of a full time athletic trainer. I have a son, who is a freshman at Garden City High School, which has a full-time registered athletic trainer at every practice and game. She provides emergency care, prevention, rehabilitation, physician referral, and return-to-play functional testing under the protocols of the high school's team physicians. I sleep a lot easier knowing

Attachment 1
HHS 2-9-04

that appropriate medical care is on-site when I can not be there for my son. If your son or daughter had just sustained a concussion wouldn't you feel more secure knowing that an athletic trainer was the first thing your injured athlete saw as they regained consciousness? The certified athletic trainer with their knowledge of emergency medicine and injury care is the appropriate medical provider to treat an injured athlete. More and more Kansas high schools are hiring full-time athletic trainers. It is unfortunate that tragedies such as those which happened in the Wichita area were the motivating factor. We all know the harm that can come to Kansas athletes when someone without the proper knowledge and training is caring for our injured athletes.

I am now employed by Sandhill Orthopaedic and Sports Medicine Clinic which is owned by the college's team physician who saw a need for athletic trainers at area high schools. We employ seven athletic trainers who provide athletic training services at 27 Southwest Kansas High Schools. The athletic training services I provided as head athletic trainer at Garden City Community College are the same which I now provide at high schools, only the age of the athletes and the place of employment have changed. I now treat injured athletes at athletic contests, rodeos, high school athletic training rooms, and in our clinic's rehabilitation department. My highly educated athletic training staff are skilled professionals specializing in athletic healthcare in cooperation with physicians and other allied health personnel. We form an athletic health care team with athletic trainers performing as integral members. Other members in the allied healthcare professions are licensed in Kansas and I am asking that athletic trainers who have practice domains of prevention, recognition, evaluation, assessment, immediate care, rehabilitation, reconditioning and administration be put on the same playing field. Licensure is important to maintain the professionalism of our occupation.

On January 1st, 2004 the athletic training education became more standardized and demanding. Our national organization and credentialing agency eliminated the internship method and now require each athletic training student attend an accredited curriculum program. Shortly, Aric Warren, the curriculum director at the University of Kansas, will explain the educational process of athletic training. Our educational process and continuing educational requirements are challenging.

I have also asked Steve Ice, Head Athletic Trainer at the Washburn University, to speak about the college and university athletic trainer and the appropriate medical care statement adopted by the NCAA.

You may ask why change from being registered to being licensed? It is important for the public to know that most qualified and educated allied healthcare provider treating your injured athlete has the same credentials as similar occupations treating different patient populations. Our educational process has become more demanding and standardized. The credential of licensure has evolved over the last few years.

I am proud to be the president of such a caring, hard working group of allied healthcare professionals and we are asking for your support of House Bill # 2737. Are there any questions?

Respectfully submitted,
Steve Barrett, MS, ATC/R
Kansas Athletic Trainers Society President

The University of Kansas

Health, Sport and Exercise Sciences

Testimony Provided by
Aric J. Warren, EdD, ATC-R
Athletic Training Curriculum Director, University of Kansas
February 9, 2004

House Health and Human Services Committee
Hearing on House Bill _____

Dear Chairman Morrison and Committee Members:

I wish to ask for your support for House Bill # ____, licensure for athletic trainers. I am the curriculum director of an athletic training education program, and have been involved with the review and accreditation of such programs. I am writing to provide a description of the education and accreditation process of the athletic training profession as well as describe the requirements for continuing education and recertification. This is done to demonstrate the equality of professional preparation and certification to other health professions.

The profession of athletic training is practiced with an extensive body of knowledge and proficiency obtained through educationally sound, formalized, and consistent processes. For the past ten years the athletic training profession has been undergoing a massive educational reform whereby the requirements for completion of an academic program have become more structured, as well as governed by an accrediting agency, the Commission on Accreditation of Allied Health Education Programs (CAAHEP) and reviewed by the Joint Review Committee on Educational Programs in Athletic Training (JRC-AT). As of 2004, the Board of Directors of the National Athletic Trainers' Association (NATA) as well as the national certifying agency, the National Athletic Trainers' Association Board of Certification (NATABOC), has eliminated the "internship" route to national certification. There is now only one standardized and uniform route to becoming certified as an athletic trainer, and that is to graduate from a CAAHEP accredited athletic training education program.

The athletic training profession has nationally recognized standards of education and training. Academic programs in the field are accredited through the Commission on Accreditation of Allied Health Education Programs (CAAHEP). CAAHEP accredits programs for the Athletic Trainer upon the recommendation of the Joint Review Committee on Educational Programs in Athletic Training (JRC-AT). *The Standards and*

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Attachment 2
HHS 2-9-04

Guidelines for the Athletic Trainer serves as the official document by which all programs must adhere and follow to receive accreditation. The *Standards* are the minimum standards of quality used to accredit programs that prepare individuals to enter the field of athletic training. The extent to which a program complies with these standards determines its accreditation status. The *Standards* therefore constitute the minimum requirements to which an accredited program is held accountable. The *Standards* were made in cooperation with the American Academy of Family Physicians, The American Academy of Pediatrics, the American Orthopaedic Society for Sports Medicine, the Commission on Accreditation of Allied Health Education Programs, and the National Athletic Trainers' Association.

CAAHEP is the largest programmatic/specialized accreditor in the health sciences field. In collaboration with its Committees on Accreditation, CAAHEP reviews and accredits more than 2000 educational programs in twenty-one (21) health science occupations across the United States and Canada. Prior to 1994, accreditation in most of these disciplines was a function of a Committee within the American Medical Association (AMA). When the AMA decided to turn over accreditation of these programs to another entity, CAAHEP was born.

The accreditation process for athletic training education is very similar to that of other health professions. All programs pursuing accreditation must first apply for Candidacy Status. Candidacy is meant to assist developing programs and assist with the process of accreditation. Programs must be in candidacy for a minimum of two years. Programs then complete a thorough self-study report, which is followed by an on-campus review and investigation of the program. The usual accreditation period for other health professions is from 1 to 5 years for initial accreditation, 10 years for reaccredidation. The initial accreditation period for athletic training is identical to that mentioned, but requires reaccredidation every 5 years, holding athletic training education programs to a high standard of practice reflecting contemporary trends in the field.

As with the accrediting bodies of other health professions, the JRC-AT and CAAHEP want to see results, or outcomes, regarding the program. This requires data such as student learning outcomes, enrollment figures, attrition rates, graduation rates, NATABOC certification results, competency evaluation, placement figures, surveys from initial employers, etc. The findings of these measures should be used to strengthen athletic training education and are equal to the outcomes requirements of other health professions.

The competencies by which the athletic training curricula are based were developed by the National Athletic Trainers' Association Education Council and is titled the *Athletic Training Educational Competencies*. Also included in the *Athletic Training Educational Competencies* is a list of Clinical Proficiencies, which define a common set of skills that entry-level athletic trainers should posses. The JRC-AT requires that these Competencies be used for curriculum development and education of the student enrolled in a CAAHEP accredited athletic training education program. They are to serve as a guide for the development of educational programs and learning experiences as well as define the core content of the athletic training education process. The *Competencies* are comprised of 12 content areas that make up the core of athletic training education. Each content area consists of several specific cognitive, psychomotor, and affective competencies and skills

that represent the role of the athletic trainer in the heath care of athletes and others involved in physical activity, and thus must be incorporated in all accredited education programs. The 12 educational content domains include:

1) Risk Management and Injury Prevention
2) Pathology of Injuries and Illnesses
3) Assessment and Evaluation
4) Acute Care of Injury and Illness
5) Pharmacology
6) Therapeutic Modalities
7) Therapeutic Exercise
8) General Medical Conditions and Disabilities
9) Nutritional Aspects of Injury and Illness
10) Psychosocial Intervention and Referral
11) Health Care Administration
12) Professional Development and Responsibilities

In addition to the education domains, the standards for accreditation require that students pursuing an education in athletic training must receive formal instruction in the following expanded subject matter areas in conjunction with the *Athletic Training Educational Competencies*.

1) Assessment of injury / illness
2) Exercise physiology
3) First aid and emergency care
4) General medical conditions and disabilities
5) Health care administration
6) Human anatomy
7) Human physiology
8) Kinesiology / biomechanics
9) Medical ethics and legal issues
10) Nutrition
11) Pathology of injury / illness
12) Pharmacology
13) Professional development and responsibilities
14) Psychosocial intervention and referral
15) Risk management and injury / illness prevention
16) Strength training and reconditioning
17) Statistics and research design
18) Therapeutic exercise and rehabilitative techniques
19) Therapeutic modalities
20) Weight management and body composition

While the *Athletic Training Educational Competencies* and Clinical Proficiencies make up the core of the didactic portion of athletic training educational preparation, they also play a part in the clinical aspect of the professional preparation. Each athletic training academic program is required to incorporate a minimum of two years of clinical education in the curriculum. Clinical education represents the athletic training students' formal acquisition, practice, and evaluation of the Entry-Level Athletic Training Clinical Proficiencies through classroom, laboratory, and clinical education experiences under the

direct supervision of an Approved Clinical Instructor (ACI) or a Clinical Instructor. Related to clinical education is field experience, in which students have the opportunity to practice clinical proficiencies under the supervision of a clinical instructor.

Clinical education in athletic training is very comparable to that of other health professions. While many other health professions require various clinical rotations consisting of 6 to 12 weeks of participation each, athletic training has similar requirements, only it requires that clinical education occur in a minimum period of two academic years (4 semesters, 6 quarters, or 6 trimesters). This can incorporate multiple clinical rotations, only the total amount of clinical requirements, over time, must occur in a minimum of two years. Courses shall include measurable educational objectives with specific clinical proficiency outcomes that can be documented over time. This too is consistent with that of other health professions.

Initial occupational and professional abilities of individuals aspiring to be athletic trainers are measured via the NATABOC certification examination. The NATABOC certification examination's purpose is to identify individuals who have demonstrated entry-level competency. It is the national certification exam for this profession. Annually, the Board of Certification reviews the requirements for certification eligibility and standards for continuing education. Additionally, the Board reviews and revises the certification examination in accordance with the test specifications of the NATABOC *Role Delineation Study* that is reviewed and revised every five years. The *Role Delineation Study* determines the current role, or standards of the profession. This process is essentially a "job analysis" of the profession. It establishes the minimal competencies to practice as an ATC, and reflects the contemporary standards of practice for the athletic training profession.

Once an individual becomes a certified athletic trainer, credentialed holders must demonstrate ongoing competence in the field through demonstration of continuing education. Each certified athletic trainer must obtain 80 contact hours within a three-year reporting period to re-certify with the NATABOC. The Kansas State Board of Healing Arts requires documentation of a minimum of 20 contact hours of continuing education annually. The state requirements for continuing education of the athletic trainer are equal to that of other health professions, but are more stringent at a national level compared to other health professions. The guidelines and criteria for acceptable programs of continuing education are also equitable to those of other health professions.

Through the elevation of our educational requirements, we have increased the credibility of our profession and ensured that tomorrow's athletic trainers will be even more skilled and qualified. A health profession that has this level of commitment to educational excellence and accountability deserves to have a licensure bill that adequately reflects our profession. Thank you for your consideration and attention. It would be my pleasure to answer any questions at this time.

Respectfully,

Aric J. Warren, EdD, ATC-R

February 9, 2004

Ladies and Gentleman,

My name is Steve Ice, I work for Washburn University, and I am here today to give testimonial support for the athletic trainers
HB # 2737 from the viewpoint of an individual in the University setting.

I do not speak as a representative of Washburn University, but from my view and observation of the university's commitment it has shown for the department in which I work, and for the development, the progression, and support they have given me.

When I arrived at Washburn's campus, it was with the intent to develop myself in my chosen profession, and I looked for every opportunity to enhance the atmosphere and profession in which I worked. Washburn has made outstanding strides in all areas in support of the athletic trainers profession, not only financially, but also in facilities, the introduction of the curriculum education, and additional certified staffing.

When I started at Washburn, the athletic training room was in a 10' x 12' room. The suggestion for me to use a crock pot as a hydrocollator seemed absurd to me. There was no available ice, heat, crutches or splints, although we did have a little bit of tape. As the first athletic trainer at the University, I experienced no budget, no desk, one two credit hour class that I was asked to teach for free, and no support staff. The training room was located in the corner of the men's locker room that was to also serve the female athletes. The only piece of equipment was a whirlpool, that was later determined to have been there since the 1940's. The athletes turned the whirlpool on and off by connecting the plug on the wall outlet, usually while standing in the whirlpool.

I mention this, not to make a dig at how poor and inadequate the conditions were, but to bring attention to the University's Administration the liabilities involved with the atmosphere the athletes were being subjected too. The administration responded to this liable situation, and the athletic training room progressed into a 15' x 20' room, then to a 1500 sq. ft.room in 1984. Facilities improved, equipment improved, and additional classes were taught.

The University athletes were not receiving suggested coverage by the Athletic Trainers for many of the practices and events. This was addressed by the University and two additional certified Athletic Trainers (Michael Ramirez, and Lela Schrott) were made available for event coverage's. In November 2000, I received a letter from the NCAA about the Athletic Trainer Educational Reform, and its Impact on Collegiate Athletic Health Care and Coverage. The Institutions dependent on the resources of the Athletic Trainers needed to consider modifications to their current athletics health care and coverage program. I informed Dr. Farley (University President), Ken Hackler (University Counselor), and Loren Ferre' (Athletic Director) of my concerns for obtaining additional personnel, but most importantly for the liability of the university and that the present standard of care was no longer going to be deemed reasonable by these institutions.

It is my belief that all college and high school institutions have legal obligation to use

Attachment 3
HHS 2-9-04

reasonable care to protect student athletes from foreseeable harm in any formal school sponsored activity whether they are in season or out of season. I am not aware of any current state or federal law requiring a specific number of staff. The primary determining factor in potential legal liability is the adequacy and quality of care provided by an institutions sports medicine team during the specific circumstances surrounding a student athletes injury. The other factors I consider are potential harm and the cost of providing reasonable coverage. The parents who contact my office have very high expectations for the standard of care given for their children, and the comfort they are looking for always stems around the quality of care and the credibility of who is caring for them.

The University Administration obtained additional Certified Athletic Training staff (John Burns, and Brian Zerger) to raise our standard of care for the welfare of our athletes, plus the additional supervised coverage of our athletic events. This was followed by the hiring of a Curriculum Education Coordinator (Dave Slack), followed by a Clinical Education Coordinator (John Burns), and the beginning of our Curriculum Education Program. Again with the aid of the Washburn Administration the Athletic Training profession progressed in our development, but the primary goal was still the welfare of our athletes under the direction of the Athletic Trainers.

The Athletic Training room is now a state of the art 3000 sq. ft. facility. The budget is very adequate and competitive with our NCAA Division and our MIAA conference. The University has consistently supported the Athletic Trainers demonstrated by the constant development in their professional growth, the responsibility for the safety and well being of it athletes, and ultimately in the credibility they bestow on the Athletic Trainers shoulders to keep them abreast of current development in the field, and finally to keep the University aware of libelous situations.

My testimony is not necessarily an uncommon progression and development in a collegiate atmosphere. As for my professional growth, I hope you view HB # 2737 for licensure as the next natural step in the progression of the field of Athletic Trainers, giving us the same credibility as our peers.

KANSAS BOARD OF HEALING ARTS

LAWRENCE T. BUENING, JR.
EXECUTIVE DIRECTOR

KATHLEEN SEBELIUS, GOVERNOR

MEMO

TO: House Committee on Health and Human Services

FROM: Lawrence T. Buening, Jr.
Executive Director

DATE: February 6, 2004

RE: **Testimony in Support of H.B. No. 2737**

Thank for the opportunity to appear before you on behalf of the State Board of Healing Arts regarding H.B. No. 2737. The Board is in support of several of the amendments made by H.B. No. 2737, but would like to offer three amendments.

By way of background, the statutes for the registration and regulation of athletic trainers became effective on July 1, 1995. The athletic training profession is one of 13 professions currently regulated by the Board. There are approximately 17,500 individuals with current licenses or registrations in these 13 professions. Currently, the Board registers 267 individuals as athletic trainers.

Changing the credentialing level of a profession from registration to licensure for professions regulated by the Board has occurred several times. The 1986 Legislature originally provided for the registration of respiratory therapists. The credentialing was changed to licensure of respiratory therapists by the 1999 Legislature. Also in 1986 the Legislature enacted statutes for the registration of occupational therapists and occupational therapy assistants. Effective April 1, 2003, these professions became licensed. In 1973, the Legislature provided for the registry of physician assistants. In 1975 and 1978, substantial statutory changes were made to register individuals as physician assistants. Then, the 2000 Legislature changed the credentialing of physician assistants to licensure effective February 1, 2001. Most recently, the 2003 Legislature enacted H.B. No. 225 which will change the credentialing level of physical therapists from registration to licensure effective April 1, 2004. Physical therapists have been registered by the Board since 1963.

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Attachment 4
HHS 2-9-04

While the title of the credential issued by the Board to athletic trainers is changed from registration to licensure by H.B. No. 2737, this bill does not create a licensed profession as that term is defined in the Kansas Act on Credentialing (K.S.A. 65-5001 *et seq.*). Other professionals who engage in activities that come within the definition of "athletic training" will still be able to perform those activities. They simply will not be able to refer to themselves as an athletic trainer, which is the case under the current law.

The Kansas Athletic Trainers Society has worked closely with the Board in developing the proposed changes set forth in H.B. No. 2737. New paragraphs (f) and (g) to K.S.A. 65-6906 on page 3, lines 9 through 24 were added at the suggestion of the Board. Similarly, the Board recommended the addition of an inactive license designation that has been included on page 4, lines 24 through 37. Finally, the Board suggested that the statutory maximums for fees included on page 5, lines 6 through 11 be changed to be identical to other professions regulated by the Board whose practices are dependent upon the order of a physician, chiropractor or podiatrist.

In order to fully implement the changes made by H.B. No. 2737, the Board offers the following amendments:

Page 2, Line 24: Delete **", files a practice protocol"**. Often, an applicant for registration may not yet have employment so it is impossible to obtain a practice protocol. New paragraph (f) on page 3, lines 9 through 15 would require an athletic trainer to provide a practice protocol as a condition of performing the functions and duties of an athletic trainer in this state. However, a practice protocol should not be required to obtain initial licensure until such time as the athletic trainer commences practice in Kansas. Individuals without a practice protocol will be able to have an inactive license designated as provided for in new paragraph (e) on page 4, lines 24 through 37.

Page 4, Line 19: Change **"lapsed"** to **"been canceled"**. This makes the language similar to that contained in line 10.

Page 4, line 20: Change **"lapsed"** to **"canceled"**. Again, this change is suggested to maintain consistency with other language in the bill.

Thank you for the opportunity to appear before you. I would be happy to respond to any questions.

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TESTIMONY PRESENTED
TO
THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEE
re: HB 2737

February 9, 2004

by: Rebecca Rice, Legislative Counsel
Kansas Chiropractic Association

Mr. Chairman and members of the committee, my name is Rebecca Rice and I appear before you today on behalf of the Kansas Chiropractic Association to express support for HB 2737.

Previously, the KCA typically opposed efforts to change the term *registration* to *licensure* for the various groups that were requesting the change. The KCA generally supported maintaining a system that separated individuals with specific, definable and extensive education in medical treatments that were separate, distinct, definable (licensure) from those educated - but not as extensively educated - to provide definable but not exclusive treatments (registration or certification).

However, the legislature chose several years ago to allow groups to change the credentialing term *registration* to *licensure*. Therefore, we have alternatively stood silent or opposed the numerous licensure efforts that have come before the legislature based upon whether the request has attempted to create a protected scope of practice or merely attempted to change the term registration to licensure with no other apparent changes.

We are supporting the Athletic Trainers in their effort because:

Attachment 5
HHS 2-9-04

- they have kept us informed of their plans.
- the proposed legislation mirrors what we were told would be introduced.
- we believe athletic trainers provide valuable services and many chiropractors work closely with AT's in their communities. Kansas chiropractors have found those relationships to be valuable for patients.

We appreciate the professionalism exhibited by the athletic trainers' association and are pleased we can support their legislation.

We, of course, are available for any questions the committee has about this legislation or other matters. Thank you.

K A N S A S

RODERICK L. BREMBY, SECRETARY — KATHLEEN SEBELIUS, GOVERNOR

DEPARTMENT OF HEALTH AND ENVIRONMENT

Testimony on Licensure of Athletic Trainers
House Bill No.
to the
House Health and Human Services Committee

by
Marla Rhoden, Director, Health Occupations Credentialing
February 9, 2004

Chairman Morrison, I am pleased to appear before the House Health and Human Services Committee to discuss House Bill 2737 concerning the licensure of athletic trainers. In order for the Committee to make an informed decision, some history may be helpful.

In 1989, a credentialing review of a request for registration of athletic trainers was conducted in accordance with the Kansas Act on Credentialing. In June 1989, the request for registration was recommended for approval by the technical review committee, and on August 15, 1989, the Secretary of Health and Environment concurred with the technical committee's recommendation. In 1991, SB 105 was introduced to establish registration as the level of credentialing for athletic trainers; that bill did not pass. In 1995, SB 57 was passed, which established registration as the level of credentialing for athletic trainers.

There has been no subsequent notice of intent by athletic trainers to seek licensure as the level of credentialing, nor has an application for credentialing review at the level of licensure been received from members of that profession.

The purpose of Credentialing Review under the Health Occupations Credentialing Act is twofold: 1) provide the legislature a thorough analysis of the application for credentialing, by gathering and describing information through technical and public meetings; and 2) recommend to the legislature whether a group should be credentialed, and if so, at what least restrictive level is necessary to protect the public. This review is accomplished through a process outlined in the act and administrative rules and regulations. The Health Occupations Credentialing Act requires that any health profession seeking credentialing by the state apply to the Secretary of KDHE and participate in a thorough review of the occupation and its impact on health care and the health and safety of the citizens of Kansas.

DIVISION OF HEALTH
Bureau of Child Care and Health Facilities
CURTIS STATE OFFICE BUILDING, 1000 SW JACKSON ST., STE. 330, TOPEKA, KS 66612-1365
Voice 785-296-1240 Fax 785-296-3075 http://www.kdhe.state.ks.us

Attachment 6
HHS
2-9-04

The first step an applicant group takes is to submit a letter of intent to the Secretary. If the letter of intent provides required information, and the occupation fits the definition of health care profession or occupation under the act, the letter of intent is approved and the applicant group may submit an application for review. The Secretary appoints a technical committee consisting of seven members, four of whom must be credentialed health care professionals and three, consumer representatives.

The technical committee then conducts a formal review of the application. The review process takes about six months to complete and includes at least four fact-finding public meetings to cumulate data and formulate a recommendation to the Secretary. The Secretary's recommendation is then forwarded to the legislature, along with the technical committee's recommendation. The enacting of any credentialing law is the result of the legislative process.

In circumventing the Kansas Act on Credentialing to replace registration with licensure, the legislature has not been afforded the opportunity of reviewing data cumulated through the process. The "impact to taxpayers" is one of ten criteria in the technical review process of the Act. Data from the applicant as well as testimony from opponents and proponents is presented during the technical review process identifying data on topics such as:

- how the unregulated practice can harm or endanger the health, safety or welfare of the public;
- what the public need is and how the public will benefit by assurance of initial and continuing occupational or professional ability;
- explaining why the current arrangement is not adequate to protect the public;
- describing and defining the effect of credentialing of the occupation or profession on the cost of health care to the public and assuring that the cost is minimal; and
- assessing that the effect of credentialing on the availability of health care personnel providing services is minimal.

The applicant group desires to be able to practice by repealing the registration statute and replacing it with licensure without benefit of a technical review. Perhaps the most compelling reason to conduct this review is to abide by the Kansas Act on Credentialing provision that all recommendations of the technical committee and the secretary shall be consistent with the policy that "the *least* regulatory means of assuring the protection of the public is preferred."

We respectfully request that House Bill 2737 not be passed and that the legislature uphold its Act on Credentialing as the means by which such a request can be fairly evaluated.

Thank you again for the opportunity to comment on House Bill No. 2737. I would be happy to respond to any questions you may have.

From: Chuck Broyles <cbroyles@pittstate.edu>
To: <bethell@house.state.ks.us>, <decastro@house.state.ks.us>, <flaharty@house.state.ks.us>, <goico@house.state.ks.us>, <hill@house.state.ks.us>, <holland@house.state.ks.us>, <kirk@house.state.ks.us>, <landwehr@house.state.ks.us>, <longp@house.state.ks.us>, <miller@house.state.ks.us>, <morrison@house.state.ks.us>, <neighbor@house.state.ks.us>, <patterson@house.state.ks.us>, <phelps@house.state.ks.us>, <reitz@house.state.ks.us>, <schwab@house.state.ks.us>, <sharp@house.state.ks.us>, <showalter@house.state.ks.us>, <storm@house.state.ks.us>, <williamsj@house.state.ks.us>, <wilson@house.state.ks.us>
Date: Wed, Feb 4, 2004 3:38 PM
Subject: Athletic Trainer Licensure

Please allow the following to serve as my personal opinion toward Athletic Training Licensure:

As a collegiate football coach, I am writing in support of having athletic trainers receive proper licensing from the State of Kansas. I agree that athletic trainers have obtained a level of expertise in the immediate care, rehabilitation and prevention of injuries to the physically active. I further agree that the credentialing level of licensure is important to the professionalism of athletic trainers currently working in Kansas. Additionally, the licensure of athletic trainers will protect the public from unqualified individuals performing athletic training in the state of Kansas. Since the athletic training educational requirements changed earlier this year, they now adequately reflect the level of licensure similar to other allied health professions. If you have any questions or comments, please feel free to contact my office by calling 620/235-4389.

Attachment 7
HHS 2-9-04

1901 South Fabrique
Wichita, Kansas 67218

Thursday, February 5, 2004

In regards to: Februaty 9th Committee Hearing on House Bill #2737 for Licensure of Athletic Trainers

Kansas House Health and Human Services Committee
Topeka, Kansas

Dear Chairman Morrison and Committee Members:

As a practicing Kansas registered athletic trainer my interest in this bill is quite apparent. My desire to attend the February 9th hearing on this bill is over-ridden by my duty to my athletes. By coming to Topeka, around 150 to 200 high school athletes would be denied appropriate medical coverage and be practicing their sport without access to my services of injury prevention, assessment, immediate care and rehabilitation. Please hear my voice as a caring, dedicated allied healthcare professional when you consider this bill requesting licensure of athletic trainers. My peers and I are devoted to improving the healthcare of physically active Kansans. Help protect our athletes and schools from receiving unqualified care, and help protect the critical services provided by our chosen profession. I believe it would be difficult to find more willing, dedicated and knowledgeable professionals to perform the variety of tasks the athletic trainer encounters.

As a native Kansan, I enjoy sharing and "paying back" the values and expertise I have gained through our education system. I am proud to serve Kansas in this capacity and request your support for licensure of athletic trainers.

Best regards,

Jerlyn Peak

Jerlyn Peak, MS, ATC-R
Athletic Trainer
Susan B. Allen Memorial Hospital

Attachment 8
HHS 2-9-04

February 5, 2004

House Health and Human Services Committee
Attn: Chairman Morrison

RE: Athletic Trainer Licensure

Dear Chairman Morrison:

I am writing to you today in support of licensure for athletic trainers in Kansas. As a physician assistant in orthopaedic surgery for the past 12 years, I have observed first hand, the high quality of services that athletic trainers provide to the citizens of Kansas. Their education, experience, and scope of practice, all reflect a level of care traditionally provided by licensed healthcare professionals in this state.

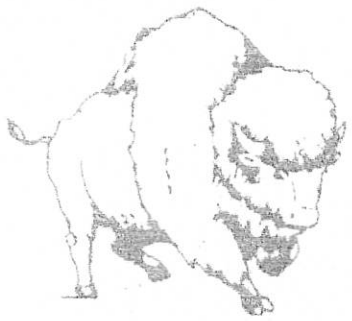
As competent, compassionate providers of high-quality healthcare services, these individuals deserve to have a credential representative of their standing within the healthcare team. I consider athletic trainers to be my peers and believe that licensure is the most appropriate means of recognizing these individuals.

If you have any questions or concerns regarding this issue, please do not hesitate to contact me. Thank you very much for your attention.

Sincerely,

Brad Rea, PA-C
Administrator

Attachment 9
HHS 2-9-04



GARDEN CITY SENIOR HIGH SCHOOL
Athletic Department
1412 N. Main
Garden City, Kansas 67846
Athletic Director 316-276-5178
Main Office 316-276-5170

Bill Weatherly
Athletic Director
Garden City High School
1412 Nth Main
Garden City, Ks. 67846

TO: House Health and Human Services Committee
RE: House Bill Hearing

Dear Chairman Morrison:

It has been a great relief to work with our training staff here at Garden City High School the past four years. It had long been a worrisome situation we dealt with here having 2000 students and insuring their safety in activities. Sand Hill Sports medicine came forward with a proposal to help us and we jumped at it.

In the past years we have had countless numbers of serious injuries, including knees, concussions, broken bones, and countless others to our athletes and they have been here to relieve the anxiety. In this day and time of legalities, new HIPPA legislation, and lawsuits I can't imagine not having someone qualified on our staff. I fully support passing licensure regulations for trainers due to the aforementioned reasons. With the continued lack of funding to public education can you even imagine what one lawsuit could do to any school district. I would go further in insisting that ALL public schools in Kansas be required to have a licensed trainer as part of their teaching/activities staff.

Athletic trainers provide many invaluable services to schools and the licensing of these overworked dedicated people is far overdue. As an athletic administrator I sleep much more confidently now with this staff on board with our school. Please give favorable attention to this house bill.

Sincerely

Bill Weatherly

Attachment 10
HHS 2-9-04

February 5, 2004

House Health and Human Services Committee

RE: Licensure of Athletic Trainers, HB # 2737

Dear Chairman Morrison and Committee Members:

I am writing to you to address the issue of licensure of athletic trainers in the state of Kansas.

I am a practicing osteopathic physician in Garden City. I specialize in sports medicine and care for many of the athletes in the Western part of the state, both at the high school and junior college level. I work directly with and supervise athletic trainers in this part of the state.

Both as a physician and as a former high school, junior college and division I NCAA athlete, I have had many experiences with athletic trainers. Through these experiences, I have developed a keen respect and appreciation for the training, dedication and service that these professionals provide. It would be impossible for me to evaluate, treat and track all of the athletes of the many high schools in this area without the assistance of athletic trainers. I rely heavily on the evaluations and recommendations of athletic trainers to help protect and support our athletic community.

Currently, in the state of Kansas, athletic trainers are registered but not licensed. It is a natural progression for a professional community, such as athletic training, to move towards licensure. Licensure would allow athletic training to move in to accordance with other health professions in recognition, responsibility and respect. As a licensed physician, it would be extremely valuable to know that the athletic trainer referring an athlete for treatment is a professional with qualifications, education and knowledge that is supported by licensure. Licensure, in all health related fields, shows certain educational training requirements have been met.

I would not refer my patients to a physician or therapist who does not have a license to practice in this state. I should have the same opportunity to protect the student athletes that I send to athletic trainers.

I am very happy to be apart of the medical community in this state. I look forward to

Attachment 11
HHS 2-9-04

continuing my relationship with licensed athletic trainers in the future. It is a step forward in our continuing progress to provide world-class athletic care to the future generations of student athletes.

Therefore, I encourage you, Chairman Morrison and your committee members to support the licensure of athletic trainers. In the end, it is the student athletes in your communities that reap the benefits.

Sincerely,

Mark Williams, DO

February 3, 2004

House Health and Human Services Committee

RE: Licensure of Athletic Trainers, HB # 2737

Dear Chairman Morrison and Committee Members:

I am familiar with the professional education, training, certification process as well as the day to day activities of athletic trainers because of my involvement with sports medicine in Western Kansas over the past 17 years.

I am an owner of an orthopaedic and sports medicine clinic. I employ 30 employees, seven of which are Certified Athletic Trainers. I also am able to contrast and compare their abilities and performances relative to Certified Physical Therapist Assistants and Physical Therapists, both of whom I also employ as providers in my clinic.

I have intimate knowledge of the activities of athletic trainers within my role as team physician for Garden City Community College, Garden City High School, Holcomb High School and the extension of athletic services that I provide to approximately 30 area high schools.

Certified Athletic Trainers are motivated health care providers, who have completed a Bachelors Degree in college. Most, if not all, have gone on to higher education in the form of a Masters or higher degree.

The state and national organizations for athletic trainers have sought to standardize and codify the educational requirements in order to have a more meaningful certification process. This has resulted in fewer athletic trainers in the Sate of Kansas being available to care for an ever-expanding population of injured athletes.

My experience with athletic trainers involves three fundamentals facets of care. I have seven athletic trainers who rotate to approximately 30 area high schools providing first aid to musculoskeletally injured athletes. The first responder role of athletic trainer is unique in the medical community and gives them insight into evaluation and treatment of acute musculoskeletal injuries seen by few other practitioners.

In our particular clinic, we also utilize athletic trainers as physical therapy and physician extenders, that is following nonsurgical or post surgical initial supervised rehabilitation.

Attachment 12
HHS 2-9-04

Our athletic trainers also continue to provide sports specific training for injured athletes in their high schools and fulfill the role of communicator between physicians and therapists to coaches and family to facilitate the recovery process of injured athletes. This function is indispensable in my care of injured athletes.

I also interact with athletic trainers in the role rehabilitation. Here again, they are completely knowledgeable and competent to be able to provide therapy under the direction of a supervising physician to aid in the acute rehabilitative care of nonsurgical and post surgical orthopaedic patients.

Finally, several of my athletic trainers have gained additional training and knowledge in the area of Functional Capacity Assessment testing and are valued employees for the purpose of providing this in the assessment of injured workers.

The purpose of this letter is to endorse the licensure of athletic trainers. I believe that this group of health care professionals has demonstrated sufficient undergraduate and postgraduate training to warrant licensure. They are involved in a scope of care that should be recognized by the state in the form of licensure. I believe that athletic trainers are unique to the type of care in the scope of practice in which they provide care.

Please let me know if I can be of further assistance.

Sincerely,

Michael J. Baughman, MD. F.A.C.S.

Via Christi
Sports Medicine

Mark Stovak, MD **Richard Leu, MD**

1121 S. Clifton
Wichita, KS 67218
316-689-6317

February 5, 2004

House of Representatives
Health and Human Services Committee

Dear Ladies and Gentlemen:

I am writing you today to support House Bill # 2737, licensing of certified athletic trainers in the State of Kansas.

I speak not only as a Medical Director who works closely with a staff of twenty (20) certified athletic trainers but also a consumer who was a former Division I varsity baseball player at the University of Nevada. I have dealt with certified athletic trainers both professionally and as a consumer.

I believe that credentialing certified athletic trainers at the licensure level is needed to uphold the profession of athletic training. By standardizing the athletic training profession in this way, it will limit and hopefully reduce the amount of medical and athletic training practices being done by unskilled individuals, those being coaches, parents and other health care professionals not specifically trained to deal with injuries to physically active individuals. The individuals mentioned are usually uncomfortable with this situation. Athletes, parents, school systems, coaches, physicians and the general public would greatly benefit by standardizing the athletic training professional at the licensure level. With the only avenue to become a certified athletic trainer becoming more stringent and demanding, it would be befitting to license the field of athletic training in the State of Kansas.

Certified athletic trainers are extremely skilled allied health care professionals in the prevention, management and emergency care of injuries sustained by the physically active individual. They are the first on the scene of an injury and must frequently decide whether the injury is serious or not. They are trained to make the appropriate referrals to physicians and other health care providers. Their training is specific to splinting, bracing and any care needed to manage and treat injuries to the physically active patient to return them to any athletic endeavor. Many aspects of athletic training done by an unskilled

Attachment 13
HHS 2-9-04

individual can and will produce harm to a physically active individual just as with a physical therapist, nurse or a physician. The certified athletic trainer is trained to recognize injury and often times to prevent injury. The certified athletic trainer is an integral part of any physician's medical practice as they work directly with the physician when a referral is warranted to treat the injury.

A certified athletic trainer must be familiar and often times have extensive knowledge of kinesiology, anatomy, physiology, with specific knowledge of musculoskeletal injury and prevention of injury. They must also be familiar with dermatology, radiology and internal medicine to be able to understand the signs and symptoms that may warrant a physician referral. It should also be noted that a certified athletic trainer's extensive knowledge in preventive devices are a must because that if these devices are used inappropriately they can produce harm to an individual.

A certified athletic trainer does not diagnose injuries but they must have the knowledge to determine the severity of the injury to affectively communicate to a physician their assessment of the injury. Failure to understand injuries to physically active individuals and improper communication to a physician can cause potential harm or further injury.

Certified athletic trainers have the knowledge to carry out a treatment plan set forth by a physician as well as identify and recognize problems along the way. Their skill allows them to carry out a physician's plan of treatment properly and effectively. This is no different than a pharmacist understanding and having an extensive knowledge of drugs and their indications in order to carry out the physician's plan of care or a nurse following orders from a physician in the hospital setting. These are specialized professions not unlike athletic training.

The certified athletic trainer is becoming and will continue to become an integral part of health care in Kansas and the United States and standardizing their profession with licensure will ensure that the physically active population of Kansas will be in competent hands. I certainly believe that this issue is no different than physical therapists, nurses, occupational therapists and any other health care profession who works under licensing regulation. Licensure of the athletic training field will ensure safe, quality care for the physically active individuals in the State of Kansas.

Respectfully yours,

Dr. Mark Stovak, MD

KATS
KANSAS ATHLETIC TRAINERS SOCIETY

Testimony
By
Scott A. Winslow MS/ATC-R
Governmental Affairs Chairperson
February 9, 2004

House Health and Human Services Committee
Hearing on House Bill #2737

Dear Chairman Morrison and Committee Members:

As the Governmental Affairs Chairperson for the Kansas Athletic Trainers' Society, I would like to ask for your support of House Bill 2737. House Bill 2737 is a simple one, involving the changing of language from registered to licensed. Other language additions/changes came from requests made by the Board of Healing Arts to help with some language "housekeeping".

As you will hear or read in other testimony, the educational process for students in athletic training has been recently overhauled and shows an even higher level of educational commitment to excellence than the in-depth education of past Athletic Trainers. This combined with the proven excellence in health care of the physically active citizens of Kansas, it seems only a logical progression that licensure is the appropriate credential for Athletic Trainers within the State of Kansas at this time. Currently, within the United States, there are twenty-nine states that formally license their Athletic Trainers, while only 4, including Kansas, are Registered.

By the two hundred-sixty five Athletic Trainers within the State of Kansas obtaining the stature of licensure, this ensures that the citizens of Kansas are receiving the best possible care from the most qualified people in caring for the physically active. House Bill 2737 will put Athletic Trainers on the same credentiaing level as other similar allied healthcare providers within the state, helping Athletic Trainers maintain their level of professional status.

In closing, I would like to thank you for your time in the consideration of passing House Bill 2737 out of the Committee of Health and Human Services.

Respectfully submitted,

SCOTT A. WINSLOW MS/ATC-R
Governmental Affairs Chairperson

Attachment 14
HHS 2-9-04

Circle High School
USD 375

Allan Sersland, CAA, Principal
Brent Jones, Assistant Principal/Activities Director
CHS Thunderbirds
Bill Hecker, Assistant Activities Director

February 6, 2004

House Health and Human Services Committee

RE: Hearing on House Bill 2737

Dear Chairman Morrison:

I am writing to ask the House Health and Human Services Committee to support House Bill 2737.

I have had years of experiences with athletic trainers both as an athletic director, coach and a former college athlete. Through these experiences, I have developed an appreciation and respect for the expertise in immediate care, rehabilitation and prevention of injuries that athletic trainers provide. As an athletic director, knowing that an athletic trainer is at my school's practices and games it gives me assurance my athletes are going to be treated with professional care.

When I arrived at Circle High School, the previous administration had an athletic trainer coming to the school one time a week for two to three hours. I felt it was vital for the school district to have an athletic trainer at all football practices and games. After that first year, I had received a number of comments from athletes, coaches and parents wanting an athletic trainer full time for all sports. The following year Circle High School had a full time athletic trainer. I received comments from parents thanking me for providing an athletic trainer for their sons and daughters.

I would encourage this committee to support athletic trainers gaining licensure.

Sincerely,

Attachment 15
HHS 2-9-04

Brent Jones
Assistant Principal / Activities Director
905 Main, Box 159, Towanda, KS 67144
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FAX 316-536-2859 www.usd375.org/chs/
An Equal Employment Opportunity Institution

Feb. 9, 2004

Dear Chairman Morrison and Committee Members,

I am writing this letter in support of licensure for athletic trainers in the state of Kansas. I am currently the Head of Sports Medicine at University of Kansas Athletic Department. I directly supervise all of the athletic trainers here at the university. I have been involved here as a team physician since 1988. In addition, I was active in United States Olympic Sports Medicine from 1990 through 1997, including being a member of the U. S. sports medicine staff at the 1996 Summer Olympics. The care of athletes at the University of Kansas and at the United States Olympic Training Centers are athletic trainer based. The athletic trainers are the primary sports medicine personnel involved in preparing the athletes for practice and event participation, monitoring them during exercise or competition, evaluation of injuries and illnesses, triaging the athletes for further evaluation, coordinating further evaluation or treatment, and monitoring and carrying out rehabilitation. This applies to not only activities at their home base, but also while traveling with teams on the road, often without on-site physician back-up. There is no other health care personnel that can do all of these things for athletes. Because of this, we should support and protect athletic trainers in Kansas with licensure.

Sincerely,

Lawrence M. Magee, MD
Director of Sports Medicine
Head Team Physician
University of Kansas

Attachment 16
HHS 2-9-04