

MINUTES OF THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

The meeting was called to order by Chairperson Susan Wagle at 1:30 p.m. on March 9, 2004 in Room 231-N of the Capitol.

All members were present except:

Senator David Haley - excused.

Committee staff present:

Ms. Emalene Correll, Legislative Research

Mr. Norm Furse, Revisor of Statutes

Ms. Margaret Cianciarulo, Committee Secretary

Conferees appearing before the committee:

Mr. Steve Bareet, MS, ATC-R, President, Kansas Athletic Trainers Society (KATS)

Dr. Matthew Bohm, Team Physician, Washburn University

Mr. Scott Winslow, MS, ATC-R, Governmental Affairs Chairperson, KATS

Mr. Aric Warren, EdD, ATC-R, Athletic Training Curriculum Director, University of Kansas

Mr. Steve Ice, Head Athletic Trainer, Washburn University

Mr. Larry Buening, Executive Director, Kansas Board of Healing Arts

Ms. Rebecca Rice, Legislative Counsel, Kansas Chiropractic Association

Ms. Marla Rhoden, Director, Health Occupations Credentialing, Kansas Department of Health and Environment (KDHE)

Others attending:

Please See Attached List.

**Hearing on HB2737 - an act concerning the State Board of Healing Arts, relating to licensure of athletic trainers**

Upon calling the meeting to order, the Chair announced there would be a hearing on HB2737 and asked Ms. Correll to give a brief overview of the bill. Her highlights included:

1) The bill refers to what is now the registration of athletic trainers but under this act becomes the licensure of athletic trainers, does not change the level of credentialing for the athletic trainers and remains a protection of title act;

2) Changes the nomenclature from registration to licensure are found in Sec.1 through Sec.5;

3) In Sec. 6, the changes are primarily related to the change in nomenclature, however, in order to be registered as an athletic trainer, one of the current requirements is to file a practice protocol with the Board and this language in line 25 has been stricken, but there is a new subsection clarifying the protocol procedure added at a later point;

4) The same is true in subsection (e), top of page three, but would like to offer a grammatical change, regarding line 6, speaking of "requirements" but have added a singular verb on line 8, "was", so the bill needs to have "requirement was" or "requirements were";

5) Subsection (f) is the new language relating to the practice protocol which is already a requirement, but is a clarification of what this means, stating this is not unlike the situation with the physician assistants wherein that person, in order to practice has to have the name of the supervising physician in that case, a person licensed to practice medicine and surgery registered with the Board and this is the same type of situation in order to perform athletic training acts there has to be protocol which indicates they to are practicing under the direction licensed to practice medicine and surgery;

6) Subsection (g), on lines 17 through 25, creates a new temporary permit allowing an applicant who applies, meets the requirements set out in the act, pays the temporary permit fee, to obtains a temporary permit, expiring six months from the day it was issued or on the day that the Board approves

## CONTINUATION SHEET

MINUTES OF THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE at 1:30 p.m. on  
March 9, 2004 in Room 231-N of the Capitol.

Page 2

the application for licensure, whichever occurs first, and no more than one temporary permit could be granted to any one person; currently there is no authorization. Ms. Correll also stated that it appears that the primary purpose of this permit is to authorize the person to practice during the period of time when the Board is renewing the applications (and that is not unlike other practice acts);

7) Sec 7 only has nomenclature changes;

8) The same is true in Sec. 8, however, there are some changes;

A) In subsection (d) on page 4, lines 14 through 22, in that currently the language refers to the situation in which the registration is lapsed and in this instance the reference will be changed to the registration of licensees that have been cancelled and again sets out the procedures the Board will follow in rules and regs as to how they will handle a failure to renew a cancellation;

B) The language in lines 26 through 29, is new and creates a new type of licensure designated as an inactive license, authorizing an applicant to apply for an inactive license and for the Board to issue such license if the person meets the requirements that are set out in lines 30 through 33, but states on lines 33 and 34, the inactive license would not entitle the holder to engage in active practice as an athletic trainer in this state;

C) Subsection (e), concerns persons with an inactive license may apply to return to active practice by filing practice protocol;

9) Sec. 9 changes the fee schedule that is currently set out in the act and in general, it raises the maximums and reflects some of the new types of fees that would be authorized for a temporary permit or an inactive license and the changes in the remainder of the section are nomenclature;

10) The same is true for Sec. 10 over to the middle of page 6; and,

11) Sec. 11 is not actually a part of the athletic trainers act but part of the Kansas Good Samaritan Act which changes the definition of health care professional from "registered athletic trainer" to "licensed athletic trainer."

As Ms. Correll stood for questions, Chairperson Wagle asked for clarification when Ms. Correll stated that the bill does not change the level of credentialing and controversy arises when we do try to give someone a specific scope of practice. Ms. Correll said the bill remains a protection of title act. Mr. Furse offered a follow-up to Ms. Correll's presentation, locating two other Kansas statutes that need to be amended to pick up the terminology change and there is no provision in the bill with regard to a transfer of the currently registered persons to licensed. The Chair stated if the bill was worked, it would first need technical and grammatical changes.

The Chair then called on the first of seven proponents, Mr. Steve Bareet, MS, ATC-R, President of the Kansas Athletic Trainers Society (KATS), who gave a brief overview of the history of the athletic trainers credentialing and registration process, offered information of his employment, the Sandhill Orthopedic and Sports Medicine Clinic, owned by a college team physician who saw a need for athletic trainers at area high schools, and stated that Kansas is one of only four states which register athletic trainers. A copy of his testimony is ([Attachment 1](#)) attached hereto and incorporated into the Minutes as referenced.

The second proponent was Dr. Matthew Bohm, a primary care and sports medicine physician and a team doctor for Washburn University who stated that from minor illness to cardiac emergencies along with cervical spine and severe brain injuries are all within the athletic trainer's spectrum. A copy of his testimony is ([Attachment 2](#)) attached hereto and incorporated into the Minutes as referenced.

CONTINUATION SHEET

MINUTES OF THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE at 1:30 p.m. on March 9, 2004 in Room 231-N of the Capitol.

Page 3

Next was Mr. Scott Winslow, MS, ATC-R, and Governmental Affairs Chairperson for KATS who stated:

1) Even though athletic trainers are nationally certified, it bears no weight in the credentialing and governing of athletic trainers on the state level;

2) Regarding costs, like other healthcare professions, they use the service billing codes found in the Current Procedural Terminology manual, commonly referred to as CPT codes; and,

3) As of January 1, 2004, all athletic training students must graduate from an accredited curriculum program to sit for the national exam.

A copy of this testimony is (Attachment 3) attached hereto and incorporated into the Minutes as referenced.

The fourth conferee was Mr. Aric Warren, EdD, ATC-R, Athletic Training Curriculum Director, University of Kansas, provided a description of the education and accreditation process of the athletic training profession as well as described the requirements for continuing education and recertification. A copy of his testimony is (Attachment 4) attached hereto and incorporated into the Minutes as referenced.

The fifth to testify was Mr. Steve Ice, Head Athletic Trainer, Washburn University, who offered a viewpoint of an individual who was the first athletic director in the Washburn University setting regarding the progression and development of an athletic department, whose first concerns was for the liabilities involved with the atmosphere the athletes were being subjected too. He also referred to a November, 2000 letter he received from the NCAA regarding the Athletic Trainer Educational Reform and its impact on the Collegiate Athletic Health Care and Coverage stating those dependent on this resource needed to consider modifications to their current athletics health care and coverage program. A copy of his testimony is (Attachment 5) attached hereto and incorporated into the Minutes as referenced.

Next was Mr. Larry Buening, Executive Director, Kansas Board of Healing Arts, who:

1) Offered the history regarding the changing of the credentialing level of a profession from registration to licensure for professions regulated by the Board which has occurred several times;

2) Stated the 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.*) and 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; and,

3) The amendments made by the House Committee were also made at the suggestion of the Board (page 2, line 25 deleting ", files a practice protocol", on page 4 lines 20 and 21, the word "lapsed" has been changed to "been canceled", and on line 21, the word "lapsed" changed to "canceled") stating the changes make the language similar to that contained in line 11 to maintain the consistency of language used in the bill.

A copy of his testimony is (Attachment 6) attached hereto and incorporated into the Minutes as referenced.

The last proponent conferee was Ms. Rebecca Rice, Legislative Counsel, Kansas Chiropractic Association (KCA) who stated they generally supported maintaining a system that separated professions with specific unique and extensive education in specific, unique, and definable medical treatments (licensure) from those who were educated, but not as extensively, to provide definable but not exclusive treatments (registration or certification). A copy of her testimony is (Attachment 7) attached hereto and incorporated into the Minutes as referenced.

CONTINUATION SHEET

MINUTES OF THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE at 1:30 p.m. on March 9, 2004 in Room 231-N of the Capitol.

Page 4

The Chair then called upon the one proponent of the bill, Ms. Marla Rhoden, Director of Health Occupations Credentialing, Kansas Department of Health and Environment, who stated that the purpose of the 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.

She stated that the Act requires that any health profession seeking credentialing by the state apply to the Secretary of KDHE, participate in a thorough review of the occupation, its impact on health care and the health and safety of the citizens of Kansas and respectfully request that the bill not be passed and that the legislature uphold its Action Credentialing as the means by which such a request can be fairly evaluated. A copy of her testimony is (Attachment 8) attached and incorporated into the Minutes as referenced.

The Chair then directed the Committee to the written testimony from:

1) Mr. Tim O'Connor, head football coach at Fort Hays State University; Hays, Kansas

2) Mr. Mike Kastle, Superintendent, Principal, and Athletic Director, USD 302, Ransom, Kansas,

3) Dr. Gregory Woods, an orthopedic surgeon in Western Kansas and the Medical Director for the Athletic Training Program at Hort Hays State University; Hays, Kansas

4) Mr. Lew Perkins, Director of Athletics at the University of Kansas, Department of Athletics, Lawrence, Kansas;

5) Mr. Mark Johnston, Head Men's Basketball Coach, Fort Hays State University, Hays, Kansas; and lastly,

6) Dr. Mark Stovak, Medical Director, Via Christi Sports Medicine, Wichita, Kansas.

A copy of their testimonies are (Attachment 9) attached hereto and incorporated into the Minutes as referenced.

The Chair then asked the Committee for questions and comments which came from Senators Steineger, Salmans, Barnett, Brownlee, and Wagle and Ms. Correll asking of Ms. Rhoden and Mr. Buening, what year was it that the legislature established Ms. Rhoden's committee and do you agree with some of the testimony heard today that really what is happening is a terminology situation and not dealing with the scope of practice and that maybe the intention of her committee was to address that licensure would define the scope of practice, inconsistent with current statutes, regarding the 10 questions asked, if you answer one in a certain way you are in violation - has this ever been addressed, probably ought to review the entire credentialing act if the legislature is going to continue to ignore it, has the Kansas State High School Activity Association weighed on this giving an opinion, how many states register and how many license, commenting that the numbers information is not meaningful in terms of our credentialing act, does this title carry a specified meaning, does the schools have any responsibility to communicate the level of training that the athletic trainer has, clarification of athletic training (what about someone who teaches yoga or swimming to a stroke victim), exceptions within the act, and do you feel confident that "physical reconditioning relating to physical activity" would be interpreted relatively narrowly?

CONTINUATION SHEET

MINUTES OF THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE at 1:30 p.m. on March 9, 2004 in Room 231-N of the Capitol.

Page 5

As there was no further questions or comments from the Committee, the Chair called upon Mr. Furse who offered clean up to the bill, including:

1) Providing qualifications & fees established by the Board as shown on page 3, lines 24, 27, and 28;

2) Licensure fees cannot be found under "fees", Page 5; (It was temporary registration fee and renewal then application fee;

3) Nowhere else in the bill does it talk about fee; and,

4) Picking up the language that a person currently regulated under the act would be deemed to be licensed.

**Action on HB 2737 - an act concerning the State Board of Healing Arts, relating to licensure of athletic trainers**

A motion was made by Senator Brungardt accept the clean up and technical amendments made by Mr. Furse. It was seconded by Senator Barnett. The Chair asked if there were questions of the amendment and Senator Brownlee asked if the definition of an athletic trainer at the national level is a standard definition? A motion was made by Senator Brungardt to move the bill favorably, Senator Brownlee seconded, and the motion carried.

**Adjournment**

As there was no further business, the meeting was adjourned. The time was 2:30 p.m.

The next meeting is scheduled for Wednesday, March 10, 2004.

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

GUEST LIST

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att.

DATE: Tuesday, March 9, 2004

NAME	REPRESENTING
Tom Brund	KATS
SMU	KATS
Steve Barnett	KATS
Ann Warren	KATS
Rosin Rivers	KATS
Brad Parry	KATS
M. Bahr	KATS
Tim McCoy	
Cody Robertson	
Daniel Prost	
Daniel Casement	
Marla Rhoden	KDHE
Mary Moore	KPTA
LARRY BUENING	BO OF HEALING ARTS.
MICHAEL LONGHOFFER	KATS
Steve Lee	KATS
BRAD JONES	Ks. Chiropractic Assn.
Mary Hillebrandt	KATS
	Conlee Consulting

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

GUEST LIST

DATE: March 9, 2004

NAME	REPRESENTING
Jana Byones	Sen. Salinas Off.
Chip Wheelen	Assn of Osteopathic Med.
Trish Bloemker	American Osteopathic Assn.



Testimony

By

Steve Barrett, MS, ATC/R,  
Kansas Athletic Trainers Society President  
March 9, 2004

Senate Public Health and Welfare Committee  
Hearing on House Bill # 2737

Dear Chairperson Wagle 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 registered 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. The most notable change has been our educational requirements. I have asked Aric Warren, the curriculum director at the University of Kansas, to explain the educational changes in athletic training which were implemented on January 1, 2004. 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. Even today 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 that appropriate medical care is on-site when I can not be there for my son. 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.

Senate Public Health & Welfare Committee  
Attachment 1  
Date: March 9, 2004



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. 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. Physicians and healthcare providers who refer patients to rehabilitation departments should have the choice to refer their patients to the most appropriate rehabilitation specialist. Orthopaedic Surgeons and those doctors working closely with athletic trainers know each profession's special strengths but other healthcare providers and the public may not and will often look at their credentials.

On January 1<sup>st</sup>, 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.

Our organization has been asked, "If athletic trainers are nationally certified, why should the State of Kansas worry about registration or licensure?" The answer is: 1. More than one organization accredits athletic trainers nationally, 2. Some states, such as Texas, license athletic trainers without National Athletic Trainers Association/B.O.C. certification, and 3. Some individuals still confuse Athletic Trainers with personal or fitness trainers which require little formal education. Scott Winslow, our governmental affairs chairman, will address this issue in further detail.

You may also 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. Kansas is one of only four states which register athletic trainers. The current national trend is licensure.

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

# Cotton-O'Neil Clinic

Division of Family Practice  
901 SW Garfield, Topeka, KS 66606  
(785) 354-0570

orig  
Michael D. Atwood, M.D., FAAFP  
John H. Bernard, M.D.  
Matthew E. Bohm, M.D.  
Joy L. Henderson, D.O.  
Robert E. Jacoby II, M.D., FAAFP  
Michael J. Murphy, M.D.  
Stephen Saylor, M.D., FAAFP  
George W. Wright, M.D., FAAFP

March 9, 2004

Chairperson Susan Wagle  
Senate Health and Public Welfare


RE: House Bill #2737

Dear Chairperson:

This is a letter in support for house bill #2737 regarding the licensing of athletic trainers. As a primary care and sports medicine physician who is a team doctor for Washburn University, the Kansas Coyotes Professional Indoor Football Team, and was the team doctor for the Topeka Scarecrows along with my private practice, I see the absolute need for competent, well-trained athletic trainers. A formal licensing system will help maintain and assure this.

Our athletic trainers are the first line in caring for the high school and college athletes in Kansas. Athletic trainers are often responsible for several hundred athletes depending on their specific responsibilities. They care for the athletic youth of our state, most frequently with limited or no direct supervision. In fact, most of those that they care for do not actually see a physician or other health care professional. The spectrum of this responsibility is daunting. Minor illness to cardiac emergencies along with cervical spine and severe brain injuries are all within their care spectrum. This requires the need for competence. The athletic trainers are those that do the immediate management of these situations along with management of musculoskeletal injuries and other medical problems. This group of professionals is largely responsible for the care of our high school, college and professional athletes in Kansas. They spend dramatically more time with the injured and sick athletes than any other health care professional so that competence is of utmost importance. The licensing of athletic trainers, house bill #2737, will help standardize this process for maintaining and improving this crucial aspect of our health care system. Any break-down or weakness in the system places the young people and active individuals at much greater risk for inappropriate management and also dramatically increases the possibility of medical legal issues.

Thank you for your consideration in this matter.

Sincerely,  
  
Matthew E. Bohm, M.D.

MB/dt

Senate Public Health & Welfare Committee  
Attachment 2  
Date: March 9, 2004

Here for your health ...  
all the time



Testimony

By

Scott A. Winslow MS/ATC-R  
Governmental Affairs Chairperson  
March 9, 2004

Senate Public Health and Welfare Committee  
Hearing on House Bill # 2737

Dear Chairperson Wagle and Committee Members:

The purpose of my testimony on this date is to clear up some confusion, and answer some of the questions that have come up during this legislative session concerning House Bill 2737.

The purpose of House Bill 2737 is a simple one, to change the credentials of Athletic Trainers within the State of Kansas from Registered to Licensed.

The question of why worry about state credentialing when Athletic Trainers are national certified has been asked. The national exam, governed by the National Athletic Trainers Association Board of Certification (NATABOC), is just that, a **national** certification. It bears no weight in the credentialing and governing of Athletic Trainers on the state level. The Kansas Board of Healing Arts and the NATABOC have no affiliation what so ever. Currently, as stated in K.A.R. 100-69-3, the approved examination for Registration as an Athletic Trainer in the State of Kansas is the certification exam administered by the NATABOC. This is a common practice among most states.

A concern has also been brought forward by the Kansas Department of Health and Environment, concerning the Credentialing Act and the process set forth. The original credentialing process of Athletic Trainers within the State of Kansas took place beginning in 1989. At that time, a thorough analysis by the KDHE was provided. Since that original credentialing process, none of the answers to the KDHE "Credentialing Criteria" questions have changed. The only thing that has changed is the perception of what constitutes licensure. Until 1999, the Kansas Board of Healing Arts considered only independent practitioners as appropriate for licensure. Since that time, licensure has become more common among allied-health care professionals within the State of Kansas as well. This is not a practice solely within the State, as the State of Kansas is one of only four states with Registration of Athletic Trainers.

Another item of concern that has been discussed is the fear of the Licensure of Athletic Trainers raising the cost of healthcare for the citizens of Kansas. This concern is completely unsubstantiated. Athletic Trainers, like other healthcare professions use the service billing codes found in the Current

*Senate Public Health & Welfare Committee  
Attachment 3.  
Date: March 9, 2004*

Procedural Terminology manual, commonly referred to as CPT codes. These codes were first developed by and implemented by the American Medical Association to provide a uniform language that accurately describes services given. The rehabilitative CPT codes used by Athletic Trainers are the same rehabilitative CPT codes used by other allied healthcare professions in the rehabilitative arena, thus the amount billed out for services of an Athletic Trainer are more than likely to be the same as services billed out for another rehabilitative professional.

A final area of concern that has surfaced during this process is that the education of Athletic Trainers has not changed significantly enough to warrant licensure. As of January 1, 2004, all Athletic Training students must graduate from an accredited curriculum program to sit for the national exam. This ensures that each and every student graduates with the same high standards. Mr. Aric Warren will speak to you more in depth about the educational process.

In closing, I would like to remind you that House Bill 2737 does nothing to change, limit, or otherwise infringe upon any scope of practice within the state; it simply changes the Registration of Athletic Trainers to Licensure.

Thank you for your time and consideration.

Respectfully submitted,

Scott A. Winslow MS/ATC-R

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# 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  
March 9, 2004

Hearing on House Bill 2737

Dear Chairperson Wagle and Committee Members:

I wish to ask for your support for House Bill 2737, 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*

Senate Public Health & Welfare Committee  
Attachment 4  
Date: March 9, 2004

*Guidelines for the Athletic Trainer* serves as the official document by which all programs must adhere and follow to receive accreditation, and 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* 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. Currently there are five programs in Kansas that are CAAHEP accredited; Fort Hays State University, Emporia State University, Kansas State University, Mid America Nazarene University, and the University of Kansas. There are an additional nine schools in the state that are seeking CAAHEP accreditation. These include Wichita State University, Washburn University, Kansas Wesleyan University, Southwestern College, Bethel College, Bethany College, Benedictine College, Sterling College, and Tabor College.

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 reaccreditation. The initial accreditation period for athletic training is identical to that mentioned, but requires reaccreditation 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 possess. 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 health 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  
Athletic Training Program Director



March 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.

Senate Public Health & Welfare Committee  
Attachment 5  
Date: March 9, 2004

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

mg

# KANSAS BOARD OF HEALING ARTS


LAWRENCE T. BUENING, JR.  
EXECUTIVE DIRECTOR



KATHLEEN SEBELIUS, GOVERNOR

## MEMO

**TO:** Senate Committee on Public Health and Welfare

**FROM:** Lawrence T. Buening, Jr.  
Executive Director 

**DATE:** March 9, 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 supports the amendments made by H.B. No. 2737.

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.

*Senate Public Health & Welfare Committee  
Attachment 6  
Date: March 9, 2004*

MEMBERS OF THE BOARD

JOHN P. GRAVINO, D.O., PRESIDENT  
Lawrence

RAY N. CONLEY, D.C., VICE-PRESIDENT  
Overland Park

VINTON K. ARNETT, D.C., Hays  
GARY L. COUNSELMAN, D.C., Topeka  
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MERLE J. "BOO" HODGES, M.D., Salina  
SUE ICE, PUBLIC MEMBER, Newton  
JANA JONES, M.D., Leavenworth

BETTY McBRIDE, PUBLIC MEMBER, Columbus  
MARK A. McCUNE, M.D., Overland Park  
CAROL H. SADER, PUBLIC MEMBER, Shawnee Mission  
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CAROLINA M. SORIA, D.O., Wichita  
ROGER D. WARREN, M.D., Hanover  
JOHN P. WHITE, D.O., Pittsburg

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 10 through 25 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 26 through 39. The Board suggested that the statutory maximums for fees included on page 5, lines 8 through 13 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.

The amendments made by the House Committee were also made at the suggestion of the Board. These are at page 2, line 25 by deleting "**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 10 through 16 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 designation as provided for in new paragraph (e) on page 4, lines 26 through 39. Also, at page 4, lines 20 and 21, the word "**lapsed**" has been changed to "**been canceled**" and also on line 21, the word "**lapsed**" has been changed to "**canceled**". These changes make the language similar to that contained in line 11 to maintain the consistency of language used 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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- ♦ -  
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**REBECCA RICE**  
ATTORNEY AT LAW

TESTIMONY PRESENTED  
TO  
THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE  
re: HB 2737

March 9, 2004

by: Rebecca Rice, Legislative Counsel  
Kansas Chiropractic Association

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 professions with specific, unique and extensive education in specific, unique, and definable medical treatments (licensure) from those who were educated - but not as extensively - 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 support the Athletic Trainers in this effort because:

- they have kept us informed of their plans;
- the proposed legislation mirrors what we were told would be introduced; and
- we believe athletic trainers provide valuable services and many chiropractors work closely with A.T.'s in their communities. Kansas chiropractors have found those relationships to be valuable for their patients. Additionally, we ask that you reject any amendments designed to interfere with that relationship.

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

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

Senate Public Health & Welfare Committee  
Attachment 7  
Date: March 9, 2004



**K A N S A S**

RODERICK L. BREMBY, SECRETARY

DEPARTMENT OF HEALTH AND ENVIRONMENT

KATHLEEN SEBELIUS, GOVERNOR

**Testimony on Licensure of Athletic Trainers  
House Bill No. 2737  
to the  
Senate Public Health and Welfare Committee**

**by  
Marla Rhoden, Director, Health Occupations Credentialing  
March 9, 2004**

Chairperson Wagle, I am pleased to appear before the Senate Public Health and Welfare 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

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>

*Senate Public Health and Welfare Committee  
Attachment 8  
Date: March 9, 2004*

of the citizens of Kansas.

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.

8-2

To the Senate Public Health and Welfare Committee:

I have been associated with athletics for over the 25 years both in California and the state of Kansas. In that time, athletic trainers have played an important role in injury prevention and treatment for me and my players. The expertise for which they possess is invaluable. I would agree with the licensing of athletic trainers to further promote and insure the integrity of their profession.

By licensing athletic trainers, individuals seeking attention in sport related activities would be able to have confidence in their care provider. Also, athletic trainer educational requirements were further increased to create a standard curriculum in the same manner as other allied health professionals. If you have any questions or comments, please feel free to contact me at my office by calling 785-628-4399.

Sincerely,

Tim O'Connor  
Head Football Coach  
Fort Hays State University  
600 Park Street  
Hays, KS 67601

Senate Public Health & Welfare Committee  
Attachment 9  
Date: March 9, 2004



Senator Wagle and Committee Members:

Please add my support of HB 2737, Licensure of Athletic Trainers. This profession has been a very important aspect of Unified School District No. 302, Smoky Hill, Ransom schools for a great many years. We have had the privilege of working with the High Plains Sports Medicine Clinic and now with the outreach program at the Hays Medical Center to have an Athletic Trainer visit our school twice a week. This program has allowed our coaches to concentrate on coaching during the times the Athletic Trainer is available and has allowed the best person on site to work with an injured athlete.

We have experienced a much quicker return to the field of play by our athletes, but more importantly we have experienced the peace of mind of knowing that our student-athletes are being treated properly at the time of injury and during rehabilitation.

The Athletic Trainer is a true professional. They have gone through extensive training during their educational process and continue their professional development as an ongoing matter or routine. The people who serve our schools as Athletic Trainers are certified through a rigorous national test to be Athletic Trainers. I truly believe that the State of Kansas should recognize them through a professional licensure process.

Please support the Licensure of Athletic Trainers through the adoption of House Bill 2737. It will be good for the profession and also good for the State of Kansas.

Sincerely,

Mike Kastle  
Superintendent, Principal, and Athletic Director  
USD 302, Ransom, Kansas

February 27, 2004

**Gregory A. Woods, MD**  
Sports Medicine  
Joint Replacements  
General Orthopaedics

**Robert L. Bassett, MD**  
Surgery of the Hand & Arm  
Joint Replacements  
General Orthopaedics

**Frederick R. Smith, DO**  
Physical Medicine & Rehabilitation  
Electromyography

**Mirza S. Baig, MD**  
Spine Surgery  
General Orthopaedics

**Sheima Baig, MD**  
Physical Medicine & Rehabilitation  
Electromyography

**PHYSICIAN ASSISTANTS**

J. Bradley Rea, PA-C

Mark R. Heimerman, PA-C

Amy E. Glover, PA-C

Justin R. Schlepp, PA-C

2500 CANTERBURY DRIVE

SUITE #112

HAYS, KANSAS 67601

785-628-8221

1-866-428-8221

785-628-3264 (FAX)

Senate Public Health and Welfare Committee

RE: Licensure of Athletic Trainers

Dear Chairperson Wagle and Committee Members:

I am writing to you to address the issue of licensure of Athletic Trainers in the state of Kansas.

I am an orthopaedic surgeon in Western Kansas. I have had extensive experience in working with Athletic Trainers over the 20 years that I have been in Orthopaedic Medicine. I am also the Medical Director for the Athletic Training Program at Fort Hays State University. I have been involved in the curriculum improvement and education for Athletic Trainers and the current effort to have a curriculum certified undergraduate program at Fort Hays State University. I have been the team physician at Fort Hays State for 15 years and have an active sports medicine outreach program that currently services 12 area high schools as well. One of the things that I have learned over my years of working with Athletic Trainers is that they are some of the most hardworking and under paid health care professionals that I know. The Certified Athletic Trainer is an invaluable part of the sports medicine team. Athletic Trainers provide on site event coverage and triage and treatment of injuries. Currently, in the state of Kansas, Athletic Trainers are registered but not licensed.

I have been able to work with non certified "trainers" in the past and have had problems in dealing with them. I feel that licensure will accomplish two things from the standpoint of the physician directed health care team: 1). I feel that licensure for Athletic Trainers will allow us to trust that the Athletic Trainer has had to undergo a more rigorous process to become licensed, thus assuring better qualifications for the licensed Athletic Trainer over the registered Athletic Trainer. 2). Licensure would further promote the team concept of a physician directed care team.

Currently Athletic Trainers are trying to gain the trust of more physicians by pointing to the process of education, training, and competence. Licensure would legitimize that process. Currently Athletic Trainers have to at least have a



Bachelors degree and pass the national certifying exam. This is on par with other non-physician health care providers in this state who currently have licensure "status". In fact a good proportion of the Athletic Trainers that I have worked with in this state are of Master's level of education. The public expects the highest level of certification for their physician directed health care team.

Therefore, I encourage you, Chairperson Wagle and your committee members to support the licensure of Athletic Trainers. The student athletes and their families in your communities will all benefit from this effort.

**Gregory A. Woods, MD**  
Sports Medicine  
Joint Replacements  
General Orthopaedics

**Robert L. Bassett, MD**  
Surgery of the Hand & Arm  
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**Frederick R. Smith, DO**  
Physical Medicine & Rehabilitation  
Electromyography

**Mirza S. Baig, MD**  
Spine Surgery  
General Orthopaedics

**Sheima Baig, MD**  
Physical Medicine & Rehabilitation  
Electromyography

Sincerely,

Gregory A. Woods, M.D.

**PHYSICIAN ASSISTANTS**

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Mark R. Heimerman, PA-C

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**THE UNIVERSITY OF KANSAS**  
**Department of Athletics**

---

Lew Perkins, Director of Athletics

March 5, 2004

Senator Susan Wagle  
Chair, Senate Public Health and Welfare Committee  
State Capital  
300 SW 10<sup>th</sup> Street  
Topeka, KS 66612

Dear Senator Wagle,

I am writing requesting your support for H.B. 2737, licensure of athletic trainers. As an administrator of an athletics department, the safety and well being of our student-athletes is of the utmost importance. Injuries occur on a daily basis and it is very comforting knowing we have qualified individuals on site to care for their needs. The licensing of athletic trainers would ensure the individuals we trust to take care of our student-athletes are well-trained and competent health care professionals.

Parents entrust us for the health care needs of their children. The licensure of athletic trainers will help to maintain our accountability by ensuring that only properly credentialed individuals deliver health care at our institution.

Athletic training is a very valuable profession, especially to an institution that relies so heavily on their services. Licensure would provide athletic trainers with the level of professionalism they deserve and would aid in public awareness of the competence and skill level they possess. It is with these reasons that I ask for your support with this bill. Thank you for your consideration and support for this very important bill.

Sincerely,



Lew Perkins  
Director of Athletics

To the Senate Public Health and Welfare Committee,

I would support the licensure of athletic trainers in the state of Kansas. I have competed and coached in the the state for ten years. Athletic trainers are an invaluable part of any athletic department, program and/or team. Their ability to prevent, care and rehabilitate injuries is a major part of athletics. Licensing would ensure only qualified professionals are allowed to perform these tasks.

Sincerely,

Mark Johnson  
Head Men's Basketball Coach  
Fort Hays State University  
600 Park Street  
Hays, KS 67601



**Mark Stovak, MD**

**Richard Leu, MD**

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

March 5, 2004

Senate Public Health and Welfare 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 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