

ATHLETIC TRAINER ADVISORS

MINUTES OF MEETING APRIL 19, 1999

1. Chris and Rita went through the National Standards to address what the Advisors feel should be included in the law as well as "Minimal Record Keeping Standards" Chris will draft for Advisor review.
2. The Office will work on a temporary certification requirement.
3. Adjournment

ATHLETIC TRAINER ADVISORS

MINUTES OF MEETING FEBRUARY 8, 1999

1. Rita gave the members a draft set of rules which were reviewed. Changes were made. They will review draft 2 at their next meeting.
2. The members went through the list of individuals who may be practicing athletic training in Vermont but are not yet certified. A letter will go out to them asking if they are intending to practice in Vermont.
3. Adjournment

Report of Preliminary Assessment for State Regulation (Licensure) of Athletic Trainers

I. Introduction

Pursuant to 26 V.S.A. § 3105(d) and Part I of the Administrative Rules for procedure for Preliminary Sunrise Review Assessments by the Secretary of State's Office of Professional Regulation, the application for licensure of Athletic Trainers was received by this Office on June 14, 2002. A public hearing was noticed for and convened on October 4, 2002 to take testimony and receive additional documentation. Approximately 15 people attended the public hearing, and four testified. A deadline of October 23, 2002 was established for submission of any additional written information, after which the record in this proceeding was closed. The Petitioner, Michael Landsberg, submitted a package of information dated October 15, 2002.

The purpose of this proceeding was to evaluate and report on the appropriateness of professional regulation of Athletic Trainers according to the statutory criteria provided by 26 V.S.A. § 3105(a), as required by 26 V.S.A. § 3105(d). That provision requires that:

§ 3105 Criteria and standards

(a) A profession or occupation shall be regulated by the state only when:

- (1) it can be demonstrated that the unregulated practice of the profession or occupation can clearly harm or endanger the health, safety, or welfare of the public, and the potential for the harm is recognizable and not remote or speculative;
- (2) the public can reasonably be expected to benefit from an assurance of initial and continuing professional ability; and
- (3) the public cannot be effectively protected by other means.

II. Findings of Fact

Based on the record in this proceeding, the following facts are found:

1. An application for preliminary sunrise review assessment was submitted on June 14, 2002 by Michael Landsberg, ATC, of , Essex Junction, Vermont.
2. There are approximately 80 certified athletic trainers practicing in the State.
3. Athletic trainers may work independently in the traditional school setting, providing

health care to athletes in middle/high school, college, and for amateur and professional sports teams.

4. Less than 1% of practitioners are engaged in an independent practice, 25% are engaged in clinical practice and the rest are practicing in the traditional setting.

5. Athletic trainers in the State of Vermont are a critical component of a health care team when it comes to sports injuries and athlete care.

6. Athletic trainers are currently certified by the Office of Professional Regulation pursuant to 26 V.S.A. § 4151 et seq.

7. Athletic trainers who work in the clinical setting are currently required by statute to work in a setting which employs no more than two athletic trainers to each physical therapist. There is no explicit supervision requirement.

8. Athletic trainers work with a variety of health care professionals to safely and competently administer a care plan for athletes.

9. The evidence presented revealed several real examples of the danger of unregulated practice. Untrained individuals may not properly assess sports injuries, especially in the traditional setting. The danger is that a person who is not qualified to make such assessments and judgments might place the athlete back in harms way where further, more serious injuries can occur.

10. Examples of harm include improper assessment of concussion, incorrectly turning over an athlete with a spinal injury and causing further damage, and wrapping and icing the broken leg of an athlete and sending him home rather than getting him to the hospital for immediate treatment.

11. Physician supervision and standing orders are required for athletic trainer practice in the traditional setting.

12. The proponents are seeking increased recognition, legitimacy and elevation of the status of their profession through licensure.

13. Written submissions indicate that there is consensus among the profession in favor of licensure.

14. It is inevitable that the costs associated with regulation of the profession will be passed on to the professional and borne by the marketplace, resulting in increased health care costs to consumers. However, given that regulation already exists in the form of certification, it is not expected that these costs will significantly increase.

15. Many schools in the State function without an athletic trainer on hand for sporting events. Quite often trained emergency personnel are on hand to initiate first response medical treatment.

16. Most coaches are trained in first aid but do not have the requisite training to assess injuries and make determinations as to follow-up care, treatment, or whether or not an athlete should be allowed to continue to participate in the sport.

17. Proponents of athletic trainer licensure are not seeking to require that all schools hire athletic trainers. The proponents state that first response by first aid trained personnel is completely appropriate. The danger to the public arises when, after that first response emergency or first aid treatment, individuals try to make decisions about returning the athlete to the game or individuals fail to send the injured athlete to the appropriately trained medical professionals for follow-up.

18. Schools could continue to function as they currently do so long as no unlicensed and unqualified individuals are attempting to make decisions about an athlete's health which they are not qualified to make. Coaches, Emergency Medical Technicians and physicians on hand at the sporting event would continue to give first aid treatment under this proposal, but would be required to send that athlete to an athletic trainer, physician, or other qualified professional for follow-up treatment.

19. Current education requirements for athletic trainers are certification by the National Athletic Trainer Association (NATA), which requires a limited core curriculum of courses and experience requirements. It also provides for an internship route to certification.

20. As of January 1, 2004, eligibility to sit for the NATA certification exam is dependent upon graduation from an accredited athletic training program. This will significantly improve the educational standards for every athletic trainer.

21. Accreditation is by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) and will require a more rigorous educational standard, including education in the clinical setting.

22. The petitioner is not opposed to going to the CAAHEP standard prior to January 2004. 3 schools in Vermont are currently seeking CAAHEP accreditation.

22. No opposition has been voiced with regard to the licensing issue, though the Vermont Physical Therapy Association did express some concerns as to the proposed legislation attached to the application packet. Those concerns involved the proposed scope of practice, education requirements, and the ratio of PTs to ATs in the clinical setting. The associations have met and resolved these concerns.

III. Conclusions

Pursuant to the above findings, the application for licensure of Athletic Trainers by the Office of Professional Regulation does meet the statutory criteria and standards set forth in 26 V.S.A. § 3105 for the following reasons:

A. It has been demonstrated that the unlicensed practice of athletic training can clearly harm or endanger the health, safety, or welfare of the public. Specific examples of harm have been provided. 26 V.S.A. § 3105(a)(1).

B. The potential for harm to the public is readily recognizable and is not remote and speculative. 26 V.S.A. § 3105 (a)(1).

C. Licensure will function to increase the benefit to the public and would not result in a negative benefit to cost ratio. 26 V.S.A. § 3105(a)(2).

D. The public is not currently adequately protected by other means, in the form of supervision by a licensed physician or oversight by schools or health care institutions. There is not sufficient institutional accountability in place to protect the public. 26 V.S.A. § 3105(a)(3). Physicians may issue standing orders for athletic trainers, but without a clear scope of practice, these orders may not provide for enough guidance. Additionally, schools may not provide adequate or appropriate guidance to athletic trainers or others in their employ, such as coaches, in the area of athletic training because they are not health care institutions.

E. Without licensure and a clear scope of practice, employers may utilize athletic trainers beyond the scope of their education and training. 26 V.S.A. § 3105(a)(1).

IV. Recommendation

In accordance with 26 V.S.A. § 3105(d), the Office of Professional Regulation recommends that, based upon the information provided by the applicant and gathered in the form of written and oral public comment, the profession of Athletic Training be elevated to regulation in the form of licensure by the Office of Professional Regulation because the application has met the standards and criteria set forth in 26 V.S.A. § 3105 and licensure would be in the best interest of the public.

The public cannot be adequately protected by other means (currently certification) because the voluntary aspect of certification is allowing unqualified individuals to place the public at risk as demonstrated above.

However, such legislation to move to licensure should clearly define the scope of practice of the licensed athletic trainer and should provide some exemption for coaches, teachers and other school officials who are trained in first aid and would be able to respond to emergency

situations. Such an exemption should be limited to first response emergency care and activities such as routine taping and would require immediate referral to a trained medical professional after the initial response.

Additionally, such legislation should include a provision to eliminate the PT to AT ratio requirement but should supplement that elimination with a requirement that an athletic trainer be required to work with other health care professionals to provide complete health care to their patients in areas where they are not trained. Such legislation would also take into account the agreed upon boundaries of practice established between the AT and PT associations.

Accordingly, the Office of Professional Regulation recommends licensure for athletic trainers in the State of Vermont.

Respectfully submitted this 13th day of December, 2002.

Jessica G. Porter
Director, Office of Professional Regulation