



Senator Monnes Anderson, Chair
Senator Linthicum, Vice Chair
Senate Committee on Health Care

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Support for SB 742 - Relating to athletic trainers

Thank you Chair Monnes Anderson, Vice Chair Linthicum, and Senate Health Care Committee Members for the opportunity to testify regarding SB 742.

Athletic trainers (ATs) are health care professionals who collaborate with physicians to provide preventative services, emergency care, clinical diagnosis, therapeutic intervention and rehabilitation of injuries and medical conditions. ATs are recognized as health care professionals by the American Medical Association.

Historically, ATs have worked with athletes - from youth to professional sports. This was especially true when the practice act was first passed 20 years ago. Since then, the entry-level educational competencies have become more comprehensive and the degree level has advanced. As the profession has evolved, other entities have become interested in providing athletic training services in settings where workers may experience similar injuries to the one's athletes do. This includes, public safety and military personnel as well as individuals in the industrial setting. Since AT services are typically provided onsite, it allows for greater prevention services including early intervention to prevent a minor injury from becoming a bigger one, immediate onsite care, and appropriate referral when needed.

Unfortunately, the Oregon Athletic Training Practice Act limits the ability of ATs to work to their full education and training because it restricts the patient population ATs can work with to "athletes." From ORS 688.701:

"Athlete" means any individual participating in fitness training and conditioning, sports or other competitions, practices or activities requiring physical strength, agility, flexibility, range of motion, speed or stamina, generally conducted in association with an educational institution, or professional or amateur sports activity.

"Athletic injury" means an injury occurring as the result of participating as an athlete.

To my knowledge, athletic training is the *only* health care profession in Oregon where a specific patient population is defined. This prevents workers, such as firefighters and industrial employees, from accessing AT services. To put this into perspective, a football player that hurts his back lifting in the weight room can be evaluated by the AT and the AT can decide if the injury needs to be referred to a physician or if it can be treated onsite. A warehouse worker that suffers the exact same injury lifting a box at work cannot.

The limited definitions in the practice act also impacts the services that ATs that work in high schools can provide since ATs can only treat injuries that were a result of being an "athlete." For example, the high school basketball player that sprains her ankle in a game can access the AT. However, if the same student sprains her ankle getting off the bus she cannot access the same care.

SB 742 solves this problem by aligning the Athletic Training Practice Act with that of other health care professions by not defining the patient population, but by simply defining the practice of athletic training.

CURRENT DEFINITION IN ORS 688.701	PROPOSED NEW DEFINITION IN SB 742
<p>“Practice athletic training” means the application by a registered athletic trainer of principles and methods of:</p> <ul style="list-style-type: none"> (a) Prevention of athletic injuries; (b) Recognition, evaluation and immediate care of athletic injuries; (c) Rehabilitation and reconditioning of athletic injuries; (d) Health care administration; and (e) Education and counseling. 	<p>“Practice of athletic training” means the provision of any of the following services, in collaboration with a physician licensed under ORS chapter 677:</p> <ul style="list-style-type: none"> (a) Injury and illness prevention; (b) Wellness promotion and education; (c) Emergent care, examination and clinical diagnosis; (d) Therapeutic intervention; and (e) Rehabilitation of injuries and other medical conditions.

Nothing in this bill will change the *requirement* that ATs collaborate with a physician when the injury is beyond the AT’s “scope of practice or expertise” or the when “the injury is not responding to treatment.”

SB 742 will also change the practice act from registration to licensure. Currently, 49 states and the District of Columbia regulate ATs – of which nearly 90% license ATs. Oregon is only 1 of 4 states that registers ATs. This is despite the fact that the Oregon Athletic Training Practice Act is essentially already a licensure act. Not only will it align the practice act with other states, it will align it with other health care professions in Oregon.

Lastly, SB 742 cleans up the educational requirements to become an AT. The profession of Athletic Training is in the process of a transformative change – by 2022 entry-level education of ATs must occur at the master’s level. The changes to the educational requirements in this bill ensure that as the degree transition occurs, newly graduated ATs as well as currently practicing ATs are not adversely affected by wording in the statute. Importantly, it will still be a requirement that ATs have passed the national Board of Certification for the Athletic Trainer certification examination to practice in the state.

In closing, regulation of professions is to ensure that unqualified individuals are not performing skills that could harm the public. The current practice act does this by only allowing nationally Board of Certification certified ATs to practice athletic training in Oregon. However, when regulation becomes too restrictive it can unintentionally prevent professionals from practicing to their full level of training. At a time when there is a need for greater access to health care providers, it is essential we allow all providers to work to their full level of training.

I thank you for your time and I hope you will support SB 742 to ensure citizens can access all forms of health care.

Sincerely,



Sam Johnson, PhD, ATC