STATE OF NEBRASKA

DEPARTMENT OF HEALTH
Mark B. Horton, M.D., M.S.P.H.
Director

E. Benjamin Nelson
Governor

MEMORANDUM

TO: Senator Don Wesely, Chairman
Health & Human Service Committee
District 26 - Nebraska Legislature

FROM: Mark B. Horton, M.D., M.S.P.H.
Director of Health

DATE: March 1, 1996

SUBJECT: Final Report of the Director of Health on the Athletic Trainer Proposal for a Change in Scope of Practice

The applicant group in this review is the Nebraska State Athletic Trainers Association. The applicants submitted an application in the summer of 1995 that proposed to change athletic trainer scope of practice to allow athletic trainers to provide services to the general public. Currently, athletic trainers are authorized to provide their services only to athletes who are participants in the athletic programs of secondary schools, post-secondary schools, and amateur and professional athletic organizations. These services include: 1) educating athletes in injury prevention, 2) providing on-the-scene emergency care for athletes, and 3) providing follow-up care for the injuries of athletes that occur as a result of their participation in the athletic activities of the kinds of programs listed above. This follow-up care usually occurs in cooperation with other licensed providers, and after the injured athlete has been examined by a physician.

The applicants are proposing to expand athletic trainer scope of practice in such a way as to allow athletic trainers to provide the same services to the general public. The applicants stated that this expansion of their scope of practice would not only provide the members of the general public with an important service that is currently unavailable to them, but also would improve access to athletic trainers by high school athletes by making it possible for third-party reimbursement for athletic trainer services. The proposal has been reviewed by a technical committee and by the Board of Health. The technical committee and the Board of Health both recommended against approval of the proposal. I concur with their recommendations.

After reviewing all of the relevant documents generated by the technical committee and by the Board of Health, I have concluded that the applicants' proposal does not satisfy the four criteria established by the Nebraska Regulation of Health Professions Act.

The first criterion requires that applicants demonstrate that there is clear and convincing evidence of significant harm to the public inherent in the current practice situation of the profession under review. No compelling evidence was submitted to indicate that the general public lacks timely access to health care professionals who can treat athletic injuries, nor was any convincing evidence or argument presented to indicate that the general public needs to have these services provided to them by athletic trainers.

Regarding the issue of access to athletic trainer services in rural high schools, no compelling evidence was submitted to demonstrate that athletes in these schools are not receiving timely access to health care professionals who can treat their athletic injuries. Furthermore, no information was provided that would demonstrate that access by high school athletes to athletic trainers per se is vital to the proper treatment of their athletic injuries. What information was provided pertinent to access to athletic trainer services in rural high schools suggests that the access problems referred to by the applicant group are economic in nature, specifically, that many school districts have difficulty paying for the services in question. I haven't seen anything in the record of the review to convince me that the applicants' proposal could resolve this problem.

During the review, concern was expressed that the Department of Health has been requiring athletic trainers to submit proof that they are under contract with specific athletic or educational institutions as a precondition for practice, and that this has limited the ability of the profession to provide their services to high school athletes in schools that cannot afford to contract for services. I have been informed by Department staff that such a requirement does not exist.

During the review, concern was expressed that athletic trainers will be excluded from the "managed care team" unless they can demonstrate to their employers (i.e., sports medicine clinics) that they can generate more referrals from physicians than they do currently. The applicants stated that their proposal would increase the number of such referrals by providing members of the general public with access to the services of athletic trainers.

The applicants presented no evidence to indicate that athletic trainers in Nebraska are being excluded from such organizations as sports medicine clinics, nor was anything presented that would suggest that this might be a trend in the near future.

The second criterion requires applicants to demonstrate that the proposal would not create significant new harm to the public health and welfare. In my judgment the idea of adding treatment of the athletic injuries of the general public to athletic trainer scope of practice creates the potential for significant new harm to the public health and welfare. Information generated by the review has clearly demonstrated that athletic trainers do not receive sufficient education or clinical training to provide care for injured persons who might have pre-existing medical conditions, or who might have health problems associated with aging.

Criteria three and four focus on the possible benefits that the proposal might bring to the public, and whether the proposal would be the most cost-effective means of addressing access problems referred to by the applicant group. Improving access by high school athletes to athletic trainer services might be a benefit to these athletes, but the applicants have not made the case that their proposal would accomplish this objective. The applicants have asserted that adding treatment of the athletic injuries of members of the general public to athletic trainer scope of practice would facilitate third-party reimbursement, and thereby make it easier for athletes in poor, rural schools to get access to athletic trainers. However, this contention has not been supported by evidence or compelling argument.

In summary and conclusion, there is no convincing evidence to indicate that the general public lacks access to appropriate care for athletic injuries, or that allowing athletic trainers to provide such care would be appropriate even if such access problems were identified. However, I do believe that athletic trainers are a valuable part of the health care community, and that it is clear that they are qualified to treat athletic injuries of high performance athletes. I also believe that these athletes benefit most from the services of the athletic trainers when these services are provided as part of a team of care givers that includes physicians and physical therapists. Nothing stated in this report on the ideas that comprise this proposal is intended to reflect negatively on athletic trainers. I believe that we need to find an appropriate way of ensuring that all high school and collegiate athletes have access to the services of athletic trainers. However, the current proposal is not the means to achieve this goal.

MBH/RB/das