To: Nebraska Department of Health and Human Services

Speaking on behalf of members of the Nebraska Physical Therapy Association (NPTA), I support the athletic training profession as it strives to provide the highest level of care based on its members’ sound educational preparation. We recognize that a profession’s scope of practice may evolve over time, requiring need for statutory language revision and accurate reflection of contemporary practice. We appreciate the opportunity to provide input in the Credentialing Review (407) process for the athletic training practice act.

The athletic training profession provides services for individuals along a continuum of sport, from casual enjoyment to elite competition, and may continue well past the usual high school, collegiate and professional competitive timeframes. We are also aware that specific vocations such as fire-fighters, military personnel, and individuals in jobs requiring a high level of physical capacity may be considered athletic in nature.

Recognizing the aforementioned context, NPTA respectfully submits the following revisions.

In 38-403:

<table>
<thead>
<tr>
<th>CURRENT PROPOSAL</th>
<th>SUGGESTED REVISION</th>
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<tr>
<td>38-403 Injuries and illnesses, defined. Means conditions and common illnesses which athletic trainers as a result of their education and training are qualified to provide care and make referrals to the appropriate health care professionals.</td>
<td>38-403 Injuries and Conditions, defined: Means injuries and conditions related to athletic, recreational, or vocational activity which athletic trainers are qualified to provide care and make referrals to the appropriate health care professionals.</td>
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Rationale:

- Added “related to athletic, recreational, or vocational activity” to better reflect the educational capacity of an athletic trainer beyond “athletic injuries”; this further clarifies individuals for whom athletic trainers may safely provide services. Following discussion with the athletic trainers, it appears this language aligns with their proposed intent.
- Removed “as a result of their education and training” due to redundancy with 38-411. Applicant for licensure; qualifications; examination.
- Change from “illness” to “condition” as “illness” connotes an unhealthy status with potential need for medical intervention, hospitalization or rehabilitation in settings such
as acute care, skilled nursing or long-term care facilities. None of these situations would be consistent with scope of care in athletic training practice.

In 38-404:

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<tr>
<td>• Athletic Trainer means a health care professional who is licensed to practice athletic training under the act and who under guidelines established with a licensed physician performs the functions outlined in section 38-405. When athletic training is provided in a hospital outpatient department or clinic or an outpatient-based medical facility, the athletic trainer will perform the functions described in section 38-405 with a referral from a licensed physician, osteopathic physician, podiatrist, advanced practice registered nurse, physician assistant, dentist, or chiropractor.</td>
<td>• Athletic Trainer means a health care professional who is licensed to practice athletic training under the act and who under guidelines established with a licensed physician performs the functions outlined in section 38-405. When athletic training is provided in a hospital outpatient department or clinic or an outpatient-based medical facility, the athletic trainer will perform the functions described in section 38-405 with a referral from a licensed physician, osteopathic physician, podiatrist, advanced practice registered nurse, physician assistant, physical therapist, occupational therapist, dentist, or chiropractor.</td>
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Rationale:

• Physical therapists, occupational therapists, and athletic trainers have established a long history of collaboration in clinical settings. Adding the physical therapist and occupational therapist would improve continuity of care, minimize time for client to access care, and minimize health care expenditures.

For 38-405, in being consistent with the verbiage of 38-403, change all “illnesses” word to “conditions”. Rationale for this suggested revision:

• See above for rationale for changing from condition to illness. This will maintain consistently throughout the document.

NPTA recognizes the long-standing, collaborative relationship between the athletic trainer and physician in maintaining health and safety for athletes. In the proposed language, there exists an increased risk for physician-owned practices employing athletic trainers. If reimbursement by other third-party payers become more prevalent for athletic training, a conflict of interest exists resulting in “referral for profit” decisions and potential for overutilization of unnecessary services. This has been problematic in our profession, where the physical therapist was unable to render independent, professional decisions about necessity of services when employed by the referring physician. There have been recent anecdotal reports by parents who were pressured to utilize the physician associated with a specific athletic trainer following a sport-related injury. The proposed language revision will allow an increase in this conflict of interest dynamic, which reduces access and choice of care for Nebraskans.

Finally, and perhaps most importantly, a critical criterion that must be met for practice act modification is clear description of the societal need that is not covered under current statute. In the current 407
process, the athletic training profession fails to identify the unmet societal needs under current statutory language, and offers inadequate articulation of a critical justification for practice act expansion. APTA Nebraska recognizes that there is a great need for Nebraskans to have access to athletic trainers who are involved across all athletic settings, including in schools and sport clubs. We know these environments infrequently have access to athletic training services. We strongly support the presence of more athletic trainers in these settings. The proposed practice act revisions will not solve this current societal need for Nebraskans.

Thank you for consideration of our recommendations as we work together to ensure access to safe and effective care for all Nebraskans. Please do not hesitate to contact me for further clarification.

Sincerely yours,

Grace Knott PT
President
Nebraska Chapter
American Physical Therapy Association