



Nebraska Medical Association

Advocating for Physicians and the  
Health of all Nebraskans

June 15, 2020

Dear Members of the Athletic Trainers Technical Review Committee,

The Nebraska Medical Association (NMA) would like to thank the Nebraska State Athletic Trainers Association (NSATA) for valuing the input of Nebraska's physicians when crafting their credentialing review proposal. The NMA and NSATA have met either in person or virtually multiple times over the last several months, and we believe NSATA has taken our comments seriously throughout this process.

Our initial questions and comments were either clarified or addressed by NSATA throughout our conversations, and as a result, the NMA is supportive of the credentialing review application and NSATA's desire to modernize parts of their profession.

We would like to address briefly the three statutory sections receiving the bulk of the substantive changes in NSATA's application: 38-403, 38-404, 38-405. The NMA believes that the changes made to these sections will not have a detriment to patient safety in Nebraska, while at the same time could slightly increase access to a specific subset of health care services.

- 38-403; Injuries and Illnesses, defined.
  - The inclusion of "illnesses" in this amended section is appropriate in the view of our members. Athletic Trainers can often be the most frequent health care professional some teenagers interact with. As such, athletic trainers have a role to play in spotting illnesses such as mononucleosis that can have a considerable impact to the health of that child, as well as being highly contagious to others. The NMA has faith that athletic trainers have the training necessary to identify a situation in which illnesses necessitate a referral to a health care professional with more expertise. Nothing in this credentialing review application gives athletic trainers the ability to diagnose illnesses.
  - While the NMA would not oppose a more detailed description of the "conditions and common illnesses" athletic trainers are qualified to provide care for, we do believe that the proposed structure of the statutes does have the effect of limiting the scope of athletic trainers. It is our belief that the definitions of "athletic trainer" in 38-404 and "athletic training" in 38-405 work

to limit the breadth of health care services athletic trainers can perform for the public.

- 38-404; Athletic Trainer, defined.
  - The NMA acknowledges that NSATA kept the “under guidelines established with a physician” language in this section that is currently found in law. We believe this component is an important piece in maintaining patient safety if the athletic trainers are successful in their seeking of scope expansion, and this section maintains the way current statute addresses the physician/athletic trainer relationship. Contrary to what another health association has stated, athletic trainers currently do not practice under the “supervision” of a physician; indeed there is little in the proposed language of this section that would alter in any way the current status quo of physician established guidelines for athletic trainers. These guidelines are established at the local practice level and can vary widely depending on the situation and setting.
  - Similarly, the NMA believes that the allowance of athletic trainers to receive referrals from other health professionals under the proposed change would not be a detriment to patient safety, as we presume that each identified health care profession would be competent enough to establish guidelines or parameters within their own referrals.
  
- 38-405; Athletic Training, defined.
  - When NMA initially met with NSATA, the term “diagnose” was originally included in their proposed changes for this section. Believing that “diagnose” and “diagnosing” are functions of physicians and other health professionals with more education and training, we were glad to see that NSATA heeded our advice and replaced “diagnose” with the term “impression”. Regardless of how “impression” ends up being defined following this process, what matters is that in practice, patients in Nebraska will not receive a diagnosis from athletic trainers under this proposal. Our physician members feel much more comfortable with diagnosing being left to only those with current authority to do so.
  - The NMA recognizes the other changes made in this section as an effort to modernize the athletic training profession in Nebraska to better reflect the training of athletic trainers, specifically the updates to the therapeutic interventions and modalities athletic trainers can utilize. Additionally, athletic

trainers currently play a key role in health and wellness promotion for student athletes, and as the health care professional most often onsite, the authority to administer emergency drugs will have a beneficial outcome on this same population.

The NMA would like to thank the Technical Review Committee for affording us this opportunity to provide feedback and insight on the proposed changes sought by the athletic trainer's credentialing review application. We look forward to continuing this process and are ready and willing to provide the feedback of Nebraska's physicians throughout. If we can be of greater assistance throughout the Committee's review, please do not hesitate to contact us.

Sincerely,

A handwritten signature in cursive script, reading "Todd E. Hlavaty, MD". The signature is written in dark ink and includes a long, sweeping horizontal stroke at the end.

Todd E. Hlavaty, MD  
NMA President