Good afternoon, my name is Dr. Kody Moffatt testifying on behalf of the Nebraska Medical Association. The NMA has greatly appreciated the open and transparent dialogue from the Nebraska State Athletic Trainers’ Association throughout the past year as they worked through their proposal with various stakeholders, and we thank them for valuing the input of Nebraska’s physicians. We recognize the unique role athletic trainers play in the delivery of health care to Nebraskans. The NMA is supportive of this application, which aims to achieve their goal of modernizing their practice act while maintaining patient safety and quality care to the public.

With the retention of the requirement in state law that athletic trainers practice under the guidelines established by a physician, we believe patient safety will be maintained with the expansion of modalities and interventions athletic trainers are able to utilize under their proposed language. We also support using the term “impression” instead of “diagnose” in 38-405, and further support the definition of impression that has been created throughout this process and included in the amended proposal. Additionally, the NMA supports the amended language that specifies more clearly the situations in which athletic trainers are permitted to treat injuries, common illnesses, and conditions of the patients they see.

Finally, the NMA has participated in ongoing conversations with the NSATA and the Nebraska Pharmacists Association regarding the proposed “emergency drug” language in 38-405. We recognize both the need to have this ability in their scope of practice for enhanced patient safety in emergent situations and the concerns over proper storage, oversight, and administration of these emergency drugs. Our three organizations have begun identifying the correct workflow processes for the administration of emergency drugs by athletic trainers, and we are confident we will find a workable solution that ensures patient safety in both the proper storage of drugs so as not to impact their effectiveness and the need for being able to react quickly as athletic trainers are often the only health care provider immediately available. We appreciate that NSATA recognizes athletic trainers will likely carry more of the burden in order to ensure proper storage, oversight, and administration of the emergency drugs, and we are committed to finding a method that works best for all stakeholders involved as this credentialing review process moves forward.

The NMA would like to thank the Technical Review Committee for affording us this opportunity to provide feedback and physician insight on the proposed changes sought by athletic trainers, and we again thank the NSATA for their efforts in seeking to find language that all stakeholders can reach agreement on.