NSATA Final Comments

The Nebraska State Athletic Trainers’ Association (NSATA) appreciates the time and consideration of the Technical Review Committee. It is the position of the NSATA that its proposal would benefit the public health and welfare of Nebraskans and that the proposal meets the criteria in the following ways:

**Criterion One:** The health, safety and welfare of the public are inadequately addressed by the present scope of practice or limitations on the scope of practice. (The review body must determine that at least one of the following is occurring)

b. Access to the services in question is very difficult for some members of the public under the current limitations.

Persons who do not participate in sports or sports related activities are unable to access the services of an athletic trainer even if the athletic trainer is educated to treat the injury or illness. The current statute restricts the practice to athletes and limits it further to sports or recreation.

The current statute restricts the practice to athletes and limits it further to sports or recreation. As a result, access to athletic training services is not just “very difficult;” access is prohibited for those in the public who are not defined as athletes.

c. The quality of the services in question is adversely impacted under the current limitations on the scope of practice.

Athletic trainers are currently limited to certain mechanical modalities and does not include the use of emergency drugs. Since the act has not been updated since 1998, the treatment of injuries has evolved with different treatment methods available to treat such injuries. The education of athletic trainers has also evolved as new treatments are developed. The quality of service is impacted unless these statutes are updated to conform to methods of treatment of these injuries that are currently available.

Athletic trainers are often on the scene of an injury. They are educated in the use of emergency drugs and the use of emergency drugs should be included in the statute. Without this provision the quality of services is adversely impacted to a great degree.

**Criterion Two:** Enactment of the proposed change in scope of practice would benefit the health, safety or welfare of the public. The review body must apply the following standards in determining whether this criterion is met:

1. The review body must determine that enactment of the proposed changes in scope of practice would produce widespread benefits for the public, and that the amount and extent of the benefits would outweigh any potential harm or danger to the public that might be caused by enactment of these changes.

The NSATA amended proposal would allow athletic trainers to provide care to a segment of the population that does not currently have access to athletic trainers (non-athletes). This would allow for patient and provider choice when determining the most appropriate care for a given injury, common illness or condition. In addition, athletic trainers would be able to administer emergency medications if the need arises, doing so under the guidelines established with a physician. The modalities of treatment for injuries would be updated to include the most modern forms of treatment. All these changes would benefit the health, safety and
welfare of the public. Further 38-404 clearly identifies processes to mitigate potential harm and danger that may result from changes that are being proposed.

2. Documentation of benefits to the public must be sufficient to show that there is a realistic expectation of their occurrence following enactment of the proposed changes in scope of practice and that they would be of significant amount and extent. Evidence for other jurisdictions in which the profession has practice with the proposed change in the scope of practice is preferred if available.

The testimony presented to the Technical Review Committee are filled with examples of how the public could benefit from the enactment of the proposed changes. The following will highlight a few of them:

a. The testimony of Ally Dering-Anderson describes a much-needed change in the statute to benefit the public by stating “I will advocate that athletic trainers are a wonderful resource to have emergency medicines for EMERGENCIES. Emergencies by definition are unpredictable. Patients need access to some of these drugs within minutes. It’s not continuing care, but it’s enough to allow for EMS to arrive on scene or for transport to more intensive medical care. I am thrilled that the athletic trainers have the foresight to recognize that often they are the only profession available and they are trained to handle emergencies. It is my hope that they will be allowed to save lives, by carrying and administering these medications, regardless of the definition of the person’s athletic prowess or participation.”

b. Coach Belitz talks of his wife’s concussion and states that “(F)ollowing the injury, she was instructed by an athletic trainer to see a physician and she eventually was able to get into occupational therapy. The expertise and involvement of an athletic trainer in treating her concussion is something we feel would have been beneficial if available for her. And since that time, as symptoms have persisted, again the guidance of an athletic trainer would be beneficial to continue to progress her toward recovery. I believe this is a wonderful example of how athletic trainers could and would fit into the continuum of care if given this expanded role. Working in a continuum of care will only benefit the public expanding access and allowing for added support.

c. The directors of the Athletic Training Programs note that “(T)he proposed statutes will also create additional educational opportunities for our students in new settings, where students have been unable to get experiences previously here in Nebraska. Increasing our educational opportunities will assist us in educating future athletic trainers to work here in Nebraska, or those who may seek employment in another state.” Keeping those educated in Nebraska to work in Nebraska is always beneficial to the public in our state.

d. Dr. Cuppett describes how other jurisdictions use athletic trainers in non-athletic clinical sites all to the benefit of the public. The entire purpose of this practice act modernization has been to focus on what athletic trainers treat and not whom. Notice that the Standards do NOT say specific to athletes, but rather health conditions commonly seen in athletic training practice. Some examples of non-athletic clinical sites include hospitals and physician practice settings, student health services, performing arts such as Cirque de Soleil, the Blue Man Group, and the Radio Music Hall Rockettes, and industry such as Toyota, Amazon, Frito Lay, NASA, Boeing, and WorkFit. In addition, clinical sites across the country include law enforcement and first responders, SWAT teams, and the Armed Forces.

Other jurisdictions with similar language to that of the amended proposal include Ohio, Vermont, Georgia and Missouri. None have cited an increase in the number of discipline cases as a result of the implemented scope of practice.
Criterion Three. The proposed change in scope of practice does not create a significant new danger to the health, safety or welfare of the public.

There is no evidence that credibly suggests that the proposed change of this scope of practice creates a significant new danger to the health, safety or welfare. Evidence suggests that public harm has not been shown to increase as a result of less restrictive scope of practice for health care professionals (Mark & Patel, 2019). Research has also show that restrictive scopes can raise healthcare costs and limit patient access to care (Adams & Markowitz, 2018).

The NSATA has worked diligently to include language which ensures that there are measures and processes in place to limit actual or perceived danger to the health, safety and welfare of the public.

Criterion Four: The current education and training for the health profession adequately prepares practitioners to perform the new skill or service. The review body must apply the following standards in determining whether this criterion is met:

1. Analysis of the current education and training must show that it adequately prepares the practitioners in question to perform the new skill or service being proposed in a safe and effective manner.

The NSATA has provided evidence to the Technical Committee showing the following:

- Current education and training has been discussed throughout the credentialing review process. The 2020 Education Standards set by the Commission on Accreditation of Athletic Training Education (CAATE) ensure students are prepared to meet many of the components addressed in the amended proposal including working with expanded patient populations and patients with comorbidities. Areas of deficiency will look to be addressed with certain skills (ex- dry needling) in Rules and Regulations.

2. Evidence must be presented to demonstrate that the current education and training is adequately and appropriately accredited.

- Athletic training education programs are accredited by the CAATE. The CAATE is accredited by the Council for Higher Education Accreditation (CHEA), the same group that accredits many other health care professions.

Criterion Five: There are appropriate post-professional programs and competence assessment measures available to ensure that the practitioner is competent to perform the new skill or service in a safe manner. The review body must apply the following standards in determining whether this criterion is met:

1. It must be determined that there are such programs in place and that an analysis of these programs shows that they are adequate to ensure that the practitioners in question are able to perform the new skill or service being proposed in a safe and effective manner.

The NSATA has presented this information to the Technical Committee. In summary,

- The Board of Certification (BOC) requires that an athletic trainer must obtain and report 50 hours of continuing education every two years to maintain certification. This is 25 hours more than Nebraska currently requires of licensees.
- Since January 1, 2016, the following has been offered for continuing education:
  - Prevention and Wellness Promotion
    - Over 19,000 BOC approved continuing education courses since 2015 related to injury prevention and wellness promotion
• 127 in Nebraska  
• Targeted to athletes, general population, patients with specific illnesses/conditions, industrial workers, and geriatric/pediatric populations

  o Examination, Assessment, Impression  
    • Over 23,000 BOC approved continuing education courses since 2015 regarding the topic of examination, assessment, and impression/diagnosis  
    • 161 in Nebraska  
    • Over 800 BOC courses since 2015 specific to the topic of impression formulation/diagnosis

  o Immediate and Emergency Care Including the Administration of Emergency Drugs  
    • Over 7,540 BOC approved programs specific to immediate and emergency care since 2015  
    • 28 in Nebraska  
    • Over 40 programs regarding medication/drugs since 2015

  o Therapeutic Intervention/Rehabilitation  
    • Over 27,500 BOC approved continuing education courses for athletic trainers since 2015 specific to therapeutic intervention  
    • 176 in Nebraska  
    • Courses focused on athletes, treatment of specific conditions, general population, geriatrics, cardiopulmonary rehabilitation, pediatrics, neurological conditions, and brain injury/concussion

  o Therapeutic Modalities  
    • Over 780 BOC approved continuing education courses for athletic trainers since 2015 regarding modalities  
    • Over 720 courses specific to dry needling  
    • 4 in Nebraska  
    • Some offered to multiple providers including PT’s and chiropractors

  o Health Care Administration  
    • Over 4,650 BOC approved continuing education courses for athletic trainers since 2015 regarding the topic of health care administration

2. Evidence must be presented to demonstrate that these programs comply with acceptable standards.

  • The BOC, Incorporated establishes the standards for the practice of athletic training and the continuing education requirements for BOC Certified Athletic Trainers. The BOC is accredited by the National Commission for Certifying Agencies. The same group that certifies the National Board for the Certification in Occupational Therapy.

3. Evidence must be presented to demonstrate that these programs are available and at a cost that is not prohibitive.

  • According to the BOC, 70% of all Approved Provider programs are offered at a rate of less than $30 per hour of continuing education unit (CEU) offered

Criterion Six: There are adequate measures to assess whether practitioners are competently performing the new skill or service and to take appropriate action if they are not performing competently. The review body must apply the following standards in determining whether this criterion is met:

1. Practitioners of the proposed new scope of practice must be subject to the complaint, investigation, and discipline provisions of the Uniform Credentialing Act.
• Athletic trainers are subject to the complaint, investigation, and discipline provisions of the Uniform Credentialing Act.

2. If the proposed new scope of practice will be implemented through the issuance of a new credential, appropriate continuing competency requirements must be established for that credential.

• Not applicable to this proposal

References
