Information Summary and Recommendations

Athletic Trainers Sunrise Review

January 2002

Health Systems Quality Assurance

Information Summary and Recommendations

Athletic Trainers Sunrise Review

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Washington State Department of Health

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THE SUNRISE REVIEW PROCESS

It is the Legislature's intent that all qualified individuals should be permitted to provide health services unless there is an overwhelming need for the state to protect the interests of the public by restricting entry into the profession.

The Sunrise Act, RCW 18.120.010, states that a health care profession should be regulated only when:

- Unregulated practice can clearly harm or endanger the health, safety or welfare of the public, and the potential for the harm is easily recognizable and not remote or dependent upon tenuous argument;

- The public needs and can reasonably be expected to benefit from an assurance of initial and continuing professional ability; and

- The public cannot be effectively protected by other means in a more cost-beneficial manner.

After evaluating the criteria, if the Legislature finds that it is necessary to regulate a health profession not previously regulated by law, the least restrictive alternative method of regulation should be implemented, consistent with the public interest. There are five types of regulation to be considered:

1. *Stricter civil actions and criminal prosecutions.* To be used when existing common law, statutory civil actions and criminal prohibitions are not sufficient to eradicate existing harm.

2. *Inspection requirements.* A process enabling an appropriate state agency to enforce violations by injunctive relief in court, including, but not limited to, regulation of the business activity providing the service rather than the employees of the business when a service is being performed for individuals involves a hazard to the public health, safety or welfare.

3. *Registration.* A process by which the state maintains on official roster of names and addresses of the practitioners in a given profession. The roster contains the location, nature and operation of the health care activity practices and, if required, a description of the service provided. A registrant is subject to the Uniform Disciplinary Act, Chapter 18.130 RCW.

4. *Certification.* A voluntary process by which the state grants recognition to an individual who has met certain qualifications. Non-certified persons may perform the same tasks, but may not use "certified" in the title. A certified person is subject to the Uniform Disciplinary Act, Chapter 18.130 RCW.

5. *Licensure.* A method of regulation by which the state grants permission to engage in a health care profession only to persons who meet predetermined qualifications. Licensure protects the scope of practice and the title. A licensee is subject to the Uniform Disciplinary Act, Chapter 18.130 RCW.

OVERVIEW OF PROCEEDINGS

The Department of Health notified the applicant group, all professional associations, interested parties and staff of the sunrise review. Meetings and discussions were held and documents were circulated. A review panel, including staff from the Department of Health and one public member, was created.

Regulatory agencies in other states were requested to provide sunrise reviews, regulatory standards, or other information that would be useful in evaluating the proposal. Literature and Internet reviews were conducted. Staff and the review panel reviewed all information received.

The review panel conducted a public hearing on October 18, 2001. Interested persons were allowed to present testimony. There was an additional ten-day written comment period following the public hearing.

A recommendation was made based upon all information received. The proposed final draft was reviewed and approved by the Health Systems Quality Assurance Assistant Secretary and the Department of Health Secretary. The final report was transmitted to the Legislature via the Office of Financial Management.

EXECUTIVE SUMMARY

Proposal for Sunrise Review

Engrossed Substitute Senate Bill 5598 would require registration of athletic trainers, and place them under the Uniform Disciplinary Act at the authority of the Secretary of the Department of Health.

Current Regulation

Currently, there are no federal statutes or regulations that govern athletic trainers. In Washington, there are no state statutory standards for athletic trainers' practice or for their supervision by employers. Currently, 41 states have some form of regulation of practice for athletic trainers. Requirements vary from state to state. The types of regulation imposed by the various jurisdictions range from simple exemption from other health professions' licensure requirements to registration, certification, or licensure.

During the 2001 Legislative Session, the Department of Health prepared a fiscal note on Senate Bill 5598 regarding the regulation of athletic trainers. The fiscal note estimated 350 participants. The fee for registration of athletic trainers was $165; the fee for certification was $191. This fee may vary depending upon the level of regulation and the number of athletic trainers to be regulated.

In 1993, the state of Washington completed a sunrise review on House Bill 1459, a proposal to license athletic trainers. The recommendation of that review was that Washington State should not license athletic trainers. The rationale was that (1) most of the cases presented by the proponent were anecdotal and/or occurred either at a school or charity/benefit event where no athletic trainer was required; (2) licensing athletic trainers and establishing a scope of practice and then not requiring their presence at school functions raised a question of liability; and (3) statistically, in states where regulation exists, there had been too few cases of actual harm to the public. The National Athletic Trainers Association’s Government Relations Office related that in the two years prior to the review there had been no cases of public harm reported.

The National Athletic Trainers Association Board of Certification (NATABOC) certifies individuals who successfully complete undergraduate college or university degree requirements and who fulfill the prerequisites required to sit for the national certification examination.

The certification examination administered by NATABOC consists of a written portion with multiple choice questions; a practical section that evaluates the psychomotor skill components of the domains within athletic training; and a written simulation test, consisting of athletic training related situations designed to approximate real-life decision making. This last portion of the test evaluates athletic trainers' ability to resolve cases similar to those they might encounter in actual practice. The examination covers a variety of topics within the six domains of athletic training:

- Prevention
- Recognition, evaluation and assessment

- Treatment, Immediate Care, Rehabilitation and reconditioning
- Organization and Administration
- Professional development and responsibility

Once athletic trainers pass the certification examination proving skills and knowledge within each of the six domains, they use the designation Certified Athletic Trainer (ATC).

There are over 24,000 individuals that hold the NATABOC certification; there are over 400 in Washington.

Recommendation

The proposal to regulate athletic trainers, at any level, does not meet the sunrise criteria and, therefore, regulation of the profession is not recommended.

- The Department of Health agrees that whenever possible, a physician, athletic trainer, or other qualified health professionals or emergency trained personnel should be available during high-risk athletic events. Any personnel in attendance should only work within their scope of practice and perform services for which they are properly trained.

- Certified athletic trainers are already certified by a nationally recognized organization with accepted standards and the ability to levy disciplinary sanctions. State regulation would shift the same responsibility to the state, resulting in dual regulation.

- There is no indication of potential harm to the public from athletic trainers who receive the national certification.

- The current system appears to be cost-effective and additional regulation would not be an improvement.

FINDINGS

Athletic training is the application of the principles and procedures for managing athletic injuries. This includes preconditioning, conditioning, and reconditioning activities. Athletic trainers work under the supervision of licensed physicians, physical therapists or other regulated health care professions to provide services to individuals who have suffered athletic injuries. At athletic events, athletic trainers provide emergency care and first aid to individuals who have sustained an athletic injury, evaluate athletic injuries, and make referrals to appropriate medical personnel.

Certified athletic trainers might manage athletic injuries and illnesses such as sprains, strains, contusions, and postsurgical reconditioning. Although it may vary from state to state, athletic trainers may typically:

- Identify factors that may contribute to athletic injury and eliminate them before an injury occurs;
- conduct preparticipation screenings;
- develop appropriate fitness and training programs; and
- apply protective or injury preventative devices, such as tape, bandages, or braces.

Under the definition in ESSB 5598, the duties and responsibilities of certified athletic trainers include prevention, recognition, and evaluation of athletic injuries; management, treatment, and rehabilitation of athletic injuries; organization and administration of the athletic training room; and the education and counseling of athletes.

The applicant report indicates that athletic trainers work under the direction of a physician, yet this requirement is not in ESSB 5598. The term “evaluate” implies diagnosis. Similarly, “preparticipation screenings” are often sports physicals. It could be argued that the definitions could include these and other items that athletic trainers may not be trained for.

Certified athletic trainers may be employed in a wide variety of settings including professional sports, colleges and universities, high schools, private and/or hospital physical therapy clinics, and corporate or industrial settings.

Certified athletic trainers have, at a minimum, a bachelor's degree, usually in athletic training, health, physical education or exercise science. In addition, athletic trainers study human anatomy, human physiology, biomechanics, exercise physiology, athletic training, nutrition and psychology/counseling.

It would be difficult for the department to administer this profession if the bill is passed as written, because there are conflicting expectations. Engrossed Substitute Senate Bill 5598 calls for registration, but contains education and other qualifications. Such conditions are, by definition, not possible in registration. Requiring certain education and other qualifications is licensure, if mandatory, and certification, if voluntary.

INFORMATION SUMMARY

National Athletic Trainers' Association Board of Certification (NATABOC)

According to testimony received at the public hearing, in the state of Washington, NATABOC currently lists 461 certified athletic trainers with Washington addresses. Eighty former NATABOC certified athletic trainers whose certification was revoked may still be practicing as athletic trainers. Credentials may be revoked by NATABOC for a variety of reasons such as failure to submit continuing education reports, felony or misdemeanor convictions related to public health, violations of the NATABOC standards of practice or failure to remit required fees. The standard administrative practice of the NATABOC is to notify state regulatory agencies when it takes action affecting an individual's certification status. There is no one to notify in the state of Washington because these individuals re not subject to regulation. Sixteen additional individuals have voluntarily resigned their credential. These individuals are no longer required to demonstrate that they are maintaining competence as a certified athletic trainer nor are they subject to the NATABOC disciplinary process or sanctions.

Further testimony stated that Washington State's neighbors, Oregon and Idaho, regulate the practice of athletic trainers. These two states have, respectively, 67 and 27 individuals whose certification has been revoked or resigned. NATABOC has notified their respective regulatory agencies and continues to work cooperatively with these states as they look to protect their citizens.

In a follow-up with NATABOC, there was no indication that any actions taken in Washington against an individual's certification was a result of threat to public safety. Information received from Oregon and Idaho indicated that since regulation has been implemented, complaints received regarding athletic trainers were unlicensed practice issues.

Regulation in Oregon

Oregon began a voluntary registration program in 1996. In 1999, a licensing board was established and mandatory registration for athletic trainers was created for the purpose of title protection. In 1999, 300 athletic trainers were forecast for registration; 144 have actually registered. The cost of an annual license is $325. In 2000, there were two complaints regarding athletic trainers - both were for unlicensed practice.

Oregon schools to not require athletic trainers to be in attendance during athletic events. The law has an exemption for elementary and secondary school teachers, coaches or volunteers who do not hold themselves out to the public to be athletic trainers.

Regulation in Idaho

Idaho has required mandatory registration for athletic trainers since 1989. There are 113 athletic trainers registered. The initial annual fee is $120. The Idaho board of Medicine reported that since the program was implemented, complaints received have been due to unlicensed practice.

Like Oregon, Idaho does not require athletic trainers (or medical providers) to be in attendance during athletic events. The law has an exemption for elementary and secondary school teachers, coaches or volunteers who do not hold themselves out to the public to be athletic trainers.

Regulation in Virginia

The state of Virginia regulates athletic trainers at the level of certification. The Virginia Board of Health Professions conducted a study in 1998 to determine whether athletic trainers should be regulated. This was the fourth such study. Previous studies were conducted in 1984, 1986, and 1990, at which time the Board determined that there was insufficient need for state regulation. The chief concern prompting the fourth study was that the role of the athletic trainer had become increasingly significant to the safety and well-being of an expanding number of physically active individuals, including minors. Although private credentialing exists, such certification is not mandatory, and athletic trainers who are not nationally certified may have no particular education or training qualifications. The concern was that this lack of regulation may pose a threat to the public in that athletic trainers are often the first responders to injuries at sporting and training events and must often make immediate, independent judgments as to the severity of those injuries.

In their study, disciplinary data for 1996 and 1997 was requested from the 37 regulating states. Of the 23 states responding, 12 states indicated that they had taken no disciplinary action during the two years surveyed. Of the other states, the prevailing cause for action was unlicensed activity. However, New Jersey reported discipline for a case of substance abuse.

Regulation in Hawaii

In 1991, approximately 21,000 student athletes were actively participating in organized athletics in Hawaii's 61 secondary schools. Of these schools, only five employed full-time NATABOC certified athletic trainers to facilitate the sports health care of their student athletes. In an attempt to convince the state legislature that providing funding to hire ATCs was a primary health and safety issue in the state, a community-based educational platform was established and a two-fold needs-assessment study was implemented statewide. The educational platform was aimed at parents, coaches, athletic directors, and school administrators. The needs-assessment studies consisted of a 30-question survey on the current practice of sports health care and a year-long injury surveillance survey within the 38 public secondary schools. There were significant differences between the public and private schools with respect to the practice of sports health care. The public school athletes demonstrated a normative incidence of injury rate. The findings quantified and qualified the need to hire ATCs in the public secondary schools. In July of 1993, the state of Hawaii funded a 2-year athletic training pilot program for approximately $1.2 million, following an extensive lobbying effort and media campaign.

The educational platform was very effective in creating a heightened awareness of the role of ATCs. They were able to establish that, although injuries were a standard part of participation, they could be reduced in incidence and severity if an overall sports health care program was implemented and if qualified health care specialists were employed.

Hawaii continues to employ athletic trainers in all secondary schools. Athletic trainers are not regulated in the state of Hawaii; they are exempt under the physical therapy law.

Washington Interscholastic Activities Association (WIAA)

The Washington Interscholastic Activities Association supports the regulation of athletic trainers. Schools are not required to have medical personnel in attendance at athletic events. However, a school may designate a team physician or other medical authority to provide medical services for participants from that school. The designated medical provider is also authorized to determine whether an injured participant for whom the provider has responsibility may continue the contest. A coach, official, parent, another physician, or any other person may not overturn the physician's decision against further participation. The medical provider also has authority to interrupt a contest if, in the opinion of the provider, continuation would pose a significant threat to the safety, health, or life of a competitor, due to an injury to a competitor.

Interscholastic coaches, paid and/or volunteer, are required to have a valid current First Aid Certification Card or have completed a school district approved athletic training/sports medicine course equivalent to the Red Cross First Aid Card training or be enrolled in that type of class. A sports medicine course is to include prevention of injuries, recognition of injuries, emergency on-site procedures including transporting the injured, and rehabilitation of injuries. If a sports medicine course is used to fulfill this requirement, it must be renewed every three years. See 2001-2002 Washington Interscholastic Activities Association Handbook www.wiaa.com.

Public Hearing Summary (See Appendix C)

The WIAA has tightened requirements for coaches since the 1993 sunrise review. However, testimony at the public hearing presented two very serious situations for which the coaches were not properly trained.

Two teenage football players were the victims of second impact syndrome (SIS). Second impact syndrome occurs when an athlete suffers a mild head injury, returns to play too soon, and suffers what may be a relatively minor hit before the brain has fully healed. If the second injury occurs while the individual still has symptoms from the first impact, the result can be rapid, catastrophic increase in presser within the brain. Effects of SIS include physical paralysis, mental disabilities, and epilepsy. Death can occur approximately 50 percent of the time.

One situation, caused by a concussion in one game, ended in a life threatening and debilitating situation that left the athlete partially blind, physically disabled and having to endure several brain operations and thousands of hours of rehabilitation when he was hit in a second game. The event cost the Anacortes School District approximately $12.6 million.

The other example of SIS resulted in the death of a ninth grader playing in a junior high school football game. In both situations, there was no certified athletic trainer present.

Department of Social and Health Services Comments

We have been asked by the Department of Health to express our opinion regarding "licensing" of athletic trainers. We currently do not pay nor do we have provider agreements with athletic trainers so no direct impact of MAA is in evidence. We find the logic of WSMA in Appendix C to be fully supportable from the "public good" perspective. We would concur with the DOH position that no further regulation is warranted.

Literature Review Conducted by the Department of Health

The literature on athletic training is extensive in clinical and practice areas but rather sparse in regulatory policy reviews that are germane to this study. The policy literature that is available focuses on defining what it means to be an athletic trainer, including the educational and training requirements for national certification and regulation by the various states. Other policy pieces include the previous sunrise review conducted by the Department of Health, information provided at the public hearing, and current articles on current issues for the profession. Such issues include trends in sports and sports medicine, for example the athletic trainer's role in meeting the challenges of increased participation by females, seniors, younger athletes and those with special needs.

Since the 1993 study, there has been an advent of greater participation in sports and other strenuous physical activities. This includes the groups mentioned that previously were not particularly active in sports. With this trend came a greater potential for injury, and a greater need for understanding their particular needs. This is especially important in minors who have little understanding of the implications of injuries.

A resolution from the American Academy of Pediatrics asked the American Medical Association (AMA) to support activities and efforts to place certified athletic trainers in all secondary schools. This report identifies the professional responsibilities, educational requirements, and current use of certified athletic trainers for the prevention and care of high school sports injuries.

According to the report, MEDLINE and HealthSTAR databases were searched for English-language articles, published from 1980 to 1998. Additional references were derived from references in pertinent articles, communication with experts, and the Internet sites of athletic training and sports medicine associations. The results showed that one in five of approximately six million adolescents who participate in high school sports each year sustains a sports-related injury. Most of these injuries are minor and occur during practices rather than actual competitions. Approximately one out of every 100,000 high school athletes will sustain a catastrophic injury. About 35 percent of United States high schools utilize the services of a certified athletic trainer who, under a physician's supervision, is responsible for the prevention and care of athletic injuries and coordination of the school athletic health program.

The report concluded that emphasis should be given to ensuring the health, safety, and well-being of participants in high school sports. While the majority of high school sports injuries are minor, adequately trained personnel should be present on-site to ensure that such injuries are

recognized early, treated immediately, and allowed to heal properly, thereby reducing the risk of more serious injury or re-injury. For such care, team physicians and coaches should have the assistance of a certified athletic trainer.

The following statements were adopted by the American Medical Association at their 1998 Annual Meeting:

- The AMA believes that: (1) the Board of Education and the Department of Health of the individual states should encourage that an adequate athletic medicine unit be established in every school that mounts a sports program; (2) the athletic medicine unit should be composed of an allopathic or osteopathic physician with unlimited license to practice medicine, and athletic health coordinator (preferably a certified athletic trainer), and other necessary personnel; (3) the duties of the athletic medicine unit should be prevention of injury, the provision of medical care with the cooperation of the family's physician and others of the health care team of the community, and the rehabilitation of the injured; (4) the athletic medicine units should be required to submit complete reports of all injuries to a designated authority; and (5) medical schools, colleges, and universities should be urged to cooperate in establishing education programs for athletic health coordinators (certified athletic trainers) as well as continuing medical education and graduate programs in sports medicine.

- The AMA urges high school administrators, athletic directors, and coaches to work with local physicians, medical societies, and medical specialty societies, as well as government officials and community groups to undertake appropriate measures to ensure funding to provide the services of a certified athletic trainer to all high school athletes.

- Recognizing that not all high schools have the resources to procure the services of a certified athletic trainer and further recognizing that athletic trainers cannot be present at all practices and competitions, the AMA encourages high school administrators and athletic directors to ensure that all coaches are appropriately trained in emergency first aid and basic life support.

According to Virginia's study, children and adolescents pose a concern because of their vulnerability due to their minor status. It is estimated that 35 million minors (6 to 21 years) participate in sports in the United States. This figure is up from 20 million in 1991. Sports injuries account for the second larges health care expenditure for injuries of this age group. Injury rates for girls are estimated between 20 to 22 percent and 39 percent for boys per season. The growing involvement of children in organized sports and fitness activities has been accompanied by not only increased numbers but new types of injuries, particularly musculoskeletal in training situations.

According the National Federation of State High School Associations' *Sports Medicine Handbook,* the risk of injury, catastrophic injury, and sudden death are inherent in athletics and must be considered in the overall participation risk and medical coverage needs of the student-athlete. Every school should have an established emergency plan to include all venues and all

activities such as games, practices, strength and conditioning sessions, etc. The development of the emergency plan should be a shared responsibility of the athletic department and medical staff. It describes the emergency staffing plan as follows:

- The responsibilities of each member of the health care team, coaching staff and administrators should be defined. The chain of command must be set forth prior to the start of the season.

- Whenever possible, particularly for high injury risk athletic events, a physician or certified athletic trainer should be available on-site or on-call should an injury occur.

- If a physician or athletic trainer is not available, other emergency trained personnel such as emergency medical technicians, first responders, or National Guard of Army Reserve medical personnel should be utilized.

- Given the limited personnel resources available at many high schools, it is strongly recommended that coaches and administrators be certified in CPR, first aid and management of blood-borne pathogens.

According to the National Athletic Trainers' Association's *Injury Surveillance Study*, less than 42 percent of U.S. high schools have access to a certified athletic trainer to teach student athletes how to prevent injuries and to recognize and treat the injuries that do occur. The proportion of injuries that require surgery to high school baseball or softball players is nearly the same as those that send high school football players to the operating room. According to a 1995 study of high school football injuries, 1.4 percent of the injuries surveyed required surgery as treatment. Approximately the same percentage of high school baseball (1.1 percent) and softball (1.4 percent) players also required surgery. Other results of the study show that female softball players are more likely to be injured while fielding (32.4 percent) than their male counterparts in baseball (19.4 percent). Two players on every high school basketball team in the country, regardless of gender, are likely to be injured during a season. More than 23 percent of high school soccer players, regardless of gender, are likely to sustain at least one time-loss injury during a season.

The report further states that nearly 93 percent of football injuries are characterized as new injuries. It is impossible to prevent all injuries in sports, although good medical care and preventive techniques can help reduce the risk of injury. In the case of re-injury, early intervention and appropriate rehabilitation by a comprehensive sports medicine team can have an even greater impact, resulting in fewer re-injuries.

According to a three-year study (research of 250 schools) by the National Athletic Trainers' Association, more than half of injuries to high school athletes in nine sports were found to occur during practice sessions. During the study, 23,566 reportable injuries occurred, and an average of 6,000 students were injured at least once each year. The study concluded that an inherent risk of injury is associated with participation in high school sports based on the nature of the game and the activities of the players. Therefore, injury prevention programs should be in place for both practices and games. Preventing re-injury through daily injury management is a critical

component of an injury prevention program. Although sports injuries cannot be entirely eliminated, consistent and professional evaluation of yearly injury patterns can provide focus for the development and evaluation of injury prevention strategies.

According to a National Athletic Trainers' Association membership survey, during the 1993-1994 school year, about 7,600 U.S. high schools (35 percent) had some form of ongoing direct access to a certified athletic trainer. This number does not reflect whether the athletic trainer was a full time athletic trainer/teacher or a part time contracted athletic trainer. A full time athletic trainer/teacher works at the high school with full time teaching responsibilities as well as athletic training duties. These duties include full time coverage at practices and games throughout the year. Full time athletic trainer/teachers are able to develop programs for student athletic trainers, work on the relationship between athletic trainers and administration and have the ability to follow-up on rehab and treatment on a daily basis. With regard to the other 65 percent of high schools who neither hire a full time ATC or contract with a clinic, the evaluation and treatment of athletic injuries is left to the coaches. Only 28 states currently require high school coaches to take an educational program in sports first aid and safety.

Based on research conducted by the NATABOC from 1986 to 1989, it was estimated that 1.3 million U.S. high school athletes (one in five) are injured each year. These injuries vary by sport with the most common injuries across all sports being sprains, strains, and contusions. Approximately 100,000 of all high school sports injuries are severe enough to preclude participation for at least 21 days, and it is estimated that one of those 100,000 individuals will sustain a catastrophic injury.

A study was conducted to report on the demographics of Washington State high school athletic trainers and their treatment log statistics for the 1998-1999 school year and make comparisons in the cost of providing injury treatments at the high school level with the cost at the local sports medicine clinics. However, based on the lack of sufficient treatment logs returned from the participating high schools, the comparison on cost could not be done.

During this study, a survey was conducted of the 75 known athletic trainers working in secondary school settings. Of the 37 respondents, 33 were certified by the NATABOC. One was certified by the American Athletic Trainers Association, which is not held to the same standards of care the NATABOC requires. Four out of the 37 were not certified. This means that 11 percent of the school districts represented are paying individuals to teach and perform athletic training duties without the proper certification.

Athletic trainers in the secondary school setting can be split into two groups; those that are full-time at the high school they serve and those that aren't. Those athletic trainers not employed full time through the school district are finding the clinic setting a viable place to work. Many of these athletic trainers are serving part time in the secondary school setting through contracts the schools sign with the clinics.

Another form of access to athletic trainers is through volunteerism. When schools receive free services from a volunteer athletic trainer, they don't see the need in hiring a full time athletic trainer when there are always people willing to volunteer. However, school districts aren't

always assured they are receiving a certified athletic trainer when someone volunteers their time. When someone is not certified it can leave the school and the athletic trainer iable for any services that do not turn out in a favorable manner.

In a 1998 survey conducted by the NATA, the estimated average salary for a high school athletic trainer was $30,533.

DETAILED RECOMMENDATION

The proposal to regulate athletic trainers, at any level, does not meet the sunrise criteria and, therefore, regulation of the profession is not recommended.

Sunrise Question #1: Can unregulated practice clearly harm or endanger the health, safety or welfare of the public, and is the potential for harm easily recognizable and not remote or dependent upon tenuous argument?
Answer: No, the potential of harm from unregulated practice is not clearly nor easily recognizable.

- The Department agrees that whenever possible, a physician, athletic trainer, or other qualified health professionals or emergency trained personnel should be available during high-risk athletic events. Any personnel in attendance should only work within their scope of practice and perform services for which they are properly trained. Many schools have an ambulance available at high-risk athletic events.
- Schools are not required to hire athletic directors or other medical personnel for school athletic events; nor can many school districts afford to hire additional personnel for that purpose. The regulation of athletic trainers would not impact those requirements.
- Certified athletic trainers are already certified by a nationally recognized organization with accepted standards and the ability to levy disciplinary sanctions. State regulation would shift the same responsibility to the state, resulting in dual regulation. There has been no harm to the public in other states where there is regulation. In both Oregon and Idaho, few complaints have been made. All complaints have been about unlicensed practice. This does not demonstrate a need for regulation.
- There is no indication of potential harm to the public from athletic trainers who receive the national certification.
- School athletic directors should be aware of the NATABOC certification program and make it the school's responsibility to verify credentials when hiring athletic trainers.
- Registration of athletic trainers would not resolve the issue of unqualified practice, since there are no education requirements. Certification would protect the title, certified athletic trainer, but is not mandatory.

Sunrise Question #2: Does the public need and can reasonably be expected to benefit from an assurance of initial and continuing ability?
Answer: The public already has an adequate assurance of initial and continuing ability without further regulation by the state.

NATABOC has been recognized by the National Commission for Certifying Agencies since 1982. NATABOC has developed an examination to ensure that an individual can demonstrate that he/she is capable of performing the required duties without threat of h arm to the public. The examination itself is rigorously tested for validity. Since 1973, NATABOC has required credential holders to comply with continuing competency requirements. The 41 states currently regulating athletic trainers have adopted NATABOC's requirements for eligibility and/or regulation. Therefore, certification from NATABOC appears to assure initial and continuing ability.

Sunrise Question #3: Can the public be effectively protected by other means in a more cost-beneficial manner?
Answer: Yes, the public can be effectively protected by use of the current private certification system.

Certified athletic trainers can already be certified by a nationally recognized organization with standards and the ability to levy disciplinary sanctions. Other health care professionals may be also qualified to fulfill the same services as an athletic trainer. The current system appears to be cost effective and additional regulation would not be an improvement.

APPENDIX: A

ENGROSSED SUBSTITUTE SENATE BILL 5598

ENGROSSED SUBSTITUTE SENATE BILL 5598

State of Washington 57th Legislature 2001 Regular Session

By Senate Committee on Health & Long-Term Care (originally sponsored by Senators Shin, Roach, Horn, Swecker, Kohl-Welles, Thibaudeau, Franklin, Rasmussen, B. Sheldon, Eide, Costa, McAuliffe, Prentice and Jacobsen)

READ FIRST TIME 03/05/01.

AN ACT Relating to athletic trainers; amending RCW 18.130.040; and adding a new chapter to Title 18 RCW.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

{+ NEW SECTION. +} Sec. 1. The legislature finds that registration of athletic trainers is in the interest of the public health, safety, and welfare.

{+ NEW SECTION. +} Sec. 2. The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

(1) "Athletic injury" means an injury sustained by a person as a result of that person's participation in sports, games, or related skill activities.

(2) "Athletic trainer" means a person who practices athletic training.

(3) "Athletic training" means the practice of prevention, recognition, evaluation, management, disposition, treatment, rehabilitation, physical conditioning, or physical reconditioning of athletic injuries.

(4) "Department" means the department of health.

(5) "Secretary" means the secretary of health or the secretary's designee.

{+ NEW SECTION. +} Sec. 3. No person may represent himself or herself as an athletic trainer by use of any title or description without being registered by the department under the provisions of this chapter.

{+ NEW SECTION. +} Sec. 4. Nothing in this chapter may be construed to prohibit or restrict:

(1) The practice of an individual licensed, certified, or registered under the laws of this state and performing services within his or her authorized scope of practice;

(2) The practice by an individual employed by the government of the United States while engaged in the performance of duties prescribed by the laws of the United States; or

(3) The practice by a person who is a regular student in an educational program approved by the secretary, and whose performance of services is pursuant to a regular course of instruction or assignments from an instructor and under the general supervision of the instructor.

{+ NEW SECTION. +} Sec. 5. In addition to any other authority provided by law, the secretary has the authority to:

(1) Adopt rules under chapter 34.05 RCW as required to implement

this chapter;

(2) Establish all registration and renewal fees in accordance with RCW 43.70.250;

(3) Establish forms and procedures necessary to administer this chapter;

(4) Register an applicant or deny registration based upon unprofessional conduct or impairment governed by the uniform disciplinary act, chapter 18.130 RCW;

(5) Hire clerical, administrative, investigative, and other staff as needed to implement this chapter; and

(6) Maintain the official department record of all applicants and persons with registrations.

{+ NEW SECTION. +} Sec. 6. An applicant shall identify the name and address of the applicant and other information required by the secretary necessary to establish whether there are grounds for denial of a registration or conditional registration under chapter 18.130 RCW.

{+ NEW SECTION. +} Sec. 7. The secretary shall register an applicant on forms provided by the secretary. Each applicant shall pay a fee determined by the secretary under RCW 43.70.250. The fee must accompany the application.

{+ NEW SECTION. +} Sec. 8. The secretary shall establish by rule the procedural requirements and fees for renewal of registration. Failure to renew invalidates the registration and all privileges granted by the registration.

{+ NEW SECTION. +} Sec. 9. The uniform disciplinary act, chapter 18.130 RCW, governs the issuance and denial of registration, uncertified and unauthorized practice, and the discipline of persons registered under this chapter. The secretary is the disciplining authority under this chapter.

{+ NEW SECTION. +} Sec. 10. (1) The provisions of this chapter relating to the regulation of athletic trainers are exclusive. A governmental subdivision of this state may not enact a law or rule regulating athletic trainers, except as provided in subsections (2) and (3) of this section.

(2) This section does not prevent a political subdivision of this state from levying a business fee, business and occupation tax, or other tax upon athletic trainers, if the fee or tax is levied by the state on other types of businesses within its boundaries.

(3) This section does not prevent this state or a political subdivision of this state from regulating athletic trainers with respect to activities that are not regulated under this chapter.

Sec. 11. RCW 18.130.040 and 1999 c 335 s 10 are each amended to read as follows:

(1) This chapter applies only to the secretary and the boards and commissions having jurisdiction in relation to the professions licensed under the chapters specified in this section. This chapter does not apply to any business or profession not licensed under the chapters specified in this section.

(2)(a) The secretary has authority under this chapter in relation to the following professions:

(i) Dispensing opticians licensed under chapter 18.34 RCW;

(ii) Naturopaths licensed under chapter 18.36A RCW;
(iii) Midwives licensed under chapter 18.50 RCW;
(iv) Ocularists licensed under chapter 18.55 RCW;
(v) Massage operators and businesses licensed under chapter 18.108 RCW;
(vi) Dental hygienists licensed under chapter 18.29 RCW;
(vii) Acupuncturists licensed under chapter 18.06 RCW;
(viii) Radiologic technologists certified and X-ray technicians registered under chapter 18.84 RCW;
(ix) Respiratory care practitioners licensed under chapter 18.89 RCW;
(x) Persons registered or certified under chapter 18.19 RCW;
(xi) Persons registered as nursing pool operators under chapter 18.52C RCW;
(xii) Nursing assistants registered or certified under chapter 18.88A RCW;
(xiii) Health care assistants certified under chapter 18.135 RCW;
(xiv) Dietitians and nutritionists certified under chapter 18.138 RCW;
(xv) Chemical dependency professionals certified under chapter 18.205 RCW;
(xvi) Sex offender treatment providers certified under chapter 18.155 RCW;
(xvii) Persons licensed and certified under chapter 18.73 RCW or RCW 18.71.205;
(xviii) Persons registered as adult family home providers and resident managers under RCW 18.48.020;
(xix) Denturists licensed under chapter 18.30 RCW;
(xx) Orthotists and prosthetists licensed under chapter 18.200 RCW; (({- and -}))
(xxi) Surgical technologists registered under chapter 18.215 RCW{+ ; and
(xxii) Athletic trainers registered under chapter 18.-- RCW (sections 1 through 10 of this act) +}.
(b) The boards and commissions having authority under this chapter are as follows:
(i) The podiatric medical board as established in chapter 18.22 RCW;
(ii) The chiropractic quality assurance commission as established in chapter 18.25 RCW;
(iii) The dental quality assurance commission as established in chapter 18.32 RCW;
(iv) The board of hearing and speech as established in chapter 18.35 RCW;
(v) The board of examiners for nursing home administrators as established in chapter 18.52 RCW;
(vi) The optometry board as established in chapter 18.54 RCW governing licenses issued under chapter 18.53 RCW;
(vii) The board of osteopathic medicine and surgery as established in chapter 18.57 RCW governing licenses issued under chapters 18.57 and 18.57A RCW;
(viii) The board of pharmacy as established in chapter 18.64 RCW governing licenses issued under chapters 18.64 and 18.64A RCW;
(ix) The medical quality assurance commission as established in chapter 18.71 RCW governing licenses and registrations issued under chapters 18.71 and 18.71A RCW;
(x) The board of physical therapy as established in chapter 18.74

RCW;

(xi) The board of occupational therapy practice as established in chapter 18.59 RCW;

(xii) The nursing care quality assurance commission as established in chapter 18.79 RCW governing licenses issued under that chapter;

(xiii) The examining board of psychology and its disciplinary committee as established in chapter 18.83 RCW; and

(xiv) The veterinary board of governors as established in chapter 18.92 RCW.

(3) In addition to the authority to discipline license holders, the disciplining authority has the authority to grant or deny licenses based on the conditions and criteria established in this chapter and the chapters specified in subsection (2) of this section. This chapter also governs any investigation, hearing, or proceeding relating to denial of licensure or issuance of a license conditioned on the applicant's compliance with an order entered pursuant to RCW 18.130.160 by the disciplining authority.

(4) All disciplining authorities shall adopt procedures to ensure substantially consistent application of this chapter, the Uniform Disciplinary Act, among the disciplining authorities listed in subsection (2) of this section.

{+ NEW SECTION. +} Sec. 12. Sections 1 through 10 of this act constitute a new chapter in Title 18 RCW.

--- END ---

APPENDIX: B

APPLICANT REPORT

ATHLETIC TRAINER APPLICANT REPORT
SUBMITTED TO
WASHINGTON STATE DEPARTMENT OF HEALTH
BY
WASHINGTON STATE ATHLETIC TRAINERS ASSOCIATION
SEPTEMBER 2001

ATHLETIC TRAINERS: QUALIFIED HEALTH CARE PROVIDERS

1) Does unregulated practice clearly harm or endanger the health, safety or welfare of the public, and is the potential for harm easily recognizable and not remote or based on tenuous argument?

Since the last Sunrise Review in 1993, there have been many changes in the landscape of Athletic Training. Among the injuries exacerbated by the lack of proper medical attention where an Athletic Trainer would have made a difference we will focus on the two most extreme cases resulting in a death of a junior high school child from Kirkland and the second impact syndrome injury of a young athlete from Anacortes.

Unqualified persons deliver incompetent care, which may result in unnecessary and sometimes permanent injury or protraction of injury. In a letter, Bill Slosson (Exhibit XVII) comments on an individual at North Thurston High School in Lacey who is claiming to be an Athletic Trainer who has not appropriate education or certification with NATA. This last year during basketball season he improperly diagnosed a serious shoulder injury. The injury actually was so serious that the student was referred by the ATC of the opposing team to his physician for surgery. That same individual and his coach were going to allow a football player to participate in a game who had been unconscious the previous Friday and taken to the hospital. Please remember here that the last Sunrise Review said coaches could handle health care in this type of situation. The ATC and team doctor for the opposing team prevented further injury to the young student. Without their intervention he would have been a prime candidate for Second Impact Syndrome.

Another ATC (Rick Fuhriman) reports that on a number of occasions he had to stand between the coach (and sometimes the player or parent) who wanted a player back in the game and the player's best interests, even in serious concussion situations. (These occurred at Lake Washington High School, Kirkland Washington; Canyon Park, Bothell; San Francisco Giants, CA). Coaches' self-interest (wanting their star athlete to play) and lack of training get in the way of their ability to assess the injury and the overall situation.

The last Sunrise Review says, " WIAA sets strict requirements for participation. These requirements are being revised this year and will include an increase in first aid and other medical course work." Additionally the Sunrise Review also stated that "Most high school coaches maintain first aid and/or CPR cards and procedures are in place for obtaining immediate medical consultation/attention." There was no indication of what "procedures" are referred to here. At the swimming pool it is a given that there will be a lifeguard on duty-with or without a swim coach on the premises. Simple first aid training for coaches, which was recommended by the last Sunrise Review, has proven ineffective and even

fatal to students in our state.

Brandon Shultz (Exhibit II) and David Bosse (Exhibit I) were the victims of this recommendation and of second impact syndrome. Second impact syndrome (SIS) "occurs when an athlete suffers a mild head injury, returns to play too soon, and suffers what may be a relatively minor second hit before the brain has fully healed. If the second injury occurs while the individual still has symptoms from the first impact, the result can be rapid, catastrophic increase in pressure within the brain. Effects of SIS include physical paralysis, mental disabilities, and epilepsy. Death can occur approximately 50% of the time." (Exhibit II) If the persons making the decision of whether or not this student should play are poorly trained or have no training at all, events like the one following are bound to continue in significant numbers. Most cases involve male adolescents or young adults. The case hinged on the school districts' lack in providing someone with the ability to assess this injury to be on hand when this injury occurred (the traditional role of the Athletic Trainer) and refer him to a Dr. (the role of an ATC) for appropriate treatment. Though the school district's coaches regularly required clearance from a Dr. following even minor orthopedic injuries, there was no such policy for brain injury. (Exhibit II)

Brandon played football in the Anacortes School District. His case is very typical. His ordeal began with a concussion in one game, and ended in a life threatening and debilitating situation that left the former honor student partially blind, physically disabled and having had to endure several brain operations and thousands of hours of rehabilitation when he was hit in a second game. He continues to suffer from severe memory deficits. The event has cost the Anacortes School District approximately $12.6 million, and may go higher over his lifetime. The event began at a JV game a week earlier when he collided with an opponent and went to the sideline, grimacing and yelling in pain. He blacked out briefly, had headaches coming and going for days, and was not permitted to play in the varsity game that Friday. Three days later he played in the JV game and, in spite of grimacing in pain and saying his head hurt, he was allowed to continue play.

He made a tackle, fell to the ground and the rest is history. His brain damage is permanent. The warning signs were prevalent before the second impact according to Dr. Stanley A Herring, lead physician with the Seattle Seahawks and an expert on SIS. Dr. Herring said that after the symptoms have been gone for 24 hours, the athlete still should wait another week before resuming play. He continues, "If you talk to any certified athletic trainer, they know this cold."

In both costs in human anguish and bottom line dollars and cents, Anacortes School District would have been wise to have a knowledgeable Certified Athletic Trainer on the field and helping with follow up evaluation in this case. In this case unqualified individuals (coaches) acting as athletic trainers, made the call. Some would counter that school districts cannot afford the services of the ATC. Stephen Rice, a national expert on pediatric sports medicine at the Jersey Shore Medical Center in Neptune, N.J., points out that "When a school district operates a sports program, it has the obligation to operate a safe program . . .conversely, if a school district cannot operate a safe sports program, should it have the right to run a sports program at all?" (Exhibit II)

Even after this serious incident, the response in the Anacortes district is to have coaches carry medical kits that include a card that provides guidelines for determining whether a player might have a head injury. Coaches have been attending clinics and have received training in assessing and responding to head injuries. One would certainly not allow individuals with this minimal training to even teach history at these same high schools let alone evaluate a life and death injury. It is outrageous to believe that such courses will really ameliorate the problem of the lack of injury assessment by a trained professional ATC. Besides, coaches are still coaches with their own agenda when it comes to having the star player play in that important game.

This case is not that rare. USA Today Magazine for May 2000 (Exhibit II) points out that more than 300,000 people suffer brain injuries while playing a sport, most of which are concussions. "Studies released by the American Academy of Neurology and the National Brain Injury Association indicate that 10% of college and 20% of high school football players receive brain injuries in any given season. Most of these are transitory, but those who suffer a first concussion may be four times more likely to suffer a second than someone who has never had one."

The next example of harm to one of Washington state's citizens because his coach was acting in the role intended for an ATC is heart wrenching. David Bosse was a popular and gregarious, ninth-grader at Rose Hill Junior High in Kirkland. (Exhibit I) There was no ATC present when he went down-this second time-in a junior high school football game. His own father, a nurse anesthetist with no real training in head injuries, had to lead medical treatment until medics arrived. David Bosse died without ever recovering consciousness.
Stephen Rice, M.D. a sports medicine doctor at Harborview and an expert in high school head injuries said, "From what I understand, he got hit in the head during the first play . . .and what happened to him [later] on the field was a terminal event." Possible causes listed are Second Impact Syndrome, Sub-dural hematoma and direct brain tissue injury as a result of bleeding and swelling of the brain tissue. "David didn't absorb the shock of the blow he received during the first-play tackle last Friday, and trauma to his head caused tissue and veins to tear." (Exhibit I)

The two cases provided are local, high profile cases. There are many more that the USA Today article says go unreported and the damage is absorbed by saddened families. To prevent or at least lessen the possibility of such things happening to citizens of their state, Hawaii hired a full-time certified athletic trainer (ATC) for every public high school in Hawaii. This made Hawaii the first state to mandate and fund athletic trainers in all of its public schools.

Bart Buxton, a professor of sports medicine at the University of Hawaii (then) and at Georgia Southern University (now). Preaches the benefits of the Hawaii model and explains by Hawaii's experience can-and should be replicated. "What we said was: There are foreseeable risks involved with kids participating in these organized sports programs that are basically sanctioned by the state; therefore, the state is accountable," says Buxton. " Second, we're talking about employing somebody who can put a risk management program into an entire school, not just treat athletes. We really adopted the concept that ATCs were allied health professionals." Buxton was a gatherer of supporting data that would help legislators understand the risks of inertia. "Indeed, a 1989 spinal injury to a local high school foot ball player resulted in a settlement nearing $1 million." (Exhibit VI)

2) Does the public need and can it reasonably be expected to benefit from an assurance of initial and continuing professional ability?

Proper credentialing of Athletic Trainers in Washington State will protect employer and consumers of athletic training services by requiring Athletic Trainers present and display their credentials with their employment. This will lend itself to protecting the public and employer by maintenance and adherence to the standard of practice. The applicant group and the legislation do not mandate that high schools, school districts, colleges, etc. hire Athletic Trainers. However, to protect the public (and employer), if an employer hires an Athletic Trainer to perform the required duties that person must be regulated and credentialed within the guidelines established with this legislation. The most expensive bodies in the world, US professional athletes, rely on Athletic Trainers for the broad range of medical care that they require to remain free from injury and to return to full participation as quickly as possible.

In the one place where the free-market reigns in health care (the professional sports world) Athletic Trainers are the providers of choice for the rehabilitation services. This in and of itself speaks volumes for the educational and practical abilities of the Athletic Trainer. In response to the department of health's question, at athletic contests, 18.71.220 is the WAC for providing medical care without consent in an emergency. This applicant group is the standard bearer for the total care of the athlete under the direction and supervision of a physician. It is not in the scope of practice of any allied health profession in Washington State to provide the total care (prevention, recognition, evaluation, management, disposition, treatment, rehabilitation, physical conditioning or reconditioning) of athletic injuries under the direction of an authorized health care practitioner.

3) Is the regulation of the profession the cost-effective means of protecting the public?

Regulatory expenses should be borne by the individuals seeking regulatory licenses. Therefore, it would be very cost effective to the state. The state has found that this is the most effective means of regulating health care professionals. This is the way that the state is currently handling other health care professionals.

There are a number of critical issues facing health professions regulation according to the Pew report, a report of The Pew Health Professions commission, to the United States Congress. (Exhibit XIII) "Health care workforce regulation plays a critical role in consumer protection. For most of this century, the state regulation of health care occupations and professions has established a minimum standard for safe practice and removed the egregiously incompetent. As market and regulatory forces shape the future of health care, particularly the location and content of practice, the structures and functions of state professional regulation must continue to provide consumers with important protections leading to safe and effective practice."

Washington State should provide this type of regulation for ATCs to protect citizens and to allow the citizens of the state to be sure that those who claim to be Athletic Trainers are NATA certified and Washington State

licensed. The Pew report continued that the state should "Use the term "licensure" for public or state regulation of health care professions title protection and practice acts." This report further recommends that states should, "Reserve the term "certification" for voluntary private sector programs that attest to the competency of individual health professionals (for example NATA certified, Washington state licensed).

Do other under-qualified individuals claim to be Athletic Trainers? A call to the Washington Athletic Club (WAC), one of the more prestigious health club facilities in Seattle will find that they claim to have four "Athletic Trainers" on their staff and claim that they are "certified." These persons are "fitness trainers" or "personal trainers" only and not NATA certified ATCs. They possibly certified in something like weight lifting and other minimal subjects after a minimal fitness instruction course. Personal Fitness Trainers are not ATCs! When "fitness trainers" claim to be Athletic Trainers (ATCs), this leads to confusion in the public mind. If there is licensure by the state, no one but state-licensed persons could claim this title.

Then school districts and citizens at large would know that, just as there is a minimum standard enforced by the state for their teachers and their nurses (and animal massage therapists see Exhibit III on licenses for animal massage therapists), there is a minimum standard of education and training for their Athletic Trainer. One of the things recommended by the Pew Report (Exhibit XIII) would be that the state should grant title protection. "Consumers will benefit from the assurance that the titled professional has met the state's minimum standards for initial and continuing competence."

The Pew Report continues that the state should "Eliminate exclusive scopes of practice which unnecessarily restrict other professions from providing competent, effective and accessible care. States should ensure that the training, testing and regulating of health professionals allow different professions to provide the same services when competence-based on knowledge, training, experience and skills-has been demonstrated."

Finally, the Pew Report cautions that: "States should understand the links, overlaps and conflicts between their health care workforce regulatory systems and other systems which affect the education, regulation and practice of health care practitioners..."

Multiple states have added the regulation of Athletic Trainers since 1993 putting Washington State well behind the rest of the nation, actually making us a magnet state for individuals who were forced out of other states. It is the duty of the state to regulate the health care industry to provide for the safety of the citizenry in knowing that the individuals providing health care have met a minimum standard to avoid potential fraud from unqualified individuals performing the duties of the Athletic Trainer.

It is important to license Certified Athletic Trainers to safeguard the public health of citizens of the state of Washington. "NATA (National Athletic Trainers Association) does not guarantee that those certified will offer the highest quality of care. NATA does not regulate trainers' practice . . . so [41] states have imposed regulations." (Exhibit VI)

Athletic Trainers are highly qualified health care professionals. Their education, training and background provide a more than adequate base for the services that they provide. Athletic Trainers are unique in the health-care

world because of the spectrum of care that they administer in their multiple domains that include 1) the prevention of injury, 2) recognition, evaluation and assessment of injuries, 3) immediate care of the individual, 4) treatment, rehabilitation and reconditioning, 5) organization and administration and 6) professional development and responsibility.

In 1990 the American Medical Association recognized Athletic Trainers as an Allied Health Profession. (Exhibit XIX). In 1998 the AMA said that every high school should have an Athletic Trainer. "The AMA believes that . . .the athletic medicine unit [at every school that mounts a sports program] should be composed of an allopathic or osteopathic physician director with unlimited license to practice medicine, an athletic health coordinator, (preferably a NATABOC certified athletic trainer) . . ." (Exhibit I, II) The athletic training educational program has been strengthened throughout the nation educationally through education requirements overseen by the American Medical Association's Committee on Accreditation of Allied Health Education Programs (CAAHEP). The National Athletic Trainers Association, Inc., and the National Athletic Trainers' Association, Board of Certification, Inc (which are separate entities) each monitor Athletic Trainers professionally. Education in AT is provided locally by Washington State University, Whitworth College, and Western Washington University.

There are high standards established to insure effective quality assurance standards are met. The Committee on Accreditation of Allied Health Education Programs (CAAHEP) supervises and oversee the accreditation process, the establishment of testing procedures by nationally recognized, independent organizations (NATABOC, INC for Athletic Trainers), the overseeing of the preparation and continuing competency by an independent organization and the development of and adherence to a code of ethics by the Washington State Athletic Trainers Association and National Athletic Trainers Association, Inc. Although most Athletic Trainers meet standards established by and administered by these organizations, presently, there are no legal requirements associated with specific programs that define or enforce standards or a code of ethics in Washington State.

There are accredited undergraduate athletic training programs here in Washington. At Washington State University and Whitworth College. In neighboring states the programs can be found at Boise State University in Idaho, and at Oregon State University. The University of Oregon provides a Graduate level program, as well. Regionally, there are five (5) programs in California, one in Nevada, Montana and Utah. Nationally there are 144 programs with more added on a regular basis.
For examples of the rigorous training for ATCs please refer to the addenda for information on the programs at WA State University (Exhibit VIII) and that of Whitworth College. (Exhibit VIII) Also included to give specific course work is the transcript of work done by a typical ATC MS (Exhibit VIX).

In Owsley et al. vs. San Antonio ESD 1999. (Exhibit XV) the courts have provided an excellent legal definition of Athletic Trainers. In this case some Athletic Trainers were trying to show that they were not highly trained professionals in order to win a court case. The Judge saw through this ruse and said that they were indeed highly trained professionals and effectively described their job description, autonomy, practice, and skills.

An article in Athletic Business entitled "Training Rules" states that: "Injured athletes without Athletic Training Services suffered a re-injury

rate of 71% as opposed to less than an 11% re-injury rate for those under the supervision of Certified Athletic Trainers." (Exhibit V)
In 1993, there were 26 states that regulated Athletic Trainers and since that time, there have been an additional 15 states that have added regulation of Athletic Trainers for a total of 41 states have regulation. Many states have levels of registration more severe than many with licensure but call it by other names.

Licensure = Alabama, Arizona, Arkansas, Connecticut, Delaware, Florida, Georgia, Illinois, Indiana, Iowa, Maine, Massachusetts, Mississippi, Nebraska, New Hampshire, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Rhode Island, South Dakota, Tennessee, Texas and Wisconsin

Certification = Kentucky, Louisiana, New York, Pennsylvania, South Carolina, Vermont, Virginia

Registration = Idaho, Kansas, Minnesota, Missouri, Oregon

Exemption = Colorado, ** Hawaii, Utah

*15 of these since 1993 with 4 instituting major changes
**Hawaii also mandated full time Certified Athletic Trainers at every high school.

Majority of the states use NATABOC standards and examination, meaning that if a person is NATABOC certified they qualify for a state license. Some states also have their own jurisprudence portion of a required exam. A curriculum program is now required to sit for the NATABOC exam.

With most states in the United States licensing or otherwise regulating the practice of Athletic Trainers, Washington may soon become a magnate state for those who are not certified because they do not have the requisite educational requirements, could not pass the rigorous NATA examination or have been disciplined in other states. Less than 40% of Athletic Trainers pass the NATA exam on their first try. Do we want those who fail to flock to our state, which may become a haven for the less qualified individuals in the industry? Licensure will also safeguard the public from the Athletic Trainer who leaves a position due to damage or other causes and moves into this state and/or another city or school district. Credentialing will insure that all Athletic Trainers will be subject to the Uniform Disciplinary Act (RCW 18.130) for practice inconsistent with this legislation.

Unregulated practice can clearly harm or endanger the health, safety or welfare of the public and the potential for harm is easily recognizable and not remote or dependent upon tenuous argument, the main requirement for licensure in Washington State. Also, it will be shown that the public can reasonably benefit from an assurance of initial and continuing professional ability; and the public cannot be protected by other more cost effective means.

The most expensive bodies in the world, those of the United States professional athletes are treated by ATCs. This is exampled by the National Football League Collective Bargaining Agreement which mandates that employees hired as Athletic Trainers will be credentialed by the National Athletic Trainers' Association, Inc. [see NFL CBA (Exhibit XVIII)]. It is

not the intent, not the ability of this applicant group to determine collective bargaining for all employers or practitioners of Athletic Trainers in this state. However, there is a clear message through this agreement that the standards of practice and credentialing through the NATA are the standard bearer of sports injury care.

In order to protect the public health and safety, the Department of Health must make a recommendation to license Athletic Trainers based on the merit of their case and the needs of the citizens of the state of Washington alone. This must be done independent of other associations and their paid lobbyists whose own narrow agenda is fueled by their own special interests. These associations who have blocked this measure in the past do not seem to have the larger interests of the citizens of the State of Washington foremost in their mind because they are blinded by self-interest. It is hoped that the Department of Health will understand the necessity of regulating Athletic Trainers strictly because that is what is needed to protect and promote the health and safety of the citizens of the state of Washington. The time for this regulation has come before additional, preventable deaths and serious injuries occur.

APPENDIX: C

PUBLIC HEARING SUMMARY

Athletic Trainers Sunrise Public Hearing
Wyndham SeaTac Hotel
SeaTac, Washington
October 18, 2001
6:30 PM-10:00PM

Panel Members

Frank Chestnut, Chair
Michelle Davis
Fred Hoheim, Public Member

Sunrise Staff

Yvette Lenz
Wendy Krier

Applicant

Richard Fuhriman

Jim Whitesel, WA State Athletic Trainers Association, President

I am the president of the Washington Athletic Trainers Association. The reason we are here is to ask to be regulated. We want, as Athletic Trainers to be regulated. Unqualified people delivering incompetent care, may result in unnecessary and sometimes permanent injury or protraction of injury. Certified Athletic Trainers in the state of Washington work in many venues. They work in professional sports, college athletics, secondary schools activities and athletics, industrial corporate facilities, and hospital/clinic based facilities. I would like to put into the record that one of the reasons that we feel that qualified people must have minimum qualifications is that if someone is hiring that individual to work in their facility, they must know that individual has reached a certain level of qualification to be able to provide that care. An example of that today, is an example of an individual listed in here that I have highlighted, that has used the credential of ATC next to his name. He works in a clinic, yet he has not gone through the credentialing process. He is misrepresenting the credential. He is misrepresenting what he does and what he is able to do. That could be very harmful to the clinic. This is one example of how regulation can help control and regulate, so that people know what they are and what they do. Regulation would protect the public and the employer by establishing a minimum standard of care. It would also discourage individuals from misrepresenting their competence. While working in the educational sector, the Athletic Trainer works under the supervision of a licensed team physician. I would also like to put into the record, a letter from a team physician about Athletic Trainers and the care they give from his perspective. I would also like to enter into tonight's report, the American Medical Associations report 5, the council of scientific affairs, adopted a policy in 1998. The policy, H470-995, is to recommend establishment of Athletic medicine units in schools. The individual who will be operating that is definitely stated as a certified Athletic Trainer. They recommend that for school to use as a guideline for care of their athletes.

In the paper recently, we have seen some articles about what Athletic Trainers do in schools. I would like to put this into the record, that Athletic Trainers are more in tune to identifying and treating head injuries of our youth who participate in school sports and recreational activities. The article talks about many of the things that Athletic Trainers are educated in and ways to protect the athlete. I would also like to make one final comment. The certified Athletic Trainers provide a valuable service at all levels. The National Federation of State High Schools Association has just come out with a new sports medicine handbook. It talks about emergency planning. Their plan is to have a certified Athletic Trainer on staff that is qualified to provide that service.

We have many people tonight who have spent their entire lives in the athletic training business. Many of these people have interesting aspects of what they do that they will be sharing this evening. Some people also have some views of how they were affected by either Athletic Trainers, or the absence of Athletic Trainers. That is where I am going to stop and let everybody else have their piece.

Question: Would a certified Athletic Trainer typically have authority to bench a player who had been injured, and how would licensure affect their ability to influence a coach?

Answer: Yes, they do. A good Athletic Trainer would stop a player from returning to participation if he or she were not able to.

Question: Is that the coach's call or would the Athletic Trainer have to persuade the coach?

Answer: The coach knows that he has an Athletic Trainer on his staff and that individual's word is final.

Richard Fuhriman, Applicant

Members of the panel, it is indeed an opportunity to work with you on the regulation of Athletic Trainers in Washington State. I will try to keep my comments brief. Most of what I have to say was said in the initial report. First,. I will give you a little background information on myself, I am the Governmental Affairs Representative for the Athletic Trainers Association. I simply got involved to try to help the organization. I have been doing this ever since I graduated from college. I am an NATA Board of USC Certified Athletic Trainer. I received my Masters in Sports Medicine at the University of Oregon, and I received my Bachelors at BYU. In order to understand what an Athletic Trainer is, I will provide a history of where I have worked as an Athletic Trainer and a job description at the various locations. Locally, I worked at Lake Washington High School in Kirkland, and in Bothell high school in Bothell. I spent several years in the San Francisco Giants and Pittsburgh Pirates Baseball organizations. At these locations, it was my responsibility to maintain the health and welfare of the team and the staff. At the high school level, that included prevention and complete coverage of all practices and games, and providing immediate first aid, recognition and evaluation of injuries, and the designing and return of participation and rehabilitation programs, as well as supervising student assistance. With the Giants and Pirates, it was my complete responsibility to provide all the medical care in relation to prevention, recognition and rehabilitation of injuries. It was at this level that due to my training and education, I was able to evaluate and prevent injuries before they happened by isolating injuries in practices, and techniques and altering them prior to losing the employee or athlete to surgery and workman's comp, and possibly retirement. There have been multiple instances where I have had to stand up for the safety of the athlete and keep them from further harm and injury, even when the coaches, owners, parents and even the athletes at the time did not want me to keep the athlete out of participation. Since you asked the question, I will elaborate a little bit. I remember a time when I was in the minor league organization with the Giants, in Modesto, bottom of the ninth, two outs, runner on first and third, and had a straight steal….a guy tried to steal home. The end result was, their player broke his clavicle on my player's skull, who was knocked out. He had a concussion; we took care of the situation and got him to the hospital. The Giants are self-insured and would not pay for a cat scan. They wanted him to play that day, and the following day, and so on. I would not let him play. When we got back to Bakersfield the following day, he went into see our team physician who said, "He is fine, he doesn't have a headache. He can play." The second day, our team physician said he could play. At this organization, knowing the history of other players, there was no way I was going to let him play, I saw what happened to him….he was out cold. He had the physician's permission to play, on a back swing, a normal routine incident that happens all the time in baseball; he hit the back of his helmet on the catcher and was knocked out. Again, we rushed him to the hospital, and low and behold he had bruising on the brain. He should not have been playing. Fortunately, in this situation, there wasn't long-term damage. I had held him out as long as I could, but it is a business and he was a high draft pick and they had to let him play. I had pushed it as far as I could, but he is a grown man.

Flipping back to the high school level, at Bothell high school last year there were two instances where the player was knocked out during practice and the coach just wanted him to sit out practice, then go home. I called 911, activated emergency services….it was just my additional training.

Athletic Trainers are highly trained medical providers who are the provider of choice in the only area of health care that is monitored by the free market, that is in professional sports. US professional athletes are the most expensive bodies in the world, and they trust their medical futures to the NATABOC Certified Athletic Trainer. In addition, court cases have consistently placed the Athletic Trainer as the standard bearer for health care in the role of the athlete.

Regulation by the state of Washington is important to protect the public health and safety. Certified Athletic Trainers have met a certain minimum standard of education, training and experience. State based discipline of unscrupulous individuals is desirable. This discipline would apply equally to unqualified individuals and unethical members of the profession.

The last sunrise review said that regulation of athletic trainers was not necessary. As for injuries at the high school level were concerned, a coach with additional first aid training would be able to effectively protect the children physically, and provide an adequate liability protection. I agree that coaches need the training. Certified teachers also need first aid training. This has cost the public dearly in terms of dollars and human suffering. We can help prevent this by regulating the practice of Athletic Training.

On a lighter note, looking through the past regulation of the state this last year, licensure of animal massage therapists to protect pets from unqualified animal massage therapists…..I was thinking that people should deserve at least the same quality of care.

Question: Can you describe in a little more detail the type of work that a certified Athletic Trainer does compared a coach with advanced first aid.

Answer: Perfect example, Tyler Shultz, a basketball player, took a charge and the first thing that hit the ground was his head. It was a big game against across town rivals. He ran out there and was instantly knocked out. My first response was to go out there…I've been trained in dealing with all situations….went out there, the body was immediately limp. I isolated him to make sure that he did not move. We had no additional injuries. I remember a professor at BYI talking about a wrestler who was dropped on his head and actually walked to the clinic. While in the clinic he turned his head and died, because he had severed his spine. All of this training comes into play. We activate EMS and try to figure out what the injuries were. With this person, he had numbness and tingling on his right side…a possible pinched nerve, possible fracture. Fortunately, all he had was a concussion, but for the first 10-15 minutes, a coach could have come out and I'm sure they would have called the EMTs. For the first 15 minutes, they had to get his mom away, who was jumping up and down and screaming because her boy was sitting there on the floor. They had to make sure that the situation was under control, calm and collected. Athletic Trainers are a go-between the players and the coaches. A big thing with the players is the tough guy mentality. You play hurt. When someone is hurt, the athletic trainer is the eye opener. It is no longer the athlete who is being a wimp. I don't diagnose and I don't take x-rays, but we do evaluate.

Question: You already have a certification on a national basis. The criteria for the curriculum has already been established. What you are asking us is to consider recommending to the legislature a more strict regulation of the trainers under the criteria that you have already established?

Answer: Yes, we already have a national certification, but there isn't a state regulation. In the state, if you are not regulated in a health care profession, to a degree you don't exist. Anyone can claim to be a certified Athletic Trainer now, because there is no law designating a certain level of competence and education. There is no legal watchdog organization pinning someone down if someone claims to be an athletic trainer but isn't.

Question: Under the ESSB5598 from last legislative session, the bill is about registration, which would have no requirements for education or special qualifications. I could register with the Department of Health as an Athletic Trainer, in spite of the fact that I am not a health care provider. I have basic CPR and not much else. With no credential I could become a registered Athletic Trainer and I could provide services as a registered Athletic Trainer.

Answer: That is correct. That is why we are hoping that the Department of Health will see that Athletic Trainers should be regulated at a level of certification or a scope of practice of licensure. There was a previous bill SSB 5598 which was for certification.

Lorrie Howe, Athletic Director, Bellevue School District

I am the Athletic Director for the Bellevue School District. Right now I am responsible for hiring persons that are most qualified to take care of the health and coach our student athletes. How do I know that a person that is applying for this job has any regulation or minimum requirements to provide this care? In the state of Washington we ask that teachers have certification. We ask that school nurses have Washington State certification. We ask that coaches have clock hours, so that we can see that they have the minimum requirements to be a coach. There are different levels to this. However, we do not have this information available to us to hire an Athletic Trainer. As an Athletic Director, I am directly responsible for the health and welfare of our student athletes. We have had situations in our league where inappropriate care has been rendered to student athletes by coaches or people claiming to be Athletic Trainers because they have taken a coaching class that teaches them how to tape or they have a current CPR card. Here is a good example: During a freshmen football game, we had a player go down from an obvious lower leg fracture. The coaches went out and seeing that there was something wrong with this kid, stated that they had to get the game going. They carried him off the field without stabilizing his leg. At that time, when they got him onto the sidelines, they did not call 911. They proceeded to use screwdrivers as a stabilizing splint, and then they called 911. All of this happened in front of a parent. The next day, after the kid had emergency surgery that night, the parents were in the principle's office demanding that these coaches be fired. They wanted to know why the school district did not have Athletic Trainers on staff. They did however, have an EMT who was at the game. Under the King County requirements, the only thing that has to be available as far as medical equipment is a first aid kit. To me that is not acceptable. In the Bellevue school district, we do have Certified Athletic Trainers on staff. When I had to hire a trainer this year, I had six people apply for the job. Only two of them were certified as Athletic Trainers through the NATA. It concerned me that there were people who could apply for the job and how were we to know that they met the minimum requirements to provide care to our student athletes.

Question: What do you think the effect would be on the number of Certified Athletic Trainers working in public schools if what you propose is passed by the legislature?

Answer: I think it would go up just because of the education to the public that there are people qualified to take care of these injuries that coaches don't know how to do. For example, they don't teach you in first aid and CPR that we offer our football coaches how to remove a facemask that needs to be done if there is a spinal injury

on an unconscious football player on the field. I think it would raise awareness that yes, we do need to have regulation and a certified person to provide care to our student athletes.

Question: Does OSPI send out standards or guidelines on hiring Athletic staff?

Answer: The only requirement is that to be a coach you have to have a certain number of clock hours. In those ways of getting clock hours, there is a sports injury class that can be taken as a way to accumulate clock hours. That still doesn't go in depth on when to return athletes from a head injury. OSPI does not have any regulation for hiring athletic trainers. Those decisions are made at the school district level.

Question: From where you sit as an Athletic Director, do you see Athletic Trainers needed at the high school level and the middle school level?

Answer: Yes, both. Especially if the middle school has a high-risk sport, such as football or wresting.

Question: Are Athletic Trainers hired as full time or part time employees?

Answer: Part time. If that much. They get paid part time, but often work full time. More time is spent towards the catastrophic injury sports. There is a way to do that where there is a way to see how many athletic trainers are needed per sport that you have. Say, if a private school doesn't have a football team, then you would only hire one trainer. In our school, we require athletic trainers to be at all football games, at all levels. They are always on site at all games…just in case, say, a tennis player goes down. That does happen.

Question: How many of the people who are working as Athletic Trainers across the state in public schools are certified as opposed to those who use the title without the certification?

Answer: I can only answer that question as far as our league. In a league with 20 teams, two years ago there were 5-7 that were presenting themselves as Athletic Trainers but were not certified. It has gotten better due to the education of the Athletic Directors. There are other people here tonight that can answer that question better.

Question: How many in your district and how large is your district?

Answer: We have four schools. Actually, there is a person here who started the Athletic Training program at Bellevue School District. I think we have 5,000-6,000 students in the four high schools. We have four trainers, one in each high school.

Question: You are one of the largest school districts in the state of Washington…Correct?

Answer: Yes.

Question: What are the minimum requirements at any high school at any level, for a football game as far as medical staff?

Answer: You have to have a licensed physician at every home game right now. It has to be a person who is qualified to provide pre-participation physicals, which are MDs, DOs, and Nurse Practitioners.

Question: Is that just football, or all sports?

Answer: Mainly football. We have a tournament doctor at all of our state level tournaments for all sports.

Question: What would you say to the smallest school district in a remote part of the state that would say that can't afford it, if we were to enforce this?

Answer: Booster clubs are a good way to fund some of the costs. The Issaquah school District has provided a participation fee, mind you it is not even enough to cover the costs of supplies, but it helps offset the cost of hiring an Athletic Trainer. I know Cashmere has done that in the past. They charge a participation fee for the athlete in order for the Athletic Trainer to come out.

Question: Professionally, with your background in athletics and as an Athletic Director of a large school district, is it primarily football that you are concerned about?

Answer: No, actually two years ago I probably had more athletes miss games, which is what I consider a high-risk injury, in other sports.

John Olson, Associate Director, Interscholastic Activities Association

I am Associate Director and Legal Counsel for the Washington Interscholastic Activities Association. I also serve on the state Sports Medicine Committee and also the National Federation of Sports Medicine Committee. We support the passage of this bill to help our schools, and right now there are approximately 800 public and private schools in the state of Washington that belong to our association. We regulate and supervise high school activities in the state of Washington. We see this as a way for our schools, if they have the financial ability to go out and seek an Athletic Trainer in their program. It lets them know that the trainer has met a certain standard and a baseline of information that we feel is very important for our students. I don't have any medical background, but I have been with the association for twelve years. We run state championships and thirteen activities. When the activities come to the state level, we probably have the best medical coverage available. At our wrestling tournaments we have up to 10 physicians and probably 30-40 Certified Athletic Trainers on staff at all times. The kids get excellent coverage. The concern is the Elma's…they may not have a physician in town, but they may have the budget capabilities to solicit some aid. We see in athletics right now…head injuries, the second impact syndrome that we have heard about, use of supplements that has gone crazy in our schools right now. The trainers are aware of this, and they know the pluses and minuses. The coaches want to coach. They don't want to be bus drivers, they don't want to be tapers on the sideline. They don't want to make that medical decision when it's fourth down and there is a minute to go, to have to try to evaluate an athlete to determine whether they are fit or not. Most of them don't want to do that. They want to rely on a medical person with some expertise in that area.

I think there were some issues about what coaches qualification are and what they can and cannot do. I was not aware of last years bill and the thought that maybe a coach has the adequate training to meet the basic needs. Coaches do not. Washington State is probably ahead of most states. We are among 4 or 5 other states that require a basic coaching certification, and part of that is minimal medical training, it includes CPR and first aid training. That is basic coverage. We tell coaches that if they have an injury situation that they are not comfortable with, don't do anything except call 911. That is what the coaches want….they don't want to have to provide that first aid medical care.

Question: In some of these situations, it is the district that carries the liability right now in terms of a student being hurt at a school event, correct?

Answer: Correct.

Question: And to some degree the coaches?

Answer: The districts bear the burden of determining how best they are going to serve their student athletes.

Question: Would you be in favor of a regulation allowing interns being allowed to do more than just tape?

Answer: That is past my level of expertise. I know a lot of our schools rely on student trainers that work under the direct supervision of a Certified Athletic Trainer and a physician, and they can do a lot of the day to day taping and evaluation.

Ingrid Fuhriman

I am a non-professional as far as Certified Athletic Trainers go, but I am a certified teacher, a former PTA President, and a mother of four athletes, who all went through high school athletic programs. To give you an idea of what they did, they played football, basketball, ran track, ran cross-country…all the sports. My young men sustained various and very severe injuries in the course of that time. Fortunately, I was PTA president of Sammamish High school and we had Jim Richards as our Athletic Trainer. He did a wonderful job of helping rehabilitate my kids, with things from concussions to very server back injuries. The point is that I really believe that some of the injuries that some of these young adults sustain, and they are large…you have a collision on a football field between two 300 pound linemen, and you are approximately the force of being hit by a VW bus going 30 miles an hour. It's serious collision. Anything can happen in this situation and to think that a coach has the ability to evaluate or even the ability to stay neutral. Let's face it, coaches are human and they want to win this game and they have star athletes out on that field. If they take them out for five minutes…they want them back in, especially if it is a state championship or a big game. That is a burden to put on a coach to expect them to say, "No, I think you better sit out," when his heart is telling him to put him back in the game. We need someone to stand between the athlete and the coach and help the athlete who probably wants to go back in the game realize that he has a concussion and needs to sit out. As a certified teacher, the other point that I wanted to make is that the state of Washington ensures that the students in the classroom have someone who is qualified taking care of their little minds so they are not going to be taught by someone who is unqualified. Granted, teachers have various qualities, some are great and some are not so great, but at least they have a basic minimum education and we can count on when they are certified by the state of Washington. If they don't follow up and stay current, the state of Washington takes action…you no longer have a certification. I believe the same should be the case for Certified Athletic Trainers, those who take care of their bodies on the field, which is just as important as their minds in the classroom. If fact, it may be their minds they are protecting as you will see later with the case of a young student with second impact syndrome. In my family, we had at least ten serious concussions among those four sons. If the school district cannot afford it, this bill does not force them to have it. What it does do is give them an idea when they go to hire someone, when they finally get the funds together to hire someone, that that person is going to be able to take care of these kids in a professional manner. I don't know if I would still have a couple of my children if it weren't for Jim. A couple of the concussions were very serious. My youngest son went down with a very serious fall in a basketball game. He broke his wrist and he also sustained a very serious concussion. If he had been put back in that game, which the coach would have loved to do since he was a starter, who knows if I would have my son today. Thank you.

Dr. David Draper

I'm a professor of athletic training and an avid researcher at BYU. The reason that I was asked here tonight was that after everything we have heard so far, you think that people are crazy if they don't hire an Athletic Trainer. There are a couple of groups out there who aren't so crazy about Athletic Trainers being licensed and so I am going to

address one of the concerns by one of the groups. That concern is that we are not qualified to use therapeutic modalities. I have spent the last 12 years of my life researching therapeutic modalities. I would like to read this statement:

Therapeutic modalities are physical agents used to assist the body in its natural processes of human repair. The agents include, but are not limited to: cold, heat, electricity, diathermy, ultra-sound, massage, and traction. In order to set the stage for heating, allied health professionals need to have a thorough understanding of how and why to use these modalities. The first question you may ask is, "How are students of Athletic Training and Physical Therapy being trained on the proper use of therapeutic modalities. I will speak from an Athletic Trainers point of view. Before a student can sit for the National Certification, they must have a minimum of a bachelor's degree in Athletic Training and 800 hours of clinical experience. I will address just the modalities component of their education. During this education, they will get at least one, three credit semester hour course on therapeutic modalities. They will receive in addition to this, basic instruction on the use of the modalities in their basic Athletic Training class and in their rehabilitation of injuries courses. This compares nearly equally with what Physical Therapy students receive. I have compared several curriculums, and had other physical therapist do some research for me. I have found that the number of courses devoted to modalities is ranged from less than one to about 1.5. Although Physical Therapy curriculums do vary in the extent that therapeutic modalities are covered, the standard appears to be one course or module on thermal agents; ice, heat, and so forth, and an additional course in electrotherapy. The accreditation division of the Association of Physical Therapy states that there is no required number of credit or contact hours for therapeutic modalities. Physical therapy programs must meet all the objectives listed on the contact list. How the individual programs implement this will vary. I refer to a gentleman who is a professor of the Physical Therapy Assistant program at Hesser College in Manchester, New Hampshire. For the past nine years, Professor Gallo has taught in Athletic Training, Physical Therapy, and Physical Therapy Assistant programs. He recently wrote me the following: There is no doubt in my mind that my former athletic training students are competent and highly skilled in the use of therapeutic modalities. The number of classroom time and lab hours in the therapeutic modality course that I taught to Athletic Training students, is no different than the course I am currently teaching to Physical Therapy Assistant students. The only difference in course content is in the area of population and diagnosis and treatment. For example, I do not teach Athletic Training students on how to use neuromuscular stimulation for a person who has had a stroke. The clinical experiences of Athletic Trainers and Physical Therapists also vary. I've talked about their education being very similar in modalities, but according to Professor Gallo, the clinical experience of Athletic Training students in modalities is much better than that of Physical Therapy students. Why? Here is the reason. One of the many strengths of the therapeutic modality education within Athletic Training curriculums is that students typically go to class in the morning, then in the afternoon they are assigned to a team. While they are working with that team, they are given the opportunity to use the therapeutic modalities. They go to class in the morning, then that evening they get to apply what they learned in class. With Physical Therapy courses, often at the end of the semester they go on a six to eight week rotation, where they go out and practice some of their skills. By the end of the semester, they may have forgotten some of the information learned in the class. Also, not all Physical Therapy clinic internships are performed in an environment that uses modalities frequently. For example, many Physical Therapy students report infrequent use of line-powered modalities, ones you plug into the wall, during their clinical. With the athletic population, our Athletic Training students use a lot of modalities.

Textbooks. Certified Athletic Trainers have authored and co-authored many of the commonly used textbooks on therapeutic modalities. In fact, the biggest selling book in the Athletic Training market and Therapeutic Modalities in Sports Medicine, is written by William Prettis, who is a PhD, a Physical Therapist and a Certified Athletic Trainer. His text, Therapeutic Modalities for Allied Health Professionals, does very well in the Physical Therapy market as well. Some of the contributors to this text, including me, are Certified Athletic Trainers. Professor Gallo currently uses a text authored by an Athletic Trainer, and requires additional chapters in other texts that were written by other Athletic Trainers. Right now he teaches to Physical Therapy Assistants.

Summary: Athletic Training education provides at least as much, and sometimes more therapeutic modality education as Physical Therapy education. Athletic Training researchers are contributing to textbooks used in this program. Once an individual becomes certified and are no longer a student, continuing education is very important. What is the National Athletic Trainers Association and the American Physical Therapy Association doing to keep their members current in the proper use of therapeutic modalities. In the past three years, at our National conventions for Athletic Trainers, we have had several seminars and sessions devoted to therapeutic modalities. I

have had many research presentations on the topic too. Another one is journals. Both of these organization have they keystone, peer reviewed journals. All people who are members of that association receive this journal. The Keystone journal for Physical Therapists is called the Journal of Physical Therapy. While the keystone journal for Athletic Trainers is the Journal of Athletic Training. There is a third journal that is a cross over journal between these two called the Journal of Orthopedic and Sports Physical Therapy. I would like to show you an overhead at this time:

Overhead slide presentation

Denise Fandel

I am the Executive Director for the National Athletic Trainers Association, Board Certification. Today at Safeco Field, a team of health care professionals is managing the player's athletic medical care for both the Mariners and the Yankees. At the forefront of this team is the NATABAC Certified Athletic Trainer that you have been hearing about. In fact, major league baseball and the National Football league collective bargaining agreements require each team to employ at least one NATABAC Certified Athletic Trainer. This is because the NATABAC standard is the gold standard credential for the Athletic Trainer. In the state of Washington, however, 153,000 plus high school athletes, as well as the thousands of members of the public participation in college and recreational activities, do not currently have a standard in which to recognize or help choose someone who calls themselves an Athletic Trainer. Nor does the state of Washington have a regulated scope of practice in which the Athletic Trainer can work. As our society continues to increase the amount of recreational time available to citizens, many businesses and professionals in and outside of the healthcare profession claim a specialization of athletics and physical activity. The term sports medicine and Athletic Training are often ascribed to many activities as marketing tools instead of the nature and quality of the services being rendered. Through my remarks today, I will share with you who the NATABAC is, what the ATC credential is based on, and how this credential provides the public a level of protection, how the public is served through the NATABOC disciplinary process, and how the NATABOC credential program follows the guidelines of the Commission Taskforce on Healthcare Profession recommendations. With this information, I believe this body will come to an understanding for Washington's children, Washington's athletes, and Washington's citizens are provided for regulation for Athletic Trainers based on the NATABOCH credential. Who is the NATABOC? The NATABOC has been accredited since 1982 by the National Commission for Certifying Agencies, which I will refer to as the NCCA. It's predecessor organization, the National Commission for Health Certifying Agencies. In fact, we have been certifying Athletic Trainers since 1969 when the Board was an entity of the Professional Membership Organization, the National Athletic Trainers Association. Since 1989, the NATABOC has been an independent 501C6, non-profit corporation. The mission of the NATA Board of Certification is to certify Athletic Trainers to identify for the public quality healthcare professionals through a system of certification, adjudication, standards of practice, and continuing competency programs. The NATABOC has no members, it exists to serve the public and those that hold the ATC credential through it's stated mission. A nine-member board of directors governs the NATABOC. The Board consists of five directors who are elected by the credential holders. The Board appoints one physical, one corporate educational, one public director and one credential holder who is nominated by the membership organization. The NCCA standards require that at least one member of the governing body be a member of the public. The NATABOC has added a second public member, the corporate educational director position. The physical director position exists because as stated in the NATABOC standards of practice, the Certified Athletic Trainer renders service or treatment under the direction of a licensed physician. Consistent with NCCA standards and guidelines, the NATABOC is not a self-perpetuating board. The NATABOC Nominating Committee screens all nominees. You have heard about the Certified Athletic Trainer and the ATC credential. The ATC credential and the NATABOC requirements are currently recognized by 41 states for eligibility and regulation of the practice of Athletic Trainers. The credibility of the NATABOC program and the ATC credential that it awards is supported by three pillars: the NATABOC certification exam, the standards of practice and disciplinary process, and continuing competency requirements. I will address these three areas. As I stated earlier, the NATABOC certification is recognized by the NCCA and is the only accredited certification program for Athletic Trainers in the United States. To be certified, an individual must demonstrate that he or she is an Athletic Trainer capable of performing the required duties without threat of harm to the public. Many examinations have been developed to assess the minimum level of competence of entry-level workers in their professions. These examinations are called Certification Exams. The development of a Certification Exam is a long and complex process. It requires rigorous testing of the examinations validity, the ability of the test to measure that which it is supposed to measure. The validity of a Certification Exam involves the demonstration of at least two

major qualities. First, the content of the examination must be job related. Second, the examinations should cover areas where lack of knowledge could cause harm to the public. These qualities make up some of the defining characterizes of what is called the content validity of an examination. Another important characteristic in determining the quality of the certification exam concerns the reliability, or consistency of the scores on the examination. Reliability is an index of how accurately the examination measures the candidate's skills. A test must be both valid and reliable in order for it to be considered a well-developed examination. The NATABOC Certification Examination has demonstrated since conception that it is a content valid and reliable examination. Developed by NATABOC in cooperation with Castle Worldwide, a professional testing company, the Athletic Trainer Certification Exam is based on the role delineation study for a job analysis of the Athletic Training profession. First conducted in 1982, and updated in 1989, 1994, and again in 1999, the results of the study are used to determine the content areas to be assessed and the relative emphasis to be assigned to each area of the examination. All studies were validated by a nationwide sample of Certified Athletic Trainers who represent a wide variety of practice settings and are of all levels of employment. The Board of Certification traditionally conducts three annual examination development meetings, during which Certified Athletic Trainers and recognized experts in the sciences of athletic training develop, review, and validate examination items and problems. The knowledge, skills, and abilities required for competent performance as an entry level Athletic Trainer fall into three categories: Understanding, Applying, and Analyzing; Knowledge and Decision Making; and Special Performance Abilities. NATABOC Certified Athletic Trainers are educated, trained, and evaluated in six major practice domains or areas: Prevention; Recognition, evaluation, and assessment; Immediate Care; Treatment rehabilitation and reconditioning, Organization and Administration; and Professional Development. Much has been said about the purpose of this hearing and that is to protect the consumers and that is why we are here. As the mission of the NATABOC states, it identifies competent practitioners through a variety of processes. The professional practice and disciplinary process of the NATABOC assists and informs the public, credential holders, and candidates for certification of the NATABOC's standards of professional practice and disciplinary process relative to their professional conduct and disciplinary procedures. In the state of Washington, NATABOC currently lists 461 Certified Athletic Trainers with Washington addresses in our database. 80 former Certified Athletic Trainers whose certification was revoked may still practicing as Athletic Trainers. Their credentials were revoked by NATABOC for a variety of reasons, such as failure to submit continuing education report, felony or misdemeanor convictions related to public health, violations of the NATABOC standards of practice, or failure to remit required fees. The standard administrative process of NATABOC is to notify state regulatory agencies when it takes action affecting as individuals certification status. We have no one in the state of Washington to notify right now because these individuals are not subject to regulation. 16 additional individuals have voluntarily resigned their credential. Their place of residence at the time of their resignation was Washington State. In both of these instances, these individuals are no longer required to demonstrate that they are maintaining competence as a Certified Athletic Trainer, nor or they subject to the NATABOC disciplinary process or sanctions. Washington State neighbors, Oregon and Idaho regulate the practice of Athletic Trainers. These two states have respectively had 67 and 27 individuals who have had their certification revoked or they have resigned. WE have notified their respective regulatory agencies and continue to work cooperatively with your neighboring states as they look to protect their citizens. Finally, the NATABOC consistent with the standards of accreditation of the NCCA, require its credential holders to demonstrate compliance with our continuing competency requirements. We have done this since 1973. This requirement is also consistent with the Health Professions Commissions report, entitled Strengthening Consumer Protection: Priorities for Healthcare Workforce Regulation, published in 1997. The recommendation of this independent commission supports the use of NATABOC Athletic Trainers certification requirements and its examination by the states. Specifically the commission's recommendation #3 in this report reads, "States should base practice acts on demonstrated initial and continuing competency. This process must expect and allow different professions to share overlapping scopes of practice. State should explore pathways to allow all professionals to provide service to the fullest extent of their current knowledge, training, experience and skills." The PEW Health Professions Commission was established with the following goals: To elevate health profession and workforce issues as an essential part of the debate about healthcare change; to create a set of competencies for successful health professionals education and practice in the emerging healthcare system; and to provide resources and services in the form of research policy analysis, technical assistance, advocacy, grants, and programs to policy makers, institutional leaders, and healthcare professionals as they work to integrate this vision and the competencies in their daily practice. The PEW Commission Healthcare Workforce Regulation recommendation #9 states that, "Until national models or scopes of practice can be developed and adopted, states should explore and develop mechanisms for existing professions to evolve their existing scopes of practice and for new professions or previously unregulated professions to emerge." This sunrise hearing is an example of one of the processes the Commission included in this recommendation. The NATABOC is a voluntary

credentialing agency, to define scope of practice, requires continuing competence, and has a disciplinary process. To the extent of the PEW Health Professions Commission envisions a move to national practice standards, the NATABOC examination is currently recognized as the standard by 40 states. To summarize, in it's 1997 comments to the PEW Health Professions Commission, the Federation of State Medical Boards stated, "Its appropriate that expanding and changing scopes of practice should occur slowly to assure that appropriate education, training, and oversight are part of that evolution. The NATABOC requirements, if adopted by Washington would provide oversight for the state in the areas of education and training, as well as through continuing competence requirements and its standard of practice. Additionally, the Federation of State Medical Boards stated, "Protecting the public from less than quality healthcare by encouraging too much responsibility in the hands of those less than completely trained must be avoided. The adoption for the regulation of Athletic Trainers in the state of Washington, utilizing the NATABOC requirements and standards would provide a level of protection to the public that is not currently in place. The NATABOC credentialing program is legally defensible. Its examinations are psychometrically sound and its disciplinary process is based on due process. It is the only accredited Athletic Trainers Certification program in the nation. Reliance on this program may also provide an economic advantage to the citizens of Washington by limiting the necessity of creating its own examinations and of monitoring continuing competence. The NATABOC is happy to assist in providing additional information to this committee that you may be interested in.

Question: What is the length of the NATABOC Certification….once awarded what is the length of time it's good for?

Answer: Once awarded, the continuing education reporting period is a three-year period.

Question: So that certification is good for three years?

Answer: If you took the exam right now you would have to demonstrate the continuing education requirement by the end of 2002, which is our three-year cycle. The next continuing education reporting period would be 2003-2005. As long as continuing education is reported, your credential would remain one of good standing for three years.

Question: Can you tell me about the continuing education that is required of Athletic Trainers?

Answer: Continuing education is based upon the same models as most health professionals. There are five areas in which Athletic Trainers can obtain continuing education. It must fall within the major practice domains, however, of the role delineation study. So, an Athletic Trainer could not go out and learn to lay down asphalt and count it for continuing education, but an Athletic Trainer who has to work with reimbursement and has to know reimbursement codes could go to a seminar to understand what the current changes in CPT coding is. That would fall within their organization administration domain. New standards in treating these fine injured patients, which has been a new set of regulations that has come out, that would fall under prevention and immediate care domain.

Question: 461 people in Washington State are currently recognized certification by your organization. 80 have had their certification revoked in Washington State, but they are not governed in any way by this state. Did you say that Oregon and California both regulate Athletic Trainers?

Answer: Actually, Idaho and Oregon. Yes. There are 461 Athletic Trainers with Washington addresses who currently hold the credential. In addition to that there

are 80 who have had the credential that have either resigned or had their credential revoked.

Question: Do you have a sense of the proportion of those 85 that had action taken against them for quality issues?

Answer: I have worked for the Board for four years, and I can tell you that the majority of those are for noncompliance with regulation. One has been because of a felony misdemeanor, and three have been for some violation of one of the standards of practice, one of which would be conviction of some sort of action related to public health. We have just revoked five individuals' credentials this year for a variety of felony convictions. Those people are no longer able to get licensure in those states…they have to be practicing in states with regulation. There is nothing to prohibit them from coming to practice in Washington State and there is no way to verify that they have met this credential.

Question: How many of those actions were related to patient harm.

Answer: I don't have the information off the top of my head. I will email it to you.

Lain Phelan and Brandon Schultz

I am here as a parent of a student athlete who suffered a catastrophic injury.

Hi, I am Brandon Shultz and I am the one who suffered that catastrophic injury.

While Jim Whitzal brought along a short videotape that we will show to share our situation. Fred also was talking about the cost to a smaller school district. I guess I am here to talk about the cost in human terms to not having an Athletic Trainer and that there is a financial cost too that was much greater than the cost of an Athletic Trainer. Without the presence of an Athletic Trainer, what I have found (and I have had numerous parents call me and talk about this) there really isn't anyone who has the student athlete's health as their number one priority. I think you will all agree with me that if we are all to say let's put a coaches name up there and say lets lift the coach's duties in the school district, one of them would be the student athletes health. If there was an Athletic Trainer as an employee of the school district, that is his primary duty. Without that person in the school district, it is really hard to protect the student athlete.

Played a video of Brandon before the injury and the football game where Brandon sustained his injury.

Brandon suffered a severe brain injury on October 25, 1993. Through a lot of research, we feel this was a second impact syndrome injury. He had a concussion the week before and had a second concussion a week later, which is the one you saw in the video. Neither one was particularly hard, jarring, or violent but the consequences were quite catastrophic. That can happen when the first concussion is not properly diagnoses. When we track back, no one at the school district called the first concussion a concussion. When were told he got his bell rung. He did miss a few practices when he first started back into practice because his headaches came back. He was told to sit on the bench for the Friday night game. The first concussion was in a Monday night JV game, he did not play in the Friday night varsity game. The following Monday in the JV game is when the second hit happened. What you saw on the video is that he was able to get up and walk to the end zone. It happened to be half time and in the JV game they just have an end zone huddle. He stood to the side, he seizure, and then collapsed. He was in a comma for about a week. Subsequent surgeries on his brain…the bottom line is that there is a lot of cognitive disability and some physical disabilities…long term injuries for my son that could have been prevented if that had been an Athletic Trainer who understood concussion, brain injuries, and return to play guidelines which were developed in Colorado in 1991. Subsequently, we did have a settlement with the Anacortes School District. That settlement was pointed at the

district itself for not providing the kind of continuing education to the coaches that would help them. I would like to let Brandon say a few things about how his life is now because I think it is probably the most relevant question of the impact of this kind of injury.

I am now living in Bakersfield, California. I am a client at the center for Neuroskills, which is a traumatic brain injury rehabilitation clinic. They have a whole in house treatment setting where they teach you how to live from scratch, which is what it takes for a lot of people. They have their own apartments and they teach you how to cook, clean. They have their clinical setting where they go through speech therapy, which they like to call cognitive retraining, education therapy, occupational therapy, physical therapy, fitness therapy, counseling. I have been holding a volunteer job at Kern River Golf course for about four years now. Someone said earlier about students and parents wanting to stay in the game. That was me…I was on the field come hell or high water. I loved to play and nothing was going to stop me from playing. Even after coming back from an injury. The next year I asked my mom if I could play football…and I asked her the next year to. She said no, which I know. But still I love the game…

His point is that we need that go-between between the coach and the player.

Question: Was there a physician at that game?

Answer: It was a JV game but there was no physical. He sat out on the bench but no coach came out and checked him or looked at him. He just sat on the bench the rest of the game.

Question: Did you have any expectation when you enrolled in the program that you would have any protection from this sort of thing?

Answer: When you sign your student athlete up you have to sign all those papers that say it is a violent sport, you assume that the coaches that are supervising your athletes will do that. I would assume that there would be some protocol for how to handle student athletes when there is no Athletic Trainer. I found out later that isn't the case. I think that part of the confusion comes when you are dealing with freshman, JV, and varsity sports. A lot of coaches are bouncing around and there isn't a lot of exchange of information or a central person, such as an Athletic Trainer. After his injury he was put back in the game. At that point, what my husband and I knew about concussions, although no one had told us it was a concussion; you shouldn't play with a headache. He told me on Monday morning that he didn't have a headache and that he was going to play in the game. He probably had a headache but I don't think the coach asked him before they put him back in the game.

Stan and Barbara Bosse

We are the parents of David Bosse, another example of a catastrophic head injury associated with football. We were asked by Jim Whitesel to present our story tonight. We can't tell our story because it is not our story to tell. It is our son David's story to tell. Let me tell you a little bit about David since he can't be here to tell you himself. David was 141/2 years old, a ninth grader at Rose Hill High School in Kirkland. He was every mother's dream child; loving, caring, smart, intuitive, funny, extremely close to his older sister, good looking, very popular, made friends very easily, and was very loyal to his friends. He was a star athlete in both baseball and football. He had spent the summer of 1995 playing all-star baseball. After his baseball practices he would work out to get really for football in the fall of 1995, which was supposed to be his banner year. He had set a goal for himself that season as future tailback and defensive captain of his football team, he said he wanted to run for at least 150 yards a game, and score at least three touchdowns per game. He had such high standards and expectation for himself. The first game of the season was September 29, 1995, in that particular game he ran for over 250 yards and scored three touchdowns. It is a coincidence and somewhat appropriate that tonight the Seattle Mariners are hosting the New York Yankees. Once again we are going to miss the game as we present David's story tonight. Almost six years ago to the day, the Seattle Mariners were hosting the New York Yankees in game three of the Division Series, which played a part in the medical decision regarding David. As Seattle was preparing for game three at about 3:30 in the afternoon, David and his football team was just starting their second football game of the season. On the second play of that game,

David collapsed. He had carried the ball on the first four plays and it had not received anything that looked like an obvious, traumatic hit. It was painfully obvious, however, when I arrived on the field about a minute later that this was a life threatening head injury. He immediately received the appropriate medical care by both the paramedics and myself, and because of the traffic associated with the Mariner's game that night, he was airlifted to Harborview. He was rushed to the operating room to remove a blood clot on his brain, and the secondary pressure associated with his injury. In spite of the quick and appropriate care, his mother and I were told that he would not survive the night. That was the longest, most painful night that any parent can be asked to endure. We held him until the next moment when he was pronounced dead. That was, to say the least, a catastrophic event that completely devastated us and will continue to devastate us until the day we die. As with most catastrophic events, it is usually multi system failure. As his parents, we wanted to know why this happened. We received the autopsy report about three or four weeks after he dies. It said that he died from second impact syndrome. This was the first time we ever heard of second impact syndrome. Further into the investigation into David's accident we found that his helmet had not been properly checked and fitted; his coach, who is a loving and caring person who would never put any of his players in harms way, had not been given any formal training in head injury of second impact syndrome; the school district had not provided his coach the proper education that he needed. Parents, including ourselves, had not been informed about second impact syndrome and its implications; the responsibility of reporting equipment problems and injuries had been placed on the players themselves in an environment where the injury versus ouchie attitude goes along with football. Just before our settlement with David's school district, we had heard about Brandon Shultz. WE were absolutely appalled that the liability carrier for both of the school districts were the same. They had not done anything to educate about second impact syndrome. My belief is that they were afraid this would implicate them since Brandon's cause was still ongoing when David's injury occurred. What we hope, as David's parents, is that we can all learn a lesson on how to prevent anything like this from happening again. With that, I would like to show a short video. I would like to apologize to Barb; she didn't know I was bringing it. It is videotape that I made of the football game where he collapsed and some audiotape that was done. While we were working on David out on the football field, his coach tried to review the tape, but instead of reviewing he actually recorded some audio, which I think is important for all of us to hear.

A video of the game where David sustained his injury was played. It included dialog about the coach's concern about resuming the game.

Hopefully what you can see from the film is that there was no obvious catastrophic hit that you can see. He was a star athlete carrying the ball. During the confusion that ensued, what I hoped that you would hear was the coach saying that it only takes one hit and it doesn't have to be catastrophic and also how quickly second impact syndrome can completely devastate someone. One other point I wanted to make is that we should take the responsibility for our sons' health and well being out of the players and coaches hands, and put it into a group of Athletic Trainers who welcome the responsibility to help educate parents, coaches, and players. Don't let Brandon's injuries go unrecognized. Don't let David die in vain. Give them the regulation and put them in our schools. We cannot go to bed at night with a clear conscious that we are going everything possible for our kids' safety. We have no business supporting these programs. We feel strongly that putting regulated Certified Athletic Trainers on the field is the right thing to do.

Richard O'Brien

I am almost speechless. Following the few presentations before me, it really does take me back. I have been in this profession for almost 30 years. I think it highlights the conflict of interest of the athlete through college. When you have someone out there who is as competitive as the coach is trying to make a life threatening decisions, you've got a problem. We have talked about our credentialing problems and what it takes. We are more than just people who evaluate injuries. We are mentors, we are counselors, and we are administrators. We have taken a variety of disciplines and rolled them into one. Athletic Training started sports medicine because a few men (I say men because there literally were no women in the field), because there was a portion of the population that was not being attended to. Guess what, once athletic Training started to be recognized, people saw what Athletic Trainers were doing for athletes, it all the sudden became sports medicine. When sports medicine Vogue, Athletic Trainers became the Rodney Daingerfield's. That is where we are at right now. We are trying to bring ourselves up. We have a great standard but we have to become recognized by governing bodies so that we can continue to do our jobs. Thank you for this time.

Patrick Olsen

I find it a bit ironic that I am sitting here since I have been a high school and Athletic Trainer for 10 years. As a group, high school Athletic Trainers have always felt that they are on the bottom of the staff. Now, most of the people who have sit before you and many of your questions towards the secondary level. Excuse me for being a bit emotional. I am a teacher at South Kitsap high school in Port Orchard. We have about 25 actives and athletic events and teams that we take care of. We have about 600+ athletes per year. We also have an athletic medicine program that teaches students portions of the health care field and if they are interested in any type of a health care occupation we can help to direct them to further education, to a job opportunity, or to something that interests them that they can make an occupation out of. I have to tell you that in my ten years, I have never had an athlete die on me out on the field, but I have talked to a lot of people who have. In the David Boss incident, it makes me a little emotional because this year I had the unfortunate opportunity to sit at Harborview Hospital in the intensive care unit with one of my student trainers who was like a daughter to me for three days, and had to unplug the machine. Very rarely do I teach without a script and very rarely do I go in front of a parent audience without a script. I came without a script today. I think it is important that you understand as a committee that having non-regulated industry in the state of Washington that cares for human beings is a risk. I know that Athletic Trainers have sat before this committee, I have never understood the political side and how we can relate every allied health profession in the state of Washington yet not have regulations on Athletic Trainers. As Mr. O'Brien just said, we are more than somebody who tapes and evaluates injuries. From the student athlete who came in after overdosing this year to our office wondering what she should do to the parent of a very high quality athlete who is concerned about that athlete not getting a scholarship to a major university and not having his education paid for because of a knee injury to the junior high who is a teacher at the high school level today who stopped me in the all to day that she wished I could have been there at the JV Junior high football game last night because my son was hurt and nobody knew what to do. I work from 6:30 in the morning and sometimes my nights don't end until 1:00 or 2:00 the next morning. I teach full time and am an Athletic Trainer full time after school. We are one of the lucky districts because we have two full time Athletic Training instructors and Certified Athletic Trainers to take care of events after school. I am also pretty lucky because I am the president of a group of high school Athletic Trainers called the Washington Vocational Sports Medicine Association. For the last 6 years, we have been going around to meetings with coaches, athletic directors, principles, vocational directors, the WIAA and anyone else who will listen to us. We have tried to tell people that there is a way that the smallest high school in the state can have an Athletic Trainer and not break there budget, and that there are people who can care for their student athletes and give them quality care if they are willing to listen and be educated themselves. I went to Napavine High school, a small B school in southwest Washington. WE didn't have anyone either when I played in athletics. I didn't know about Athletic Trainers until I went to college and played one year. I have since made a presentation to Napavine High School and school district on how to get an Athletic Trainers. I know they are seriously considering it and I hope they do. I think that the concern that is out there for young adults out there with weapons and violence in our school systems, anything else you want to bring up that has happened in the last 10 years that has scared people away from public schools, and has caused laws to be enacted. This is a prime example of something that needs to have action. There are about 72 school districts in the state right now that have a Certified Athletic Trainer inside of it. I think the number given before by John Olsen is there are 800 public and private school districts in the state. I think that speaks volumes. I

also think it speaks volumes to a thesis that has just been completed that the average cost of an Athletic Trainer full time in a high school environment was about $12,000 a year. I know that with the $12.6 million that the Anacortes school district paid to Lain Failan and Brandon Shultz that they could buy an Athletic Trainer for a long time. How many more kids does it take? How many more parents sitting inside Harborview does it take? It wrenches me as a parent and as an Athletic Trainer that we say there is not enough money in our school systems to put a Certified Athletic Trainer in when we can afford 25 team sports and 600 athletes. If you can afford that, you can afford the care and supervision of those athletes. Frank Furtado was a long term trainers for the Seattle Sonics and is not a Certified Athletic Trainer but could have been grandfathered in but wasn't because the NATA was in its infancy when he started. He came out to my classroom every year. The opening line he always started with was "Our society is very skewed. We provide Certified Athletic Trainers for athletes who could pay for anything they care to pay for, but we don't care for our young adults who have a lifetime ahead of them with a Certified Athletic Trainer. He has got a point. I brought with me and I hope that you take the time to read them, a number of letters from students that are in my classes about experiences with our program. I know our program isn't the same as all. We have a staff that consists of a team orthopedic surgeon, a team dentist, two massage therapist, two Certified Athletic Trainers, and somewhere around 65 student athletic trainers that take care of our athletes. I'm not trying to show that South Kitsap is the best, but it is to show that our district is concerned about our athletes and they make this connection even though we have had multiple double levy failures and finally based a four year levy (which money still hasn't come in yet), that they are willing to keep Certified Athletic Trainers on the payroll. It makes the distinction that our coaches, when we were on a cut list the day before football, cross country practice and all fall sports were to ensue had a meeting with our district officials and said they would not practice without Certified Athletic Trainers on the field. I think it makes a statement that this evening our non-suit football players were supposed to have a practice. We weren't told about it. When the coaches were alerted that our student Athletic Trainers and myself had other plans for that two-hour block of time, they cancelled the practice. I think it makes a statement that the largest number of injuries in student scholastic sports today is with women's cross-county not with football. We hear about the catastrophic injuries with wrestling and football because of the collision, but it is our young female athletes that are having a number of the ACL injuries in knees and a number of stress fractures. It is also our male and female athletes that are having a number of eating disorders that Certified Athletic Trainers can also help to recognize and get help for. I do find it kind of ironic that I am sitting here before you when I felt like the stepchild for 10 years. It kind of feels like tonight that it is the secondary school population is what you are interested in hearing about. Athletic Trainers have been taking care of professional intercollegiate sports for years. 41 states have regulation for them. The state of Washington does not. I hope that out of this that you are able to go back home and look your son or daughter in the eye and tell them that they need someone to take care of them if they are going to play sports.

Question: Why do you think the big cities don't have athletic Trainers?

Answer: I have my own theory to that…it may be debated behind me. Most of the school district in that area can pay a lesser fee to pay someone to come in after school for a few hours to look at injuries. So, they are farmed out to a clinic instead of them being in the school full time.

Stephen Bean

I am a Puyallup high school senior, and play cross-country, wrestling, and track. Our school does have an athletic trainer and teaches one class for student athletic trainers. She is always there after school. She goes to some sports games, but not all of them. I think that me and my fellow athletes enjoy the fact that we have someone we can go to when we have injuries to get their opinion on if we can practice or run in the next race. I pulled my hamstring and lucky for me, my stepfather is an athletic trainer and I can just ask him, but not all kids have that. They may pull something and just pop a few pain pills and run the next race then end up needing surgery and blowing a scholarship. I know in wrestling our coach puts our safety first.

Question: Is your trainer at Puyallup certified?

Answer: Yes she is?

Question: Does she run interference with the coach if a student is injured?

Answer: Not really because our coaches are really good and put our safety first.

Jim Richards

I am a Certified Athletic Trainer, and a retired teacher and coach. I am also an ongoing parent of former high school and college athletes. I came into the Athletic Training area a little differently having been first a teacher and a coach. I was the coach who always had a duty to do some type of taping, etc. I really became quite interested in the field because I knew that I didn't know what was going to. It has been quite rewarding for me to be in the field. I had pretty reasonable success as a high school wrestling coach. I also feel that I have had quite a few experiences as a parent knowing that there were a number of times when coaches did not have time during practice to deal with injuries. As the Athletic Trainer at Sammamish high school I work with all teams and communicate quite well with the coaches. I have two sons who played high school and college football that sustained some injuries but were very fortunate (especially at the college level) to have had a Certified Athletic Trainer with them. It is important to not necessarily point the finger at the coaches for not knowing, but they are coming from a different area. We do need the specialist on the field who is certified and recognized by state. As a parent I can say that it is a real definite need. I have also worked with John Olson and the WIAA and set up the medical state that has covered many of our state basketball tournaments. Some of the more remarkable problems that we have had have been with school that have a non-certified person trying to fill that position. It is very important in the protection of the athletes. Parent of athletes

Written comments:

Rick,

I can't say I've heard of injuries made worse by non-ATC's, but do know that none of Tacoma Public High Schools have certified athletic trainers. In fact, I've treated 2-3 athletes from Lincoln HS where they have a "trainer". He doesn't hurt them, he just doesn't know what to do for them. They have 2 gentlemen perform these duties, but they are not qualified and will be the first to admit it.

I do know coaches at Lincoln do take care of their athletes. They use practices that were administered to them when they played. Again, no serious injury, just longer healing times and less participation by the athlete.

Also, at Walla Walla High School, they have a non-certified person teaching their vocational Athletic Training Program. She used to be their "trainer", but when she caused a serious injury, they hired an ATC and kept her teaching the vocational class. She caused 2nd degree burns of an athlete by applying a gel pack directly to the skin. The gel pack read "Do not apply directly to skin." But, as I said, she is no longer involved in the daily health care of the athletes.

These are the only 2 situations I know of firsthand and have heard about recently.

Jill Allen, MS, ATC
Asst. Certified Athletic Trainer
University of Puget Sound
District 10 Public Relations Representative

October 26, 2001

Dear Mr. Boruchowitz:

On behalf of the Washington State Medical Association, I am sending along their comments on the Sunrise Review on Athletic Trainers (ATC).

The proponents request regulation in their application, but they do not even attempt to answer the questions that are the heart of the sunrise exercise. Nor do they demonstrate that their bill is sensible pubic policy. We therefore urge an unfavorable recommendation from the Department of Health and from the State Board of Health.

> *Does unregulated practice clearly harm or endanger the health, safety or welfare of the public, and is the potential for harm easily recognizable and not remote or based on tenuous argument?*

The applicants assert that personnel qualified to make medical evaluations of injured players should be present at athletic events particularly those involving youth and situations where athletes have had serious injury. We agree with this in principle.

The proposed legislation, however, does nothing to require, ensure, request or otherwise make any movement towards that end. To do that there would need to be regulation of the scope of practice, not just titles. And to permit people to perform complex and dangerous functions that are currently subject to licensure by at least five other professions (MDs, Dos, DPMs, PTs, and Naturopaths) should require some sophisticated educational and testing regimens. It is helpful that they are subject to direction by these other professions, but that is not enough to relax education and training programs to the degree apparently being done here. At the level of certification, the only sanction available is taking away the use of the title. This is not sufficient protection in an area of work that involves treating the traumatic injuries of athletes.

The applicants also assert that athletic directors sometimes receive employment applications from unqualified candidates and that this regulation would somehow end that. An athletic director has the responsibility to check out each applicant for any position and check any credentials that the applicant claims to have which must include confirmation of credentials with the issuing organization. The burden is on the athletic director to be sufficiently well informed about his or her business to have knowledge about what claims of certification mean.

Additionally, it seems only obvious that the applicant organization should have already undertaken to educate the relatively small number of athletic directors in this state about the NATABOC certification program. That program is conducted by their national organization and which they point out has been at least recognized by the American Medical Association (AMA).

The ATCs have proposed that the Department of Health regulate them. They have two bills before the legislature; HB 1830 which proposed regulation at the level of certification and SB 5598 proposing regulation at the level of registration. The hearing announcement said that hearing was to be on HB 1830, but at the meeting, the hearing personnel distributed and talked about SB 5598. It does not seem that the substance of the either bill appropriately falls within either of those regulatory categories. Certification is for protecting titles and not practice. However, because the functions included in the bill are already regulated under other statutes, including the medical practice act, the people performing them need to use an exemption for each of those acts that would permit them to practice. Certification is rarely, if ever, the form that accomplishes that end. See RCW 18.71.030(4) as an example. However, because the level of education is not normal, registration is not the appropriate level of regulation either. It seems that licensure is the only level that works here, and we are puzzled as to why that is not being pursued.

The current bills are simply defective and do not legally provide for appropriate practice of this complex area of activity.

> *Does the public need and can it reasonably be expected to benefit from an assurance of initial and continuing professional ability?*

A credible argument can be made that the public could benefit form some assurance of ability. One must assume that to be the purpose of the certification program by the NATABOC. That program has educational standards, testing requirements, and sanction capabilities for athletic trainers who seek the ATC designation. The certification proposal adopts the existing standards of this body and merely shifts the responsibility to the state. No evidence has been offered to suggest that the existing certification process is not broken and in need of fixing. In any case, because the scope of practice includes the scopes of practice of at least five other professions, certification does not make legal sense. The registration option is ill advised given the complexity of the practice involved.

The theory seems to be that having the trainers subject to "direction" by other practitioners meets this need. However, the nature of the direction, whether it is to be on site or otherwise, whether there are limits to the number of persons who can be supervised, and so on are not even mentioned, never mind sensibly addressed. This is a major defect in this bill and along should make it subject to a negative recommendation.

Lastly, there is an especially obnoxious form of a grandfather clause. The initial set of untested applicants is grandfathered past the examination requirement. If a test is a good idea, why exempt the initial group? Whatever the answer to that is, why are not future applicants similarly grandfathered past the requirement if they meet the same standards as the initial group? The purpose of regulation is not to benefit the bill's supporters and disadvantage future competitors to that group; the purpose is to protect the public, and this bill utterly fails to do that.

Is the regulation of the profession the cost-effective means of protecting the public?

State law requires health care professions regulation programs charge a fee that is adequate to fund the regulation program. The applicant estimates the number of ATC's currently in the state of Washington at 461. Many of the state regulated health care professions who number in the few to several hundred have fees that range from several hundred dollars to nearly a thousand dollars. In the event of more than one or two disciplinary events, as in the case of one small profession, the fees could rise to a level that could exceed $1500-$2000 a year. The NATABOC representative estimated the number of decertified ATC's in this state at over fifty. In summary, the current certification program seems to work well at a reasonable cost. What seems to be lacking is education of those people charged with running athletic programs that one option for their athletic program health care needs is the currently Certified Athletic Trainer.

Finally, it would seem that the goal of the applicants is to have a qualified health care professional at athletic events. This legislation does not address this issue. ATC's san already be certified by a nationally recognized organization with standards and the ability to levy disciplinary sanctions. Remember, there are other health care professionals who may be qualified to fulfill this function including MDs, Dos, Pas, and ARNPs and others.

SPI regulations could also be amended to require a clearly articulated level of training and expertise of health care professionals at athletic events that would address the concerns expressed in the application.

In any event, the applicants have failed to address or meet the Sunrise criteria. We urge you to recommend disapproval of this proposal. The medical association appreciates the opportunity to be heard on your report. Do not hesitate to call on us for additional information.

Sincerely yours,

Andrew K. Dolan
Attorney at Law

APPENDIX: D

PARTICIPANT LIST

Participant List

NAME	ORGANIZATION
Jim Whitesel	WSATA
John Olson	WIAA
Rique Fuhriman	WSATA
Ingrid Fuhriman	
David Draper	Brigham Young University
Dave Draper	NATA
Mark Todd	WSATA
Stephen Bean	Puyallup High School Student
Denise Fandel	NATA Board of Cert
Stan & Barbara Bosse	Parents of Sudden Impact Syndrome
Richard O'Brien	WSATA
Lane Phelan	WSATA
Brandon Schultz	WSATA
Lorrie Howe	WSATA
Patrick Olsen	WA ST Vocational Sports Med. Assoc.
Jim Richards	WA Institute of Sports Medicine
Larry Howe	WSATA/NATA
Emily Robinson	PTWA
Anna Neil	PTWA

APPENDIX: E

REBUTTALS

The rebuttal for the Washington State Atheltic Trainers' Association exceeded the 300 word limit. There was insufficient time to obtain a rewrite, therefore, the letter has been edited for brevity.

December 8, 2001

Dear Mr. Boruchowitz:

As the president of the Washington State Athletic Trainers' Association, I would like to make a few comments on the process of Sunrise review and elaborate on some basic points in rebuttal regarding the athletic trainers' sunrise.

In my opinion, you have failed to do what sunrise is asked to do. Is the profession of athletic training one that needs regulation to protect the public and provide the necessary rules so that the state and individuals can be assured that those practicing this ancillary medical profession have a basic level of education and rules that make this consistent? All allied medical fields who are degreed and who come in contact with the public, should be regulated and are regulated in the state of Washington, except athletic training. What's the matter with Washington?

The profession of athletic training has done its job to upgrade all standards of preparation and care across the nation and in the state of Washington with two ciriculum programs, Washington State University and Whitworth College. The state of Washington refuses to acknowledge professional change and seems to be trying to block this professional effort in conjunction with other special interest groups, i.e., the WSMA, who doesn't understand fully how athletic training is practiced in our state.

I truly hope that no youngster or other athlete will have a mishandled catastrophic injury, but they will. Until we have regulation that fits, this will continue to happen and what a shame.

Sincerely,
James P. Whitesel, MS, ATC
President
WSATA

December 10, 2001

Athletic Trainers need to be licensed by the state of Washington! The findings of the sunrise staff are inaccurate and it seems that they are merely trying to avoid doing their job, which is to protect the public form unlicensed health care practice.

There were several other states' practice acts that were submitted to DOH, including one from Texas. An individual was recently removed from practicing Athletic Training because he is a convicted felon (child pornography). The draft report dismisses complaints for people practicing athletic training as unimportant. For every censure of someone practicing athletic training without a license, there is a check into that person's education/background and qualifications. If the person is found lacking, they cannot practice this intricate profession. That is how the system is supposed to work.

If an individual were to perform a gynecological exam without a license, I think the state of Washington would be very interested! Or, if someone is performing massages without a license, the state finds that to be fairly serious. The DOH stated that other states' complaints were 'only' for unlicensed practice. I wonder what the State does for other unlicensed practices in Washington, or if they just think that it is no big deal and an everyday occurrence?

NATABOC cannot take action against everyone in Washington practicing Athletic Training, because they only regulate their own. Since Washington does not regulate this health care profession, individuals who lost their NATABOC certification, and can no longer work in other states work in Washington. Washington will become a magnet for washouts.

Based on the facts, not on emotion (although that is what was recommended by DOH staff) unlicensed athletic training cannot continue in this state. It is ethically wrong and dangerous to continue permitting unqualified health care to continue.

Ingrid T. Fuhriman

December 9, 2001

Change the recommendations of the Sunrise Review to Licensure of Athletic Trainers. According to your draft report, over 10% of high school athletic trainers (Ats) surveyed were not NATABOC-certified, and work outside of NATABOC's regulation; therefore, the NATABOC is not an effective regulatory body of this profession in Washington. NATABOC does not have records of non-NATABOCH ATs. To say that NATABOC can effectively regulate in the state is not a correct or valid argument against regulation of the profession for protection of the public. A non-licensed person cannot give massages (to human or animals) and charge a fee. An unlicensed real estate agent cannot sell houses and receive a fee. An unlicensed doctor cannot give perform physician and receive compensation as a physician. An unlicensed AT can perform athletic training.

Every state reported that the vast majority of their regulation has been in stopping unlicensed practice, so that is a gross problem in other states. As seen by the two dramatic cases in the hearing, and hundreds statewide since 1993 (think of all the times that someone has complained 'it's just an old high school injury') the recommendations of the WIAA is ineffective. The WIAA will not mandate the health care needed, and the AT is not asking for this. The focus of the DOH draft is entirely on the high school setting, and the lack of mandating this possibility. Anyone who works as an AT at the high school level should be licensed to practice what he/she is doing. There are 450+ NATABOC ATCs in Wahsington, and only 75 high schools have ATs, so the majority are working in other venues, unregulated by the state leaving the population at risk from unqualified care.

Rob Fuhriman II

We speak to clarify the rationale outlined in response to the questions of the sunrise review process stated on page 13 of the draft report.

Although the NATABOC has the ability to set standards and discipline those who hold the ATC credential it must be stated that the NATABOC has no method by which to prevent an uncertified individual from practicing in Washington as an athletic trainer. Disciplinary action by the NATABOC does not protect the citizens of Washington, or any other state without regulation. If the NATABOC takes a disciplinary action against an individual it does not have statutory authority to protect the public from continued practice by this individual. Although the Department of Health feels it would be duplicitous to regulate athletic trainers in such a manner, without a State defined scope of practice and the ability to levy disciplinary actions, the public is placed at risk.

NATA Board of Certificaiton, INC.

December 6, 2001

Dear Mr. Boruchowitz:

I am stunned that the state does not protect individuals by licensing Athletic Trainers!

The Department of Health is the regulatory body of health care in Washington. It is not possible for a private agency (NATABOC) to inform every single employer in the state who is looking for a prevention/wellness or rehabilitation program or employee that NATABOC is a regulatory agency covering one type of health care professions when the DOH should take on this responsibility. Employers working in Washington look to the government of the state to regulate health care as well as health care practitioners. The state is shirking its duties to protect me from unlicensed health care by handing this off to a private company in another state.

I cannot imagine going to an unlicensed doctor, massage therapist, or even a beautician, but for injury prevention and rehabilitation I can go to an unlicensed Athletic Trainer? I do not know what programs and testing services qualify an Athletic Trainer to practice in Washington. I expect the state to set those standards, and to regulate health care.

I urge you to remedy this in your final draft of the Sunrise Review by changing your recommendation to "Licensure" of Athletic Trainers.

Sincerely,
Mauread Bray

This letter was received from 19 individuals, including health care practitioners and others.

Dear Stephen Boruchowitz,

This letter is to address the recent recommendation by the sunrise review done by the Department of Health not to require licensure of Certified Athletic Trainers by the National Athletic Trainers Association Board of Certification (NATABOC).

I understand that the board recommended this because of the strict regulation of ATCs nationally by the NATABOC. The NATABOC does not have the power to regulate at the state level. My concern is that the states need to take action to protect the general public. The reason for this bill is safety for the individuals receiving health care from Athletic Trainers. There are too many individuals who are using the profession title of Athletic Trainer who have no experience or have expertise in the field of athletic training. The bill needs to be for licensure of Athletic Trainers as registration does not regulate or protect-which is the reason for state involvement. If the state regulates the physicians and physical therapists, regardless of their affiliation with national associations, we need the same regulation for Certified Athletic Trainers.

I support the Washington State Athletic Trainers Association in the bid for licensure of NATABOC Certified Athletic Trainers. If the most expensive bodies in the world-American professional athletes-receive treatment and rehabilitation from ATCs then I want the protection for our most valuable bodies in America: little league athletes, high school athletes, and adult athletes.

Thank you for your time and consideration on this matter. For you to decline this licensure of Certified Athletic Trainers would be a threat to the health and well being for this states athletic population.

This letter was received from three individuals. Portions not a rebuttal of the recommendation have been removed.

December 5, 2001

Dear Mr. Boruchowitz:

I am not an athletic Trainer (AT), but I am shocked that the state does not protect the public by licensing this medical profession!

Legislative staff wrote the bills mentioned without consulting anyone in the profession and without knowledge of the current practice in the state. The sunrise review can make recommendations to the legislature of levels of regulation, scope of practice and anything else that they wish to recommend.

The DOH should recommend licensure of ATs since they should be regulated by the state, not a corporation, and this is obviously a highly skilled health care profession that calls for "…protection in an area of work treating the traumatic injuries of athletes" and others.

License Athletic Trainers!

December 5, 2001

Unfortunately, ESSB 5598 was written without the knowledge of anyone in the athletic training profession, without any supporting documentation or review by anyone who knows anything about the profession of Athletic Training. This bill was submitted without any review by the public or the Health and Long-Term Care Committee. The Senate had recommended that Certification pass, not registration. All involved were under an understanding that the DOH would make recommendations of which level of regulation is required, not suspecting that the DOH would split hairs to not regulate health care in Washington. Here are some of the numerous falsehoods in the report:

- Athletic Trainers (ATs) (unlike any other health profession) identify factors that contribute to injuries (in the industrial/corporate/clinical setting and other venues) and eliminate them before an injury occurs. (Lack of complete information)
- ATs do not perform physicals as pre-participation screenings. (Misinformation)
- Personal trainers develop appropriate fitness and training programs (wrong credentialing, misrepresentation).
- ATs do not apply protective or injury preventive devices such as tape, bandages, braces and other equipment (no other health care profession does this)
- ATs do much more than what is included in the draft, and are the legal profession of choice (see Orr v BYU, others) in many settings.

Any reference to ESSB is irrelevant since the DOH should make recommendations for whatever level of regulation or changes they see fit. If the DOH believes that an AT should work under any other regulated profession that recommendation should be made.

There is a blatant falsehood that ATs are not adequately trained to recognize injuries. That is something that ATs do every single day. They have years of training, education and are tested extensively in the recognition of injuries, in addition to prevention and rehabilitation.

License this health care profession!

Richard Fuhriman, MS, ATC

December 5, 2001

Dear Mr. Boruchowitz:

Athletic Trainers need to be regulated. Currently, anyone can hold himself or herself out to be an Athletic Trainer with little or no repercussion. Forty-one other states have seen this need, including Oregon and Idaho.

An Athletic Trainer (or anyone for that manner) can practice as such in this state regardless of NATABOC credentials. It is not the responsibility of the NATABOC to regulate a specific state. Testimony to this effect was clearly presented in the hearing.

It is not the goal of Athletic Trainers to have qualified professionals at athletic events nor is this a function of SPI. It is a goal that if there is a professional at an event, that individual is guaranteed to be qualified to treat "the traumatic injuries of athletes." Other health care professionals cited do not hold in their scope of practice the unique domains that are Athletic Training.

The Department of Health should not make its judgment based on one letter consisting of misunderstandings and incorrect statements.

Sincerely,
Martin Matney, MBA, ATC

January 11, 2002

Dear Mr. Boruchowitz and Sunrise Committee:

I believe that there was some miscommunication between the speakers at the hearing and the committee. There are a couple of items that stand out to me.

1. 41 out of 50 states believe that there is an indication of potential harm to the public and have some sort of licensing law, including our neighboring states of Oregon and Idaho,

2. The issue in this case is not with NATABOC Certified Athletic Trainers making a mistake. The issue is with people saying they are an athletic trainer, even though they have not passed the NATABOC Certification Test, getting hired and causing harm to the public.

3. The correct way of making sure that the above scenario doesn't happen is by establishing licensure of athletic trainers at the state level. By doing this you can make the NATABOC Certification be the predetermined qualification. This would then ensure the state that the proper education and skills were completed to do the job competently.

4. By establishing a licensure law you would protect the public from individuals who were rejected or had their license revoked in other states for causing harm to individuals.

5. At all levels, but especially at the secondary level, there should be a method of controlling who can care for these young adults. A licensing law would enable school administrators to effectively hire these individuals, as they do teachers.

6. As has been demonstrated there have been a number of cases of direct harm to the public from non-NATABOC Certified Athletic Trainers. By establishing a license law with NATABOC Certification as the standard these people would not be able to practice or call themselves athletic trainers.

Sincerely,
Patrick Olsen M.S.,ATC
Head of Athletic Medicine South Kitsap High School
President, Washington Vocational Sports Medicine Association

Mr. Boruchwitz,

The comments below are in response to the Detailed Recommendation in the Draft Sunrise Review of Athletic Training (page 13-14)

Question 1:

Unregulated practice CAN harm or endanger the public health because without regulation ANY individual can claim to be an "Athletic Trainer", certified or not, and provide health care in Washington. This leaves people vulnerable to being misled into believing that the person claiming to be an Athletic Trainer has appropriate training, background, and skills. The 300 word limit does not allow me to clearly illustrate a local case where an athlete was put at risk by an individual claiming to be an Athletic Trainer, but was stopped by a Certified Athletic Trainer and team physician.

Question 2:

By the state regulating this practice, it can assure the citizens that persons practicing Athletic Training in Washington are held to a higher standard, and not become a magnet for people who can't meet the standard.

By regulating Athletic Trainers, the state would also assure its citizens that persons who are guilty of malpractice, malfeasance, or negligence can be punished to the appropriate extent allowed by the Uniform Disciplinary Act, and not rely on a private organization do to that for them. The NATA-BOC has no means to pursue criminal charges for misrepresentation or harm caused by someone who is not under their Certification blanket.

Question 3:

The public CAN NOT be effectively protected by the use of the current private certification system since that system can not discipline individuals who are not Certified by them but claim to be "Athletic Trainers". This can only be done by state regulation.

As a footnote, the state regulates Emergency Medical Technicians, EMT-P's (Paramedics) and Radiology Techincians, who also have a private national certification system in place.

Throughout the draft, the DOH continues to refer to Certified Athletic Trainers. No, the public is not at risk from ATC's, but it IS at risk from persons claiming to be "Athletic Trainers" without qualifications, education, or regulation. Those are the people that regulation would protect the citizens of Washington from, and that is why we as Athletic Trainers ask to be regulated.

Bill Slosson, BS, ATC
3619 Creighton CT SE
Lacey, WA 98503
(360) 789-3966
Athletic Trainer, River Ridge HS
Lacey, WA

Please support Senate Bill # 5598

I am a Certified Athletic Trainer and Physician Assistant, I support this bill. I work at NW Orthopedics in Richland, WA. I help direct health-care for over 200 injured patients a week, many of them are sports related. The following is why you need to support this bill.

The NATABOC does not regulate the practice of Athletic Trainers-that is the state's job. They can not protect against unlicensed practice by unqualified individuals.

Harm has been caused and demonstrated by the reports submitted where unqualified people have been working as athletic trainers, leaving the state open to huge lawsuits, and our children open to life-threatening injuries.

Licensure is needed to govern and protect the public from unqualified individuals practicing as Athletic Trainers at all settings, corporate, industrial, clinical and athletic.

The bill needs to be for **Licensure** of Athletic Trainers. We need to protect the general public. Registration does not regulate or protect-which is the reason for state involvement.

This bill is a non-partisan bill that passed out of the Senate with a huge majority.

Minimum standards need to be set so that the public knows that the state-Approved Athletic Trainer has met the state's requirements.

Athletic Trainers are highly trained professionals. All must have at least a bachelor's degree. Many have a master's degree in a related field, as I do.

-**The American Medical Association** recognizes ATCs as health care providers.

-Coaches feel much better if an ATC is present to deal with injuries (especially life-threatening ones), and that a week-end training seminar can not prepare them for medical emergencies. Can you imagine a swimming pool without a lifeguard?

-Health problems have arisen because school districts do not fully understand the title, credentials and need for Athletic Trainers to provide necessary risk management.

Michael C. Perala, MA, A.T., C., P.A., C
Richland, WA