



# Senate

General Assembly

**File No. 568**

January Session, 2011

Substitute Senate Bill No. 1051

*Senate, April 18, 2011*

The Committee on Public Health reported through SEN. GERRATANA of the 6th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

## **AN ACT CONCERNING THE PRACTICE OF ATHLETIC TRAINING.**

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 20-65f of the general statutes is repealed and the  
2 following is substituted in lieu thereof (*Effective October 1, 2011*):

3 As used in this chapter:

4 (1) "Athletic training" means (A) the application or provision, with  
5 the consent and under the direction of a health care provider, of [(A)  
6 principles, methods and procedures of evaluation, prevention,  
7 treatment and rehabilitation of athletic injuries sustained by athletes]  
8 (i) risk management and injury prevention services, (ii) clinical  
9 evaluation and assessment services, (iii) treatment services, and (iv)  
10 rehabilitation and intervention services for emergency, acute and  
11 chronic athletic injuries, (B) the application or provision of (i)  
12 appropriate preventative and supportive devices, temporary splinting,  
13 [and] bracing and casting, (ii) physical modalities of heat, cold, light,  
14 electric stimulation, massage, [water, electric stimulation, sound,]

15 aquatic therapy, sound, therapeutic exercise, and [exercise equipment,]  
16 (iii) other modalities as prescribed by a health care provider, (C) the  
17 organization and administration of athletic training programs, [and]  
18 (D) education and counseling to athletes, coaches, medical personnel  
19 and [athletic communities] the community in the area of the  
20 prevention and care of athletic injuries, and (E) wellness care services  
21 that are developed and applied in the treatment of asymptomatic  
22 clients. [For purposes of this subdivision, "health]

23 (2) "Health care provider" means a person licensed to practice  
24 medicine or surgery under chapter 370, chiropractic under chapter 372,  
25 podiatry under chapter 375 or natureopathy under chapter 373;

26 [(2)] (3) "Athletic injury" means any [injury] clinical condition  
27 sustained [by an athlete as a result of such athlete's participation in  
28 exercises, sports, games or recreation] as a result of an individual's  
29 participation in activities requiring strength, agility, flexibility, range of  
30 motion, speed or stamina, or any comparable [injury] clinical condition  
31 that prevents such [athlete] individual from participating in [any] such  
32 activities, or a clinical condition for which athletic training services are  
33 an appropriate course of treatment as determined by a health care  
34 provider;

35 [(3)] (3) "Athlete" means any person who is a member of any  
36 professional, amateur, school or other sports team, or is a regular  
37 participant in sports or recreational activities, including, but not  
38 limited to, training and practice activities, that require strength, agility,  
39 flexibility, range of motion, speed or stamina. For purposes of this  
40 subdivision, "regular" means not less than three times per week;]

41 (4) "Wellness care" means services related to injury prevention,  
42 conditioning, strength training and fitness;

43 [(4)] (4) "Standing orders" means written protocols, recommendations  
44 and guidelines for treatment and care, furnished and signed by a  
45 health care provider specified under subdivision (1) of this section, to  
46 be followed in the practice of athletic training that may include, but

47 not be limited to, (A) appropriate treatments for specific athletic  
48 injuries, (B) athletic injuries or other conditions requiring immediate  
49 referral to a licensed health care provider, and (C) appropriate  
50 conditions for the immediate referral to a licensed health care provider  
51 of injured athletes of a specified age or age group;]

52 (5) "With the consent and under the direction of a health care  
53 provider" means the issuance of written standing orders that (A)  
54 provide protocols, recommendations or guidelines for the treatment  
55 and care of individuals participating in professional, amateur or school  
56 sports or recreational activities, (B) are furnished by a health care  
57 provider, and (C) are followed in the practice of athletic training while  
58 under the oversight of a health care provider;

59 (6) "Written standing orders" means written protocols,  
60 recommendations or guidelines for the treatment and care of  
61 individuals that (A) are furnished by a health care provider, (B) are  
62 followed by an athletic trainer while under the oversight of such health  
63 care provider, (C) are periodically reviewed by the health care  
64 provider and the athletic trainer, and (D) may be renewed annually.  
65 Written standing orders include, but are not limited to, appropriate  
66 treatments for (i) specific injuries, (ii) injuries or other medical  
67 conditions requiring immediate referral to a health care provider, (iii)  
68 conditions necessitating the immediate referral to a health care  
69 provider of individuals of a certain specified age or age group, and (iv)  
70 treatment and management of traumatic brain injuries;

71 (7) "Oversight" includes, but is not limited to, (A) continuous  
72 availability of direct communication either in person or by radio,  
73 telephone or other mode of telecommunication between a health care  
74 provider and an athletic trainer, (B) a health care provider's active and  
75 regular review of the athletic trainer's activities to ensure that such  
76 provider's directions are being implemented and to support the  
77 athletic trainer in the performance of his or her services, (C) a health  
78 care provider's personal review of the athletic trainer's services on a  
79 regular basis in order to ensure quality patient care, (D) delineation by

80 a health care provider of a predetermined plan for emergency  
81 situations, and (E) designation of an alternate health care provider to  
82 provide oversight to the athletic trainer in the place of a supervising  
83 health care provider; and

84 [(5)] (8) "Commissioner" means the Commissioner of Public Health.

85 Sec. 2. Section 20-65h of the general statutes is repealed and the  
86 following is substituted in lieu thereof (*Effective October 1, 2011*):

87 (a) Each person who practices athletic training [under standing  
88 orders] with the consent and under the direction of a health care  
89 provider shall make a written or oral referral to a [licensed] health care  
90 provider of any [athlete] individual who has an athletic injury whose  
91 symptoms have not improved for a period of four days from the day of  
92 onset, or who has any physical or medical condition that would  
93 constitute a medical contraindication for athletic training or that may  
94 require evaluation or treatment beyond the scope of athletic training.  
95 [The injuries or conditions requiring a referral under this subsection  
96 shall include, but not be limited to, suspected medical emergencies or  
97 illnesses, physical or mental illness and significant tissue or  
98 neurological pathologies.]

99 (b) Each person who practices athletic training, but [not under  
100 standing orders] who does so without the specific consent and  
101 direction of a health care provider, may perform an initial evaluation  
102 and temporary splinting and bracing of any [athlete] individual with  
103 an athletic injury and shall, without delay, make a written or oral  
104 referral of such [athlete] individual to a [licensed] health care provider.  
105 The limitations on the practice of athletic training set forth in this  
106 subsection shall not apply in the case of any [athlete] individual that is  
107 referred to such person by a [licensed] health care provider, provided  
108 such practice shall be limited to the scope of such referral.

109 Sec. 3. Section 20-65i of the general statutes is repealed and the  
110 following is substituted in lieu thereof (*Effective October 1, 2011*):

111 A license to practice athletic training shall not be required of: (1) A  
112 practitioner who is licensed or certified by a state agency and is  
113 performing services within the scope of practice for which such person  
114 is licensed or certified; (2) a student [intern or trainee] pursuing a  
115 course of study in athletic training, provided the activities of such  
116 student [intern or trainee] are performed under the supervision of a  
117 person licensed to practice athletic training and the student [intern or  
118 trainee] is given the title of ["athletic trainer intern"] "athletic training  
119 student", or similar [designation] title as designated by the  
120 Commission on Accreditation of Athletic Training Education or its  
121 successor organization; (3) a person employed or volunteering as a  
122 coach of amateur sports who provides first aid for athletic injuries to  
123 athletes being coached by such person; (4) a person who furnishes  
124 assistance in an emergency; or (5) a person who acts as an athletic  
125 trainer in this state for less than thirty days per calendar year and who  
126 is licensed as an athletic trainer by another state or is certified by the  
127 Board of Certification, Inc., or its successor organization.

128 Sec. 4. Section 20-65j of the general statutes is repealed and the  
129 following is substituted in lieu thereof (*Effective October 1, 2011*):

130 (a) Except as provided in [subsections (b) and (c)] subsection (b) of  
131 this section, an applicant for a license to practice athletic training shall  
132 have: (1) A baccalaureate degree from a regionally accredited  
133 institution of higher education, or from an institution of higher  
134 learning located outside of the United States that is legally chartered to  
135 grant postsecondary degrees in the country in which such institution is  
136 located; and (2) current certification as an athletic trainer by the Board  
137 of Certification, Inc., or its successor organization.

138 (b) An applicant for licensure to practice athletic training by  
139 endorsement shall present evidence satisfactory to the commissioner  
140 (1) of licensure or certification as an athletic trainer, or as a person  
141 entitled to perform similar services under a different designation, in  
142 another state having requirements for practicing in such capacity that  
143 are substantially similar to or higher than the requirements in force in

144 this state, and (2) that there is no disciplinary action or unresolved  
145 complaint pending against such applicant.

146 [(c) Prior to April 30, 2007, the commissioner shall grant a license as  
147 an athletic trainer to any applicant who presents evidence satisfactory  
148 to the commissioner of (1) the continuous providing of services as an  
149 athletic trainer since October 1, 1979, or (2) certification as an athletic  
150 trainer by the Board of Certification, Inc., or its successor organization.]

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2011</i>	20-65f
Sec. 2	<i>October 1, 2011</i>	20-65h
Sec. 3	<i>October 1, 2011</i>	20-65i
Sec. 4	<i>October 1, 2011</i>	20-65j

**PH**            *Joint Favorable Subst.*

---

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

---

***OFA Fiscal Note***

***State Impact:*** None

***Municipal Impact:*** None

***Explanation***

The bill, which revises certain athletic training-related statutes, does not result in a fiscal impact to the Department of Public Health.

***The Out Years***

***State Impact:*** None

***Municipal Impact:*** None

**OLR Bill Analysis****sSB 1051*****AN ACT CONCERNING THE PRACTICE OF ATHLETIC TRAINING.*****SUMMARY:**

This bill expands the scope of practice of athletic training by allowing athletic trainers to (1) serve individuals other than athletes and (2) provide more services to such individuals directly, without the consent and direction of a health care provider. It also (1) redefines “working with consent and under the direction of a health care provider” and “standing orders,” (2) broadens the definition of “athletic injury,” and (3) clarifies the licensure exemption for athletic training students. And it makes technical changes.

EFFECTIVE DATE: October 1, 2011

**ATHLETIC TRAINERS*****Scope of Practice***

Under current law, athletic trainers work only with athletes who suffer injuries while exercising or participating in sports or recreational activities. It defines an “athlete” as someone who participates at least three times a week in sports or recreational activities, including training and practice, or is a member of a sports team.

The bill allows an athletic trainer to serve anyone, not just athletes and provide more services to individuals. It eliminates the definition of athlete and redefines “athletic training” to mean applying or providing, with the consent and under the direction of a health care provider, (1) risk management and injury prevention service; (2) clinical evaluation and assessment services; (3) treatment services; and (4) rehabilitation and intervention services for emergency, acute, and chronic health injuries. (By law, “health care provider” means a

licensed physician, chiropractor, podiatrist, or naturopath.)

The bill also allows an athletic trainer to perform the following without the consent and direction of a health care provider to apply or provide: (1) appropriate preventive and supportive devices, temporary splinting, bracing, and casting and (2) physical modalities of health, cold, light, electric stimulation, massage, aquatic therapy, sound, and therapeutic exercise. Under the bill, an athletic trainer can perform other modalities as prescribed by a health care provider.

The bill allows athletic trainers, without the consent and direction of a health care provider, to (1) organize and administer athletic training programs; (2) provide education and counseling in the community, not just to athletes, coaches, and medical personnel as under current law; and (3) provide wellness care services developed and applied in the treating asymptomatic clients. "Wellness care" means services related to injury prevention, conditioning, strength training, and fitness.

The bill broadens the definition of "athletic injury" to mean any clinical condition, not just an injury, sustained as a result of an individual's (not just an athlete's) participation in activities requiring strength, agility, flexibility, range of motion, speed or stamina, or any comparable clinical condition (1) that prevents the individual from participating in such activities or (2) for which athletic training services are appropriate as determined by a health care provider.

### ***Standing Orders***

Under current law, an athletic trainer practicing under standing orders from a licensed physician, podiatrist, naturopath, or chiropractor must make a written or oral referral to the provider if an athlete's symptoms do not improve within four days. Trainers must also refer when (1) athletic training methods are contraindicated for an athlete's physical or mental condition or (2) an athlete's condition requires evaluation and treatment beyond the scope of athletic training. "Standing orders" are written protocols, recommendations, and guidelines for treatment and care in athletic training practices. The

may include appropriate treatments for specific athletic injuries, injuries and conditions that require immediate referral, and appropriate conditions for immediate referral by various age groups.

Under current law, athletic trainers who are not practicing under standing orders may only perform initial evaluations or temporarily splint or brace an injured athlete. They must refer injured athletes to a provider without delay.

Under the bill, an athletic trainer who formerly practiced under standing orders is now considered to be practicing “with the consent and under the direction of a health care provider.” The bill defines this as practicing under written standing orders that (1) have protocols, recommendations, or guidelines for treating and caring for individuals participating in professional, amateur, or school sports or recreational activities; (2) are furnished by a health care provider; and (3) are followed in athletic training practice while under a provider’s oversight.

It defines “written standing orders” as written protocols, recommendations, or guidelines for the care and treatment of individuals that (1) are furnished by the provider, (2) are followed by an athletic trainer while under the provider’s oversight, (3) are periodically reviewed by the provider and trainer, and (4) may be renewed annually.

The bill defines “oversight” as

1. the availability of continuous direct communication, either in person, or by radio, telephone, or other mode between a trainer and provider;
2. a provider’s active and regular review of the trainer’s activities to ensure that his or her directions are being implemented and to support the trainer’s performance;
3. a provider’s regular personnel review of the trainer’s services to ensure quality care;

4. delineation by a provider of a predetermined plan for emergency situations; and
5. designation of an alternative provider to provide oversight in place of the supervising provider.

Under the bill, those athletic trainers who practice without the specific consent of the provider (i.e. not practicing under standing orders under current law), can continue to perform an initial evaluation and provide temporary splinting and bracing , but of any individual, not just an athlete. As under current law, the trainer must make a written or oral referral without delay.

***Licensure Exemption for Athletic Training Students***

Under current law, a student intern or trainee in an athletic training program, identified as an “athletic trainer intern,” and supervised by a licensed athletic trainer does not need an athletic trainer’s license. The bill revises this exemption by calling the person an “athletic training student” or similar title as designated by the Commission on Accreditation of Athletic Training Education or its successor.

**COMMITTEE ACTION**

Public Health Committee

Joint Favorable Substitute  
 Yea 28 Nay 0 (04/01/2011)