

March 2, 2011

Dear Senator Gerratana, Representative Ritter, and members of the Public Health Committee:

My name is Thomas H. Trojian, MD. I am an Associate Professor in the Departments of Orthopaedics and Family Medicine at the University of Connecticut Health Center. My role is the Director of the Sports Medicine Fellowship Program, Director of Injury Prevention and Sports Outreach Programs, Team Physician for the University of Connecticut, Sports Medicine Advisor for the Connecticut Interscholastic Athletic Conference, Member of the Connecticut Concussion Task Force and Member of the Connecticut State Medical Society Committee on the Medical Aspects of Sports. Due to my work in these positions, I interact with, supervise and educate many athletic trainers in the state of Connecticut. I can attest to the skills and training of athletic trainers. Every day, I witness the extensive knowledge and training in not only musculoskeletal problems but medical and psychiatric problems related to exercise and athletics.

Raised SB 1051 is of particular concern to me. I have read the bill and I would like to make the following comments.

1) The raised bill has significant changes that both aid and greatly compromise the care of the citizens of the state of Connecticut.

2) I believe that the removal of the phrase " the organization and administration of athletic training programs, and (D) education and counseling to athletes, coaches, medical personnel and athletic communities" is detrimental to the care of athletic people in the state of Connecticut. Athletic trainers are essential to the organization and administration of athletic training programs. People like Doug Casa, Robert Howard, Kathy Pirog and Lindsay DiStefano are nationally known educators that have many years of experience in the organization and administration of athletic training programs. We are blessed in the state of Connecticut to have athletic trainers who have the skills and training to organize and administer athletic training programs. Removing this language from the public act will jeopardize training programs throughout the state. I believe diminish the training quality of these programs.

Education and counseling is a key function of athletic trainers. For example, it is mandated by the NCAA that student-athletes be educated in the areas sickle-cell disease and concussions. Most, if not all, schools rely on the thorough training and education of their athletic trainers to teach coaches, athletes, and others about these and other diseases. Removing this phrase jeopardizes the ability of the dissemination of health education to the people that need protection, in particular the high school students of Connecticut.

3) Oversight of athletic trainers is important. They work in conjunction with health care providers throughout the state. In the current raised bill contains the wording , " (iii) a health care provider's personal review of the athletic trainer's services on a regular basis in order to ensure quality patient care, including, face-to-face meetings, verbal reports and a review of the athletic trainer's charts and records" The raised bill has other areas of oversight and protections that provide sufficient protections. This requirement is

excessive and unnecessary oversight for a physician working with an athletic trainer. Currently, sufficient oversight exists with the standing orders and review of the standing orders on an annual basis. As well, due to the fact that the athletic trainer is restricted from treating an injury for more than four days without referral to a health care professional, there already exist sufficient protection to the health and safety of the citizens of the state of Connecticut. Adding another layer of review and oversight is redundant and potentially costly for the state. More documentation and a central confirmation of this level of oversight will be needed, adding more costs to our state budget.

This language may be found in other practitioners public acts but there is a distinct difference between athletic trainers and nurse practitioners and physician assistants. The level of independences of the athletic trainer is not at the level of the physician assistant, nurse practitioner or similar health professional that has physician oversight, nor do athletic trainers have prescribing rights (medications, imaging, nor rehabilitation) that facilitate further oversight. Adding this additional requirement of verbal reports and chart review will cause health care providers to choose not to work with athletic trainers due to the excessive time and unwarranted extra oversight for no additional benefit. This additional language in the raised bill will harm the care of the high school student-athlete, in particular. Since the largest population that is exposed to athletic trainers are high school athletes.

Thank you for allowing me to submit this written testimony.
Sincerely,

Thomas H. Trojian, MD