Good afternoon Senator Gerratana, Senator Somers, Representative Steinberg and honorable members of the Public Health Committee. I am the President-Elect of the Connecticut Athletic Trainers’ Association and the academic program director of the Athletic Training Education program at Southern Connecticut State University. I would like to provide testimony on behalf of the Connecticut Athletic Trainers’ Association in support of HB 7171 An Act Concerning Athletic Trainers.

The proposed bill was selected by the Department of Public Health for the scope review process. We had the opportunity to hear the concerns and recommendations of several health care professions within the state. In appreciation and consideration of their efforts, we have made several changes to the original language. Unfortunately, these changes were not included in the current bill and we request that the new language be entered in replacement. I have attached it with my testimony and will be referring to that language during my testimony.

HB 7171 would update the current Athletic Training practice act to reflect current practice and permit athletic trainers in Connecticut to practice to the full extent of their education. This bill would bring the athletic training scope of practice in Connecticut to a level already approved by other states including Georgia, Indiana, Michigan, Ohio, Pennsylvania, Vermont, Virginia, Washington and Wisconsin. The enactment of this bill will enable athletic trainers to positively affect injury care in Connecticut particularly through the prevention and care of injuries in the occupational setting. It would also correct some glaring deficiencies in the current practice act.

The highlights of the proposed bill include changing the patient population from athletes to the physically active. This will permit athletic trainers to provide the same care provided to Connecticut’s college and high school athletes to individuals of similar health and activity levels. It does not permit athletic trainers to care for those individuals who are not capable of demonstrating activity levels similar to athletes, nor does it permit athletic trainers to provide care to those patients without a prescription from a licensed health care provider.

The bill will strengthen the use of standing orders for athletic trainers serving with a sports organization. Athletic trainers will need to meet with their supervising physician on a regular basis ensuring that quality of care. However the bill does not allow standing orders to be used in the care of patients not associated with a sports organization. These individuals will only be treated with a specific prescription from a health care provider.
HB 7171 will allow athletic trainers to provide preventive and wellness services. The Hartford Business Journal noted a 40% increase in workplace injury and illness costs in Connecticut. Clearly, increases of this sort are unsustainable and effort must be made in terms of prevention. Athletic training curriculums include education in injury prevention, nutrition and lifting techniques. We are well equipped to provide these prevention services and thereby can help reduce healthcare costs in Connecticut.

The proposed bill also corrects for certain ‘errors’ that are present in the existing scope of practice act. First, it acknowledges that athletic trainers take care of various conditions common to athletic activity. The current scope of practice act only covers injuries and does not account for such conditions as exercise-induced asthma, heat illness, and diabetic emergencies that dealt with on a daily basis. Second, it allows athletic trainers to provide the correct care for injuries to individuals not covered by standing orders. Current language only allows an athletic trainer to splint and refer all acute issues which include cuts, bruises and illnesses. Clearly splinting is not the correct care for any of these conditions and the act must be changed accordingly.

Finally, as the President-Elect of the Connecticut Athletic Trainers’ Association and more importantly as the academic program director for one of five athletic training programs in Connecticut, this bill can create new opportunities for the graduates of the five educational programs. It gives our students a chance to stay in Connecticut and be successfully employed in their chosen profession. It gives our state’s athletic trainers the opportunity to demonstrate their skills and at the same time fill a need in Connecticut’s health care system. I fully support HB 7171 and request the support of the Public Health Committee in passing this legislation.

Thank you,

Gary E. Morin

Gary E. Morin PhD. ATC, LAT
President-Elect, Connecticut Athletic Trainers’ Association
Program Director, Athletic Training Education
Southern Connecticut State University

Proposed Changes:
Sec. 20-65f. Definitions. As used in this chapter:

(1)"Athletic training" means the application or provision, (A) with the consent and under the direction of a health care provider, of principles, methods and procedures of ATHLETIC INJURY CARE TO INCLUDE (I) CLINICAL EVALUATION AND ASSESSMENT (II) MANAGEMENT AND EMERGENCY CARE, TREATMENT, DISPOSITION AND REHABILITATION (III) THE APPLICATION OF PHYSICAL AGENTS TO INCLUDE HEAT, COLD, LIGHT, ELECTRIC STIMULATION, MANUAL THERAPY TECHNIQUES, AQUATIC THERAPY, SOUND, THERAPEUTIC EXERCISE AND OTHER AGENTS AS PRESCRIBED BY A HEALTH CARE PROVIDER; prevention, treatment and rehabilitation of athletic injuries sustained by athletes, (B) appropriate preventative and supportive devices, temporary splinting and bracing, physical modalities of heat, cold, light massage, water, electric stimulation, sound, exercise and exercise equipment, (B) ILLNESS RECOGNITION THAT IS (I) ACCOMPANIED BY REFERRAL TO AND (II) MANAGED AT THE DIRECTION OF A
HEALTH CARE PROVIDER (C) THE APPLICATION OR PROVISION OF APPROPRIATE PREVENTATIVE AND SUPPORTIVE DEVICES (D) the organization and administration of athletic training programs, (E) education and counseling to physically active individuals, coaches, medical personnel and THE COMMUNITY in the area of the prevention and care of athletic injuries. AND (F) INJURY PREVENTION AND WELLNESS CARE SERVICES THAT ARE DEVELOPED AND APPLIED TO ASYMPTOMATIC INDIVIDUALS

For purposes of this subdivision,

"health care provider" means a person licensed to practice medicine or surgery under chapter 370 of the general statutes, chiropractic under chapter 372 of the general statutes, podiatry under chapter 375 of the general statutes or naturopathy under chapter 373 of the general statutes;

(2) "Athletic injury" means any injury sustained AS A result of participation in exercise, sports, games, RECREATIONAL ACTIVITIES OR DUE TO OTHER ACTIVITIES THAT REQUIRE COMPARABLE LEVELS OF STRENGTH, FLEXIBILITY AND AGILITY

(3) “Athlete” “PHYSICALLY ACTIVE INDIVIDUAL” -means any person who is (I) a member of any professional, amateur, collegiate, scholastic or other sports ORGANIZATION, or is a regular participant in sports OR (II) IS A PARTICIPANT IN EXERCISE, RECREATIONAL OR EMPLOYMENT ACTIVITIES THAT REQUIRE strength, agility, flexibility, range of motion, speed or stamina AT A PHYSICAL LEVEL COMPARABLE TO A SPORT PARTICIPANT. For the purposes of this subdivision, “regular” means not less than three times per week;

(4) ILLNESS MEANS ANY DISEASE, DISORDER, SICKNESS OR AFFLICTION (A) THAT ARISES FROM OR IS A MANIFESTATION OF AN INDIVIDUAL’S PARTICIPATION IN, OR POST-RECOVERY FROM EXERCISE, SPORTS, GAMES OR RECREATIONAL ACTIVITIES, OR (B) OTHER CONDITIONS THAT MAY REQUIRE AN IMMEDIATE INTERVENTION BY THE ATHLETIC TRAINER DURING, PRIOR TO OR FOLLOWING AN INDIVIDUAL’S PARTICIPATION IN SUCH ACTIVITIES, UNDER THE CONSENT AND DIRECTION OF A HEALTH CARE PROVIDER, (C) SUCH CONDITIONS MAY INCLUDE, BUT ARE NOT LIMITED TO EMERGENT SITUATIONS RELATED TO CARDIORESPIRATORY, THERMOREGULATION, MUSCULOSKELETAL, NEUROVASCULAR, AND ENDOCRINE SYSTEMS, (D) ILLNESS DOES NOT INCLUDE ANY CONDITION BEYOND THE SCOPE OF PRACTICE, EDUCATION AND TRAINING OF AN ATHLETIC TRAINER.

(5) “WELLNESS CARE” MEANS SERVICES RELATED TO RISK MANAGEMENT AND INJURY PREVENTION, INCLUDING BIOMECHANICS, CONDITIONING, FLEXIBILITY, NUTRITION, STRENGTH TRAINING AND FITNESS.

(6) “WITH THE CONSENT AND UNDER THE DIRECTION OF A HEALTH CARE PROVIDER” MEANS (A) A WRITTEN PRESCRIPTION FROM A HEALTH CARE PROVIDER SPECIFYING A PLAN OF CARE FOR A MUSCULOSKELETAL INJURY OR ILLNESS OF AN INDIVIDUAL OR (B) THE ISSUANCE OF WRITTEN STANDING ORDERS THAT ARE FOLLOWED IN THE PRACTICE OF ATHLETIC TRAINING ESTABLISHED FOR MEMBERS THE CARE OF A PHYSICALLY ACTIVE INDIVIDUAL PARTICIPATING AS A MEMBER OF A PROFESSIONAL, AMATEUR, COLLEGIATE,
SCHOLASTIC OR OTHER SPORTS ORGANIZATION WITH THE CONSENT AND UNDER THE DIRECTION OF A HEALTH CARE PROVIDER.

“ATHLETE” means any person who is a member of any professional, amateur, school or other sporting program, or is a regular participant in athletic activity.

(7) "WRITTEN Standing orders" means written protocols, recommendations and OR guidelines for treatment and care of an athlete’s participants in professional, amateur, collegiate, scholastic sports or recreational organizations that are (A) furnished and signed by a health care provider specified under subdivision (1) of this section, to be (B) followed in the practice of athletic training by an athletic trainer while under the consent and direction of a health care provider, (C) annually reviewed and renewed by the health care provider and athletic trainer to ensure quality patient care, and (D) provide for availability of ongoing communication between the health care provider and the athletic trainer. (E) written standing orders shall include but are not limited to, (i) delineation of a predetermined plan for emergency situations, (ii) appropriate treatments for specific injuries or other medical conditions, (iii) treatment and management of concussions, and (iv) conditions necessitating the immediate referral of an individual to a health care provider and (v) conditions necessitating the immediate referral to a health care provider of an athlete or (v) any condition that is beyond the athletic trainer’s scope of practice, education and training. (vi) written standing orders shall not be applicable in the care of a physically active individual who is not a member of a professional, amateur, collegiate, scholastic or other sport or organizations except in the delineation of a predetermined plan for emergency situations. in the practice of athletic training that may include, but not be limited to, (A) appropriate treatments for specific athletic injuries, (B) athletic injuries or other conditions requiring immediate referral to a licensed health care provider, and (C) appropriate conditions for the immediate referral to a licensed health care provider of injured athletes of a specified age or age group. (5) "Commissioner" means the Commissioner of Public Health.

Sec. 20-65g. License Required for practice and use of title. (a) Except as provided in section 20-65i, no person may practice athletic training unless such person is licensed pursuant to section 20-65j. (b) No person may use the title "licensed athletic trainer" or make use of any title, words, letters or abbreviations indicating or implying that such person is licensed to practice athletic training unless such person is licensed pursuant to section 20-65k.

Sec. 20-65h. Referral to licensed health care provider. (a) Each person who practices athletic training under standing orders shall make a written or oral referral to a licensed health care provider of any physically active individual who has an athletic injury whose symptoms have not improved for a period of four days from the day of onset, or who has any physical or medical condition that would constitute a medical contraindication for athletic training or that may require evaluation or treatment beyond the scope of athletic training. The injuries or conditions requiring a
referral under this subsection shall include, but not be limited to, suspected medical emergencies or illnesses, physical or mental illness and significant tissue or neurological pathologies.

(b) Each person who practices athletic training, but not under standing orders, may perform initial evaluation, IMMEDIATE INJURY MANAGEMENT AND EMERGENCY CARE and temporary splinting and bracing of any physically active person SUFFERING AN ACUTE injury or illness and shall, without delay, make a written or oral referral of such physically active individual to a licensed health care provider. The limitations on the practice of athletic training set forth in this subsection shall not apply in the case of any physically active individual that is referred to such person by a licensed health care provider, provided such practice shall be limited to the scope of such referral.

Sec. 20-65i. Exceptions to licensing requirement. A license to practice athletic training shall not be required of: (1) A practitioner who is licensed or certified by a state agency and is performing services within the scope of practice for which such person is licensed or certified; (2) a student ENROLLED IN A course of study in AN athletic training EDUCATION PROGRAM ACCREDITED BY THE COMMISSION ON ACCREDITATION OF ATHLETIC TRAINING EDUCATION OR ITS SUCCESSOR ORGANIZATION, provided the activities of such student are performed under the supervision of a person licensed to practice athletic training and the student is given the title of "ATHLETIC TRAINING STUDENT" (3) a person employed or volunteering as a coach of amateur sports who provides first aid for athletic injuries to athletes being coached by such person; (4) a person who furnishes assistance in an emergency; or (5) a person who acts as an athletic trainer in this state for less than thirty days per calendar year and who is licensed as an athletic trainer by another state or is certified by the Board of Certification, Inc., or its successor organization.

Sec. 20-65j. Qualifications for licensure. Licensure by endorsement. a) Except as provided in subsections (b) and (c) of this section, an applicant for a license to practice athletic training shall have: (1) A baccalaureate OR A GRADUATE degree from a regionally accredited institution of higher education, or from an institution of higher learning located outside of the United States that is legally chartered to grant postsecondary degrees in the country in which such institution is located; and (2) current certification as an athletic trainer by the Board of Certification, Inc., or its successor organization.

(b) An applicant for licensure to practice athletic training by endorsement shall present evidence satisfactory to the commissioner (1) of licensure or certification as an athletic trainer, or as a person entitled to perform similar services under a different designation, in another state having requirements for practicing in such capacity that are substantially similar to or higher than the requirements in force in this state, and (2) that there is no disciplinary action or unresolved complaint pending against such applicant.

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

Sec. 20-65k. License to practice athletic training. Fees. (a) The commissioner shall grant a license to practice athletic training to an applicant who presents evidence satisfactory to the
commissioner of having met the requirements of section 20-65j. An application for such license shall be made on a form required by the commissioner. The fee for an initial license under this section shall be one hundred and ninety dollars.

(b) A license to practice athletic training may be renewed in accordance with the provisions of section 19a-88, as amended, provided any licensee applying for license renewal shall maintain certification as an athletic trainer by the Board of Certification, Inc., or its successor organization. The fee for such renewal shall be two hundred five dollars.

(c) The department may, upon receipt of an application for athletic training licensure, accompanied by the licensure application fee of one hundred ninety dollars, issue a temporary permit to a person who has met the requirements of subsection (a) of section 20-65j, except that the applicant has not yet sat for or received the results of the athletic training certification examination administered by the Board of Certification, Inc., or its successor organization. Such temporary permit shall authorize the permittee to practice athletic training under the supervision of a person licensed pursuant to subsection (a) of this section. Such practice shall be limited to those settings where the licensed supervisor is physically present on the premises and is immediately available to render assistance and supervision, as needed, to the permittee. Such temporary permit shall be valid for a period not to exceed one hundred twenty calendar days after the date of completion of the required course of study in athletic training and shall not be renewable. Such permit shall become void and shall not be reissued in the event that the permittee fails to pass the athletic training certification examination. No permit shall be issued to any person who has previously failed the athletic training certification examination or who is the subject of an unresolved complaint or pending professional disciplinary action. Violation of the restrictions on practice set forth in this section may constitute a basis for denial of licensure as an athletic trainer.

(d) PROFESSIONAL LIABILITY INSURANCE REQUIRED. (A) EACH PERSON LICENSED TO PRACTICE ATHLETIC TRAINING UNDER THIS CHAPTER WHO PROVIDE DIRECT PATIENT CARE SERVICES SHALL MAINTAIN PROFESSIONAL LIABILITY INSURANCE OR OTHER INDEMNITY AGAINST LIABILITY FOR PROFESSIONAL MALPRACTICE UNLESS SUCH COVERAGE IS PROVIDED BY THE PERSON’S EMPLOYER.

Sec. 20-65l. Regulations. Administration within available appropriations. The commissioner may adopt regulations, in accordance with chapter 54 of the general statutes, to carry out the provisions of this chapter. The commissioner shall administer the provisions of this chapter within available appropriations.

Sec. 20-65m. Disciplinary Action. Grounds. The Department of Public Health may take any action set forth in section 19a-17 of the general statutes if a person issued a license pursuant to section 20-65k of the general statutes, as amended by this act, fails to conform to the accepted standards of the athletic trainer profession, including, but not limited to, the following: Conviction of a felony; fraud or deceit in the practice of athletic training; illegal, negligent, incompetent or wrongful conduct in professional activities; emotional disorder or mental illness; physical illness including, but not limited to, deterioration through the aging process; abuse or excessive use of drugs, including alcohol, narcotics or chemicals; wilful falsification of entries into any patient record pertaining to athletic training; misrepresentation or concealment of a
material fact in the obtaining or reinstatement of an athletic trainer license; or violation of any provisions of chapter 375a of the general statutes, or any regulation adopted under said chapter 375a. The Commissioner of Public Health may order a license holder to submit to a reasonable physical or mental examination if the license holder's physical or mental capacity to practice safely is the subject of an investigation. The commissioner may petition the superior court for the judicial district of Hartford to enforce such order or any action taken pursuant to section 19a-17 of the general statutes. Notice of any contemplated action under said section 19a-17, the cause of the action and the date of a hearing on the action shall be given and an opportunity for hearing afforded in accordance with the provisions of chapter 54 of the general statutes.