



June 15, 2009

The Honorable Edward Kennedy  
Chairman  
Senate Health, Education, Labor and Pensions Committee  
Washington, DC 20510

Dear Chairman Kennedy:

On behalf of the more than 30,000 members of the National Athletic Trainers' Association (NATA), we are writing to share with you our perspective on your recently released draft health reform legislation the *Affordable Health Choices Act*. We applaud the Senate Health, Education, Labor, and Pensions (HELP) Committee for your efforts to address the important task of reforming the healthcare system and ensuring that we have the most highly trained health workforce.

NATA represents almost 90 percent of all licensed and certified athletic trainers (ATs) who are highly educated and credentialed healthcare professionals who provide injury prevention, diagnosis, treatment and rehabilitation to patients and clients of all ages. NATA greatly appreciates having the opportunity to provide the Senate HELP Committee with our recommendations for ensuring that Athletic Trainers are fully recognized under relevant federal programs in the *Affordable Health Choices Act* for the vital role they play as a part of the healthcare workforce.

#### Background on Certified Athletic Trainers

Athletic Trainers are specialists in musculoskeletal conditions. Under their state license and scopes of practice, ATs work under the direction of physicians, including specialty practices in orthopedics, sports medicine, family, and pediatric. Athletic trainers, by virtue of their academic and clinical education, are staunch supporters of the team medicine concept. They frequently work alongside nurses, physical therapists, and many other mid-level and allied health care providers.

Athletic training is practiced by athletic trainers, health care professionals who collaborate with physicians to optimize activity and participation of patients and clients. Athletic training encompasses the prevention, diagnosis, and intervention of emergency, acute, and chronic medical conditions involving impairment, functional limitations, and disabilities.

While athletic trainers have historically worked with athletes in secondary schools, colleges, and professional sports, today 50 percent work in mainstream healthcare settings. More than 15,000 athletic trainers are employed by clinics, hospitals, physician offices, U.S. Armed Forces (including basic training and rehab), commercial workplaces (like airlines, warehouses, and light manufacturing), and performing arts companies (like Cirque de Soliel and Blue Man Group). Athletic trainers strive with all patient groups to prevent initial injuries through wellness and education, and prevent an increase in severity of an injury or possible disability.

All athletic trainers graduate with at least a bachelor's degree with a major in athletic training. Almost 70 percent of ATs have a master's degree or greater. In most of the 47 states where they are licensed or otherwise regulated, the Athletic Trainer, Certified (ATC) certification is required. ATs maintain this certification with required continuing education.

For more than 60 years, athletic trainers have been front-line health care providers to athletes and other physically active people. This orientation of keeping people healthy and active makes the services of athletic trainers even more relevant today. The ATs' professional focus on wellness and injury and illness prevention means that many patients stay out of emergency rooms and acute care offices. This saves the health care system both time and money. Common clinical issues treated by ATs include concussion and traumatic brain injuries, MRSA and other transmitted skin infections, disease prevention, asthma and other respiratory diseases, diabetes, obesity and metabolic syndrome, heat illness and stroke, hydration issues and all types of musculoskeletal conditions.

### Role of Athletic Trainer in Healthcare System

The services of athletic trainers, when provided in secondary schools, colleges and workplaces, reduce the financial and workload burden on the currently overloaded health care system. Patients are not charged for these health care services, which are usually referred to as "athletic training services" (CPT codes 97005, 97006). Patients in these settings most frequently receive services at the location of injury, which means physicians, hospitals, community health centers, and emergency rooms are not unnecessarily burdened. In fact, athletic trainers are "hidden" health care providers, like many allied and mid-level health care providers.

By their state scopes of practice, athletic trainers must practice under the direction of physicians. This is important in health reform. By working as a "physician extender," athletic trainers allow physician to be more productive and focus on more complex patient care. Athletic trainers are and will continue to be an important part of the patient's medical home. Whether working in a physician's office or high school, ATs typically see a patient through the entire continuum of care—from injury to return-to-function. This same philosophy is essential to integrating care for those with chronic diseases seeking to improve their health through wellness and physical activity programs. The work of athletic trainers supports the government's call for greater personal responsibility in health care decisions.

Access to athletic trainers means improved access to healthcare services which means preventing an illness or injury from worsening. Improved access also means early, proactive medical intervention, a specialty of ATs. Early and proactive medical intervention has proven to be effective in patient recovery. Improved access means reduced healthcare costs. Because ATs are nationally distributed, they frequently address the needs of underserved populations and others in medically underserved areas and designated healthcare workforce shortage areas.

### NATA Recommendations on Affordable Health Choices Act

The following is an overview of the recommendations of NATA to the provisions in the Senate Health, Education, Labor and Pensions Committee draft legislation known as the Affordable

Health Choices Act. While NATA strongly supports the efforts of Congress to reform the healthcare system and we believe that many of the provisions of this legislation are positive, there are specific suggestions we have regarding including Athletic Trainers in the bill. Given the unique services and quality care provided by Athletic Trainers, they are ideal health providers for rehabilitative services and physical medicine.

NATA urges the committee to ensure that Athletic Trainers are included and recognized under the following sections of the legislation:

### **Title XXXI – Affordable Health Choices for All Americans**

#### **Subtitle A - Affordable Choices**

##### **Sec. 3103 Seeking the Best Medical Advice**

###### **(h) Elements of Report**

**(A) (viii) and (ix)-** *Insert the term athletic training services*

**(B)(i) Required Elements for Consideration (B)-** *include the children who are under the care of an athletic trainer in a secondary school*

### **Title II – Improving the Quality and Efficiency of Health Care**

#### **Subtitle B - Health V - Care Quality Improvements**

##### **Sec 212- Grants to establish community health teams to support a medical home model**

**(4)** *Include Athletic Trainers among the listed providers.*

### **Title III – Improving the Health of the American People**

#### **Subtitle B- Increasing Access to Clinical Preventative Services**

##### **Sec. 311- Right Choices Program**

**(B) Referrals-** *Include athletic training clinics in secondary schools to the list of possible referrals.*

**(2) Treatment-** *Add the term “injury” to the list of conditions requiring a referral.*

##### **Sec 312- School Based Clinics**

**(2) Comprehensive Primary Health Services-** *Add athletic training clinics for secondary schools to the list of locations for the delivery of primary health services.*

**(A) Physical-** *Include the term injuries*

**(C) Optional Services-** *Add athletic training services to the list of optional services.*

**(4) School Health Based Clinics-** *Include athletic training clinic to the list of possible School Health Based clinics.*

**(5)(iv)** *Include athletic trainers to list of providers.*

## **Title IV – Health Care Workforce**

### **Subtitle B - Innovations in the Health Care Workforce**

#### **Sec. 411 National Health Care Workforce Commission**

**(i) Definitions**

**(2) Health Professionals -** *Add athletic trainers to the list of health professions included in the National Health Care Workforce Commission.*

### **Subtitle C - Increasing the Supply of the Health Care Workforce**

#### **Sec. 775 - Investment in tomorrow's Pediatric Health Care Workforce**

**(a)** *Include athletic training services.*

**(1) and (A)** *Add athletic training services.*

#### **Sec. 425- Allied health workforce recruitment and retention programs**

**(B)** *Add athletic training clinics*

## **Conclusion**

NATA would like to thank the Senate HELP Committee for its time and consideration of our suggested modifications to the *Affordable Health Choices Act*. Athletic Trainers play an integral role in the delivery of quality patient care in a wide variety of setting throughout the United States. We urge the committee to consider the inclusion of this important health provider to the various aspects of this legislation. NATA stands committed to working with Congress to ensure that meaningful health reform legislation is enacted this year.

Sincerely,



Marjorie Albohm, MS, ATC  
President  
National Athletic Trainers Association



Eve Becker-Doyle, CAE  
Executive Director  
NATA

cc: Senator Christopher Dodd, Senator Tom Harkin, Senator Barbara Mikulski, Senator Jeff Bingaman, Senator Patty Murray, Senator Jack Reed, Senator Bernard Sanders, Senator Sherrod Brown, Senator Robert Casey, Jr., Senator Kay Hagan, Senator Jeff Merkley

DC01/ 2239352.1