

July 20, 2009

The Honorable Charles Rangel  
Chair  
Committee on Ways and Means  
United States House of Representatives  
Washington, DC 20515

The Honorable Dave Camp  
Ranking Member  
Committee on Ways and Means  
United States House of Representatives  
Washington, DC 20515

The Honorable Henry A. Waxman  
Chair  
Committee on Energy and Commerce  
United States House of Representatives  
Washington, DC 20515

The Honorable Joe Barton  
Ranking Member  
Committee on Energy and Commerce  
United States House of Representatives  
Washington, DC 20515

The Honorable George Miller  
Chair  
Committee on Education and Labor  
United States House of Representatives  
Washington, DC 20515

The Honorable Howard "Buck" McKeon  
Ranking Member  
Committee on Education and Labor  
United States House of Representatives  
Washington, DC 20515

Dear Chairmen and Ranking Members of the Tri-Committee:

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 the House Tri-Committee on the Health Reform Draft Proposal. We applaud the House Tri-Committee for your efforts to address the important task of reforming the healthcare system and ensuring that we have a highly trained health workforce. This proposed legislation represents a move towards comprehensive reform for our nation's healthcare system. We have cited in this letter sections of the bill that we feel could be strengthened with the inclusion of Athletic Trainers (ATs).

NATA represents almost 90 percent of all licensed and certified athletic trainers - 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 House Tri-Committee with our recommendations for ensuring that Athletic Trainers are fully recognized under relevant federal programs in the final health reform legislation 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 licenses and scopes of practice, ATs work under the direction of physicians, including specialty practices in orthopedics, sports medicine, family medicine, and pediatrics. 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 (such as airlines, warehouses, and light manufacturing), and performing arts companies (such as Cirque de Soleil and Blue Man Group). With all patient groups athletic trainers strive 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 Trainers 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 physicians 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 a 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 in turn 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 For The House Tri-Committee Health Reform Draft Proposal

The following are NATA's recommendations for the House Tri-Committee health reform draft proposal:

#### **Title V- Immediate Investments**

#### **Division B- Medicare and Medicaid Improvements**

Title I- Improving Health Care Value- Subtitle B- Provisions Related to Part B: As an important part of these reform measures, NATA supports the legislative language from the *Athletic Trainers' Equal Access to Medicare Act of 2009* (H.R.1137), which will restore the authority of physicians to determine the type of treatment that best meets the clinical needs of each patient.

H.R. 1137 will amend title XVIII of the Social Security Act to give patients access to therapy services provided "incident to" a physician's professional services. Additionally, this legislation will allow for coverage of certified athletic trainers services under Part B of Medicare, including those provided in rural health clinics and Federally Qualified Health Centers.

Prior to the adoption of a 2005 Centers of Medicare and Medicaid Services rule change, physicians had the ability to choose the licensed and authorized health professional that they thought most appropriate to help their Medicare patients recover from injuries or debilitating conditions.

To accomplish these desired reforms in our healthcare system, providers at every level, in all settings, must be available and ready to provide quality care to patients. NATA fully supports the inclusion of the provisions of H.R.1137 in the final reform legislation. These provisions will ensure patients have access to quality care provided by athletic trainers under the Medicare program. Access to athletic training services is hampered by CMS' refusal to restore the ability of ATs to provide therapy services incident to a physician services.

**.Title VIII- Medicaid and CHIP  
Division C- Public Health and Workforce Development**

Title II- Workforce- Subtitle A- Primary Care Workforce: NATA urges the committee to ensure that athletic trainers are included and recognized under the following sections of the legislation

**Sec. 2201. National Health Service Corps**

**Sec. 2211. Frontline Health providers: Subpart XI- Health Professional Needs Area**

**SEC.340I. Scholarships**

**SEC.340J. Loan Repayment Program: Subtitle C- Public Health Workforce**

**SEC.340N. Public Health Workforce Scholarship Program**

**SEC.340O. Public Health Workforce Loan Repayment Program**

**SEC.2232. Enhancing the Public Health Workforce**

**SEC.2233. Public Health Training Centers**

**SEC.768. Preventive Medicine and Public Health Training Grant Program**

Title III- Prevention and Wellness: NATA urges the committee to ensure that athletic trainers are included and recognized under the following section of the legislation:

**SEC.2301. Prevention and Wellness**

Conclusion

NATA would like to thank the House Tri-Committee for its time and consideration of our suggested modifications to your health reform draft proposal. Athletic trainers play an integral role in the delivery of quality patient care in a wide variety of settings 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



Eve Becker-Doyle, CAE

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