2013 SENATE HUMAN SERVICES

SB 2088

2013 SENATE STANDING COMMITTEE MINUTES

Senate Human Services Committee

Red River Room, State Capitol

SB 2088 1/16/13 Job Number 17295

Conference Committee

Committee Clerk Signature ;

Explanation or reason for introduction of bill/resolution:

Relating to athletic trainers and to grandfathering initial licensees.

Minutes:

Testimony attached.

Chairman Lee opened the hearing on SB 2088.

Damian Schlinger, member of the ND Board of Athletic Trainers, testified on behalf of the Board in support of SB 2088. See attached testimony #1.

Meter 46:46

The floor was opened for questions from the committee.

Chairman J. Lee stated that she was puzzled by the elimination of the athletic title in this and wondered if their scope of practice had evolved since this was originally passed in 1983.

Mr. Schlinger replied that what was in the original statute was perhaps poor terminology in describing what an athletic trainer is. They hope that by corrections to this bill it would create a quick reference to the definitions.

He referred to Chapter 106, another title, which defines what an athletic injury is.

He then provided information about educational requirements and continuing education credits. The ATs work in collaboration with a physician.

Sen. Dever asked if the misdemeanor penalty class was consistent with other practitioners.

Mr. Schlinger was unable to answer the question.

There was no further favorable testimony.

Senate Human Services Committee SB 2088 1/16/13 Page 2

Jack McDonald, ND Physical Therapy Examination Committee and the ND Association of Physical Therapists, testified in opposition to SB 2088. He pointed out that they primarily oppose Section 1. See attached testimony #2.

Sen. Dever wondered if they would find it more palatable if there would be different language in section 1.

Mr. Mcdonald replied that he thought it would be going back to what it was before. He wasn't sure amending it would meet the objectives.

In answer to a question by **Sen. J. Lee** about the definitions, **Mr. Schlinger** reported they are current definitions as outlined in a position statement by the NATA. Those definitions find their way into statutes of other states. He didn't know how many other states have adopted these new definitions but said he would check on it.

Mary Dockter, Chair of the Physical Therapy Program at the University of Mary, provided opposing testimony to SB 2088. See attached testimony #3.

Sen. Larsen asked for clarification on whether the physical therapist can diagnose and the athletic trainer cannot diagnose.

Ms. Dockter explained that physical therapists do a physical therapy diagnosis - part of which is a medical screening. The concern is that there is a huge responsibility when using the word diagnosis. AT's can diagnose things within an athletic scope. There is a problem when you get outside of the athletic scope.

The discussion continued that if this passes it would broaden the scope to beyond just the athletic.

Sen.Dever said the existing language is pretty vague and asked if maybe the language she was looking for would be language that is more specific.

Ms. Dockter replied that the three terms that are bothersome - "work and life", "diagnosis", and "collaborate" versus under the guidance of a physician.

PT's can practice independently, AT's work under the supervision of a physician.

Carol Olsen, PhD, representing the ND Occupational Therapy Association, testified in opposition to the bill. See attached testimony #4.

There was discussion on athletic trainers working as physician extenders.

Occupational therapists work in collaboration with the physician although collaboration depends on the environmental surroundings. A master's degree is required for OTs in all settings and many are going to a doctorate degree.

Senate Human Services Committee SB 2088 1/16/13 Page 3

Edward Erikson, lawyer for AT's Board. No position, just available for questions.

Sen. J. Lee asked everyone who testified to work together to come up with language that would work for both sides and then bring it back to the committee.

There was discussion on how reciprocity works with other states and the importance of being consistent.

The hearing on SB 2088 was closed.

Additional testimony - see attachment #5.

2013 SENATE STANDING COMMITTEE MINUTES

Senate Human Services Committee

Red River Room, State Capitol

F	SB 2088 2/6/13 Recording Job Number: 19132
	Conference Committee
Committee Clerk Signature:	Kindu)
Explanation or reason for int	roduction of bill/resolution:

Relating to athletic trainers and to grandfathering initial licensees.

Minutes:

You may make reference to "attached testimony."

Chairman Lee opens discussion on SB 2088:

Damian Schlinger, on behalf of the North Dakota Board of Athletic Trainers, presents proposed amendments to the committee. See attachment #6.

Jack McDonald, on behalf of the North Dakota Physical Therapy Association and the North Dakota Board of Physical Therapy Examiners, states that they support the proposed amendments.

Shane Gettle with the North Dakota Athletic Trainers Association is also on board with the amendments.

Senator Anderson moves the proposed amendments.

Senator Larsen seconds.

Roll Call Vote: 5-0, motion to amend passes.

Senator Anderson moves Do Pass as Amended.

Senator Larsen seconds.

Roll Call Vote: 5-0, motion passes.

Senator Anderson is the carrier.

13.8011.01001 Title.02000 Adopted by the Human Services Committee

February 18, 2013

1.18,13

PROPOSED AMENDMENTS TO SENATE BILL NO. 2088

Page 1, line 1, remove "subsections 1 and 2 of section 43-39-01,"

Page 1, line 2, remove the first comma

Page 1, remove lines 7 through 23

Page 2, remove lines 1 and 2

Renumber accordingly

Date:	2/18	113	
Roll Call			

	2013 SENATE STANDING COMMITTEE ROLL CALL VOTES BILL/RESOLUTION NO. 2028	
Senate Hum	an Services	Committee
Check he	re for Conference Committee	
Legislative Cou	Incil Amendment Number <u>13.80/1.0/1001</u>	
Action Taken:	Do Pass Do Not Pass Amended Adopt	Amendment
	Rerefer to Appropriations Reconsider	

Motion Made By Sen. Anderson Seconded By Sen. Larsen

Senators	Yes/	No	Senator	Yes	No
Chariman Judy Lee	V.		Senator Tyler Axness		
Vice Chairman Oley Larsen					
Senator Dick Dever	V.				
Senator Howard Anderson, Jr.		e			
			A		
				-	
Total (Yes) <u>5</u>		No	0		
Absent O					
Floor Assignment					

If the vote is on an amendment, briefly indicate intent:

Date:	SIK	112	
Roll Call	Vote #:	-2	

	ROLL	STANDING COMMITT CALL VOTES ITION NO. <u>2088</u>	EE	
Senate Humar	Services			Committee
Check here	for Conference Committ	ee		
	cil Amendment Number			
Action Taken:	🕑 Do Pass 🗌 Do No	t Pass Amende	d 🗌 Adopt	Amendment
-	Rerefer to Appropria	tions 🗌 Reconsid	der	
Motion Made By	Sen. Anderson	Seconded By	Sen. Larse	un
Ser	ators Yes	No Sen	ator	Yes No

	Senators	ies,	NO	Senator	res	INO
Charima	an Judy Lee	~		Senator Tyler Axness		
Vice Ch	airman Oley Larsen					
Senator	Dick Dever					
Senator	⁻ Howard Anderson, Jr.					
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			11011 March 1 - 2 - 2	1	zamlu casara	1
Total	(Yes) <u>5</u>		N	•		
Absent	D					
Floor As	signmentSu	. And	urD	n		

If the vote is on an amendment, briefly indicate intent:

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1

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REPORT OF STANDING COMMITTEE

SB 2088: Human Services Committee (Sen. J. Lee, Chairman) recommends AMENDMENTS AS FOLLOWS and when so amended, recommends DO PASS (5 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2088 was placed on the Sixth order on the calendar.

Page 1, line 1, remove "subsections 1 and 2 of section 43-39-01,"

Page 1, line 2, remove the first comma

Page 1, remove lines 7 through 23

Page 2, remove lines 1 and 2

Renumber accordingly

2013 HOUSE HUMAN SERVICES

SB 2088

2013 HOUSE STANDING COMMITTEE MINUTES

House Human Services Committee

Fort Union Room, State Capitol

SB 2088 March 11, 2013 Job 19747

Conference Committee

29

Explanation or reason for introduction of bill/resolution:

Relating to athletic trainers.

Minutes:

Testimony 1

Vice-Chair Hofstad: Opened the hearing on engrossed SB 2088.

Damian Schlinger: A member of the ND Board of Athletic Trainers testified in support of the bill. (See Testimony #1)

5:12

Rep. Laning: What is it exactly an athletic trainer does and continuing education credits, what does that amount to?

Damian Schlinger: An athletic trainer is a licensed health care professional that participates in the care of physically active individuals throughout the state. It can be in a variety of fields. Continuing education credits can be in area they cover.

Rep. Laning: Do you go to college?

Damian Schlinger: Absolutely. It is a four year degree and there is a national certifying test.

Rep. Fehr: On the term active status, line 24, page 1, refers to be current on continuing education, is that stated some place in law?

Damian Schlinger: An active status means you have passed the certifying test, kept active on continuing education units and you have the ability to practice under that certification.

Rep. Fehr: That is not an active status per ND law? It's active per a national board?

Damian Schlinger: Yes, a national certifying agency, correct, active status.

Vice-Chair Hofstad: Is there reciprocity?

House Human Services Committee SB 2088 March 11, 2013 Page 2

Damian Schlinger: If they are coming to this state to practice as a permanent issue, they need to be licensed in the state.

Vice-Chair Hofstad: Others in favor of SB 2088.

Shane Goettle: Represent the ND Athletic Trainers Associations: Wanted to go on record in support of this bill.

Vice-Chair Hofstad: Closed hearing.

Chairman Weisz: I did miss the hearing but let's take a look at this. I'm not aware of any questions.

Rep. Fehr: I motion a do pass on engrossed 2088

Chairman Weisz: We have a motion and a second by Rep. Anderson. Any further discussion? Clerk will call the roll for a do pass on engrossed SB 2088. 13-0-0, Rep. Anderson will carry this.

Date: 3	-/	12	-/	'3
Roll Call Vote	#:		1	

HouseHuman Services			Committee
Check here for Conference Co	ommittee		
Legislative Council Amendment Num	ber		
Action Taken: Do Pass	Do Not Pass	Amended A	dopt Amendment
Rerefer to Ap	propriations	Reconsider	
Motion Made By Rep. He	Se	econded By Rep.	anderson
Representatives	Yes	Representatives	Yes No
CHAIRMAN WEISZ	VIX	REP. MOONEY	VX
VICE-CHAIRMAN HOFSTAD	V/X	REP. MUSCHA	V/
REP. ANDERSON	V/	REP. OVERSEN	V
REP. DAMSCHEN	VX		
REP. FEHR	V/X		
REP. KIEFERT	VA		
REP. LANING	VX		
REP. LOOYSEN			
REP. PORTER	V/		
REP. SILBERNAGEL	V		
Total (Yes)	3 N	o	
Absent	Op		
Floor Assignment	nder	Lon	

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2088, as engrossed: Human Services Committee (Rep. Weisz, Chairman) recommends DO PASS (13 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Engrossed SB 2088 was placed on the Fourteenth order on the calendar.

2013 TESTIMONY

SB 2088

Attachment

North Dakota Senate Human Services Committee

63rd Legislative Assembly of North Dakota January 16, 2013

Chairperson Lee and members of the Senate Human Services Committee, my name is Damian Schlinger and I am a member of the North Dakota Board of Athletic Trainers. I am pleased to submit the following statement on behalf of the Board regarding Senate Bill 2088.

It is the responsibility of the Board to license and regulate Athletic Trainers within the state of North Dakota. The goal of Senate Bill 2088 is to assist the Board in its' mandate by correcting outdated terminology that exists in the current statute, North Dakota Century Code 43-39 (Athletic Trainer Practice Act).

The corrections do not produce any substantive changes, but simply correct historical references that have become inaccurate. In addition to correcting outdated language, an advantage of these corrections is that they will mirror definitions and other standards set by the national agencies governing the practice of Athletic Training, thereby allowing the statue to stay current and minimize the need for future corrections.

The following recommendations for correction were prepared at meetings of the North Dakota Board of Athletic Trainers on October 10, 2012 and November 30, 2012.

Amendments

- 43-39-01, Subsections 1 and 2
 - The definition of Athletic Trainer and Athletic Training will reflect the description in the National Athletic Trainers' Association's (NATA) Description of Athletic Training Services (January 2010).
- 43-39-05
 - The name of the agency that certifies Athletic Trainers has shifted from National Athletic Trainers Board of Certification to the Board of Certification, Incorporated (BOC).
- 43-39-08
 - It will state that the examination standard is that of the Board of Certification, Inc. rather than referring to it indirectly.
- 43-39-09, Subsection 3
 - The language is clarified to state that in order to apply for license renewal the applicant must have active status through the Board of Certification, Inc. In order to have active status the applicant must, by BOC rule, be current on continuing education credits.
- 43-39-10, Subsection 2
 - The proper terminology for a person practicing in the field of massage, as noted in North Dakota Century Code 43-25, is 'massage therapist'.
- 43-39-11
 - o Penalties are only in regard to unlawful practice and/or practice without a license.
- Repeal
- 43-39-07
 - This paragraph is to be removed, as the language only applied upon first being passed in 1983. All persons that were the subject of this chapter had the opportunity to apply for a license at that time only.

In summary, the North Dakota Board of Athletic Trainers asks this committee for a do pass recommendation.

#1

Thank you for your time and consideration. I would be happy to address any questions.

Damian Schlinger 1506 Territory Drive Bismarck, ND 58503 (701) 250-8868

Attachment #

Wednesday, January 16, 2013

SENATE HUMAN SERVICES COMMITTEE SB 2088

CHAIRMAN LEE AND COMMITTEE MEMBERS:

My name is Jack McDonald. I am appearing today on behalf of the North Dakota Physical Therapy Examination Committee and the North Dakota Association of Physical Therapists. We strongly OPPOSE SB 2088 and urge a do not pass.

This bill dramatically expands the athletic trainers' scope of practice far beyond what it is now and far beyond what it appears is their training and expertise. It increases the scope of practice without requiring any increase in training, education or supervision.

Athletic trainers are trained to do what their name implies; i.e. deal with physically active persons, primarily athletes. They do not have the necessary training and education to evaluate, diagnose and treat individuals with disease and disability. As you can see from the NDSU athletic trainers curriculum attached to my testimony, their training and education is focused on injuries that occur to otherwise physical active persons participating in organized or team sports, athletic games or recreational sports activities.

The courses emphasize the athletic foundations of the training with such courses as injury recognition and evaluation of upper extremity, techniques of strength and conditioning, sports nutrition, physiology of exercise and lab, spring athletic training practicum and field experience/fall camp hours. There are no courses in diagnoses, or the treatment of non-athletic-types of injuries.

They are not trained, for example, to deal with individuals with strokes or cardiac problems, problem areas that presumably they would now diagnose and treat as physical problems associated with "work and life."

This bill will not be in the public's best interests. It will lead to confusion in the medical marketplace, poses a risk to the public's safety by treatment by individuals not trained adequately, and could lead to increased health care costs.

It blurs the lines between various medical professions such as physical therapy, occupational therapy, nurse practitioners and physicians' assistants.

Therefore, we urge you to give this bill a DO NOT PASS. If you have any questions, I will be happy to try to answer them.

THANK YOU FOR YOUR TIME AND CONSIDERATION.

#2

- 1. A physical exam signed by a physician
- 2. Technical Standards From signed by a physician
- 3. Tuberculosis Test and Hepartits B vaccine or waiver
- 4. Addition paperwork as needed by affiliated sites

Once a student has been formally accepted into the professional phase of the athletic training program he or she will be exposed to both academic course work and clinical experiences. The course work is sequenced to enhance and build on the knowledge and skills that are crucial for a student to take the Board of Certification (BOC) exam. The clinical experiences, under the direct supervision of a certified athletic trainer, help the student to further develop and enhance his or her skills and techniques. The student will have a variety of clinical experiences in Fargo-Moorhead. Some the these include the NDSU athletic training room, Concordia College, North and South High School, West Fargo High School, Oak Grove High School, Dakota Clinic/Innovis, MeritCare Health Systems, Red River Valley Sports Medicine/Orthopedic Associates and other related sites.

Retention Standards

Students must meet all of the retention standards in order to maintain their status in the NDSU athletic training education program.

Second Year Students:

- A passing grade must be earned in BIOL 220/ 220L and 221/221L Human Anatomy and Physiology/Lab by the end spring semester of (your second year)
- 2. Must receive a "8" or higher in all athletic training curriculum and clinical courses.
- 3. Maintain an overall grade point average of 2.75 on a 4.0 scale.
- 4. Meet technical standards criteria.
- Displays appropriate/ethical/moral conduct or behaviors as stated in the ATS Disposition Form, ATS Student Code of Conduct, NDSU Code of Behavior and NATA Code of Ethics.

Third and Fourth Year Students:

- 1. Must receive a "B" or higher in all athletic training curriculum and clinical courses.
- 2. Maintain overall grade point average of 2.75 on a 4.0 scale.
- 3. Meet technical standards criteria.
- Displays appropriate/ethical/moral conduct or behaviors as stated in the ATS Disposition Form, ATS Student Code of Conduct, NDSU Code of Behavior and NATA Code of Ethics.

F S

Students will only be accepted into the program for fall semester. Transfer students must meet all the minimum requirements before being accepted into the program

The final aspect of the program is the Board of Certification Exam taken in April of the student's final semester

Sample Curriculum Pre-Professional Phase (First Year)

	Biol. 220, 221, 220L, 221L - Human Anatomy and Physiology I, II and	4	4	
	Labs	3	3	
	Engl. 110, 120 - College Composition I, II	1		
	HD&E 189 - Skills for Academic Success HNES 110 - Introduction to Health. Physical Education and	1		
	Recreation	1		
	*HNES 180 - Athletic Trainers' Profession	2		
	The second se	2	-	
	*HNES 181 - Practical Applications for Taping, Protective Devices			
	and Equipment	-	3	
	HNES 260 - Athletic Training Medical Terminology	-	1	
	HNES 491 - Seminar	-	3	
	HPER 210 - First Aid and CPR	2	-	
	HPER 217 - Personal and Community Health or			
	HNES 111 - Wellness	-	3	
	Math. 104 - Finite Mathematics	3	-	
	Totals	16	17	
P	rofessional Phase (Second Year)	F	S	
		E.	5	
	Chem. 117 - Concepts of Chemistry	3	-	
	Comm. 110 - Fundamentals of Public Speaking	3	-	
	HNES 240 - Emergency Response	3	-	
	*HNES 281 - Injury Recognition	3	-	
	*HNES 284, 285 - Clinical Experience I, II	3	3	
	HNES 381 - Injury Recognition and Evaluation of Upper Extremity	-	3	
	Phrm. 170 - Common Medicines and Diseases	-	2	
	Phys. 120 - Fundamentals of Physics	-	3	

http://www.ndsu.edu/ndsu/academic/factsheets/hde/athltrn shtml

#2

Psyc. 111 - Introduction to Psychology	-	3	
Humanities and Fine Arts Electives	3	3	
Totals	16	15	
Third Year	F	S	
Engl. 324 - Writing in the Sciences	3		
HNES - 271 Techniques of Strength and Conditioning	-	3	
HNES 382 - Injury Recognition and Evaluation of the Head, Neck			
and Spine	3	-	
HNES 386, 387 - Clinical Experience III, IV	3	3	
HNES 455 - Sports Nutrition	-	3	
HNES 484 - Therapeutic Exercise	3	-	
HNES 485 - Therapeutic Modalities	-	3	
*HNES 486 - Medical Aspects of Athletic Training		3	
Electives	6	-	
Totals	16	13	
Totals	16	13	
Totals	16	13	
Totals Fourth Year	16 F	13 S	
Fourth Year	F		
Fourth Year	F		
Fourth Year HNES 365 - Kinesiology	F	S - 3	
Fourth Year HNES 365 - Kinesiology HNES 368 - Biomechanics	F 3 -	S - 3	
Fourth Year HNES 365 - Kinesiology HNES 368 - Biomechanics HNES 465, 466 - Physiology of Exercise and Lab	F 3 -	S - 3 4	
Fourth Year HNES 365 - Kinesiology HNES 368 - Biomechanics HNES 465, 466 - Physiology of Exercise and Lab *HNES 487 - Administration of Athletic Training Programs	F 3 - 3	S - 3 4 -	
Fourth Year HNES 365 - Kinesiology HNES 368 - Biomechanics HNES 465, 466 - Physiology of Exercise and Lab *HNES 487 - Administration of Athletic Training Programs HNES 488 - Clinical Experience V	F 3 - 3	S - 3 4 -	
Fourth Year HNES 365 - Kinesiology HNES 368 - Biomechanics HNES 465, 466 - Physiology of Exercise and Lab *HNES 487 - Administration of Athletic Training Programs HNES 488 - Clinical Experience V HNES 489 - Spring Athletic Training Practicum III	F 3 - 3 1 -	S - 3 4 -	
Fourth Year HNES 365 - Kinesiology HNES 368 - Biomechanics HNES 465, 466 - Physiology of Exercise and Lab *HNES 487 - Administration of Athletic Training Programs HNES 488 - Clinical Experience V HNES 489 - Spring Athletic Training Practicum III HNES 496 - Field Experience/Fall Camp Hours	F 3 - 3 1 - 1	S - 3 4 - 1 -	
Fourth Year HNES 365 - Kinesiology HNES 368 - Biomechanics HNES 465, 466 - Physiology of Exercise and Lab *HNES 487 - Administration of Athletic Training Programs HNES 488 - Clinical Experience V HNES 489 - Spring Athletic Training Practicum III HNES 496 - Field Experience/Fall Camp Hours Stat. 330 - Introductory Statistics	F 3 - 3 1 - 1 3	S - 3 4 - 1 - 3	
Fourth Year HNES 365 - Kinesiology HNES 368 - Biomechanics HNES 465, 466 - Physiology of Exercise and Lab *HNES 487 - Administration of Athletic Training Programs HNES 488 - Clinical Experience V HNES 489 - Spring Athletic Training Practicum III HNES 496 - Field Experience/Fall Camp Hours Stat. 330 - Introductory Statistics Social and Behavioral Sciences Elective	F 3 - 3 1 - 1 3 -	S - 3 4 - 1 - 3 4	

*These classes are offered in a sequential order.

This sample curriculum is not intended to serve as a curriculum guide for current students, but rather an example of course offerings for prospective students. For the curriculum requirements in effect at the time of entrance into a program, consult with an academic adviser or with the Olfice of Registration and Records

Contact Information

Director of Student Services and Advancement

College of Human Development and Education North Dakota State University Evelyn Morrow Lebedeff Hall 255D Fargo, ND 58105

Tel: (701) 231-7071 Fax: (701) 231-7174 Emall:Nancy.Gress@ndsu.edu Web: www.ndsu.edu/hde

or

Athletic Training Program Director North Dakota State University Bentson-Bunker Fieldhouse I Fargo, ND 58105-5600

Tel: (701) 231-8093 Fax: (701) 231-8872 Email: pamela.j.hansen@ndsu.edu Web: http://www.ndsu.nodak.edu/HNES/undergrad.html

Office of Admission North Dakota State University Ceres 114 Dept 5230, PO Box 6050 Fargo, ND 58108-6050

Tel: (701) 231-8643 Fax: (701) 231-8802 Email: NDSU.Admission@ndsu.edu Web: http://www.ndsu.nodak.edu/prospective_students/

Attachment #3

Testimony against SB 2088 The Athletic Trainers Bill

Physical Therapists (PTs) and Athletic Trainers (ATs) have a history of a strong and collegial relationship. Many students in the Doctor of Physical Therapy programs at UND and the University of Mary complete an undergraduate degree in AT prior to initiating the 3 year doctorate program. In addition, some faculty at both the UND and UMary DPT programs have degrees in both PT and AT, which provides insight into the depth and breadth of the knowledge and skills in both areas. This testimony is a compilation of insights from DPT faculty at both institutions.

As the program director for the UMary DPT program, I can provide a brief history of the evolution of PT education and how that has broadened the scope of practice, speak to the academic and clinical background of PTs and compare and contrast the preparation of DPTs to ATs.

The profession of PT has evolved significantly over the past decade - most notably, the transition from the bachelors to the masters to the doctorate degree. In 2011, 89% of PT programs in the US awarded the DPT and only 4.6% awarded the master's degree. By 2015, all programs will award the DPT. Not only did the physical therapy program length and degree change, but the profession advanced toward the vision of preparing autonomous practitioners. In addition to devoting significant didactic and clinical time into preparing our students to manage complicated patients and clients across the lifespan with neurological, musculoskeletal, cardiopulmonary, and integumentary impairments; all accredited programs must include content in differential diagnosis, pharmacology, imaging/radiography, and prevention and wellness and require an average of 115 credits (beyond undergraduate). Only after these significant changes to PT education and training were instituted did state boards begin to propose changes to practice acts that broadened the scope of practice.

Currently the athletic training degree requires the completion of 128 credits in an undergraduate program with a liberal arts background. While course content has changed to match evolving healthcare practice, there has not been a significant change in the depth and breadth of AT educational programs and they remain at a bachelor's degree level. Therefore, I am most concerned with the proposed significant changes to the AT practice act that do not carry with it a significant change to the educational preparation of AT graduates.

Specifically, the proposed change to the definition (Section 1.1): "Athletic trainer" means a person with specific qualifications set forth in section 43-39-05, who ... collaborates with physicians to optimize patient and client activity and participation in athletics, work, and life."

The language "work and life" suggests an expansion of the athletic trainer's professional role to increase the "participation" (which could be interpreted to decrease disability) of the patient or client not only in athletics, but also in "work and life". The use of the term "work and life" communicates that the athletic trainer has expertise beyond rehabilitating persons for participation in athletics; specifically, implying that the athletic trainer has the qualifications to treat and rehabilitate patients, including complicated patients with co-morbid conditions, for return to any functional role. This is not consistent with the focus of the athletic trainer's professional role, which is to specifically rehabilitate patients or clients for the return to participation in their athletic role in society.

The National Athletic Trainers Association model language included in the NATA Endorsed Model of Legislative Terms states nothing about "diagnosis and expanded participation in athletics, work, and life". If the NATA model language doesn't include diagnosis and suggests no removal of the axiom that an athletic trainer works under the direction of a physician, why are ND AT's suggesting it should be changed? What has changed in ND to merit the language change?

Another concern is the change from "...if under the order of a licensed physician." (Section 1.2) to "... who collaborates with physicians..." (Section 1.1). This implies that the ATs can now serve as a primary point of entry as opposed to working under the direction and guidance of a physician. PTs have the ability to screen for medical conditions and perform an examination in order to provide a PT diagnosis. The ability to "diagnose" comes with the responsibility of screening for medical conditions that may mimic musculoskeletal conditions and/or need to be referred to another healthcare provider.

The extension of Athletic Trainer's proposed services crosses many boundaries, specifically hospitals, rehab clinics, physicians' offices, corporate and industrial institutions, military and performing arts where the term "athletics" would not typically be associated with medical care.

In the PT Practice Act, the following defines the practice of physical therapy:

"Practice of physical therapy" means:

a. Examining, evaluating, and testing individuals with mechanical, physiological, and developmental impairments, functional limitations in movement and mobility, and disabilities or other health and movement-related conditions in order to determine a diagnosis for physical therapy, prognosis, and plan of therapeutic intervention, and to assess the ongoing effects of intervention.

b. Alleviating impairments, functional limitations in movement and mobility, and disabilities by designing, implementing and modifying therapeutic interventions that may include, but are not limited to, therapeutic exercise; neuromuscular education; functional training related to positioning, movement, and mobility in self-care and in-home, community, or work integration or reintegration; manual therapy; therapeutic massage; prescription, application and, as appropriate, fabrication of assistive, adaptive, orthotic, prosthetic, protective, and supportive

devices and equipment related to positioning, movement, and mobility; airway clearance techniques; integumentary protection and repair techniques; debridement and wound care; physiotherapy; physical agents or modalities; mechanical and electrotherapeutic modalities; and patient-related instruction. c. Engaging as a physical therapist in reducing the risk of injury, impairment, functional limitation and disability, including the promotion and maintenance of fitness, health, and wellness in populations of all ages.

At first glance, the proposed changes to the AT practice act provides a definition that is similar in scope to the PT Practice Act. As there are distinct differences in the educational requirements for PTs and ATs, and in order protect the consumer and avoid patient confusion, I urge this group to vote no on the proposed changes to HB 2088.



Carol Olson, PhD, OTR/L North Dakota Occupational Therapy Association January 16, 2012 SB 2088 Human Service Committee

Good morning, my name is Carol Olson. I am representing the North Dakota Occupational Therapy Association. I would like to thank you for the opportunity to speak with you about Senate Bill No. 2088.

Occupational therapists are skilled professionals whose education at the masters or doctoral level enables them to assist people with "skills for the job of living". As defined in our national scope of practice document this includes, performance in everyday life activities, participation in roles in home, workplace, school, and community. Educational training includes assessing and treating individuals who have or are at risk for neurological, musculoskeletal, developmental, and or psychosocial disabilities.

While the North Dakota Occupational Therapy Association supports licensure for athletic training and refinement in licensure as practice changes, we have concerns about Senate Bill No. 2088. We welcome the opportunity to address these concerns through refinement of the proposed language.

It is important that the committee consider that the proposed amendments would significantly broaden the scope of practice of athletic trainers in the state of North Dakota. Athletic training programs in the state of North Dakota are at the bachelors level which would not support the ability to diagnose neuromusculoskeletal conditions. A review of both the classroom education and clinic education criteria do not appear to prepare the athletic trainer to engage in such a broad scope of practice putting consumers at risk. The committee is encouraged to review the specific educational training at North Dakota institutions. The educational background appears to prepare athletic trainers for a very specific population, athletes who are generally healthy and well-conditioned individuals.

As Senate Bill 2088 stands, the language is extremely broad with the terms "work" and "life" allowing athletic trainers to provide services to individuals other than their traditional population of athletes. In addition, the language set forth suggests that the education of an athletic training

equips the professional to diagnosis and treat clients who have chronic neuromusculoskeletal conditions in order to minimize subsequent impairment. The terms functional limitations, disability, and societal limitations appear out of the scope of their educational training. It is also unclear what the role of the athletic trainer would be in certain contexts, such as military, rehabilitation clinics, performing arts, corporate and industrial settings.

In closing, we welcome the opportunity to work with the bill sponsors on refining the language of the Senate Bill No. 2088.

Attachment #5

Begin forwarded message:

From: "<u>kathleen.day@va.gov</u>" <<u>kathleen.day@va.gov</u>> Date: January 30, 2013, 4:01:10 PM CST To: <<u>jlee@nd.gov</u>> Subject: Please Oppose SB 2088 to Expand Athletic Trainer Scope of Practice

Kathleen Day 1557 3rd St E West Fargo, ND 58078-4242

1/30/2013

Dear Senator Lee:

As your constituent and a member of the physical therapy profession in North Dakota, I want to share my concerns about SB 2088, which would inappropriately expand the scope of practice for athletic trainers in this state.

Athletic trainers, as the name indicates, are trained and educated to treat physically active persons, primarily athletes. The current North Dakota practice act reflects this by defining athletic training in the context of addressing "athletic injuries". Athletic trainer education is focused on injuries that occur in otherwise physically active persons participating in organized, individual or team sports, athletic games or recreational sports activities. It is not focused on evaluation and treatment of individuals with disease and disability, but SB 2088 would allow an athletic trainer to provide athletic training services to such individuals. For example, it would arguably allow an athletic trainer to treat an acute stroke patient or cardiac patient.

The athletic training practice acts in most states - including Montana, Minnesota, and South Dakota - also define athletic training much like the current North Dakota practice act does, specifying that athletic trainers provide services to "athletes" with "athletic injuries". Recent attempts in some states to implement language similar to SB 2088 have failed.

The North Dakota Board of Physical Therapy and the North Dakota Physical Therapy Association have proposed changes to this bill that would continue to define athletic training in the context of "athletic injuries" sustained by otherwise healthy, physically active individuals. I support these proposed changes, but unless they are adopted I respectfully ask you to vote NO on SB 2088. Thank you for your consideration of this issue.

Sincerely,

Kathleen Day

Attachment #Ce

PROPOSED AMENDMENTS TO SENATE BILL NO. 2088

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Page 1, line 1, remove "subsections 1 and 2 of section 43-39-01,"

Page 1, remove lines 7 through 23

Page 2, remove lines 1 and 2

Renumber accordingly



North Dakota House Human Services Committee

63rd Legislative Assembly of North Dakota March 11, 2013

Chairperson Weisz and members of the House Human Services Committee, my name is Damian Schlinger and I am a member of the North Dakota Board of Athletic Trainers. I am pleased to submit the following statement on behalf of the Board regarding Senate Bill 2088.

It is the responsibility of the Board to license and regulate Athletic Trainers within the state of North Dakota. The goal of Senate Bill 2088 is to assist the Board in its' mandate by correcting outdated terminology that exists in the current statute, North Dakota Century Code 43-39 (Athletic Trainer Practice Act).

The corrections do not produce any substantive changes, but simply correct historical references that have become inaccurate. In addition to correcting outdated language, an advantage of these corrections is that they will mirror definitions and other standards set by the national agencies governing the practice of Athletic Training, thereby allowing the statue to stay current and minimize the need for future corrections.

The following recommendations for correction were prepared at meetings of the North Dakota Board of Athletic Trainers on October 10, 2012 and November 30, 2012.

Amendments

43-39-08

- 43-39-05
 - The name of the agency that certifies Athletic Trainers has shifted from National Athletic Trainers ο Board of Certification to the Board of Certification. Incorporated (BOC).

- o It will state that the examination standard is that of the Board of Certification, Inc. rather than referring to it indirectly.
- 43-39-09. Subsection 3
 - The language is clarified to state that in order to apply for license renewal the applicant must о have active status through the Board of Certification, Inc. In order to have active status the applicant must, by BOC rule, be current on continuing education credits.
- 43-39-10, Subsection 2
 - The proper terminology for a person practicing in the field of massage, as noted in North Dakota Century Code 43-25, is 'massage therapist'.
- 43-39-11
 - o Penalties are only in regard to unlawful practice and/or practice without a license.
- Repeal
- 43-39-07
 - This paragraph is to be removed, as the language only applied upon first being passed in 1983. All persons that were the subject of this chapter had the opportunity to apply for a license at that time only.

In summary, the North Dakota Board of Athletic Trainers asks this committee for a do pass recommendation.

Thank you for your time and consideration. I would be happy to address any questions.

Damian Schlinger 1506 Territory Drive Bismarck, ND 58503 (701) 250-8868