

# Legislative Analysis

---



## ATHLETIC TRAINER LICENSURE

Mitchell Bean, Director  
Phone: (517) 373-8080  
<http://www.house.mi.gov/hfa>

**House Bill 4893 as enrolled**

**Public Act 54 of 2006**

**Sponsor: Rep. Edward Gaffney, Jr.**

**House Committee: Health Policy**

**Senate Committee: Health Policy**

### **First Analysis (2-9-07)**

**BRIEF SUMMARY:** The bill would require the licensure of athletic trainers, establish license fees, and create the Michigan Athletic Trainer Board.

**FISCAL IMPACT:** The bill would have a fiscal impact on state government. See below for a more detailed discussion.

### **THE APPARENT PROBLEM:**

The field of athletic training, first established in 1950, has evolved into a highly specialized health profession that provides health services to professional athletic teams, intercollegiate athletes, high school athletes, physically active citizens, and amateur athletes. The National Football League, Major League Baseball, and the National Basketball Association, among others, require teams to employ athletic trainers. The National Collegiate Athletic Association requires member colleges and universities to have athletic trainers on staff. In addition, many high schools and youth sports organizations either employ or contract with a sports medicine clinic for athletic trainers to be on hand during sporting events. Over the past two decades, athletic trainers have been increasingly in demand at hospitals and clinics and in industrial settings, such as the Department of Corrections and businesses or corporations.

Athletic training has been recognized by the American Medical Association as an allied health profession and certified athletic trainers provide services under the direction of licensed physicians. An athletic trainer must undergo a rigorous educational (completion of a bachelor's degree) and training program and pass a three-part national exam in order to be certified. Certified athletic trainers must also meet recertification standards, which include acquiring continuing education units.

With the boom in interest and participation in exercise and fitness, participation in exercise and sports teams is increasing, as are sports-related injuries. Many hospitals and sports clinics now employ athletic trainers to work along with physical therapists in providing rehabilitation services. In industrial settings, many corporations and businesses have on-site training rooms, as well as physicians on site, to treat and rehabilitate injured workers and to provide services to prevent injuries from occurring. Nationwide, more than 60 percent of athletic trainers work in hospital, clinical, or industrial settings with

the balance working in the traditional settings of professional, collegiate, and high school sports.

Currently, 43 states either register or license athletic trainers. Michigan has over 1,100 nationally certified athletic trainers, and is the largest employer of athletic trainers in an industrial setting. However, the state does not currently regulate the profession of athletic training. Lack of regulation can cause harm to the public; reportedly, up to 17 percent of certified athletic trainers do not complete the required continuing education credits to keep their certification and knowledge current, and persons who have not been trained as athletic trainers have been passing themselves off to the public as athletic trainers. According to the Michigan Athletic Trainer's Society, a veterinary technician passing herself off as an athletic trainer for a high school wrestling team discouraged one of the team's members from having surgery recommended by his physician for a torn ligament in his knee because she had "seen it done on several dogs with poor success." In addition, consumers do not always know how to determine if someone identifying himself or herself as an athletic trainer has the proper credentials and training. One result is that athletic trainers who work in the collegiate setting report seeing athletes come out of high school with preexisting pathologies due to improperly treated injuries and improper referral for medical care by persons claiming to be athletic trainers. In addition, some feel the lack of state regulation make it more difficult for colleges and universities offering degrees in athletic training to recruit new students, and make it harder for Michigan employers to attract or retain qualified individuals as many relocate to states where the profession is regulated.

To address the above concerns, legislation has been offered to create a system of regulation for the profession of athletic training.

### ***THE CONTENT OF THE BILL:***

House Bill 4893 would amend the Public Health Code (MCL 333.16263 et al.) to add Part 179 entitled "Athletic Training," which would require that athletic trainers be licensed to practice. The bill would take effect December 1, 2006.

***Definitions.*** The bill would define "athletic trainer" to mean an individual engaged in the practice of athletic training. The "practice of athletic training" would mean the treatment of an individual for risk management and injury prevention, the clinical evaluation and assessment for an injury and/or illness, and the rehabilitation and reconditioning of the injury and/or illness as long as those activities were within departmental rules and performed under the direction and supervision of a physician. The practice of athletic training would not include the practice of physical therapy, the practice of medicine or of osteopathic medicine and surgery, the practice of chiropractic, or medical diagnosis or treatment.

***Application for Licensure.*** Under the bill, the Department of Community Health would issue a license as an athletic trainer to an individual who applied to the department on its

prescribed form; met the requirements for licensure promulgated in the rules; and paid the appropriate fees—a \$20 application processing fee, and a \$60 annual license fee.

***License; Licensure Requirements.*** A license issued by the department would be for a three-year license cycle. It would be renewable upon payment of the prescribed license renewal fee. Beginning with the third year after the effective date of the rules promulgated under the legislation, the applicant seeking renewal would have to submit proof of satisfactory completion of at least eight clock-hours of continuing education within the three-year cycle, in subjects related to athletic training and approved by the department.

In addition to the continuing education requirements, an athletic trainer would be required to submit proof of both of the following: a) that he or she had successfully completed a course of training in first aid, cardiopulmonary resuscitation, and foreign body obstruction of the airway, approved by the department and offered or approved by the American Red Cross, the American Heart Association, or a comparable organization; and b) that he or she held, at the time of application for renewal and at all times during the previous licensure period, a valid certificate in first aid and cardiopulmonary resuscitation issued by the organization offering the training.

***Athletic Training Board.*** The bill would create a seven-member Michigan Athletic Trainer Board in the department. The board would comprise four athletic trainers, one public member, and two physicians licensed under Part 170 (M.D.) or Part 175 (D.O.) of the code.

***Rules; Continuing Education; Titles.*** The Department of Community Health would be required to promulgate rules to establish the minimum standards for licensure and the minimum standards of care for the practice of athletic training, and in doing so could consult the professional standards issued by the National Athletic Trainer's Association, by the National Athletic Trainer's Association Board of Certification, or by another nationally recognized professional association. The department could incorporate by reference, in whole or in part, existing standards in the rules. The rules would have to provide for at least 80 clock hours of continuing education within each three-year license cycle, in subjects related to athletic training and approved by the department. The rules could be supplemented, as needed.

Beginning upon the effective date of the rules that would be promulgated under this bill, a person would be prohibited from engaging in the practice of athletic training unless licensed to do so. After that date, a person would be prohibited from using the titles "athletic trainer," "licensed athletic trainer," "certified athletic trainer," "athletic trainer certified," "A.T.," "A.T.L.," "C.A.T.," "A.T.C." or similar words, unless the individual was licensed. In addition, a licensee could not provide, offer to provide, or represent that he or she was qualified to provide any services that he or she was not qualified to perform by education, training, or experience or otherwise prohibited by law from performing.

***Third Party Reimbursement.*** The bill specifies that Part 179 would not require new or additional third party reimbursement for services rendered by an individual licensed as an athletic trainer.

### ***BACKGROUND INFORMATION:***

A similar bill that would have required the registration of athletic trainers (House Bill 4789 of the 1997-1998 legislative session) was enrolled but subsequently vetoed by Governor John Engler. According to his veto letter, the governor felt that no real threat to the public's health or safety by the lack of regulation of athletic trainers had been effectively demonstrated, that the national organization for athletic trainers was doing an excellent job of ensuring that practitioners met high professional standards, and that state regulation did not necessarily ensure a greater level of safety for consumers.

### ***FISCAL INFORMATION:***

House Bill 4893 will create state costs to develop and administer licensing, regulation, complaint review, and to support a state board for the licensure of the profession of athletic trainer. Annual licensing fees of \$200 and initial processing fees of \$75 per individual are established with the intent that they will fully support the state licensing system costs for this profession. The costs and revenue are dependent upon the number of persons who seek licensure. The Michigan Athletic Trainers' Association estimates that approximately 1,100 athletic trainers in Michigan may meet the licensing requirements of the bill. Average annual program revenue from 1,100 licensees is estimated to be approximately \$247,200. This revenue could support the equivalent of two state positions and administrative costs. Licensed persons will be subject to discipline under Part 161 of the Public Health Code for licensure violations or unlawful practice without licensure, which may include fines.

### ***ARGUMENTS:***

#### ***For:***

There are many compelling reasons for licensing athletic trainers, including the following:

- Regulation establishes a minimum level of education, training, and competency that must be met and maintained for licensure.
- Regulation protects the public health and wellness. Evidence shows that people claiming to be athletic trainers are advising others on treatment options contrary to sound medical practice and outside of the established scope of practice of athletic trainers. Licensure would enable the public to check on the credentials of an individual prior to hiring, utilizing the services of, or following the recommendations of a person claiming to be an athletic trainer. An unlicensed person would be subject to the health code's criminal penalties for using a restricted title (a misdemeanor) or practicing a regulated health profession without a license (felony).

- Licensure would weed out unqualified or incompetent athletic trainers. At least 17 percent of athletic trainers who received national certification and who continue to practice in the state have not renewed their certifications or completed the mandated continuing education courses. These people could no longer use the title of athletic trainer or practice the profession of athletic training unless they updated their skills and were recertified.
- Forty-three states regulate the profession of athletic training (29 license athlete trainers). Licensing athletic trainers will enhance the ability of Michigan colleges and universities to attract instate and out-of-state applicants to athlete training programs. Employers will also have a larger pool of applicants from which to recruit; licensure, and the professional recognition that it brings, will enable employers to retain qualified individuals rather than lose them to states that regulate the profession.
- Health care costs will be reduced. A survey conducted by the National Athletic Trainer's Association showed that of corporations which employed athletic trainers for on-site rehabilitation, 83 percent reported at least a 300 percent return on their investment; half reported that overall health care costs dropped by more than 50 percent. The Michigan Department of Corrections has reported over a \$2 million per year cost savings in employee health care costs by employing athletic trainers at its Jackson facility.
- Access to care will increase. Michigan continues to experience a shortage of doctors and nurses, especially in rural areas. Athletic trainers can be used in hospital and clinic settings to free up nursing staff by providing services such as basic patient assessment, taking and monitoring vital signs, and documentation in patient charts. Some physician offices employ athletic trainers as "physician extenders"; athletic trainers can provide evaluation and assessment, develop conditioning programs, and implement treatment and rehabilitation programs.

***Against:***

Occupational licensure and registration statutes generally tend to be promoted by those in the affected profession, and act as economic protection against competition within the profession. The trend in Michigan, as well as across the country, has been to reduce government regulations, not create new regulatory structures.

Legislative Analyst: Susan Stutzky  
J. Hunault  
Fiscal Analyst: Susan Frey

---

■ This analysis was prepared by nonpartisan House staff for use by House members in their deliberations, and does not constitute an official statement of legislative intent.