



2018 Athletic Trainers Act Modification
SF 614 & HF 822
90th Legislative Session

ABSTRACT

Statutes 148.7801 – 148.7815, the Minnesota Athletic Trainers' Act, were originally enacted in 1993 to regulate the state's athletic trainers at the registration level under the Minnesota Board of Medical Practice. The 2018 amended versions of SF 614 and HF 822 seek to modify these statutes to transition the state's athletic trainers to licensing under the same regulatory board and contain no alterations to scope of practice.

[Amy Brugge, EdD, ATR, ATC, CHDA](#)
Co-Chair, Governmental Affairs Committee
Minnesota Athletic Trainers' Association

March 2, 2018

Section 1- Proposal Overview

- 1) State the profession/occupation that is the subject of the proposal.**
 - a) Profession: Athletic Training
 - b) Occupation: Athletic Trainers (ATs)

- 2) For existing professions, briefly describe the proposed statutory change or expansion and its intended outcomes.**
 - a) Transition the regulation of athletic trainers in Minnesota from registration to licensing to be congruent with the other 43 states that regulate athletic training at the licensure level;
 - b) Repeal temporary permit statutes as a housekeeping measure, as the Minnesota Board of Medical Practice discontinued this option for credentialing on December 15, 2016;
 - c) Repeal temporary registration statutes that allow an individual who has not successfully completed the national Board of Certification examination to practice athletic training in Minnesota for up to 120 days under the supervision of another credentialed athletic trainer;
 - d) Streamline the application process for a credential into one subdivision of statutes instead of having a separate section for reciprocity candidates;
 - e) Require the continuing education requirements to mirror the maintenance of competence expectations required by the national Board of Certification for Athletic Trainer.

Section 2 – Proposal Details

A. Public Safety & Well-Being

- 1) Describe, using evidence to the extent possible, how the proposed scope and regulation may improve or may harm the health, safety, and welfare of the public?**

Athletic trainers in Minnesota have been regulated by the Board of Medical Practice since 1993. Measures are already in place through the Board of Medical Practice to credential athletic trainers at the registration level and an athletic trainer's professional practice is authorized under a supervising physician protocol form¹, which is more stringent than the majority of the nation, as only six other states still require a physician protocol form in their regulation of athletic trainers. There are no proposed changes to scope of practice or to supervision of athletic trainers through a physician protocol form. Instead, the proposed changes would further protect the public by ensuring that new applicants be subject to criminal background checks and that all licensed athletic trainers have successfully completed the national credentialing examination offered by the Board of Certification, Inc. prior to obtaining a credential to practice in the state by repealing the existing temporary registration statutes (§148.7808 Subd. 4),² which allow an individual who has not met this credentialing examination requirement to practice for up to 120 days under the supervision of another credentialed athletic trainer.

- 2) Is there any research evidence that the proposed change(s) might have a risk to the**

¹ Minnesota Board of Medical Practice – [Athletic Trainer Registration Protocol Form](#)

² [Minn Stat. §148.7808, Subd. 4](#)

public? Please cite.

There is no evidence that the proposed changes would pose a risk to the public. By eliminating the temporary registration provision in existing statutes, the public would be further protected from practitioners who have not yet successfully completed the national Board of Certification examination, which is used as the basis for credentialing in all 49 states that regulate athletic trainers. By moving to licensing, all new credential applicants would be subject to criminal background checks. Title protection would be strengthened, further protecting the public from individuals who attempt to practice “athletic training” but do not call themselves “athletic trainers” and therefore are not subject to regulation by the Board of Medical Practice (see Section C).

3) Will a regulatory entity/board have authority to discipline practitioners?

The Board of Medical Practice will continue to discipline athletic trainers in accordance with current practice under §148.7813, Subd. 5,³ which outlines that “all athletic trainers and applicants are subject to sections §147.091 to §147.162” of state law under the Board of Medical Practice. **There are no proposed changes to this process.**

4) Describe any proposed disciplinary measures to safeguard against unethical/unfit professionals. How can consumers access this information?

There are no proposed changes to the disciplinary measures athletic trainers are subject to under state statutes and via their regulation by the Board of Medical Practice.

As with all professions regulated by the Board of Medical Practice, individuals may verify an athletic trainer’s Minnesota credential at <http://mn.gov/boards/medical-practice/public/find-practitioner/>. The public may also review the athletic trainer’s national certification at <http://www.bocatc.org/ats/certification-verification>. Public disciplinary actions by the Board of Medical Practice for all professions it regulates can be found at <http://mn.gov/boards/medical-practice/public/disciplinary-action/> and members of the public can file an official complaint against an athletic trainer with the Board of Medical Practice at <http://mn.gov/boards/medical-practice/public/complaints/>

B. Access, Cost, Quality, Care Transformation Implications

1) Describe how the proposed change(s) will affect the availability, accessibility, cost, delivery, and quality of health care.

There is no known evidence that the proposed changes will affect the availability, accessibility, cost delivery, and quality of health care. The emphasis of the proposed changes are to strengthen public protection.

2) Describe the unmet health care needs of the population (including health disparities) that can be served under this proposal and how the proposal will contribute to meeting these needs.

There is no known evidence that the proposed changes will affect the availability, accessibility, cost delivery, and quality of health care. The emphasis of the proposed changes are to strengthen public protection.

³ [Minn Stat. §148.7813, Subd. 5](#)

3) Please describe whether the proposed scope includes provisions to encourage or require practitioners to serve underserved populations.

There are no proposed scope of practice alterations in the revised version of HF 822 & SF 614; only the technical changes necessary to transition athletic trainers from registration to licensure under the Board of Medical Practice. Therefore encouragement, nor requirements for practitioners to serve underserved populations is not included in the proposed language.

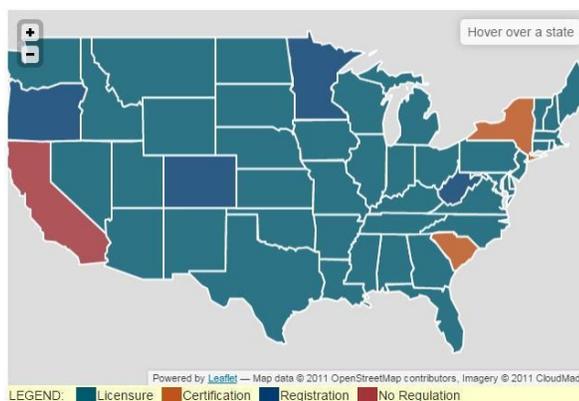
4) Describe how this proposal is intended to contribute to an evolving health care delivery and payment system (e.g. interprofessional and collaborative practice, innovations in technology, ensuring cultural agility and competence in the profession, value based payment etc.)

It is not the direct intent of the proposed bill to contribute to evolving health care delivery, nor the health care payment system. The proposed bill is only intended to address the regulation level of the state's athletic trainers and strengthen public protection.

C. Regulation

1) If the services or individuals are currently unregulated, what is the proposed form of credentialing/regulation (licensure, certification, registration, etc.)? State the rationale for the proposed form/level of regulation.ⁱ If there is a lesser degree of regulation available, state why it was not selected.ⁱⁱ

Athletic trainers are currently regulated at the registration level in Minnesota. The proposed changes would transition this level of regulation under the Board of Medical Practice to licensure. There are 49 states that regulate athletic trainers; 43 at the licensure level, 4 states that do so at the registration level (CO, MN, OR, & WV), and 2 states that employ a certificate for credentialing (NY & SC).



Athletic Training Regulatory Map⁴

Given that 43 states have deemed it appropriate to regulate athletic trainers via licensure, the proposed bill seeks the same regulatory level in Minnesota. As of January 2018, four professions in Minnesota were regulated at the registration level; naturopathic physicians, doulas, animal chiropractors, and athletic trainers. The Board of Medical Practice asserts in its 2012 Sunset Review⁵ that:

⁴ Board of Certification, Inc. [Athletic Training Regulatory Map](#)

⁵ [Minnesota Board of Medical Practice 2012 Sunset Review](#)

*“In Minnesota, as in other jurisdictions, registration is a less restrictive form of credentialing. In order to be a registered health care professional, an individual must meet certain educational, training, and examination requirements to ensure that he or she is qualified to practice and use the appropriate title to the profession, **but other individuals may engage in the practice without use of the title.** Use of the title of the profession is an assurance to the public that the individual has met the educational, training, and examination requirements for the profession. Minnesota law provides that registration is the appropriate level of credentialing for athletic trainers and naturopathic doctors.” (MN BMP, 2012 Sunset Review, p. 32)*

Registration allows non-athletic trainers to engage in the practice of athletic training provided those individuals do not use the title of “athletic trainer”. The proposed changes will credential athletic trainers at the licensure level and enhance the designation section delineated §148.7803.

- 2) Describe if a regulatory entity/board currently exists or will be proposed. Does/will it have statutory authority to develop rules related to a changed/expanded scope or emerging profession, determine standards for education and training programs, assessment of practitioners’ competence levels? If not, why not?ⁱⁱⁱ**

The Board of Medical Practice currently regulates athletic trainers in the state and the proposed bill does not seek to change this. Instead, the proposed bill alters the level of regulation from registration to licensing. Statutory authority for this oversight and the Board of Medical Practice’s ability to adopt rules necessary to implement regulation exists in state statute [§148.7804](#). This statute would be revised to replace the term “registration” to “license” throughout the section under the proposed changes. On January 13, 2018 the Board of Medical Practice unanimously voted to support the proposed bill and crafted the language included in the new §148.7816 on the license renewal conversion cycle.

- 3) Is there model legislation for the profession available at the national level? If so, from what organization? Which states have adopted it? Briefly describe any relevant implementation information.**

Model legislation for the profession is not available at the national level. However, 43 states regulate athletic trainers at the licensure level, while Minnesota has remained at the registration level for 25 years. There is no scope of practice modernization included in the revised version of this bill.

- 4) Does the proposal overlap with the current scope of practice for other professions/practitioners? If so, describe the areas of overlap. (This question is not intended to imply that overlap between professions is negative.)**

This bill does not modify the existing scope of practice for athletic trainers in Minnesota.

D. Education and Professional Supervision

- 1) Describe the training, education, or experience that will be required for this professional based on this proposal, including plans for grandfathering in prior qualifications and/or experience where appropriate.**

The proposed bill alters the definition of "approved education program" in [§148.7802](#) to now read

as:

"Approved education program" means an education program offered by an accredited university, college, or other postsecondary institution that, at the time the student completes the program, the student is eligible to attain national certification as an athletic trainer from the Board of Certification for the Athletic Trainer or its recognized successor."

This technical change to the "approved education program" definition is intended to further clarify what is and has been deemed appropriate education across the evolution of athletic training education and will assist the Board of Medical Practice in its review of an applicant's materials regardless of the applicant's state of origin or initial year of entry into the athletic training profession through the attainment of national certification from the Board of Certification for the Athletic Trainer. Today, the minimum education required to be eligible for the Board of Certification national credentialing examination is a bachelor's or master's degree from an accredited program, including at least two years of clinical education, and all accredited programs must transition to the master's degree level by 2022. When the state's practice act was enacted, the minimum education expectation for athletic trainers was completion of a National Athletic Trainers' Association (NATA)-approved bachelor's curriculum or a bachelor's degree in a related field with an associated internship, in order to be eligible for the national credentialing examination offered through the Board of Certification for the Athletic Trainer. Modification of this definition provides clarity around previously acceptable degree programs that are still allowed as acceptable minimum education for licensing in Minnesota.

2) Is the education program available, or what is the plan to make it available? Is accreditation or other approval available or proposed for the education program? If yes, by whom?

There are 7 accredited athletic training education programs available in Minnesota and over 380 professional programs accredited by the [Commission on Accreditation of Athletic Training Education](#) (CAATE), which is recognized by the Commission on Higher Education Accreditation. The accredited athletic training programs in Minnesota and their associated degrees levels are:

Institution	Degree Level
Bethel University	Undergraduate Degree
Gustavus Adolphus College	Undergraduate Degree
Minnesota State University, Mankato	Master's Degree
Minnesota State University, Moorhead	Undergraduate Degree
St. Cloud State University	Undergraduate Degree
The College of St. Scholastica	Master's Degree
Winona State University	Undergraduate Degree

3) Do provisions exist or are they being proposed to ensure that practitioners maintain competency in the provision of services? If so, please describe.

Maintenance of competence for athletic trainers credentialed in Minnesota is delineated in [§148.7812](#), which will be strengthened under the proposed bill to align requirements with national standards required by the national credentialing agency, the Board of Certification for the Athletic Trainer. Statutes currently require the state's athletic trainers to complete 60 hours of continuing education during each three-year period. However, in order for an athletic trainer to maintain his or her national credential from the Board of Certification for the Athletic Trainer, the individual must demonstrate 50 hours of continuing education every two years, with at least 10 hours being specific to evidence-based practice, and maintain a current certification in emergency cardiac care. The update to [§148.7812](#) will now set the same minimum expectation by asserting in subdivision 1 that:

"an athletic trainer shall meet the professional development requirements of the Board of Certification for the Athletic Trainer".

4) Is there a recommended level/type of supervision for this practitioner—independent practice, practice needing formal agreements or delegated authority, supervised practice? If this practitioner will be supervised, state by whom, the level, extent, nature, terms of supervision.

Currently, athletic trainers registered in Minnesota provide athletic training services under the supervision of a licensed physician, and this relationship must be documented “on a form prescribed by the board”. The proposed licensing bill maintains this level of supervision of athletic trainers and the corresponding protocol form. The physician protocol form used by the Board of Medical Practice in its regulation of athletic trainers is publicly available at: http://mn.gov/boards/assets/Athletic_Trainer_Protocol_form_tcm21-36743.pdf

E. Finance Issues – Reimbursement, Fiscal Impact to state, etc.

1) Describe how and by whom will the new or expanded services be compensated (e.g., Medical Assistance, health plans, etc.)? What costs and what savings would accrue and to whom (patients, insurers, payers, employers)?

Typically, services rendered by athletic trainers in Minnesota are not covered under health insurance plans. **The proposed bill does nothing to change this practice**, and athletic trainers seeking coverage of their services will still need to negotiate such coverage as individuals or in conjunction with the healthcare organization that employs the athletic trainer.

2) Describe whether reimbursement is available for these services in other states? ^{vi}

Reimbursement for the provision of athletic training services is available in Georgia, Indiana, Ohio, Michigan, Missouri, Vermont, and Wisconsin. In Georgia⁶ and Vermont⁷ reimbursement for services rendered by an athletic trainer is mandated through anti-discrimination clauses in state

⁶ Georgia Athletic Trainers' Association – [Legal Opinion of HB 93](#)

⁷ [8 V.S.A §4088g](#)

statutes. Indiana code⁸ allows for licensed athletic trainers in the state to be eligible providers with insurers and HMOs for services rendered as part of their scope of practice under House Enrolled Act 1467 (effective July 1, 2011), but does not mandate that third party payers reimburse for athletic training services if the insurer does not reimburse for rehabilitation services by other licensed providers. Third party reimbursement for athletic training services has been negotiated with various health insurance plans in Ohio, Michigan, Missouri, and Wisconsin via collaborative efforts between state athletic training associations and health care organizations. For a current listing of payers in Wisconsin that recognize physical medicine and rehabilitation services rendered by athletic trainers, visit <http://www.watainc.org/tpr-pilot-study-2>

3) What are the projected regulatory costs to the state government, and how does the proposal include revenue to offset those costs?

The proposed bill is not projected to affect regulatory cost to the state as the Athletic Trainers' Advisory Council of the Board of Medical Practice already exists. The initial application fee (\$50) and renewal fee (\$100) for a state credential will remain the same under [§148.7815](#).

4) Do you anticipate a state fiscal impact of the proposed bill?

No, there is no anticipated state fiscal impact with the proposed bill. The Board of Medical Practice does not project that there will be any fiscal implications related to the transition from registration to licensure, and athletic training services are not covered services under the state's Medical Assistance (MA) program.

F. Workforce Impacts

1) Describe what is known about the projected supply/how many individuals are expected to practice under the proposed scope?^{vii} If possible, also note geographic availability of proposed providers/services. Cite any sources used.

Currently, there are over 1,000 athletic trainers registered to practice in the state via the Board of Medical Practice, and there is no reason to expect any substantial change in this number under the proposed transition from registration to licensing. During the 10-year period reviewed in the Board of Medical Practice's 2012 Sunset Review⁹, the number of new athletic trainer registrations ranged from 59 in 2002 to 82 in 2007. Overall, the Bureau of Labor Statistics projects a 21% growth in the occupation of athletic trainers nationally between 2014 and 2024.¹⁰

2) Describe, with evidence where possible, how the new/modified proposal will impact the overall supply of the proposed services with the current/projected demand for these services.

There is no evidence as to how the proposed changes would impact the overall supply and demand of athletic training services in Minnesota. However, transitioning the regulation of the state's

⁸ [IC 27-8-6-6](#)

⁹ [Minnesota Board of Medical Practice 2012 Sunset Review](#)

¹⁰ Bureau of Labor Statistics, U.S. Department of Labor, [Occupational Outlook Handbook, 2016-2017 Edition, Athletic Trainers](#)

athletic trainers from registration to licensing would align Minnesota with the other 43 states that regulate the profession at this level. This may improve the overall business environment and external perception for those entities that wish to offer athletic training services in Minnesota, as well as encourage graduates of Minnesota's seven accredited athletic training programs to remain in the state upon their transition to professional practice. Failure to address a transition to licensing from registration may result in a greater loss of current athletic trainers and future practitioners to neighboring states where licensure laws fully encompass and mirror an athletic trainer's professional preparation.

G. Proposal Supports/Opponents

1) What organizations and groups have developed or reviewed the proposal?

The Minnesota Athletic Trainers' Association (MATA) has been the active agent in the development of this bill. The MATA has consulted with the Board of Medical Practice regarding its ability to regulate athletic trainers at the licensure level, and it is the Board of Medical Practice's feedback regarding the physician protocol form that led to the continued inclusion of this supervisory element even at the proposed licensure level. After a unanimous vote of support at the January 13, 2018 Board meeting, Board staff provided the MATA with the proposed language on the license renewal conversion cycle.

2) Note any associations, organizations, boards, or groups representing the profession seeking regulation and the approximate number of members in each in Minnesota.^{viii}

Currently, there are over 1,000 athletic trainers registered to practice in the state. The Minnesota Athletic Trainers' Association (MATA) strongly supports this legislation and has a membership consisting of approximately 930 athletic trainers and athletic training students. The National Athletic Trainers' Association (over 49,000 members) supports the proposed bill, as does the Board of Certification for the Athletic Trainer (national credentialing agency for athletic trainers), and the Commission on Accreditation of Athletic Training Education (CAATE). The Board of Medical Practice voted unanimously on January 13, 2018 to support the proposed bill. The Minnesota Physical Therapy Association supports the transition from registration to licensing provided there is no modification to scope of practice.

3) Please describe the anticipated or already documented position professional associations of the impacted professions (including opponents) will/have taken regarding the proposal.^{ix}

The Minnesota Athletic Trainers' Association is the only professional association directly impacted by the proposed bill, as the proposed changes affect the regulation of athletic trainers only. The Board of Medical Practice voted unanimously on January 13, 2018 to support the proposed bill. The Minnesota Physical Therapy Association supports the transition from registration to licensing provided there is no modification to scope of practice. At this point there is no known opposition to the bill from any professional associations.

4) State what actions have been undertaken to minimize or resolve any conflict or disagreement with those opposing/likely to oppose the proposal.^x

The Minnesota Athletic Trainers' Association (MATA) met with the Minnesota Physical Therapy Association (MNPTA) five times between August 2017 and January 2018. Although the two organizations were unable to find consensus in their on-going dialogue around athletic trainers' scope of practice, the two organization were able to agree that licensing is the appropriate credentialing level for the state's athletic trainers.

5) What consumer and advocacy groups support/oppose the proposal and why?

It is unknown if additional consumer and advocacy groups support or oppose this proposal.

H. Report to the Legislature

- 1) Please describe any plans to submit a report to the legislature describing the progress made in the implementation and the subsequent impacts (if measureable) of the scope of practice changes for regulated health professions/occupations. Describe the proposed report's focus and timeline. Any proposed report schedule should provide sufficient time for the change to be implemented and for impacts to appear.**

The Minnesota Athletic Trainers' Association is willing to provide any follow-up report the legislature desires, preferably in conjunction with the Board of Medical Practice, under any timeline the legislature deems necessary to adequately measure the subsequent impact of the proposed bill.