National Athletic Trainers' Association®
Health Care for Life & Sport

July 20, 2009

The Honorable Max Baucus
Chairman
Senate Finance Committee
219 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Charles Grassley
Ranking Member
Senate Finance Committee
219 Dirksen Senate Office Building

Dear Chairman Baucus and Ranking Member Grassley:

On behalf of the more than 30,000 members of the National Athletic Trainers' Association (NATA), we are writing to share our perspective on your recently released draft health care reform legislation. We applaud the Senate Finance Committee for your efforts to address the important task of reforming the healthcare system.

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 Finance Committee with our recommendations for ensuring that Athletic Trainers are fully recognized under Medicare 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 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 (like airlines, warehouses, and light manufacturing companies), and performing arts companies (like Cirque de Soleil and Blue Man Group). Athletic trainers strive with all patient groups to prevent initial injuries through wellness and education, and to 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

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are licensed or otherwise regulated, the Certified Athletic Trainers, (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 healthcare 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 healthcare system. Patients are not charged for these healthcare 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 stated 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 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 can prevent an illness or injury from worsening. Finally, 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.

Background on Coverage of Athletic Trainers' under Medicare

NATA recognizes and applauds the many innovative ideas in health reform but feels strongly that barriers to athletic trainers and their services must be removed in order for ATs to be effective contributors. Athletic trainers are underutilized in many healthcare settings because they are not recognized—and therefore reimbursable—providers by the Centers for Medicare

and Medicaid Services (CMS). This underutilization of qualified health care professionals by the federal government must end in order for patients to gain access.

The Health and Human Services Office of the Inspector General released a report in 1994 criticizing the Health Care Financing Administration's (HCFA) oversight of payments for therapy services provided "incident to" in a physician's office. This event led Congress to direct HCFA to establish standards for "incident to" services rendered under the supervision of a physician, in Section 4541(b) of the Balanced Budget Act of 1997.

As part of the proposed changes, CMS was asked to interpret the new policy with the goal of determining who could provide "incident to" therapy services. CMS declined this request, stating, "we deliberately used the term any individual so that the physician (or other practitioner), under his or her discretion and license, may use the service of anyone ranging from another physician to a medical assistant."

Then CMS announced in the Federal Register that it was considering modifying its policy with regard to therapy services provided "incident to" in a physician's office. CMS stated in the announcement that "…there are currently no national standards for qualifications of individuals providing outpatient therapy services 'incident to' physicians' services."

In a reversal of its previous policy, CMS issued a proposed rule allowing only physical therapists, occupational therapists, and speech language/hearing pathologists to deliver therapy services provided "incident to". This new rule became effective on June 6, 2005. Prior to this rule change and the introduction of the ATEAM legislation, NATA has made countless attempts to work with CMS to resolve this issue.

As qualified, covered providers, ATs could and should provide much needed services to the Veterans Administration's outpatient centers, community health centers, and school-based health centers. Their musculoskeletal specialty skills are sorely needed in the VA. To do this, ATs must be recognized by statute and regulation as qualified healthcare providers by the Health Resources Services Administration and Centers for Medicare and Medicaid Services.

Misinformation about athletic trainers continues to be perpetuated by physical therapists and mid-level CMS staff, both of whom oppose access to athletic trainers. These two parties continue to limit the ability of athletic trainers to practice to the full scope of practice. Reimbursement rules should not trump the rights of states to determine the scope of practice of healthcare providers and limit patient access.

NATA and ATs are fully recognized within the healthcare system with the exception of reimbursement from CMS, which requires a statutory change. Some of the agencies and organizations that recognize the significant contributions of the profession are: American Medical Association, American Academy of Orthopedic Surgeons, American Academy of Family Physicians, American Academy of Pediatrics, American Orthopedic Society for Sports Medicine, American Senior Fitness Association, American College Health Association, National School Board Association, National Coalition for Promoting Physical Activity, the Department of Education, Health Resources Services Administration (HRSA), National Institute of Arthritis

and Musculoskeletal and Skins Diseases (NIAMS), Center for Disease Control and Prevention, Bureau of Labor Statistics, Bone & Joint Decade, and many more.

Legislative Recommendations

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 healthcare reform.

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. H.R. 1137 is designed to improve access to ATs.

As an important part of these reform measures, NATA supports the passage of 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. 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.

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. NATA fully fully supports the passage of H.R. 1137, which will ensure patients have access to quality care provided by athletic trainers under the Medicare provision.

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Conclusion

NATA would like to thank the Senate Finance Committee for its time and consideration of our recommendations to your draft legislation. 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 Senate Finance Committee to consider the inclusion of this important health provider in your legislation. NATA stands committed to working with Congress to ensure that meaningful healthcare reform legislation is enacted this year.

Sincerely,

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