August 31, 2009

Ms. Charlene Frizzera
Acting Administrator for
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS–1413–P
P.O. Box 8013
Baltimore, MD 21244–8013

VIA: Electronic submission
http://www.regulations.gov/search/Regs/home.html#submitComment?R=09000064809f0082

Dear Acting Administrator Frizzera:

These comments are submitted on behalf of the National Athletic Trainers' Association (NATA) and the 30,000 licensed and certified athletic trainers we represent.

Our comments are directed at the **42 CFR Parts 410, 411, 414, et al.**
Medicare Program; Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2010; Proposed Rule. These comments specifically relate to the portion pertaining to durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS).

Overview

The National Athletic Trainers' Association (NATA) believes that CMS should include athletic trainers on their list of exempt DMEPOS suppliers. Athletic trainers (AT) are a vital but sometimes unrecognized part of the public health care system particularly in physician offices and outpatient clinics. Related to DMEPOS, many athletic trainers compliment their national athletic training certification (Athletic Trainer, Certified; ATC) by becoming certified in the fitting of orthotics, prosthetics and similar durable medical equipment devices and accompanying supplies. The number of ATs working in this field continues to grow as the need increases among Medicare beneficiaries.

To provide context as to NATA's interest in this topic: Athletic trainers have worked for 60 years in the role of a physician extender, frequently with sports medicine-and orthopaedic-trained physicians. Athletic trainers work in a wide variety of health care settings, including physician offices, hospitals, occupational clinics, military clinics and all types of schools and universities.

Athletic trainers work under the direction of physicians. ATs are licensed or otherwise regulated by 47 states as allied health care professionals, with aggressive licensure efforts in the remaining three states. Under the direction of physicians, state scopes of practice and appropriate certification, athletic trainers are capable and fully qualified to fit

orthotics and supply similar durable medical equipment supplies. This work is integral to the medical team working with the treatment of musculoskeletal injuries and conditions. ATs perform rehabilitative services, and are part of the physical medicine and rehabilitation medical team.

NATA supports standards to ensure quality patient care and access. The fitting of orthotics within a physician office ensures quality patient care that is also delivered economically and efficiently. Athletic trainers work in a variety of settings from schools to clinics and hospitals. They treat an active population of patients from youths to the elderly.

Athletic trainers are educated in bracing all joints in the human body. In order to become certified they must pass a national certification exam that includes these fitting procedures. While athletic trainers are not currently recognized by CMS as providers of physical medicine services, they are qualified healthcare professionals who care for a broad spectrum of patients with musculoskeletal, skin, heat and neurological injuries and illnesses.

Recommendation

NATA recommends that athletic trainers be added to the list of non-physician practitioners that are exempt from bonding requirements if the DMEPOS items are furnished only to his or her patients as part of his or her professional service. Adding athletic trainers to the list of qualified providers will improve access to quality care and services for Medicare beneficiaries.

Sincerely,

Eve Becker-Doyle, CAE
Executive Director
National Athletic Trainers' Association

F:/cbl/cms09/NATA on CMS proposed rules to DMEPOS in Physician Fee Schedule for 2010_final_083109