



September 2, 2014

Marilyn Tavenner
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
ATTN: CMS-1614-P
Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Washington, D.C. 20201

Re: CMS-1614-P: Medicare Program; End-Stage Renal Disease Prospective Payment System, Quality Incentive Program, and Durable Medical Equipment, Prosthetics, Orthotics, and Supplies 79 Federal Register 40207 (July 11, 2014)

Dear Administrator Tavenner:

The Commission on Athletic Training Education Accreditation (CAATE) is the sole accreditor of athletic training education in the United States, and accredits 365 professional degree programs at both the baccalaureate and postbaccalaureate level and post professional masters programs and residencies. We believe it is our responsibility to comment on state and federal regulation that affects the practice of athletic training. The Commission is composed of six athletic trainers elected by the accredited programs, a program administrator (Chair, Dean, Provost, or President), a public member, and representatives from the American Academy of Family Physicians (AAFP), the American Academy of Pediatrics (AAP), the American Orthopaedic Society for Sports Medicine (AOSSM), and the National Athletic Trainers' Association, Inc. (NATA).

After careful review of CMS statement CMS-1614-P, regarding the qualifications for individuals fitting and/or adjusting Durable Medical Equipment (DME), the Commission holds the position that graduates of CAATE-accredited professional athletic training programs (Programs) meet the criteria for "specialized training."

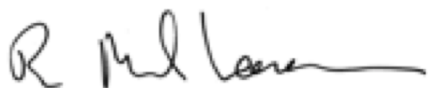
As a part of their mandatory accreditation requirements, educational programs in athletic training must demonstrate that defined knowledge and clinical skills are both instructed and evaluated as a regular and ongoing part of the students' curriculum. This educational content requires students to understand the physical properties and biomechanical principles of

devices and equipment; to prescribe, apply, and fabricate as appropriate adaptive, orthotic, protective, supportive, and prosthetic devices and equipment for activities of daily living (ADL); to analyze their use during ADL; and to evaluate the limitations and indications/contraindications of devices and equipment. Students must demonstrate clinical proficiency in the design, fabrication, modification, and application of adaptive, supportive, and protective devices according to an established plan of patient care.

Students apply this knowledge during a minimum of two years of required clinical education experiences under the guidance of a credentialed healthcare provider. In these experiences, athletic training students are very frequently engaged in hands-on use of both custom and manufactured DME where they refine their skills and develop mastery in these techniques.

The Commission emphatically believes that the level of specialized training regarding the fitting and adjusting of DME received by athletic trainers is at least equivalent with the other healthcare providers identified as receiving said training. Based on these facts, the Commission respectfully requests that CMS reconsider the provision that would no longer recognize athletic trainers as meeting the DME qualifications.

Sincerely,



R. Mark Laursen, MS, ATC
President