



**BOARD OF CERTIFICATION**  
**FOR THE ATHLETIC TRAINER**

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September 2, 2014

Marilyn Tavenner  
Administrator  
Centers for Medicare & Medicaid Services  
Department of Health & 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:

This letter is submitted on behalf of the Board of Certification, Inc. (BOC), with regard to the proposed rule released by the Centers for Medicare and Medicaid Services (CMS) on Medicare Program; End-Stage Renal Disease Prospective Payment System, Quality Incentive Program, and Durable Medical Equipment, Prosthetics, Orthotics, and Supplies. In this letter, the BOC is providing comments on the proposed definition of individuals with specialized training who are qualified to provide custom-fitting orthotics services.

The BOC was incorporated in 1989 to provide a certification program for Athletic Trainers. Athletic Trainers are healthcare professionals who collaborate with physicians to provide preventive care, emergency care, clinical diagnosis, therapeutic intervention and rehabilitation of injuries and medical conditions. Athletic Trainers work with patients of all ages, activity levels, and forms of disability.

The BOC establishes and regularly reviews both the standards for the practice of athletic training and the continuing competency requirements for BOC Certified Athletic Trainers. The BOC has the only accredited certification program for Athletic Trainers in the US. Like the Occupational Therapists and Certified Orthotists, the BOC is accredited through the National Commission of Certifying Agencies (NCCA).

**Overview**

In its proposal, CMS limits the healthcare professionals who can provide custom-fitted orthotics to physicians, treating practitioners (physician assistants, nurse practitioners, and clinical nurse specialists), occupational therapists, and physical therapists. We believe that Athletic Trainers have mistakenly been omitted from this list despite having the qualifications articulated by CMS. Athletic Trainers certified by the BOC meet CMS qualifications, including “higher educational degrees, continuing education

requirements, licensing, and certification and/or registration requirements.”<sup>1</sup>

The omission of Athletic Trainers from this list would have a detrimental impact on Medicare beneficiaries. Because Athletic Trainers possess the qualifications specified by CMS to offer custom-fitting orthotics services, their exclusion creates an unnecessary barrier to healthcare access for beneficiaries. The proposal reduces beneficiaries’ healthcare options when choosing the appropriate provider to render services; restricts some qualified healthcare professionals, including Athletic Trainers, from operating to the full extent of their scope of practice; and counters the stated goals of the Affordable Care Act and CMS to develop new service delivery models of coordinated care and to cut costs.

### **Athletic Trainers Are Fully Qualified to Provide Custom-Fitted Orthotics**

The proposed CMS rule seeks to clarify who is considered an individual with specialized training for the purposes of providing custom-fitted orthotics. In its list of such individuals, CMS includes physicians, treating practitioners, occupational therapists, and physical therapists. According to the proposed rule, these individuals have met “a minimum professional skill level in order to ensure the highest standard of care and safety for Medicare beneficiaries.”<sup>2</sup> These individuals with specialized training meet the aforementioned CMS qualifications of higher educational attainment, required continuing education, statutory regulation, and certification requirements. We believe that Athletic Trainers meet these qualifications as well. The following information supports our assertion that Athletic Trainers possess the specialized training needed to provide custom-fitted orthotics.

#### **1. Education and Training**

Included in the CMS proposal is a description of the desired training professionals should have in order to provide custom-fitted orthotics:

*Each of these professionals has undergone medical training in various courses such as kinesiology and anatomy. For example, through coursework the named medical professionals gain a clinical understanding of the human body, proper alignment, normal range of motion, agonist and antagonist relationship, and biomechanics necessary to modify a custom fitted orthotic device properly.*<sup>3</sup>

The very nature of an athletic training education is in alignment with the training requirements elucidated above by CMS. Athletic Trainers must graduate with a bachelor’s degree or higher in Athletic Training from a Commission on Accreditation of Athletic Training Education (CAATE) accredited program. The CAATE sets forth rigorous standards for the preparation of athletic training graduates. These standards include a strong scientific base, as well as didactic and clinical education that addresses the continuum of care that would prepare a student for a variety of settings, patient populations, activities, and conditions or disabilities.

The curriculum of a CAATE accredited program must include a comprehensive basic and applied science background as well as the knowledge, skills and abilities included in the *5th Edition of the Athletic*

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<sup>1</sup>“Medicare Program; End-Stage Renal Disease Prospective Payment System, Quality Incentive Program, and Durable Medical Equipment, Prosthetics, Orthotics, and Supplies.” 79 Fed. Reg. 40297. (July 11, 2014)

<sup>2</sup>“Medicare Program; End-Stage Renal Disease Prospective Payment System, Quality Incentive Program, and Durable Medical Equipment, Prosthetics, Orthotics, and Supplies.” 79 Fed. Reg. 40298. (July 11, 2014)

<sup>3</sup>*Ibid.*

*Training Education Competencies.*<sup>4</sup> Although the CAATE does not require that the content be contained in specific courses, traditionally, the knowledge, skills and abilities are addressed through the following courses:

<b>Foundational Courses</b>	<b>Professional Courses</b>
Human anatomy	Risk management and injury/illness prevention
Human physiology	Pathology of injury/illness
Exercise physiology	Assessment of injury/illness
Kinesiology/biomechanics	General medical conditions and disabilities
Nutrition	Therapeutic modalities
Statistics and research design	Therapeutic exercise and rehabilitation
Strength training and reconditioning	Health care administration
Acute care of injury and illness	Weight management and body composition
	Psychosocial intervention and referral
	Pharmacology
	Professional development and responsibilities

## 2. Certification Requirements

After graduating from an accredited program, Athletic Trainer candidates must meet the following requirements to become eligible for BOC certification:

- Pass the BOC exam. The BOC exam assesses the candidate’s knowledge in the five domains of athletic training as defined by the current BOC Practice Analysis.
- Complete continuing education requirements of 50 continuing education units every two years.
- Maintain ongoing Emergency Cardiac Care (ECC) certification at the Basic Life Support/Professional Rescuer level or beyond.
- Comply with the *BOC Standards of Professional Practice*, which consists of Practice Standards and the Code of Professional Responsibility.

## 3. Continuing Education

The CMS proposed rule includes continuing education in its requirements for individuals with specialized training. To maintain their BOC certification, Athletic Trainers must complete 50 continuing education units every two years. Of those 50 units, 10 must be in evidence based practice. Each continuing education unit is the equivalent of an hour. The list below provides examples of recent CEU courses specifically designed for custom orthotic/prosthetic fabrication by Athletic Trainers:

- Solutions for Geriatric Gait Abnormalities
- Advanced Level Biomechanics course of the Foot and Ankle
- Fracture Casting and Bracing
- Evaluation of Posture and Gait
- Biomechanical Approach for the Management of Plantar Fasciitis
- Early and Strategic Interventions for Managing Joint Injury and Optimizing Long Term Outcomes

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<sup>4</sup>*Athletic Training Education Competencies, 5<sup>th</sup> Edition.* National Athletic Trainers’ Association. (2011)

#### **4. Statutory Regulation**

As with the other professionals included in the CMS proposed rule, Athletic Trainers are statutorily regulated. Currently, 49 states and the District of Columbia regulate the practice of athletic training through licensure, certification or registration. The BOC exam is accepted to obtain regulation in these jurisdictions.

#### **The Proposed CMS Rule Disrupts Patient Access to Healthcare by Unnecessarily Restricting Athletic Trainers from Providing Services They Are Qualified to Offer**

We are troubled by the proposed rule because it would lead to a number of unintended, yet negative consequences for Medicare beneficiaries and healthcare providers. These consequences run counter to the stated goals of the Affordable Care Act to increase access to high-quality, affordable healthcare, while aiding clinicians and provider organizations in reducing administrative burdens and enhancing coordination.<sup>5</sup>

Athletic Trainers work with physicians in a variety of settings, including hospitals, clinics, out-patient rehabilitation facilities (ORFs and CORFs), occupational health departments, wellness facilities, the military, and others. As multi-skilled healthcare professionals, Athletic Trainers are qualified to perform a range of clinical responsibilities, including custom-fitting orthotics services. Their presence in healthcare organizations ensures that patients have access to high-value, effective care in a coordinated setting.

With this in mind, we believe the proposed CMS rule unnecessarily narrows the field of possible service providers; prevents qualified healthcare professionals, including Athletic Trainers, from operating to the full extent of their scope of practice; interferes with common physician-clinician procedures; and threatens patient access to custom-fitting services.

1. The rule unnecessarily narrows the field of possible service providers. This restriction is in opposition to the stated goals of the CMS Innovation Center to develop new service delivery models that offer coordinated care. Accountable care organizations encompass an array of healthcare professionals who voluntarily work together to provide high-quality care for their Medicare patients.<sup>6</sup> Under this philosophy, patients “get the right care at the right time, with the goal of avoiding unnecessary duplication of services and preventing medical errors. When an ACO succeeds in both delivering high-quality care and spending health care dollars more wisely, it will share in the savings it achieves for the Medicare program.”<sup>7</sup> Healthcare organizations that work with Athletic Trainers should have the flexibility to streamline their services for efficiency and affordability, rather than being forced to find comparably qualified, outside professionals to provide orthotics services.

2. The rule prevents clinicians from performing their full scope of practice. Athletic Trainers working under a physician's supervision to provide custom orthotics-fitting services are acting in accordance with their state's scope of practice.

3. The rule interferes with common physician-clinician procedures. Clinicians working in a physician's practice setting are considered to be under the direct supervision of the physician. Accordingly, when

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<sup>5</sup> 2011 Report to Congress: National Strategy for Quality Improvement in Health Care. Working for Quality, Agency for Healthcare Research and Quality. Retrieved from <http://www.ahrq.gov/workingforquality/nqs/nqs2011annlrpt.htm>

<sup>6</sup> “Accountable Care Organizations (ACOs): General Information.” Centers for Medicare & Medicaid Services. Retrieved from <http://innovation.cms.gov/initiatives/ACO>

<sup>7</sup> *Ibid.*

clinicians such as Athletic Trainers provide custom-fitted orthotics services, they are doing so under the delegation and supervision of the physician. The proposed rule would disrupt this relationship, requiring physicians to refer patients to new providers considered qualified by the new rule. Such disruption moves away from national aims to integrate and coordinate services, promote provider accountability for patients, and improve accessibility and integration of healthcare databases.<sup>8</sup>

4. The rule threatens patient access to custom-fitting services. Under the change, physicians and patients could be forced to identify new arrangements for care. Likely this change would require patients to leave their physician's practice to find a qualified provider. Additional travel to acquire orthotics-fitting service could provide a substantial barrier to a population that inherently deals with mobility issues. Further, acquiring services from two separate organizations – rather than working within a single system – is at odds with CMS's goals of improving cost efficiency.

### **Summary**

In sum, Athletic Trainers meet the requirements set forth by CMS for individuals with specialized training to provide custom-fitting of orthotics. Athletic Trainers possess the requisite medical knowledge via their education, including training in kinesiology and anatomy; achieve ongoing competency through continuing education requirements; maintain certification through the only accredited program for the profession in the US; and are statutorily regulated in 49 states and the District of Columbia.

We are concerned, therefore, that the proposed rule disallowing clinicians from providing a service they are qualified to offer disrupts existing, efficient systems – only to drive up healthcare expenses. We urge CMS to include Athletic Trainers in the group of individuals with specialized training to provide custom-fitted orthotics.

Thank you for your consideration of our position. Please feel free to contact me at [DeniseF@bocatc.org](mailto:DeniseF@bocatc.org) or (402) 559-0091.

Sincerely,



Denise Fandel, MBA, CAE  
BOC Executive Director

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<sup>8</sup> “Strategic Goal 1: Strengthen Health Care.” U.S. Department of Health & Human Services. Retrieved from [http://www.hhs.gov/strategic-plan/goal1.html#obj\\_d](http://www.hhs.gov/strategic-plan/goal1.html#obj_d)