



September 11, 2017

Administrator Seema Verma
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1678-P Request for Information
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244

Re: Medicare Program; Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs Request for Information (CMS-1678-P)

Dear Administrator Verma:

On behalf of the National Athletic Trainers' Association (NATA), we appreciate the opportunity to comment on the Centers for Medicare and Medicaid Services' (CMS or Agency) Request for Information included in the Fiscal Year (FY) 2018 Proposed Changes to the Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems concerning flexibilities and efficiencies that could be implemented throughout the Medicare program to increase quality of care, lower costs, reduce burden, improve program integrity, and make the health care system more effective, simple, and accessible for beneficiaries and providers.

NATA is a professional organization serving more than 44,000 certified health care professionals, including athletic trainers and students of athletic training. Our mission is to represent, engage, and foster the continued growth and development of the athletic training profession and athletic trainers as unique health care providers. Athletic trainers are highly qualified, multi-skilled health care professionals who collaborate with physicians to provide preventative services for injury and illness, emergency care, clinical diagnosis, therapeutic intervention, and rehabilitation of injuries and medical conditions.¹ As the leading organization representing athletic trainers, NATA seeks to ensure federal policies and programs are implemented recognizing the unique role athletic trainers play in the provision of medical care.

NATA strongly endorses and shares the goals of the Administration in order to increase quality of care, lower costs, expand flexibility, improve access, simplify requirements, and reduce burden. We firmly believe that certified athletic trainers can assist the Medicare program and its beneficiaries in achieving these goals through our work in preventing, diagnosing, treating, rehabilitating and coordinating care for patients with bone and muscle injury and illness. Importantly, NATA also believes that through frequent and direct interactions with patients, certified athletic trainers can provide unique and ideal care, as they are positioned in their practice to play a critical role in pain management and promotion of safe opioid use by Medicare beneficiaries. In order to achieve this mission, athletic trainers must regularly monitor and

¹ <http://www.bocatc.org/about-us/defining-athletic-training>



provide enhanced care to their patients. Therefore, consistent with the Administration's policy goals, our comments below request that CMS:

1. Extend Medicare enrollment and billing privileges to certified athletic trainers to provide prevention and treatment services to beneficiaries under the supervision of a physician, thereby expanding accessibility, increasing flexibility in choice of providers, and improving quality of care for Medicare patients;
2. Recognize certified athletic trainers as qualified to furnish custom-fabricated and custom-fitted orthotics, consequently expanding treatment options and flexibility in providers for Medicare beneficiaries; and
3. Work with NATA and other health care professionals to develop and implement alternative payment models that test multidisciplinary and enhanced coordination of care strategies to prevent and manage opioid abuse in at-risk Medicare beneficiaries.

NATA's comments reflect our desire to work with the Agency to improve quality, lower cost, increase flexibility, and reduce burden for Medicare beneficiaries and providers.

Overview of Certified Athletic Trainers

Certified athletic trainers are highly qualified, multi-skilled health care professionals thoroughly trained to provide urgent and acute care of injuries. They specialize in preventing, diagnosing, and treating muscle and bone injuries and illnesses. Considered allied health professionals as defined by the U.S. Department of Health and Human Services (HHS), athletic trainers are assigned National Provider Identifier numbers (NPIs) and can offer high quality, cost-effective care to Medicare beneficiaries that improves health outcomes. In addition to employment by sports and athletic organizations, athletic trainers are employed by hospitals, clinics, occupational health departments, wellness facilities, the United States military, and numerous other health care settings.

As detailed below, athletic trainers go through extensive and rigorous training and education processes to receive professional certification in their field prior to providing care to patients. Once certified, athletic trainers coordinate with clinicians in outpatient hospitals and ambulatory surgical centers, among others, to offer critical and necessary care that prevents and treats patient bone and muscle injuries and illnesses. They commonly work with patients with asthma, diabetes, and heart disease, as well as with patients who suffer from amputations, spinal cord injuries, or stroke – diseases and conditions that are often experienced by Medicare beneficiaries.

Educational Requirements for Athletic Trainers

Athletic trainers must graduate from an accredited baccalaureate or master's program, and it is required that athletic trainers' academic curriculum and clinical training follow the medical model. Leaders of key athletic training organizations, including NATA, have jointly decided to change the athletic training degree level to master's; this change is in process and will become effective by 2022. Currently, 70 percent of athletic trainers already have advanced degrees beyond



a bachelor's degree. Athletic trainers are licensed or otherwise regulated in 49 states and the District of Columbia.

Using a medical-based education model, athletic training students are educated to provide comprehensive patient care in five domains of clinical practice: prevention; clinical evaluation and diagnosis; immediate and emergency care; treatment and rehabilitation; and organization and professional health and well-being. The curriculum of an accredited athletic training program must include a comprehensive, basic and applied-science background and is similar to that of their peers in health care, although it is uniquely tailored to the athletic training profession. Educational content must incorporate current knowledge and skills that represent best practices, and, as a part of the curriculum, athletic trainers engage in hands-on use of both custom and manufactured durable medical equipment (DME) and orthotic devices.

Athletic training education programs are accredited by the Commission on Accreditation of Athletic Training Education (CAATE). The CAATE is recognized by the Council for Higher Education Accreditation (CHEA).² The CAATE sets forth rigorous standards for the preparation of athletic training graduates that are science-based and didactic. Athletic training programs are composed of clinical education that addresses the continuum of care that would prepare a student to function in a variety of settings. While athletic trainers' professional education courses vary, they typically include exercise physiology, kinesiology, biomechanics, care and prevention of musculoskeletal injuries, orthotics, and manual therapy, which affords athletic training professionals a unique skill set that is based on their specialized education and experience gained through hands-on training. Overall, students must receive formal instruction in the following specific subjects, which are identified in the CAATE Competencies—a companion to the accreditation standards:

- Evidence-based practice
- Prevention and health promotion
- Clinical examination and diagnosis
- Acute care of injury and illness
- Therapeutic interventions
- Psychosocial strategies and referral
- Health care administration
- Professional development and responsibility

With the move to the master's degree, the Standards for Accreditation of Professional Athletic Training Programs will change to include a requirement that professional athletic training programs be at the master's degree level.

Athletic training graduates have an extensive, supervised clinical education that provides athletic training opportunities to practice and integrate knowledge, skills, and clinical abilities, including

² CHEA is an association of 3,000 degree-granting colleges and universities and recognizes 60 institutional and programmatic accrediting organizations. <http://caate.net/chea-recognition/>



the decision-making and professional behaviors that are required of the profession. Clinical education is required across a variety of settings, with patients engaged in a range of activities across the continuum of care.

The CAATE also administers post-professional athletic training residency programs. The purpose of post-professional residency programs is to provide advanced preparation of athletic training practitioners through a planned program of clinical and didactic education in specialized content areas that uses an evidence-based approach to enhance the quality of patient care and optimize patient outcomes.

Certification of Athletic Trainers

Following completion of an accredited program, athletic trainers are required to pass a comprehensive examination administered by the Board of Certification, Inc. (BOC). The BOC establishes and regularly reviews the standards for the practice of athletic training and the continuing education requirements for BOC certified athletic trainers.³ Specifically, the BOC certification program ensures that individuals have the knowledge and skills necessary to perform tasks critical for the safe and competent practice as an athletic trainer.

Athletic trainers who pass the BOC's examination are awarded the ATC® credential. The credibility of the BOC program and the ATC® credential it confers are supported by three pillars: (1) the BOC certification examination; (2) BOC Standards of Practice and disciplinary guidelines; and (3) continuing competence requirements. BOC Certification is recognized by the National Commission for Certifying Agencies and is the only accredited certification program for athletic trainers.

The BOC traditionally conducts annual examination development meetings during which certified athletic trainers and recognized experts in the science of athletic training develop, review, and validate examination items and problems. The knowledge, skills, and abilities required for competent performance as an athletic trainer fall into three categories: (1) Understanding, Applying, and Analyzing; (2) Knowledge and Decision-Making; and (3) Special Performance Abilities.⁴

Athletic trainers must complete a predetermined number of continuing education units (CEUs) during the certification maintenance period. Continuing education requirements are intended to promote continued competence, development of current knowledge and skills, and enhancement of professional skills and judgment. These activities must focus on increasing knowledge, skills, and abilities related to the practice of athletic training. Every two years, certified athletic trainers must complete 50 CEUs, which include at least 10 evidence-based practice CEUs.

³ For more information on the BOC, please visit www.bocatc.org/

⁴ NATA Athletic Training Education Overview. <http://www.nata.org/athletic-training-education-overview>



1. Qualifications of Certified Athletic Trainers Meet Medicare Standards for Provider Enrollment and Billing Privileges

As described above, certified athletic trainers meet the qualifications necessary for provider enrollment and billing privileges in Medicare. They must attain at least a baccalaureate degree – soon to be a master’s degree – prior to receiving certification. Athletic trainers must go through rigorous hands-on training and pass a certification test by an accrediting body. They must participate in continuing education post-certification. Given these extensive qualifications, NATA urges CMS to allow certified athletic trainers to enroll as providers and receive Medicare billing privileges. Enabling these professionals to offer their services under the supervision of a physician will give Medicare patients access to more interdisciplinary, high quality, cost-effective prevention and treatment options. The expansion of these benefits will improve the program and health outcomes for its beneficiaries.

2. Furnishing of Custom-Fabricated and Custom-Fitted Orthotics to Medicare Beneficiaries by Certified Athletic Trainers

A certified athletic trainer, who works with DME, including custom-fabricated and custom-fitted orthotics, determines the most appropriate and cost-efficient product for a patient by conducting a comprehensive assessment, taking into consideration the patient’s diagnosis, the measurements for the device, and a thorough evaluation of the patient's motion and gait. This process includes evaluating, measuring, fabricating, fitting, ordering, and modifying orthotics, and providing hands-on instruction to the patient on the application, and use and care of the device.

Recognizing the extensive experience and education certified athletic trainers have in the area of custom-fabricated and custom-fitted orthotics, NATA firmly believes these professionals are highly qualified to furnish custom-fabricated and custom-fitted orthotics to Medicare beneficiaries. To meet growing beneficiary demand for custom fabricated orthotics by Medicare beneficiaries and promoting overall patient health and safety, NATA strongly urges CMS to include certified athletic trainers on the list of professionals eligible to furnish, fabricate, and fit custom orthotics. Allowing certified athletic trainers to furnish custom-fabricated and custom-fitted options would expand beneficiary access and flexibility in the choice of high quality, cost-effective providers.

3. Opioid Abuse Prevention and Pain Management Alternative Payment Models that Include Certified Athletic Trainers

As President Trump has recognized, opioid abuse is a national public health emergency. New prevention and treatment strategies are necessary to curb this significant and growing public health concern, including incorporation of more effective pain management treatment strategies and safe opioid use care practices. As described below, the unique role that certified athletic trainers’ play in the care continuum of treating and preventing bone and muscle illnesses and injuries – diseases and conditions that unfortunately can lead to opioid abuse – enables them to contribute meaningfully in addressing this major public health problem. Thus, NATA emphasizes that it welcomes the opportunity to work with CMS and other health care



professionals in addressing this issue. NATA hopes to work together to develop and implement alternative payment models that test strategies to better manage pain and prevent the development of opioid abuse in at-risk Medicare beneficiaries.

The services provided by certified athletic trainers require frequent direct interactions with patients, placing them in a unique position to continuously monitor and coordinate care for patients who need safe and effective pain management treatment strategies. In particular, these health care professionals perform evaluations for diagnosis and effectiveness of treatment; provide rehabilitation services; and also offer emergent and acute care of injuries in an effort to prevent the development of chronic pain. The frequency and duration of these interactions allows certified athletic trainers to build a level of trust with patients and their caregivers, which makes them ideally suited for promoting safe and effective management of chronic pain, as well as identifying and quickly addressing any emerging patient opioid abuse.

Therefore, NATA supports and would welcome the opportunity for certified athletic trainers to participate in alternative payment models that test integrated, multidisciplinary, coordinated approaches to caring for Medicare beneficiaries with chronic pain related to bone and muscle illnesses and injuries. Evaluating and testing new patient care delivery methods and payment models will enable patients, their families, their caregivers, and health care and social service practitioners to promote safe pain management practices, better prevent opioid abuse, improve patient health outcomes, and achieve cost savings for Medicare beneficiaries and the program overall. If demonstrated to be effective, multidisciplinary coordinated care payment models could be applied beyond the Medicare program to other at-risk populations with the goal of combatting this particularly vexing public health emergency of widespread opioid abuse.

Conclusion

NATA strongly believes that certified athletic trainers are highly qualified to offer valuable prevention, diagnosis, and treatment services under the supervision of a physician to Medicare beneficiaries that are high quality and cost-effective. As such, NATA urges CMS to extend Medicare provider enrollment and billing privileges to certified athletic trainers. Extending Medicare provider enrollment will allow for better coordination with practitioners across multiple disciplines to assist beneficiaries in preventing and treating bone and muscle injuries and illnesses. NATA further urges CMS to include certified athletic trainers as eligible to furnish custom-fabricated and custom-fitted orthotics to Medicare beneficiaries. Finally, NATA wishes to emphasize our strong interest in partnering with the Agency and the Administration to develop and implement alternative payment models and new prevention and treatment strategies to address the public health emergency presented by widespread opioid abuse.

Again, thank you for the opportunity to share NATA's comments on CMS' request for information on methods to improve quality of care, lower costs, expand beneficiary choices, increase access, facilitate better coordination across practitioners, and make the Medicare program overall more effective. NATA is committed to working with policy makers at all levels of government to promote and preserve the health of individuals and families. NATA stands



ready to be a resource as the Agency engages in efforts to develop and implement policies that improve access to quality care for Medicare beneficiaries. If you have any questions, please do not hesitate to contact Amy Callender, Director of Government Affairs, at amyc@nata.org or (972) 532-8853.

Sincerely,

A handwritten signature in black ink, appearing to read 'Scott Sailor', is written over a light blue horizontal line.

Scott Sailor, EdD, ATC
NATA President

cc: Secretary Tom Price, MD