



August 25, 2017

The Honorable Pat Tiberi
Chairman
U.S. House Committee on Ways and Means
Health Subcommittee
1102 Longworth House Office Building
Washington, DC 20515

Dear Chairman Tiberi:

On behalf of the National Athletic Trainers' Association (NATA), I appreciate having the opportunity to submit comments to the Committee on the new *Medicare Red Tape Relief Project*. We strongly support the project's aim "to deliver relief from the regulations and mandates that impede innovation, drive up costs, and ultimately stand in the way of delivering better care for Medicare beneficiaries." NATA looks forward to working with the Committee and the Centers for Medicare and Medicaid (CMS) on implementing the regulatory changes that we believe will ultimately make the health care system more effective and accessible for Medicare beneficiaries.

NATA is a professional organization that serves more than 44,000 certified athletic trainers, students of athletic training, and other health care professionals. 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 health care professionals who collaborate with physicians to provide preventive services, emergency care, clinical diagnosis, therapeutic intervention, and rehabilitation of injuries. As key members of the health care team, certified athletic trainers provide services that include injury and illness prevention, wellness promotion and education, emergent care, examination and clinical diagnosis, therapeutic intervention, and rehabilitation of injuries and medical conditions.¹

NATA firmly believes that certified athletic trainers can assist the Medicare program and its beneficiaries in preventing, diagnosing, treating, rehabilitating, and coordinating care for patients with bone and musculoskeletal injuries and illnesses. Therefore, our comments below request that the Committee work with CMS to make the following regulatory changes to the Medicare program:

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, which will consequently expand treatment options and flexibility in providers for Medicare beneficiaries.

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



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 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 Trainer Health Care Professionals

Following completion of an accredited athletic training 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 practice of athletic training and the

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/>



continuing education requirements for BOC-certified athletic trainers.³ Specifically, the BOC certification program ensures that individuals have the knowledge and the skills that are necessary to perform the tasks that are 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 that it confers are supported by three pillars: (1) the BOC certification examination; (2) BOC Standards of Practice and disciplinary guidelines; and (3) continuing competency 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 that are 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) that 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 the knowledge, skills, and abilities that are 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.

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

As described above, certified athletic trainers working under the supervision of a physician should have their services reimbursed by Medicare. They must attain at least a baccalaureate degree—soon to be a master's degree—prior to receiving certification. They must go through rigorous hands-on training and must pass a certification test by an accrediting body. They must also participate in continuing education, post-certification. Given these extensive qualifications, NATA has urged CMS to allow certified athletic trainers to enroll as providers and to receive Medicare billing privileges under the supervision of a physician. Enabling these certified athletic trainers to offer their services will give Medicare patients access to more interdisciplinary, high-quality and cost-effective prevention and treatment options, thereby improving the Medicare program and the health outcomes of its beneficiaries.

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>



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. This assessment takes 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, as well as providing hands-on instruction to the patient on the application, use, and care of the device.

Recognizing the extensive experience and education certified athletic trainers have in the area of custom-fabricated orthotics, NATA firmly believes that these health professionals are more than qualified to furnish custom-fabricated and custom-fitted orthotics to Medicare beneficiaries. Allowing certified athletic trainers to furnish custom-fabricated orthotics would expand beneficiary access and flexibility in the choice of high quality and cost-effective providers.

Conclusion

NATA believes that certified athletic trainers should be able to offer valuable prevention, diagnosis, and treatment services to Medicare beneficiaries. NATA urges Congress to work with CMS to extend Medicare provider enrollment and billing privileges to certified athletic trainers, under the supervision of a physician, and to make them eligible to furnish custom-fabricated and custom-fitted orthotics to Medicare beneficiaries.

Again, thank you for the opportunity to share NATA's comments on the Committee's request on how to relieve regulatory burdens and improve quality of care within the Medicare program. NATA is committed to working with policymakers at all levels of government to promote and preserve the health of individuals and families. NATA stands ready to be a resource as the Committee engages in efforts to reform Medicare policies and processes. Should 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