



August 31, 2017

The Honorable Chris Christie  
Chairman

President's Commission on Combating Drug Addiction and the Opioid Crisis  
White House Office of National Drug Control Policy  
750 17th Street, N.W.  
Washington, DC 20006

Dear Governor Christie,

On behalf of the National Athletic Trainers' Association (NATA), we appreciate the opportunity to provide comment on the President's Commission on Combating Drug Addiction and the Opioid Crisis ("Commission") interim report. As included in the report, the Centers for Disease Control (CDC) estimates that 142 Americans die each day from a drug overdose. In 2015, nearly two-thirds of drug overdoses were linked to opioids. Upon the Commission's recommendation, President Trump announced his intent to declare the opioid crisis a National Emergency. A formal declaration of a national emergency would ensure community officials, health care providers, and emergency responders have the resources they need to respond to this devastating public health crisis. NATA supports the Commission's recommendation that the President declare the opioid crisis a national emergency and stands ready to play an active role as health professionals to prevent and treat opioid abuse.

### **Background on the Athletic Training Profession**

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. 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.

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.<sup>1</sup> The unique role that certified athletic trainers play in the care continuum of treating and preventing bone and musculoskeletal injuries and illnesses – conditions that unfortunately can lead to opioid abuse – enables them to contribute meaningfully to address this major public health problem.

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



## **NATA Comments on the Commission's Interim Report Recommendations**

NATA has been actively engaged with policy makers, community leaders and other health care professionals on methods to address opioid abuse by providing comments and recommendations on the National Pain Strategy, advocating for passage of key legislation including the *Comprehensive Addiction and Recovery Act* ("CARA"), and sharing educational materials on opioid misuse prevention with our entire membership. Thus, in continuation of these efforts, NATA offers the following comments on key recommendations to the Commission's interim report.

### **1. Rapidly increase treatment capacity.**

NATA supports the Commission's recommendation for the Secretary of the U.S. Department of Health and Human Services to expedite grants of Medicaid waivers across all 50 states to eliminate barriers that currently stand in the way of treating those with substance abuse and mental health disorders. Certified athletic trainers are highly qualified, multi-skilled health care professionals, considered allied health professionals as defined by the U.S. Department of Health and Human Services (HHS), are assigned National Provider Identifier numbers (NPIs) and can offer high quality, cost-effective care to Medicaid 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 that provide services to Medicaid beneficiaries. Expanding access and coverage to treatment of opioid abuse and related substance abuse disorders throughout these care settings will address an immediate need to provide quality care and prevent abuse-related deaths.

### **2. Mandate prescriber education initiatives with the assistance of medical and dental schools across the country to enhance prevention efforts.**

NATA agrees with the Commission's recommendation to expand training and continuing education courses for health care professionals. We urge the Commission to broaden this discussion to include athletic trainers and other key non-physician health care professionals.

The Commission on Accreditation of Athletic Training Education (CAATE) is the agency responsible for the accreditation of over 350 professional athletic training educational programs. All certified athletic trainers must have a bachelor's or master's degree from an accredited college or university and pass a comprehensive examination administered by the Board of Certification, Inc. (BOC). To retain certification, Certified Athletic Trainer (ATC®) credential holders must demonstrate completion of a prescribed number of medically-related continuing education credits every two years and adhere to the BOC Standards of Professional Practice, including prevention measures to educate patients and manage risk; treatment, rehabilitation, and reconditioning; and therapeutic intervention. Upon completion of their academic program, graduates become eligible to take the Board of Certification (BOC) exam. Athletic trainers who pass the exam are awarded the ATC® credential.



As policy makers and health care professionals seek to create a more integrated health care delivery system, we are becoming increasingly aware of the critical need to recognize non-physician health care professionals, such as athletic trainers, and the important role they serve in providing high quality, coordinated care. As mentioned previously, certified athletic trainers are employed and provide care for patients across numerous health care settings, but their care can also extend to outside organizations. The frequency of their interaction with patients across these settings and in between physician visits provides them a unique opportunity to monitor and promote safe use of prescribed opioids, and detect dependent behaviors.

NATA urges the Commission to include athletic trainers and other non-physician health care providers in the discussion to expand education and training initiatives on prevention of substance abuse disorders and proper pain management including a greater emphasis and understanding of available non-pharmaceutical treatments for pain.

**3. Provide model legislation for states to allow naloxone dispensing via standing orders, as well as requiring the prescribing of naloxone with high-risk opioid prescriptions; we must equip all law enforcement in the U.S. with naloxone to save lives.**

Opioid overdoses can be reversed when the lifesaving drug naloxone is promptly administered. NATA supports the Commission's recommendation to increase access to naloxone to ensure it is made available when and where there is the greatest chance for an overdose. As athletic trainers are frequently at the front line of care for athletes, we suggest the Commission include in their final report a recommendation to expand access and training in administering naloxone to include athletic trainers.

We also agree with the Commission's recommendation to ensure the public is aware of and fully understands the protections provided by "Good Samaritan" laws in their states. We look forward to working with the Commission and others to identify ways in which athletic trainers can help to improve public awareness of these laws.

**4. Provide federal funding and technical support to states to enhance interstate data sharing among state-based prescription drug monitoring programs (PDMPs) to better track patient-specific prescription data.**

NATA strongly supports the Commission's recommendation directing agencies to ensure PDMPs are being shared and utilized effectively. As stated, PDMPs are a critical tool that with widespread use could substantially improve prescriber practices and ensure the safe use of opioid treatments. To achieve this, PDMPs must be universally shared and readily accessible for qualified health care professionals. It should be standard for prescribers to consult the PDMP before making a decision to prescribe an opioid or benzodiazepine.



**5. Better align, through regulation, patient privacy laws specific to addiction with the Health Insurance Portability and Accountability Act (HIPAA) to ensure that information about Substance Use Disorders (SUDs) be made available to medical professionals treating and prescribing medication to patients.**

As recognized by the Commission, athletic trainers have found that certain privacy regulations can significantly hinder our ability to make informed health care decisions. Athletic trainers are uniquely positioned to help with the prevention of opioid abuse and successful rehabilitation from injury – especially amongst student-athletes. If a student-athlete is prescribed an opioid, the athletic trainer should be informed, so they can assist with monitoring the student’s usage and recovery progress.

**6. Commission’s statement to undertake a full-scale review of federal programs, regulations, laws and funding mechanisms targeted toward addressing addiction and thorough examination of identified issues.**

NATA stands ready to be a resource for the Commission in its efforts to thoroughly evaluate federal programs and identify barriers and opportunities for addressing this public health crisis. The Commission outlined a number of key areas on which it plans to focus in the final report. NATA supports the Commission’s further examination of these issues and provides the following comments as an introduction to further collaboration.

*Prevention and training for education programs:*

While studies indicate participation in sports decreases the likelihood that a student will abuse illicit drugs, sports injuries can result in a student being prescribed a pain medication, putting student-athletes at a higher risk for abusing opioid-related medications. Therefore, NATA applauds the Commission’s recognition of the need to engage schools and to review evidence-based prevention programs, as well as the tools available for teachers and parents. We, again, urge the Commission to include athletic trainers in the examination of these resources and in discussions to optimize education and intervention strategies.

*Quality measures and evidence-based strategies for pain treatment:*

By tracking outcomes and developing new pain strategies, health care providers will be better equipped to deliver high quality care. Pain should be treated in a manner that is comprehensive, collaborative, patient-centered, and evidence-based. NATA also supports the use of population-based data to inform national policy for opioid use and monitoring to ensure a balance is maintained between the need for access to opioids and the potential for misuse and abuse.

Additionally, NATA welcomes the opportunity 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, and health



care practitioners to promote safe pain management, prevent opioid abuse, improve patient health outcomes, and achieve cost savings. If demonstrated to be effective, multidisciplinary coordinated care payment models could be applied to the Medicare program and to other at-risk populations with the goal of combatting widespread opioid abuse.

### Conclusion

Thank you for the opportunity to share NATA's comments and recommendations on the Commission's Interim Report. NATA is committed to working with policymakers at all levels of government to promote and preserve the health of individuals and families. We look forward to working with you as you seek to finalize recommendations on efforts to address this public health emergency. Should you have any questions, please do not hesitate to contact Amy Callender, Director of Government Affairs, at [amyc@nata.org](mailto:amyc@nata.org) or (972) 532-8853.

Sincerely,

A handwritten signature in black ink, appearing to read 'Scott Sailor', is positioned above the printed name.

Scott Sailor, EdD, ATC  
NATA President