

Department of Legislative Services
 Maryland General Assembly
 2018 Session

FISCAL AND POLICY NOTE
First Reader

House Bill 497 (Delegate Wilson)
 Health and Government Operations

Health Occupations – Athletic Trainers Act – Revisions

This bill (1) alters the definition of “practice athletic training”; (2) repeals limitations on the settings in which athletic trainers may practice; and (3) makes conforming changes. Additionally, the bill reduces the membership of the Athletic Trainer Advisory Committee (ATAC) from 11 members to 7 members.

Fiscal Summary

State Effect: Potential minimal increase in special fund revenues beginning in FY 2019. Special fund expenditures decrease by \$5,400 in FY 2019 and by \$7,200 annually thereafter.

(in dollars)	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023
SF Revenue	-	-	-	-	-
SF Expenditure	(\$5,400)	(\$7,200)	(\$7,200)	(\$7,200)	(\$7,200)
Net Effect	\$5,400	\$7,200	\$7,200	\$7,200	\$7,200

Note:() = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate increase; (-) = indeterminate decrease

Local Effect: None.

Small Business Effect: Potential meaningful.

Analysis

Bill Summary/Current Law:

Definition of Practice Athletic Training

Under current law, “practice athletic training” means application of the following principles and methods for managing athletic injuries for athletes in good overall health under the supervision of a licensed physician: (1) prevention; (2) clinical evaluation and assessment; (3) immediate care; and (4) treatment, rehabilitation, and reconditioning. The definition includes the organization and administration of an athletic training program, as well as instruction to coaches, athletes, parents, medical personnel, and community members regarding the care and prevention of athletic injuries.

The bill repeals this definition (and corresponding definitions for “athlete,” “athletic activity,” and “athletic injury”) and instead defines “practice athletic training” to mean the provision of the following services in accordance with specified standards of practice and an approved evaluation and treatment protocol: (1) prevention of an injury or illness; (2) recognition and evaluation of an injury or illness; (3) management and administration of the initial treatment of an injury or illness; (4) emergency care or first aid for an injury or illness; and (5) treatment, rehabilitation, or reconditioning of an injury or illness, including the application of physical agents and modalities. The definition also includes specified actions relating to risk management, conditioning, and injury prevention programs; informing the supervising physician if an individual’s physical status indicates a change in medical status; and referrals.

Under current law, the definition of “practice athletic training” *does not include* specified chiropractic actions, reconditioning of systemic neurologic injuries, conditions, or disease or the treatment of nonathletic injuries or disease. The bill repeals these provisions.

Practice Settings and Evaluation and Treatment Protocols

Under current law, an athletic trainer may only practice in approved settings, which must be specified in an evaluation and treatment protocol. “Setting” means a (1) location where an athletic activity is held; (2) health or fitness club; (3) clinic or hospital; (4) corporation; or (5) government agency.

The bill repeals this definition and corresponding requirements for evaluation and treatment protocols. Instead, the bill specifies that an athletic trainer must practice in accordance with specified national standards of practice.

Athletic Trainer Advisory Committee

The bill removes the following members from ATAC: (1) a licensed chiropractor; (2) a licensed physical therapist; (3) a licensed occupational therapist; and (4) the longest serving consumer member. These members' terms expire on the effective date of the bill (October 1, 2018).

Background: According to the National Athletic Trainers' Association, athletic trainers provide prevention, emergency care, clinical diagnosis, therapeutic intervention, and rehabilitation of injuries and medical conditions for a variety of patients, including professional, college, secondary school, and youth athletes; dancers; musicians; and military personnel. Athletic trainers work in a variety of settings, including schools, physician clinics, hospitals, and manufacturing plants.

The State Board of Physicians (MBP) advises that there were approximately 500 licensed athletic trainers in the State in fiscal 2017.

State Revenues: Special fund revenues for MBP may increase minimally beginning in fiscal 2019. MBP advises that, as the bill broadens the settings in which athletic trainers may practice, there may be an increase in the number of individuals seeking to obtain athletic trainer licensure. Thus, special fund revenues for MBP from licensing fees may increase. However, MBP advises that any such increase is likely minimal.

State Expenditures: The bill reduces the membership of ATAC by four members. MBP advises that the current per diem for ATAC members is \$150 and that ATAC meets 12 times per fiscal year. Thus, special fund expenditures for MBP decrease by \$5,400 in fiscal 2019 and by \$7,200 annually thereafter. This estimate reflects the bill's October 1, 2018 effective date for the expiration of membership terms.

Small Business Effect: Potential meaningful for athletic trainers who may practice in more settings under the bill.

Additional Information

Prior Introductions: None.

Cross File: SB 151 (Senators Bates and Smith) - Education, Health, and Environmental Affairs.

Information Source(s): Maryland Department of Health; National Athletic Trainers' Association; Department of Legislative Services

Fiscal Note History: First Reader - January 31, 2018
md/jc

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