

**HOUSE OF REPRESENTATIVES STAFF ANALYSIS**

**BILL #:** HB 1061 CS                      Athletic Trainers  
**SPONSOR(S):** Kreegel  
**TIED BILLS:**                                **IDEN./SIM. BILLS:** SB 2268

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REFERENCE	ACTION	ANALYST	STAFF DIRECTOR
1) Health Care Regulation Committee	9 Y, 0 N, w/CS	Hamrick	Mitchell
2) PreK-12 Committee			
3) Health & Families Council			
4) _____			
5) _____			

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**SUMMARY ANALYSIS**

HB 1061 CS makes substantial changes to chapter 468, part XIII, F.S., regulating the profession of athletic training. The bill includes the following provisions:

- Requires the completion of an approved athletic training curriculum from an accredited college or university or a program approved by the board;
- Removes National Athletic Trainers' Association certification requirement;
- Requires licensed athletic trainers to be certified in basic CPR, not first aid;
- Removes the required 800 hours of direct supervised athletic training experience within a 2 year period;
- Provides that a licensed athletic trainer *may* possess certification as an educator, it's no longer mandatory;
- Requires the replacement of teacher athletic trainers by licensed athletic trainers;
- Requires athletic trainers to have practiced for 3 of the 5 years preceding their application for licensure;
- Removes the employment classification of a first responder from a school district's athletic injuries prevention and treatment program; and
- Provides stricter enforcement grounds for practicing athletic training without a license by removing the provision related to acts associated with compensation, so practicing without a license as an athletic trainer is no longer tied to monetary services.

The bill takes effect upon becoming a law.

## FULL ANALYSIS

### I. SUBSTANTIVE ANALYSIS

#### A. HOUSE PRINCIPLES ANALYSIS:

**Provide limited government**-The bill removes several regulations related to the standards of the profession of athletic training in Florida.

#### B. EFFECT OF PROPOSED CHANGES:

The bill provides the following provisions from chapter 468, part XIII, F.S., concerning the regulation of athletic training:

- Requires the completion of an approved athletic training curriculum from an accredited college or university or a program approved by the board; and removes specific coursework requirements.
- Requires licensed athletic trainers to only be certified in basic CPR and removes certification in standard first aid;
- Removes the required 800 hours of direct supervised athletic training experience within a 2 year period;
- Removes the requirement that an applicant must have practiced athletic training 3 of the 5 years preceding application for licensure;
- Removes the certification requirement by the National Athletic Trainers' Association or a comparable National Athletic standards organization;
- Provides for the replacement of teacher athletic trainers by licensed athletic trainers;<sup>1</sup>
- Provides that a licensed athletic trainer *may* possess certification as an educator, it's no longer mandatory;
- Removes the employment classification for a first responder from a school district's athletic injuries prevention and treatment program;
- Removes a grandfather clause;
- Provides stricter enforcement grounds for practicing athletic training without a license by removing the provision of acts associated with compensation, so that practicing without a license as an athletic trainer is no longer relating to monetary services.

### BACKGROUND

#### The Department of Health's Division of Medical Quality Assurance

The department's Division of Medical Quality Assurance (MQA) regulates health care practitioners to ensure the health, safety and welfare of the public. Currently, MQA supports licensure and disciplinary activities for 37 professions and 6 facilities, and works with 28 boards and councils. Boards are responsible for approving or denying applications for licensure and are involved in disciplinary hearings. The range of disciplinary actions taken by boards includes citations, suspensions, reprimands, probations, and revocations. Licensed athletic trainers are governed by rules adopted by the Board of Athletic Training.

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<sup>1</sup> To qualify as a *First Responder*, a person must possess a professional, temporary, part-time, adjunct, or substitute certificate pursuant to s. 1012.56, F.S., be certified in cardiopulmonary resuscitation, first aid, and have 15 semester hours in courses such as care and prevention of athletic injuries, anatomy, physiology, nutrition, counseling, and other similar courses approved by the Commissioner of Education. This person may only administer first aid and similar care.

## Licensed Athletic Trainers in Florida

Section 468.707, F.S. provides licensure requirements for licensed athletic trainers in the state of Florida. Accordingly, the Department of Health may license an individual who:

- Has completed the application form and remitted the required fees, which may total \$500;<sup>2</sup>
- Is at least 21 years of age;
- Has obtained a baccalaureate degree from a college or university accredited by an accrediting agency recognized and approved by the United States Department of Education or the Commission on Recognition of Postsecondary Accreditation, or approved by the board;
- Has completed coursework from a accredited college or university in each of the following areas, as provided by rule: health, human anatomy, kinesiology/biomechanics, human physiology, physiology of exercise, basic athletic training, and advanced athletic training.
- Is certified in standard first aid and cardiovascular pulmonary resuscitation (CPR) from the American Red Cross or an equivalent certification;
- Has, within 2 of the preceding 5 years, attained a minimum of 800 hours of athletic training experience under the direct supervision of a licensed athletic trainer or an athletic trainer certified by the National Athletic Trainers' Association or a comparable national athletic standards organization; and
- Has passed an examination administered or approved by the board.

The department may also grandfather in an individual who:

- Has completed the application form and remitted the required fees no later than October 1, 1996;
- Is at least 21 years of age;
- Is certified in standard first aid and cardiovascular pulmonary resuscitation from the American Red Cross or an equivalent certification;
- Has practiced athletic training for at least 3 of the 5 years preceding application; or
- Is currently certified by the National Athletic Trainers' Association or a comparable national athletic standards organization.

Pursuant to the requirements of s. 456.034, F.S., each applicant must complete a continuing education course on human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS) as part of initial licensure.

## Certified Athletic Trainers and the National Athletic Trainers' Association

According to the National Athletic Trainers' Association, Certified Athletic Trainers (ATCs) are medical experts in preventing, recognizing, managing and rehabilitating injuries that result from physical activity. Athletic trainers can help athletes avoid unnecessary medical treatment and disruption of normal daily life.<sup>3</sup>

The American Medical Association (AMA) recognized athletic training as an allied health care profession in 1990. AMA recommends placement of certified athletic trainers in every high school to

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<sup>2</sup> See s. 468.709, F.S.

<sup>3</sup> Online at the National Athletic Trainers Association website:

<http://www.nata.org/downloads/documents/306CareerInfoBrochure.htm>

keep America's youth safe and healthy.<sup>4</sup> Specifically, an ATC specializes in six practice areas or domains:

- Prevention
- Recognition, Evaluation & Assessment
- Immediate Care
- Treatment, Rehabilitation & Reconditioning
- Organization & Administration
- Professional Development & Responsibility

As part of a complete health care team, the certified athletic trainer works under the direction of a licensed physician and in cooperation with other health care professionals, athletics administrators, coaches and parents. The ATC gets to know each athlete individually and can treat injuries more effectively.

A certified athletic trainer's day may, for example, include these tasks:

- Prepare athletes for practice or competition, including taping, bandaging and bracing;
- Evaluate injuries to determine their management and possible referral;
- Develop conditioning programs; and
- Implement treatment and rehabilitation programs.

Students who want to become certified athletic trainers must earn a degree from an accredited athletic training curriculum or meet other requirements set by the Board of Certification (BOC). A growing number of universities are gaining accreditation through the Commission on Accreditation of Allied Health Education Programs (CAAHEP).

ATC curriculum includes formal instruction in a variety of areas, such as:

- Assessment and Evaluation
- Acute Care
- General Medical Conditions and Disabilities
- Pathology of Injury and Illness
- Pharmacological Aspects of Injury and Illness
- Nutritional Aspects of Injury and Illness
- Therapeutic Exercise
- Therapeutic Modalities
- Risk Management and Injury Prevention
- Health Care Administration
- Professional Development and Responsibilities
- Psychosocial Intervention and Referral

## **The Board of Certification for National Certification of Athletic Trainers**

### Purpose of National Certification

The Board of Certification (BOC) was incorporated in 1989 to provide a certification program for entry-level athletic trainers and recertification standards for certified athletic trainers. The purpose of this entry-level certification program is to establish standards for entry into the profession of athletic training. Additionally, the BOC has established the continuing education requirements that a certified athletic trainer must satisfy in order to maintain current status as a BOC certified athletic trainer. The Board of

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<sup>4</sup> Ibid.

Certification's strategic plan cites strategic objective one "...create a national practice standard within all 50 states recognizing the BOC exam as the standard," to ensure public protection.<sup>5</sup>

Annually, the Board of Certification reviews the requirements for certification eligibility and standards for continuing education. Additionally, the Board reviews and revises the certification examination in accordance with the test specifications of the BOC Role Delineation Study that is reviewed and revised every five years. The Board of Certification uses a criterion-referenced passing point for the anchor form of the examination. Each new examination version is equated to the anchor version to ensure that candidates are not rewarded or penalized for taking different versions of the examination.

The National Certification of Athletic Trainers Examination is recognized in 40 states.

#### National Examination and Emergency Cardiac Care Certification

Candidates must graduate from an entry-level Commission on Accreditation of Allied Health Education Programs Accredited Athletic Training Curriculum Program. Candidates must pass a three-part national certification examination. The three parts are: written, stimulation, and practical. The three parts examine the knowledge and skills necessary to assess competency in the six athletic training domains in different formats.

Until recently, the requirement to complete Section 3 of the exam application was to possess a current CPR Certification card. This has been updated to require Emergency Cardiac Care Certification (ECCC). ECCC must be current and include the following: adult & pediatric CPR, airway obstruction, 2nd rescuer CPR, AED and barrier devices (e.g., pocket mask, bag valve mask). Examples of courses that provide the ECCC certification are: CPR/AED for the Professional Rescuer by the American Red Cross or BLS Healthcare Provider CPR by the American Heart Association, which use the standards of the International Guidelines 2000 for Cardiopulmonary Resuscitation and Emergency Cardiac Care. An EMT card may be substituted for the requirement.

#### C. SECTION DIRECTORY:

**Section 1.** Amends s. 468.707, F.S., to revise licensure requirements and remove the following: all coursework requirements; standard first aid; directly supervised athletic training experience; the age requirement; requirement to practice athletic training 3 of the 5 years preceding application for licensure; and certification by the National Athletic Trainers' Association.

**Section 2.** Amends s. 468.711, F.S., to revise licensure requirements for continuing education by removing the requirement to complete 4 hours in standard first aid.

**Section 3.** Amends s. 468.717, F.S., to provide stricter enforcement grounds for practicing athletic training without a license by removing the provision related to acts associated with compensation.

**Section 4.** Amends s. 468.723, F.S., to remove an exemption provision relating to teacher apprentice trainers and teacher athletic trainers.

**Section 5.** Amends s. 1012.46, F.S., to provide for the replacement of teacher athletic trainers by licensed athletic trainers; remove a first responder classification; require that an athletic trainer employed by a school district must be licensed and remove the provision that they must be certified as an educator.

**Section 6.** Provides that the bill takes effect upon becoming a law.

## II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

#### A. FISCAL IMPACT ON STATE GOVERNMENT:

##### 1. Revenues:

None.

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<sup>5</sup> Online at the Board on Certification for Athletic Trainers at: <http://www.bocatc.org/athtrainer/DEFINE/>

2. Expenditures:

None.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None

D. FISCAL COMMENTS:

None.

### III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

This bill does not require counties or municipalities to spend funds or take an action requiring the expenditure of funds. This bill does not reduce the percentage of a state tax shared with counties or municipalities. This bill does not reduce the authority that municipalities have to raise revenue.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

No additional rulemaking authority is required to implement the provisions of this bill.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

### IV. AMENDMENTS/COMMITTEE SUBSTITUTE & COMBINED BILL CHANGES

On April 13, 2004, the Health Care Regulation Committee considered the bill and adopted a strike-all amendment sponsored by Representative Kreegle. The Committee Substitute differs from the original bill as filed in that the Committee Substitute includes several technical changes and:

- Removes the definitions of athletic activity and athletic training;
- Removes the employment classification of first responders;
- Reverts to current statutory language in several places and specifies that the requirements for licensure include an approved athletic training curriculum; and
- Changes the effective date from July 1, 2005 to "upon becoming a law."

The bill, as amended, was reported favorably as a committee substitute.

This analysis is drafted to the committee substitute.