

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 amends the following provisions to s. 468.707, F.S., relating to licensure by examination for the profession 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;
- Removes all requirements of direct supervision under a certified athletic trainer, and that the applicant must have practiced athletic training 3 out of the last 5 years; and removes the alternative to the direct supervision, that allows an individual to be certified by the National Athletic Trainers' Association or a comparable national athletic standards organization; and
- Removes a grandfather clause that was created as an alternative pathway for licensure to individuals prior to October 1, 1996.

The bill amends s. 468.711, F.S., to delete the requirement that at the time of licensure renewal an athletic trainer must be certified in standard first aid.

The bill amends s. 468.723, F.S., to delete an exemption for the classification of teacher apprentice trainer I and II, that according to the Department of Education they are no longer valid in s. 1012.46, F.S.

The bill amends s. 1012.46, F.S., to remove first responders and teacher athletic trainers as employment classifications within a school district's athletic injuries prevention and treatment program. The bill provides that a licensed athletic trainer *may* possess certification as an educator. So, a fully licensed athletic trainer employed by a school district is not required to have a teaching certificate issued by the Department of Education unless he or she is providing instruction. According to the Department of Education, this provides greater flexibility to school districts in the employment of licensed athletic trainers.

BACKGROUND

The Department of Health's Division of Medical Quality Assurance

The Department of Health'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.

Licensed Athletic Trainers in Florida

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

- Has completed the application form and remitted the required fees, which may total \$500;¹
- 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 an 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 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.²

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 keep America's youth safe and healthy.³ A certified athletic trainer specializes in six practice areas or domains:

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

¹ See s. 468.709, F.S.

² Online at the National Athletic Trainers Association website:

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

³ Ibid.

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 certified athletic trainer 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. A growing number of universities are gaining accreditation through the Commission on Accreditation of Allied Health Education Programs (CAAHEP).

The Athletic Trainer 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 National Board of Certification for National Certification of Athletic Trainers

National Certification of Athletic Trainers Requires Continuing Education for 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 National Certification of Athletic Trainers Examination is recognized in 40 states.

The BOC has established continuing education requirements that a certified athletic trainer is required to complete in order to maintain their status as a BOC certified athletic trainer.⁴ Annually, the Board of Certification reviews the requirements for certification eligibility and standards for continuing education. The Board reviews and revises the certification examination every five years.

National Athletic Training Examination Requires Emergency Cardiac Care Certification

National Examination Candidates must be graduates of an accredited Athletic Training Curriculum Program. Candidates for certification must pass a three-part examination. The three parts are: written, simulation, and practical.

Until recently, individuals wishing to take Part 3 of the exam application were required to have a current CPR certification card. This requirement has been updated and requires that they have an Emergency Cardiac Care Certification (ECCC). ECCC must be current and include the following: adult & pediatric

⁴ Online at the Board on Certification for Athletic Trainers at: <http://www.bocatc.org/athtrainer/DEFINE/>

CPR, airway obstruction, 2nd rescuer CPR, AED and barrier devices (e.g., pocket mask, bag valve mask). Organizations 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. A valid EMT card may be substituted for the ECCC requirement.

C. SECTION DIRECTORY:

Section 1. Amends s. 468.707, F.S., to revise licensure by examination requirements.

Section 2. Amends s. 468.711, F.S., to revise licensure renewal and continuing education requirements.

Section 3. Amends s. 468.723, F.S., to provide that a person employed as an apprentice trainer or athletic trainer is not exempt from part XIII of ch. 468, F.S.

Section 4. 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 5. 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.

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:

DRAFTING ISSUE:

Section 456.017(1)(c), F.S., prohibits the Department of Health and boards from administering a state-developed written examination if a national examination is available. On line 51, the bill provides “has passed an examination administered or approved by the board.” It may be advantageous to update the language by removing the reference to “administered.”

IV. AMENDMENTS/COMMITTEE SUBSTITUTE & COMBINED BILL CHANGES

On April 4, 2006, the Health Care Regulation Committee adopted two amendments offered by the bill’s sponsor. The Committee Substitute differs from the original bill as filed in that it:

- Includes technical amendment to s. 468.711(1), F.S., in Section 2 of the bill to replace “part” with “section”; and
- Adds the American Heart Association as a entity recognized to provide training in cardiovascular pulmonary resuscitation.

The bill, as amended, was reported favorably as a committee substitute. This analysis is drafted to the committee substitute.