



A Sunset Law Review

*The Athletic Trainer Provisions of
Chapter 667 of the Acts of 1982*

*An Act Providing for the
Licensing of Practitioners of
Certain Allied Health Professions*

November 1988



Office of the State Auditor

A. Joseph DeNucci, Auditor

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Executive Summary

The Office of the State Auditor's Division of Local Mandates (DLM), pursuant to Chapter 126 of the Acts of 1984, conducted a Sunset Review of Chapter 667 of the Acts of 1982, An Act Providing For The Licensing of Practitioners of Certain Allied Health Professions. The act created the Board of Allied Health Professions (BOAHP) and established standards for the licensure and activity of individuals practicing athletic training, occupational therapy, and physical therapy within the Commonwealth. DLM's review focuses on Chapter 667 and on rules and regulations governing athletic trainer services in Massachusetts public high schools. The statute requires that any individual performing athletic training duties, for example taping, splinting, applying heat and cold, conditioning, and injury evaluation, must be licensed by BOAHP.

Many municipalities across the Commonwealth presently do not meet the state standards established for athletic trainers. Although the law has been in effect for six years, DLM estimates that seventy-four percent of the public high schools still do not employ or otherwise provide for state licensed athletic trainers. Because of the limited number of licensed athletic trainers, trainer salary costs, relaxed enforcement of state requirements, and a lack of public awareness, public high school student athletes are not afforded the benefits of a licensed athletic trainer. In addition, school districts are exposed to litigation that could amount to millions of dollars should a severe injury be treated inappropriately by an unlicensed individual.

DLM has examined the various problems in implementing the athletic trainer provisions of Chapter 667 in public high schools and has explored remedial actions that may be taken. Success in achieving statewide compliance with Chapter 667 requires both statutory and regulatory modification.

DLM proposes (1) creating a new provisional athletic trainer license, (2) a new minimum level of trainer competency, (3) providing state sponsored training programs, and (4) offering program participants incentive grants. These elements, along with their financial components, are presented as three proposals to be considered for legislative action. Without modification of the law, full implementation will not be realized and public high school student athletes will continue receiving inadequate care.

A Sunset Law Review

The Athletic Trainer Provisions of Chapter 667 of the Acts of 1982

An Act Providing for the Licensing of Practitioners of Certain Allied Health Professions

Introduction

At the request of several municipalities and public officials, the Office of the State Auditor, Division of Local Mandates (DLM), has conducted a study of Chapter 667 of the Acts of 1982, "AN ACT PROVIDING FOR THE LICENSING OF PRACTITIONERS OF CERTAIN ALLIED HEALTH PROFESSIONS." The study is submitted as a recommendation to the General Court pursuant to G.L. c.11, s.6B as amended by St. 1984, c.126, more commonly referred to as the "Sunset Law", which authorizes the State Auditor, through DLM, to review laws and regulations having significant financial impact on cities and towns. (See Appendix A)

Chapter 667 of the Acts of 1982 created the Board of Allied Health Professions (BOAHP) to establish and administer rules and regulations relating to the licensure and ethical standards of practitioners in the fields of athletic training, occupational therapy, and physical therapy in Massachusetts. DLM's review focuses on Chapter 667 and on the rules and regulations, 259 CMR 4.00 et seq., governing athletic training services in Massachusetts public high schools.

The law and rules and regulations require that all persons providing athletic training services be licensed by BOAHP. A combination of factors, including, but not restricted to:

- (1) BOAHP's licensing criteria;
- (2) the limited pool of licensed personnel;
- (3) municipal funding constraints;
- (4) insufficient notice of a grandfathering period; and
- (5) inadequate oversight by BOAHP;

have resulted in a low rate of compliance by Massachusetts public high schools.

While documentation on compliance is not available from BOAHP, DLM estimates that only 74 of 284 or 26% of Massachusetts public high schools are complying with the statute.¹ This low

rate of compliance places an estimated 134,000 Massachusetts public high school athletes at a significantly high risk of personal injury.² In addition, the situation increases municipal exposure to potentially expensive lawsuits.

This report recommends structural and programmatic changes to Chapter 667, which will more effectively implement the provisions of the statute as enacted in 1982. Chapter 667 was intended to solve a serious problem. Our study of the law indicates that inadequate implementation calls for statutory and regulatory changes such as those recommended by DLM. Therefore, to further implementation and improve the care provided to Massachusetts public high school athletes, this report recommends the following modifications to Chapter 667 and its resultant rules and regulations:

Public High School Athletes

Sport	Percentage
Track & Field (21,857, 16%)	
Basketball (18,414, 14%)	
Football (16,256, 12%)	
Soccer (15,564, 12%)	
Baseball (10,545, 8%)	
Softball (9,251, 7%)	
Field Hockey (6,485, 5%)	
Ice Hockey (6,205, 5%)	
Cross Country (5,802, 4%)	
Tennis (5,496, 4%)	
Others (18,824, 14%)	

Source: MA Interscholastic Athletic Association Survey 1988-87

-
- (1) reintroduce grandfathering;
 - (2) create a new minimum standard for athletic trainer licensure;
 - (3) create a state sponsored education program;
 - (4) strengthen BOAHP's administrative, investigative, and enforcement capabilities.

The report details findings and suggests programs to support and effect DLM's recommendations. They represent considerable interest and advice from a variety of individuals and groups. Among these contributors are members of the National Athletic Trainers Association (NATA): John LeGear, Public Relations Director; the Massachusetts Interscholastic Athletic Association (MIAA): Richard Neal, Executive Director and William Gaines, Assistant Executive Director; the Athletic Trainers of Massachusetts Association (ATOM): Theresa Kennedy, LATC and President, Jack Baynes, ATC and President-Elect, and Attorney Jack McGlynn, Lobbyist; BOAHP: Diana Bailey, OTR and Chairperson, Paul Grace, ATC and Board Member, Kerkor Kassabian, ATC and Board Member, Attorney Elizabeth Stoll, and Lisa Marini, Clerk; the Department of Public Health (DPH): Cynthia Rodgers, Director of Statewide Comprehensive Injury Prevention Program, Kathleen Helsing, Injury Prevention Program Assistant Director and Co-Chair of the MA Sports Injury Prevention Task Force, and Robert Burke, Task Force Co-Chair and LATC; and practicing athletic trainers, sports injury clinicians, physicians, and other concerned individuals: Robert Duchart, ATC and National High School Injury Research Committee Member; Robbie Lester, ATC and Chief Consultant to Sports Medicine of the North Carolina Department of Public Instruction; Joseph Rice, LATC; Jeffrey Stone, LATC; Frank Mastrangelo, Matignon High School Trainer; Joseph DeLauri, South Shore Sports Therapy; John Duff, M.D.; Fredrich Mueller, Chairman of the American Football Coaches Committee on Football Injuries; Buddy Robertson, Albuquerque, New Mexico Board of Education; and Attorney Richard Ball.

Chapter 667 of the Acts of 1982 and Implementation

Chapter 667 and BOAHP regulations embodied in 259 CMR 4.03, 4.04 and promulgated on August 24, 1983, established two methods for obtaining a BOAHP license: (1) by direct licensing based on the NATA certification standards, or (2) by grandfathering. (See Appendix C)

Prior to the enactment of Chapter 667 in 1982, there were no state promulgated standards for athletic trainers and the profession was unregulated. Typically, a coach, teacher, or volunteer would supervise conditioning, evaluate injuries, apply tape and ice, and administer first aid to student athletes. Injured athletes were referred to hospitals, the school doctor, or to their personal physician. Athletic trainer education and experience varied greatly. The apparent intent of Chapter 667 concerning athletic trainers was to provide a consistent and adequate level of trainer proficiency by establishing standards governing the licensure and activity of practicing individuals. The law allowed individuals to be licensed under a one-year grandfathering period, and contemplated a continuing education program as a condition of license renewal. If properly implemented, these provisions would have brought previously unlicensed persons within the authority of BOAHP and provided them with a formal background in the theory and practice of athletic training.

Two administrative factors early in the Chapter 667 implementation process contributed to poor compliance with the law: (1) inadequate notice of the opportunity for grandfathering; and (2) BOAHP's failure to establish a continuing education program that met the needs of those ineligible for NATA certification.

These factors were critical because Chapter 667 provides that no individual can administer athletic trainer services unless he or she is licensed by BOAHP. As defined in the statute,

athletic training is the "application of principles, methods and procedures of evaluation and treatment of athletic injuries, preconditioning, conditioning, and reconditioning of the athlete", and "no person shall hold himself out as an athletic trainer ... unless he is licensed [by BOAHP]." (See Appendix B)

Direct licensing requires a candidate to be a graduate of a college or university approved by BOAHP, to complete such college's or university's curriculum in athletic training, and to complete a program of practical training deemed acceptable to BOAHP. Candidates must also receive a passing grade on the NATA examination. (See Appendix C)

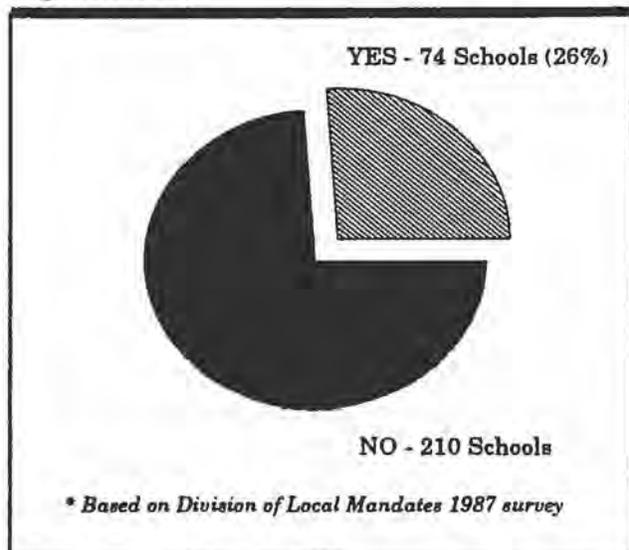
NATA was established in 1950 to promote effective sports injury management in high schools across the country. NATA certification requirements are rigorous: (1) completion of an approved undergraduate degree program in athletic training; (2) completion of a supervised, practical training program; (3) a passing grade on the NATA certification examination; and (4) continuing education. While Chapter 667 permits BOAHP to establish its own criteria for athletic training certification, BOAHP has adopted NATA certification as the standard for a Massachusetts license.

The law became effective on January 3, 1983, and mandated expiration of the grandfather clause on January 3, 1984. This grandfathering provision allowed persons to become licensed if they could demonstrate that they had performed the duties of athletic trainers for the previous two years; provide a notarized job description; and provide notarized letters of recommendation from both a supervisor and a directing physician. (See Appendix C) BOAHP issued the grandfathering guidelines on August 24, 1983, limiting by statute individuals who wished to be grandfathered to a four month period. BOAHP maintains that the deadline for receipt of grandfather applications was extended through April, 1984. Nevertheless, by relying on the issuance of a press release and the publication of notices in two newspapers,³ BOAHP was unsuccessful in thoroughly notifying

Massachusetts public school officials of the guidelines.

BOAHP records indicate that only 23 trainers from Massachusetts public high schools were licensed under the grandfather provision.⁴ Once the grandfather period expired, statewide compliance with this law became impracticable, if not impossible, for public schools. The availability of licensed athletic trainers was, and remains, insufficient. There are only three colleges in Massachusetts with NATA accredited curricula (North-eastern University, Bridgewater State College and Springfield College). Several other Massachusetts schools offer NATA approved internship programs (e.g., Salem State College, UMASS

Projected Compliance Rates With Chapter 667, Acts of 1982 by Public High Schools*



Boston, Westfield State College, Gordon College, and Boston University). Collectively, the colleges and universities mentioned graduate approximately 75 licensable athletic trainers per year.⁵ While these schools were unable to provide DLM with specific post-graduate employment information, there is a perception in the athletic trainer profession that many of the graduates are leaving Massachusetts for more attractive positions in other states. Public schools must also compete for

candidates with private schools, colleges, sports medicine clinics, and professional and amateur sports teams. A combination of licensing and personnel availability factors has contributed to the estimated low compliance rate of 26% (74 of 284) for duly licensed athletic trainers retained by public high schools as of the end of the 1987 school year.⁶ Several of these school systems provide athletic trainer services under contract with sports medicine clinics. This arrangement works well in areas where these services are available. Based on our research these services are not readily available statewide.

Chapter 667 also authorizes BOAHP to require specific continuing education programs as a condition of license renewal. In 259 CMR 4.06, effective August 24, 1983, BOAHP adopted detailed and extensive NATA requirements for continuing education. No continuing education program was enforced or monitored by BOAHP. DLM considers NATA's continuing education approach inappropriate for grandfathered licensees. Instead, BOAHP should have established a separate continuing education program designed to develop basic competency in the theory and practice of athletic training for these licensees. As previously noted, BOAHP initially incorporated grandfathering provisions and NATA requirements for continuing education within 259 CMR 4.04 and 4.06 respectively, effective August 24, 1983. However, BOAHP revised 259 CMR et seq. effective July 22, 1988, striking both of these provisions. (See Appendix D)

Chapter 667 licensing standards create an additional problem hindering its implementation. Because only licensed trainers can provide athletic training services, the majority of Massachusetts schools unable to secure athletic trainers must either forego any training services for their students, or use unlicensed individuals. Nevertheless, as of the end of 1987, no investigation to determine the number of schools in compliance had ever been initiated by BOAHP. This is despite BOAHP's statutory authority to investigate allegations of practices which violate the provisions of the Act.

While the law specifically grants BOAHP subpoena power to investigate infractions of Chapter 667, the law is silent on the power to impose sanctions on violators. Additionally, one investigator oversees not only BOAHP's allied health professionals, but also those associated with all other boards within the Division of Registration.

Liability

There is concern that Chapter 667 increases municipal exposure to negligence suits brought by injured student athletes. The law has, in effect, established a new, more stringent standard of care to which schools must adhere. Failure to provide the services of a licensed athletic trainer could seriously jeopardize a municipality's defense against injury claims based on negligence.

Jury awards for injured student athletes can be substantial. DLM research indicates that most insurance companies have settled student injury claims out of court. Therefore, there are few cases reported in the national legal reporting systems.

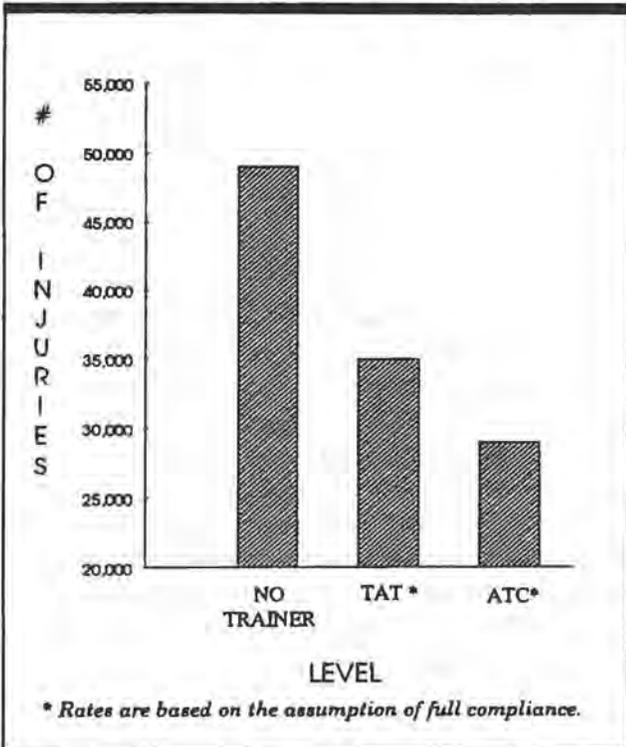
In November 1987, however, a New Jersey Superior Court awarded an injured high school football player \$6.5 million. Part of the student's claim was that he had not been adequately directed to develop his neck muscles - a preconditioning function of athletic trainers. The 16-year-old student is now quadriplegic.⁷ In an Oregon case, a student successfully claimed that pre-season conditioning rules were not followed, resulting in another quadriplegic injury. A \$1.8 million settlement was reached out of court.⁸ Finally, in Whittier, California a freshman football player received a neck injury early in a game. He was later put back in the game without having received a proper physical examination. He, too, is now quadriplegic, and is basing his claim for personal injury damages on improper care and evaluation.⁹

As a response to this potential exposure, the Massachusetts Association of School Committees

and the Massachusetts Interscholastic Athletic Associations sponsored House No. 1805 in 1987; refiled in 1988 as House No. 2843. The bill would exempt Massachusetts public high schools from the requirements of Chapter 667. While this bill may, if enacted, lessen municipal liability, DLM believes that it would defeat the original intent of the Legislature in 1982, and continue to leave our public school student athletes unnecessarily exposed to greater risks of injury.

A question of liability may also arise regarding the physician/dentist supervisory regulations of Chapter 667, 254 CMR 4.01 and 4.02. Chapter 667 provides that an athletic trainer be supervised by a physician or dentist. Although the regulations outline both the duties a physician or dentist may permit an athletic trainer to perform, and the procedural rules, the regulations fail to delineate a uniform communication procedure between trainer and physician or dentist as to the specifics of reporting a student injury.

Benefits of Athletic Trainer Programs



Benefits of Athletic Trainer Services

The Legislature determined that it was beneficial to provide athletic trainer services to public high school athletes when it enacted Chapter 667 in 1982. Additionally, there have been recent studies that may highlight the benefits of a properly operating athletic trainer program in Massachusetts. To measure the potential benefits, DLM relied on national studies, studies from other states, and the Massachusetts Department of Public Health's "Statewide Comprehensive Injury Prevention Program (SCIPP)" study taken during 1979 and 1982. SCIPP estimated that there were 19,622 serious high school sports injuries treated at hospitals or emergency rooms per year.¹⁰ Public high schools account for 16,090 serious sports injuries.¹¹ National studies (NHSIR, 1986, 1987, 1988; Garrick and Regua, 1977) indicate that serious injuries (requiring hospitalization or emergency room treatment) represent one third of all sports injuries.¹² Therefore, DLM estimates that approximately 49,000 Massachusetts public high school athletes are injured per year.¹³

Studies indicate a direct correlation between athletic trainer competency and the number of sports injuries. According to the North Carolina Committee on Medical Aspects of Sports (COMAS), the Teacher Athletic Trainer (TAT) staff development program has reduced football injuries from 50% to 36% of total players. This study demonstrates a 28% reduction in injuries due to trainers operating at a level which requires only the most rudimentary principles of athletic training.¹⁴

It is expected that Massachusetts students would experience similar reductions in injuries: 14,000 sports injuries per year could be prevented by implementing a program comparable to the TAT program in North Carolina. The National High School Injury Register (NHSIR) reports a nationwide average incidence of football injury at 56%. The 1987 North Carolina COMAS report and the 1987 NHSIR football report yield an initial injury average of 33% under the supervi-

sion of a certified athletic trainer. This translates to a 41% reduction in injuries as a result of care from athletic trainers certified (ATC) by NATA.¹⁶

The 1987 COMAS study also found that student athletes without athletic trainer services suffered a 71% reinjury rate. Student athletes with proper athletic trainer supervision, however, were reinjured at a rate of only 3% to 11%. Decreases are probable in both rehabilitation costs and student absenteeism resulting from sports-related injuries. Athletic trainers would contribute to an increased awareness regarding sports injury risks and the proper use of equipment, while freeing coaches for additional planning and involvement time.

Massachusetts student athletes could experience a variety of benefits from an aggressive statewide athletic trainer program. Many student injuries and reinjuries are preventable with proper athletic training services because students are better prepared for participation. Qualified trainer preparation of students can reduce the incidence and severity of sports injuries which do occur. Student athletes would presumably lose fewer school days to sports injuries. In addition, municipalities would reduce exposure to lawsuits based on sports injuries.

Recommendations

The Division of Local Mandates' research into Chapter 667 of the Acts of 1982 has indicated several problems hindering full implementation of the law. A limited population of athletic trainers, municipal funding constraints, and inflexible and inadequately administered BOAHP regulations have perpetuated improper athletic training services for nearly three quarters of our public high school student athletes.¹⁶ DLM recommends modifications to the law in order to affect a higher compliance rate among public high schools. The Division's proposals provide realistic and attainable options for Massachusetts public high schools.

It is hoped that the Legislature will consider these suggestions, or variations, in its review of Chapter 667 in order to ensure that our student athletes are provided the best care possible in a fiscally responsible manner. DLM's recommendations are presented with attendant funding alternatives. We realize that our recommendations do not represent the entire range of possibilities available to the Legislature.

As previously mentioned, the initial grandfathering period was ineffectual. DLM recommends that a properly advertised grace period of at least one full year be established for individuals who have been performing the duties of athletic trainers for the past two years. (This is identical to the system designed by the Legislature for the original implementation of Chapter 667.) All individuals satisfying the grandfathering requirements would receive provisional licenses, and would be required to begin the educational program discussed in the following sections. Failure to complete the required educational program in a specific period of time would result in expiration of the provisional license.

Proposals

Proposal One

New Minimum Licensing Standard: Basic Athletic Trainer

Proposal One is the most easily instituted solution available that provides adequate and consistent athletic training services to all public high school students. There has been debate among Massachusetts athletic trainers about this approach. However, recognition of a basic level athletic trainer has improved the sports medicine program in North Carolina. This standard would be analogous to the North Carolina TAT program.

- A. Create a new minimum standard, a Basic Athletic Trainer (BAT) license.
- B. Re-open grandfathering as originally stated in Chapter 667 in 1982, and properly notify persons to be regulated of the opportunity for licensure under a grandfather period.
- C. Issue eligible grandfather period applicants a Provisional Athletic Trainer (PAT) license. The PAT license, although temporary, immediately addresses municipal liability concerns regarding unlicensed individuals. This license would expire after the first period of BAT examinations.
- D. Establish a state-funded training program at

regional centers across the state in order to provide the necessary educational opportunities for interested individuals - primarily for teachers and coaches in the public school systems. This education program should be such that a BAT license could be attained by attending a four week summer program (130 hours), and passing an examination. A similar program in North Carolina and the former "New England School of Athletic Training" provided intensive training in summer sessions. Each of these programs offered a variety of athletic-trainer topics. The courses were not as comprehensive as full curriculum credit courses, but introduced and acquainted participants with basic trainer concepts and skills. However, both programs were provided at only one location. We recommend that up to ten regional centers be made available in order to maintain a reasonable class size and limit commuting distance for participants.

- E. Establish incentive grants for program participants. DLM suggests a \$2,500 one-time grant per public school participant completing the BAT course. This amount has proved to be an effective incentive for the teacher improvement program provision of St. 1985, c.

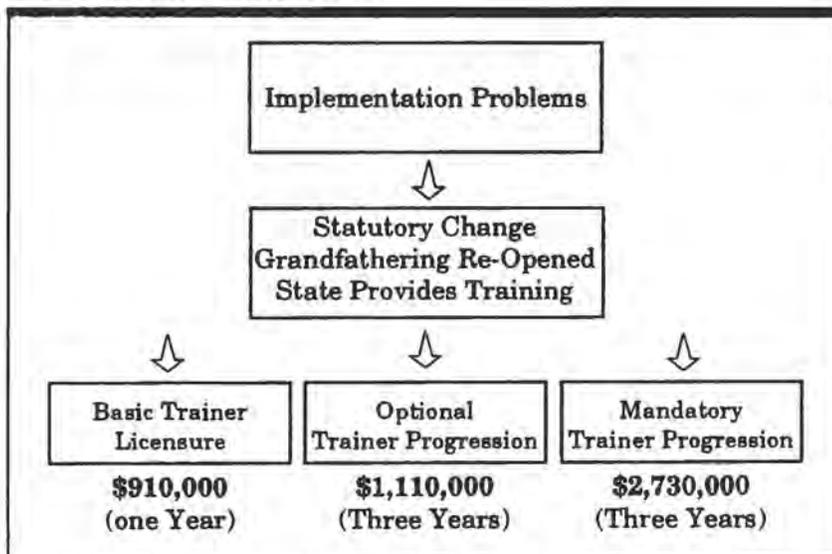
188, the Horace Mann Award. DLM recommends that schools already in compliance with Chapter 667 also receive a \$2,500 grant which could be used to upgrade athletic training facilities or trainer staff salary.

A NATA certified license would still be recognized as the superior athletic trainer qualification.

DLM calculates that the education program would cost \$200,000¹⁷ and the incentive program will cost \$710,000.¹⁸

TOTAL COST: Education + Incentive = \$910,000¹⁹ (See Graph A, page 11)

Chapter 667 - Proposals



Proposal Two

Optional Progressive Licensure:

This proposal also requires the minimum standard of BAT licensure, but establishes optional progression through higher levels of licensure through more advanced ongoing education programs and examinations. It allows individual school systems to determine the appropriate level of trainer competency for their athletic programs. This flexibility is particularly attractive to the smaller school systems in the Commonwealth.

- A. Establish grandfathering and PAT licensure as described in Proposal One.
- B. Establish a minimum standard (BAT), and authorize two additional licensing standards. DLM suggests two additional levels of athletic trainer licenses: an Intermediate Athletic Trainer (IAT) license and Advanced Athletic Trainer (AAT) License.
- C. Permit each school to choose which level of licensed trainer they want to employ. All schools, however, would employ a BAT at a minimum.
- D. Expand the educational program. Two additional summer sessions would be offered to BAT licensees who want to increase their trainer skills and knowledge. Because these courses are optional, possibly only five centers would be necessary for IAT and AAT courses. The AAT level curriculum would contain most of the elements of NATA and BOAHP education requirements.
- E. Establish state-funded incentive grants as in Option One, granting \$2,500 to public high school participants passing the BAT course. Additional awards for individuals pursuing higher licenses could be determined by the Legislature. The opportunity to progress beyond the BAT level is optional under this proposal. However, incentive funding should encourage continuing participation.

DLM estimates that the three-phase education program will cost \$400,000.²⁰ DLM

calculates the one time incentive cost to be \$710,000 - the same as Proposal One.²¹

TOTAL COST: Education + Incentive = \$1,110,000 over three years.²² (See Graph A, page 11).

Proposal Three

Mandatory Progressive Licensure:

This proposal takes the same approach as Proposal Two, but would require participants to progress on a scheduled basis through the three levels to the AAT level. Grandfathered trainers would be required to attend three summer sessions or other equivalent program.

- A. Establish a scheduled progression. As defined by BOAHP, a license would expire unless the trainer successfully completed the next level training course and examination. The state-funded training program would be tailored to each of the three license levels (BAT, IAT, and AAT); over three summers. DLM suggests that each license be valid for two years (the current license renewal schedule). The obvious benefit of this alternative is that after six years, each public high school in the state would have an AAT nearly equivalent to the NATA certified professional. Under this program the problem of attracting a sufficient number of trainers is solved. The state will be providing public schools with an expanding population of qualified trainers.

DLM estimates that this three-tiered education program will cost \$600,000. The minimum length of this program is three years at an annual cost of \$200,000.²³

- B. Provide the \$2,500 incentive grant per level of license completed.

The Division calculates the total cost of this incentive program to be \$2,130,000 or \$710,000 annually.²⁴

TOTAL ANNUAL COST: Education + Incentive = \$910,000²⁵

TOTAL COST: Education + Incentive = \$2,730,000.²⁶ (See Graph A, page 11)

Recommendations

These additional recommendations are offered to the Legislature for consideration.

(A) INCREASE BOAHP OVERSIGHT

At least one full-time investigator should be assigned to BOAHP. The investigator could review licenses and ensure compliance by public high schools. Currently, BOAHP relies on one investigator shared with other boards within the Division of Registration. The threat of investigation could increase school compliance. Additionally, a part-time clerk should be assigned to assist in the updating of BOAHP trainer records and coordination of the program. One critical function that increased BOAHP oversight could provide would be an injury reporting system for high schools. This system could expedite the communication regarding student injuries between trainers and their supervising physicians or dentist. Furthermore, an injury data bank would provide effective monitoring of program benefits, and provide the basis for further revisions to the Massachusetts sports injury management program. It will also identify school systems having particularly effective programs, or those in which corrective or enforcement action may be required. DLM firmly believes that if the state were able to monitor injury rates, the benefits would convince all schools to progress as far as possible in providing professional athletic training for all their students.²⁷

(B) GRANT PUNITIVE POWERS

BOAHP should be granted the power to fine or otherwise penalize unlicensed practicing trainers. Currently, BOAHP's investigative and subpoena powers are largely ineffective because of BOAHP's lack of enforcement capabilities.

(C) ESTABLISH A HIGH SCHOOL ATHLETIC TRAINER REPRESENTATIVE

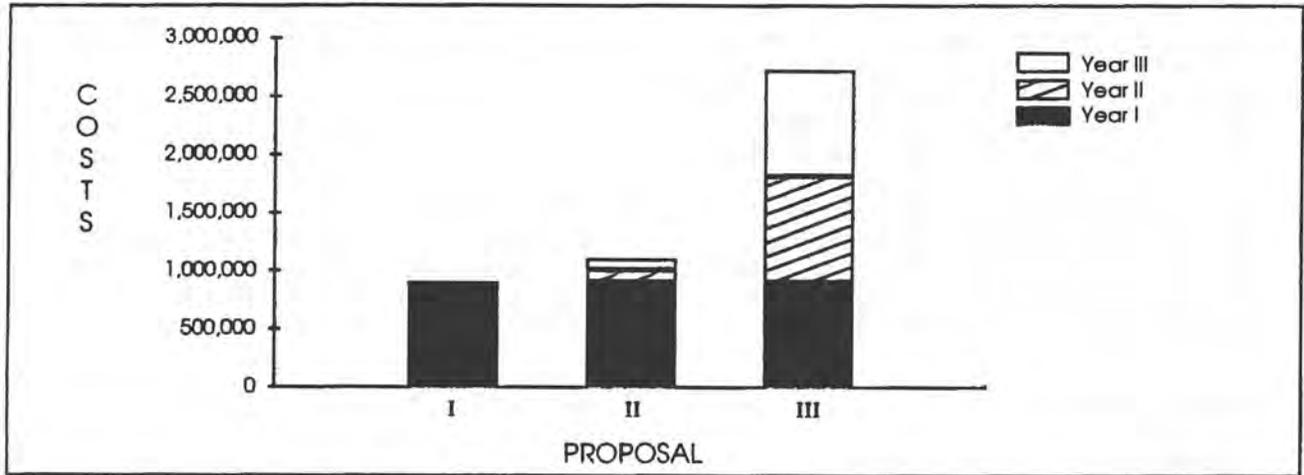
Currently, one professional team athletic trainer and two collegiate athletic trainers sit as board members of BOAHP. Because high schools are affected by Chapter 667, BOAHP should include adequate secondary school representation.

(D) BOAHP CONTINUING EDUCATION REQUIREMENTS

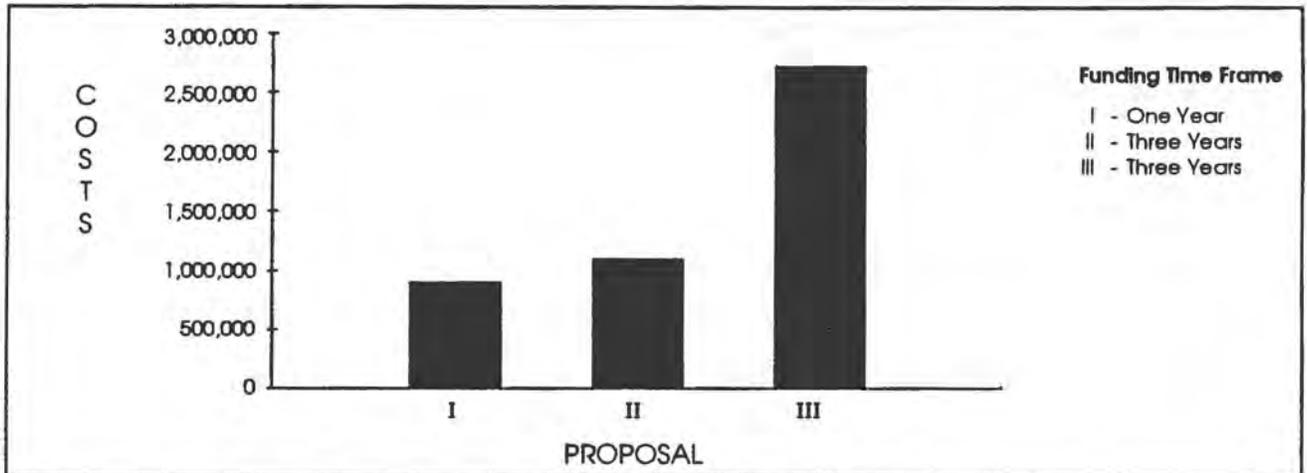
BOAHP should promulgate and monitor continuing education requirements to ensure that trainers remain updated on developing information and techniques in the profession.

Graph A

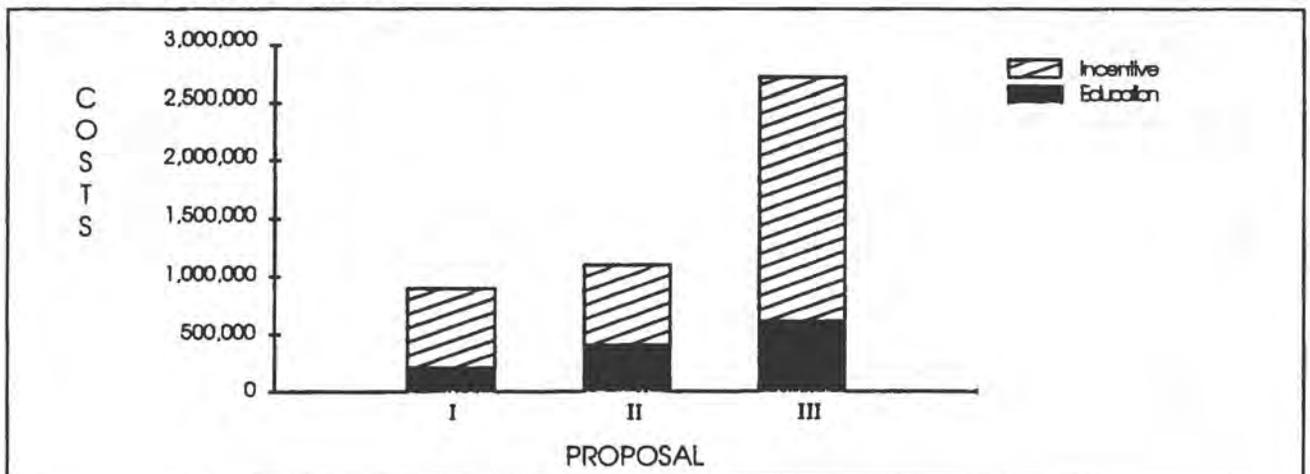
Proposal Costs Annually



Total Proposal Costs



Allocated Proposal Costs



Endnotes

1. In the Spring of 1987, Regional Representatives from DLM interviewed public high school athletic directors regarding compliance with Chapter 667 of the Acts of 1982. Of the 95 randomly selected high schools surveyed, 70 responses were selected. (25 surveys were not returned or invalid due to incomplete information.) These seventy schools represent a 25% sampling of the 284 public high schools with independent interscholastic athletic programs. Eighteen schools employed state licensed trainers; 52 schools did not. Projecting these rates statewide, 26% of all high schools were complying with the statute while 74% percent were not.

$$\begin{aligned} \text{Compliance} &= 18 / 70 \\ &= 0.2571428 \\ &= 0.26 \text{ rounded } + \text{ or } - \text{ sampling error} \\ &= 0.26 * 284 \\ &= 74 \text{ rounded} \end{aligned}$$

In addition, the initial findings of the Massachusetts Sports Injury Prevention Task Force Survey indicate that 25% of both public and private high schools employ licensed trainers.

$$\begin{aligned} \text{Non compliance} &= 1 - 0.26 \\ &= 0.74 \\ &= 0.74 * 284 \\ &= 210 \text{ rounded} \end{aligned}$$

2. DOE Numerator - public high school enrollment, 1987

..... 274,536

DOE Denominator - public and private high school enrollment, 1987

..... 321,757

To calculate the percentage of public high school students in the state in 1987:

$$\begin{aligned} x &= \text{percentage of public high school students} \\ x &= 274,536 / 321,757 \\ x &= 0.8532401 \\ x &= 0.85 \text{ (rounded)} \end{aligned}$$

DLM calculation - Percentage of public high school students, 1986

..... 85%

MIAA - Statewide participation of public and private high school athletes, 1986-1987 school year

..... 158,232

To calculate number of public high school athletes:

$$\begin{aligned} x &= \text{number of public high school athletes} \\ x &= 158,232 * 0.85 \\ x &= 134,497 \\ x &= 134,000 \text{ rounded} \end{aligned}$$

3. Diana Bailey, BOAHP Chairperson, to Thomas Collins, DLM Director, 25 August 1988, Correspondence in the files of Division of Local Mandates, Boston, Massachusetts.
4. Division of Local Mandates research cross-referencing 1987 - 1988 ATOM membership roster with May 1987 BOAHP roster in order to identify grandfathered individuals.
5. Theresa E. Kennedy, ATOM President, to the Honorable A. Joseph DeNucci, 19 August 1987 Correspondence in the files of Division of Local Mandates, Boston, Massachusetts.

6. See Endnote 1.

7. "Player Awarded \$6.5 Million," Cape Cod Times, 21 November 1987, p. 18.

8. Richard Ball, Esquire, of Phoenix Arizona, interview by DLM Research Analyst Paula Juliano, 29 March 1988.

9. Ibid.

10. SCIPP numerator - sports injuries known to have occurred at school location over three years of data

..... 2,929

SCIPP denominator - all 14 to 17 year olds in study communities from 1980 census

..... 20,662

State denominator - all 14 to 17 year olds in the state from 1980 census

..... 415,256

Extrapolation to state:

$$\begin{aligned} x &= \text{expected number of injuries} \\ \frac{2929}{3} &= \frac{x}{415,256} \\ 20,662 & & 415,256 \\ x &= 19,621.93 \\ x &= 19,622 \text{ rounded} \end{aligned}$$

Note: SCIPP does not have school specific denominators. Thus, it should be noted that it was assumed that all 14 to 17 year olds were enrolled in school.

11. State numerator - Number of students enrolled in grades 9 - 12 in public high schools in 1980, Department of Education

..... 340,004

State denominator - All 14 to 17 year olds in the state from 1980 census

..... 415,256

SCIPP estimation - Number of serious school sport injuries for public and private school students 19,622

To calculate the percent of public high school students in the 14 - 17 year old population:

$x =$ percent of public high school students of population

$$x = 340,004 / 415,256$$

$$x = 0.818$$

$$x = 0.82 \text{ rounded}$$

Assuming that sports injuries occur at equal rates at private and public high schools, to calculate the serious sports injuries for public high school students:

$$19,622 * 0.82 = 16,090.04$$

$$= 16,090 \text{ (rounded)}$$

12. DLM expresses injury percents in decimal form applied as an injury rate coefficient to calculate the incidence of injuries within a population.

NHSIR, 1987 - Football injuries precluding activity for seven or more days 0.278

NHSIR, 1986 - Football injuries precluding activity for seven or more days 0.251

To calculate average NHSIR football injury rate:

$x =$ average football injury rate

$$x = (0.278 + 0.251) / 2$$

$$x = 0.2645$$

NHSIR average football injury rate 0.2645

NHSIR, 1988 - Wrestling injuries precluding activity for seven or more days 0.320

NHSIR, 1988 - Boys' basketball injuries precluding activity for more than seven days 0.260

NHSIR, 1988 - Girls' basketball injuries precluding activity for more than seven days 0.290

NHSIR, 1987 - Girls' basketball injuries precluding activity for more than seven days 0.265

To calculate average NHSIR girls' basketball injury rate:

$x =$ average injury rate

$$x = (0.290 + 0.265) / 2$$

$$x = 0.2775$$

NHSIR average girls' basketball injury rate 0.2775

To calculate average of NHSIR report rates:

$x =$ average of NHSIR rates

$$x = (0.2645 + 0.320 + 0.2600 + 0.2775) / 4$$

$$x = 0.2805$$

$$x = 0.28 \text{ rounded}$$

NHSIR - Average of 1987 - 1988 reports serious injury rates 0.28

Garrick, Regua, 1977: Percent of athletes from nineteen sports missing five days of activity or playing with restrictions 0.38

To calculate the average injury rate of two studies:

$x =$ average rate

$$x = (0.28 + 0.38) / 2$$

$$x = 0.33025$$

$$x = 0.33 \text{ rounded}$$

Based on these three studies, one third of all sports injuries are serious enough to preclude activity for at least seven days.

13. DLM numerator - Serious sports injuries for public high school students, 1980 16,090

DLM denominator - Average serious sport injury rate 0.33

To calculate the number of serious sports injuries:

$x =$ total number of sports injuries

$$x * 0.33 = 16,090$$

$$x = 48,757.58$$

$$x = 49,000 \text{ rounded}$$

14. DLM expresses injury percents in decimal form applied as an injury rate coefficient to calculate the incidence of injuries within a population

North Carolina Football Study (Blyth/Mueller), 1968-72 - Football injury rate without supervision 0.50

North Carolina COMAs, 1979 - Football injury rate under supervision of teacher athletic trainer 0.36

DLM estimation - Number of sports injuries 49,000

To calculate reduction in injury rate

$$0.50 - 0.36 = 0.14$$

$$0.14 / 0.50 = 0.28$$

Inferred reduction with BAT: 28%.

To calculate the number of injuries prevented with BAT:

$$49,000 * 0.28 = 13,720$$

$$= 14,000 \text{ rounded}$$

15. DLM expresses injury percent in decimal form applied as an injury rate coefficient to calculate the incidence of injuries within a population.

NHSIR/Powell, 1986 - Projected number of high school football injuries nationwide 636,279

NHSIR/Powell, 1986 - Projected number of high school football players nationwide 1,048,100

To calculate the projected national 1986 football injury rate:

$$636,279 / 1,048,100 = 0.607$$

$$= 0.61 \text{ rounded}$$

NHSIR/Powell, 1987 - Projected number of high school football injuries nationwide 516,716

NHSIR/Powell, 1987 - Projected number of high school football players nationwide 1,021,685

To calculate the projected 1987 national football injury rate:

$$516,716 / 1,021,685 = 0.5057488$$

$$= 0.51 \text{ rounded}$$

To calculate average football injury rate:

$$x = \text{average football injury rate}$$

$$x = (0.61 + 0.51) / 2$$

$$x = 0.56$$

NHSIR average football injury rate 0.56

North Carolina COMAs, 1987 - Initial football injury rate under supervision of certified athletic trainer 0.29

NHSIR, 1987 - Initial injury rate under supervision of certified athletic trainer 0.37

To calculate average injury rate under supervision of certified athletic trainer:

$$x = \text{average rate}$$

$$x = (0.29 + 0.37) / 2$$

$$x = 0.33$$

DLM calculation: Average football injury rate under supervision of certified athletic trainer

$$\dots\dots\dots 0.33$$

DLM estimation - Number of sports injuries, 1980

$$\dots\dots\dots 49,000$$

To calculate reduction in injury rate:

$$0.56 - 0.33 = 0.23$$

$$0.23 / 0.56 = 0.4107142$$

$$= 0.41 \text{ rounded}$$

Inferred reduction with AAT: 41%.

To calculate number of injuries prevented with AAT:

$$49,000 * 0.41 = 20,090$$

$$= 20,000 \text{ rounded.}$$

16. See Endnote 1.

17. DLM estimation - Cost for instructor and facilities at state schools based on phone sample

$$\dots\dots\dots \$2,500$$

DLM estimation - Cost for additional education supplies including: textbooks, consultants, athletic training supplies (e.g. tape, gauze, splints, braces), and audio visual equipment

$$\dots\dots\dots \$2,500$$

To calculate estimated education cost:

$$x = \text{total estimation}$$

$$x = \$2,500 + \$2,500$$

$$x = \$5,000$$

DLM estimation - Education training costs

$$\dots\dots\dots \$5,000$$

Length of training

$$\dots\dots\dots 4 \text{ weeks}$$

Number of training sites

$$\dots\dots\dots 10$$

To calculate BAT education costs:

$$x = \text{education cost}$$

$$x = \$5,000 * 4 * 10$$

$$x = \$200,000$$

18. DLM calculation - Number of schools with independent interscholastic athletic programs

$$\dots\dots\dots 284$$

DLM recommendation - Incentive per school

$$\dots\dots\dots \$2,500$$

To calculate incentive cost:

$$x = \text{total incentive cost}$$

$$x = 284 * \$2,500$$

$$x = \$710,000$$

19. DLM estimation - BAT education costs \$200,000
 DLM estimation - BAT incentive costs \$710,000

To calculate total BAT costs:

x = total costs
 x = \$200,000 + \$710,000
 x = \$910,000

20. DLM estimation - Education training costs \$5,000

Length of training 4 weeks

Number of training sites(10 for Year I; 5 for Year II;
 5 for Year III) 20

To calculate IAT education cost:

x = education cost
 x = \$5,000 * 4 * 20
 x = \$400,000

21. See Endnote 18.

22. DLM estimation - IAT education cost \$400,000

DLM estimation - IAT incentive cost \$710,000

To calculate total IAT cost:

x = total cost
 x = 400,000 + 710,000
 x = 1,110,000

23. DLM estimation - Education training costs \$5,000

Length of training 4 weeks

Number of training sites (10 sites for three years) 30

To calculate three year AAT education costs:

x = education cost
 x = \$5,000 * 4 * 30
 x = \$600,000

To calculate annual AAT education cost:

x = education cost
 x = \$600,000 / 3
 x = \$200,000

24. DLM recommendation - Incentive per year \$710,000

Length of Option III 3 years

To calculate Option III total incentive cost:

x = total incentive cost
 x = \$710,000 * 3
 x = \$2,130,000

25. DLM estimation - AAT annual education costs \$200,000

DLM estimation - AAT annual incentive costs \$710,000

To Calculate Annual AAT Cost:

x = annual cost
 x = \$200,000 + \$710,000
 x = \$910,000

26. To calculate total AAT program cost:

x = total cost
 x = \$910,000 * 3
 x = \$2,730,000

27. DLM estimates that initial reporting of injuries may result in somewhat higher rates than projected. This differential occurs when a reporting system is installed. However, once the system is established, measured injury rates should be expected to decline.



Appendix A

Chapter 126 of the Acts 1984

Be it enacted, etc., as follows:

Section 6B of chapter 11 of the General Laws is hereby amended by adding the following paragraph:-

The division shall review every five years those laws and administrative regulations which have a significant financial impact upon cities or towns. For the purposes of this section "Significant financial impact" is defined as requiring municipalities to expand existing services, employ additional personnel, or increase local expenditures. Said division shall determine the costs and benefits of each such law and regulation, and submit a report to the general court of each session together with its recommendation, if any, for the continuation, modification or elimination of such law and regulation.

Chapter 667

THE COMMONWEALTH OF MASSACHUSETTS

In the Year One Thousand Nine Hundred and Eighty-two

AN ACT PROVIDING FOR THE LICENSING OF PRACTITIONERS OF CERTAIN ALLIED HEALTH PROFESSIONS.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION 1. Chapter 13 of the General Laws is hereby amended by inserting after section 11 the following section:-

Section 11A. There shall be a board of allied health professions, hereinafter called the board, which shall consist of eleven members to be appointed by the governor. Members of the board shall be residents of the commonwealth and citizens of the United States. Three of such members shall be athletic trainers licensed in accordance with the provisions of section twenty-three B of chapter one hundred and twelve; two of such members shall be occupational therapists licensed in accordance with the provisions of section twenty-three B of chapter one hundred and twelve, one such member shall be an occupational therapy assistant licensed in accordance with the provisions of said section twenty-three B; two of such members shall be physical therapists licensed in accordance with the provisions of said section twenty-three B; one such member shall be a physical therapist assistant licensed in accordance with the provisions of said section twenty-three B; except that such members constituting the first board shall be persons who are eligible for licensing as practitioners of said allied health profession. One of such members shall be a physician licensed in accordance with the provisions of section two of chapter one hundred and twelve, and one of such members shall be selected from and shall represent the general public.

Each member of the board shall serve for a term of three years. No member shall be appointed to more than two consecutive full terms, provided, however, that a member appointed for less than a full term may serve two full terms in addition to such part of a full term, and a former member shall again be eligible for appointment after a lapse of one or more years.

A member of the board may be removed by the governor for neglect of duty, misconduct, malfeasance or misfeasance in office after being given a written

§ 6803

statement of the charges against him and sufficient opportunity to be heard thereon. Upon the death, resignation or removal for cause of any member of the board, the governor shall fill such vacancy for the remainder of that member's year.

The board shall, at its first meeting, and annually thereafter, elect from among its members a chairman, vice-chairman, and a secretary. Such officers shall serve until their successors are elected and qualified. The board shall meet at least once a month or more often upon the call of the chairman at such times and places as the chairman shall designate.

Each member shall be reimbursed for necessary expenses incurred in the discharge of his official duties.

The board shall have the following powers and duties:

(a) The board shall administer, coordinate, and enforce the provisions of this section, evaluate the qualifications, and approve the examinations for licensure under this section, and may issue subpoenas, examine witnesses, and administer oaths, and may investigate allegations of practices violating the provisions of this section.

(b) The board shall adopt rules and regulations relating to professional conduct to carry out the policy of this section including, but not limited to, regulations relating to professional licensure and to the establishment of ethical standards of practice for persons holding a license to practice athletic training, occupational therapy, or physical therapy in the commonwealth.

(c) The board shall conduct such hearings and keep such records and minutes as are necessary to carry out its duties. The board shall provide reasonable public notice of the times and places of all hearings authorized under this section, in such manner and at such times as it may determine.

SECTION 2. Chapter 112 of the General Laws is hereby amended by striking out sections 23A to 23P, inclusive, and inserting in place thereof the following sixteen sections:-

Section 23A. The following words as used in sections twenty-three A to twenty-three P, inclusive, unless the context otherwise requires, shall have the following meanings:-

"Athletic trainer", any person who is duly licensed in accordance with this section as an athletic trainer and who limits his practice to schools, teams or organizations with whom he is associated and who is under the direction of a physician or dentist duly registered in the commonwealth.

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"Athletic training", the application of principles, methods and procedures of evaluation and treatment of athletic injuries, preconditioning, conditioning and reconditioning of the athlete through the use of appropriate preventative and supportive devices, temporary splinting and bracing, physical modalities of heat, cold, massage, water, electric stimulation, sound, exercise and exercise equipment under the discretion of a physician. Athletic training includes instruction to coaches, athletes, parents, medical personnel and communities in the area of care and prevention of athletic injuries.

"Board", the board on allied health professions, established under section eleven A of chapter thirteen.

"Occupational therapy", the application of principles, methods and procedures of evaluation, problem identification, treatment, education, and consultation which utilizes purposeful activity in order to maximize independence, prevent or correct disability, and maintain health. These services are used with individuals, throughout the life span, whose abilities to interact with their environment are limited by physical injury or illness, disabilities, poverty and cultural differences or the aging process. Occupational therapy includes but is not limited to: (1) administering and interpreting tests necessary for effective treatment planning; (2) developing daily living skills, perceptual motor skills, sensory integrative functioning, play skills and prevocational and vocational work capacities; (3) designing, fabricating or applying selected orthotic and prosthetic devices or selected adaptive equipment; (4) utilizing designated modalities, superficial heat and cold, and neuromuscular facilitation techniques to improve or enhance joint motion muscle function; (5) designing and applying specific therapeutic activities and exercises to enhance or monitor functional or motor performance and to reduce stress; and (6) adapting environments for the handicapped. These services are provided to individuals or groups through medical, health, educational, industrial or social systems.

Occupational therapy shall also include delegating of selective forms of treatment to occupational therapy assistants and occupational therapy aides; provided, however, that the occupational therapist so delegating shall assume the responsibility for the care of the patient and the supervision of the occupational therapy assistant or the occupational therapy aide.

"Occupational therapist", a person who is duly licensed to practice occupational therapy in the commonwealth in accordance with section twenty-three B.

"Occupational therapy assistant", a person duly licensed in accordance with section twenty-three B and who assists in the practice of occupational therapy who works under the supervision of a duly licensed occupational therapist.

"Physical therapy", a health profession that utilizes the application of scientific principles for the identification, prevention, remediation and rehabilitation of acute or prolonged physical dysfunction thereby promoting optimal health and function. Physical therapy practice is evaluation, treatment and instruction related to neuromuscular, musculoskeletal, cardiovascular and respiratory functions. Such evaluation shall include but is not limited to performance and interpretation of tests as an aid to the diagnosis or planning of treatment programs. Such treatment shall include but is not limited to the use of therapeutic exercise, physical activities, mobilization, functional and endurance training, traction, bronchopulmonary hygiene postural drainage, temporary splinting and bracing, massage, heat, cold, water, radiant energy, electricity or sound. Such instruction shall include teaching both patient and family physical therapy procedures as part of a patient's on-going program. Physical therapy also shall include the delegating of selective forms of treatment to physical therapist assistants and physical therapy aides; provided, however, that the physical therapist so delegating shall assume the responsibility for the care of the patient and the supervision of the physical therapist assistant or physical therapy aide.

Physical therapy shall also include the providing of consultation services for health, educational, and community agencies.

"Physical therapist", a person who is duly licensed to practice physical therapy in the commonwealth in accordance with section twenty-three B.

"Physical therapist assistant", a person duly licensed in accordance with section twenty-three B and who assists in the practice of physical therapy under the direction of a duly licensed physical therapist.

"Recognized educational institution", a degree-granting college or university recognized as such by the United States Office of Education of the Commonwealth.

Section 23B. The board shall examine applicants for licensure in each of the fields it supervises at such times and places as it may determine and shall conduct at least two such examinations in each field in each calendar year. The board shall establish examination and testing procedures to enable the

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board to ascertain the competency of persons wishing to be licensed as qualified athletic trainers, occupational therapists, occupational therapy assistants, physical therapists and physical therapist assistants. Applications for such licenses, signed and sworn by the applicants shall be made on forms furnished by the board. An applicant who furnished satisfactory proof that he is good moral character and that he has met the educational and clinical practice requirements set forth in section twenty-three F, twenty-three G, twenty-three H, twenty-three I, or twenty-three J, shall, upon payment of a fee determined by the secretary of administration and finance, be examined by the board, and if found qualified, and if he passes the examination, shall be licensed to practice.

Every person licensed hereunder shall, during January of every even numbered year, apply to the board for renewal of his license and pay a fee determined by the secretary of administration and finance to the board and thereupon the board shall issue a license showing that the holder is entitled to practice for the period covered by said payment. The board may require specific continuing education as a condition for license renewal. The board may provide for the late renewal of a license which has lapsed and may require the payment of a late fee, an examination, continuing education and supervised experience prior to issuing said renewed license.

Section 23C. A person who meets the qualifications to be admitted to the examination for licensure as an athletic trainer or an occupational therapist or occupational therapy assistant or physical therapist or physical therapist assistant, may between the date of filing an application for licensure and the announcement of the results of the next succeeding examination for licensure, according to which application he has filed, practice as an athletic trainer; as an occupational therapist or as an occupational therapy assistant under the direction of an occupational therapist duly licensed under this chapter; as a physical therapist or physical therapist assistant under direction of a physical therapist duly licensed under this chapter. If any person so practicing fails to qualify for the pass the first announced examination after filing for licensure, all privileges under this section shall automatically cease upon due notice to the applicant of such failure. Such privileges shall be renewed upon filing for a second examination for licensure and shall automatically cease upon notice to the applicant that he has failed to pass the second examination. Such privileges may again be renewed upon the applicant

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petitioning the board for permission to file a third application and said permission being granted by the board, and shall automatically cease upon due notice that he has failed to pass the third examination. The privilege shall not exceed beyond the third examination.

Section 23D. The board may without examination, license as an athletic trainer, or an occupational therapist or occupational therapy assistant, or physical therapist or physical therapist assistant, any applicant who is duly licensed or registered under the laws of another state or territory of the United States, the District of Columbia, or the Commonwealth of Puerto Rico. At the time of making such application, the applicant shall pay a fee determined by the secretary of administration and finance to the board.

Section 23E. Nothing in this section shall be construed as prevention or restricting the practice, services, or activities of:

(a) any person licensed in this Commonwealth by any other statute from engaging in the profession or occupation for which he is licensed or:

(b) any person employed as an athletic trainer or occupational therapist or occupational therapy assistant or physical therapist or physical therapist assistant by the Government of the United States or any agency of it, if such person provides occupational therapy or physical therapy solely under the direction or control of the organization by which he is employed, or

(c) any person pursuing a supervised course of study leading to a degree or certificate in athletic training or occupational therapy or physical therapy at an accredited or approved educational program, if the person is designated by a title which clearly indicates his status as a student or trainee, or

(d) any person fulfilling the supervised field work experience requirements of this section, if the experience constitutes a part of the experience necessary to meet the requirement of that section, or

(e) any person performing athletic training services or occupational therapy services or physical therapy services in the commonwealth if these services are performed for no more than two days in a calendar year in association with an athletic trainer or occupational therapist or physical therapist licensed under this section, if the person is licensed under the law of another state which has licensure requirements at least as stringent as the requirements of this section.

Section 23F. An applicant for licensure as an athletic trainer shall:

(a) be a graduate of a college or university approved by the board and

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completed such college's or university's curriculum in athletic training, or other curricula deemed acceptable to the board; and has completed a program of practical training in athletic training deemed acceptable to the board.

(b) have passed an examination administered by the board. Such examination shall be written, and, in addition, at the discretion of the board, may be oral and demonstrative, and shall test the applicant's knowledge of the basic and clinical sciences as they apply to athletic training theory and practice, including the applicant's professional skills and judgment in the utilization of athletic training techniques and methods, and such other subjects as the board may deem useful to determine the applicant's fitness to act as an athletic trainer. The examination shall be conducted at least twice a year at times and places to be determined by the board.

Section 23G. An applicant for licensure as an occupational therapist shall:

(a) successfully completed an accredited occupational therapist educational program approved by the board,

(b) successfully completed the therapist level field work requirements as stipulated in the essentials of an accredited educational program for the occupational therapist or its equivalent,

(c) successfully passed an examination approved by the board for licensure as an occupational therapist. Such examination shall be written and shall test the applicants' knowledge of the basic and clinical sciences related to the occupational therapy theory and practice, including the applicant's professional skills and judgements in the utilization of occupational therapy techniques and methods, and such other subjects as the board may deem useful to determine the applicant's fitness to act as an occupational therapist. The examination shall be conducted by the board at least twice each year and at times and places to be determined by the board; provided, however, that the board may utilize any existing national examination that meets the requirements in this section.

Section 23H. An applicant for licensure as an occupational therapy assistant shall:

(a) successfully completed an accredited occupational therapy assistant educational program approved by the board,

(b) successfully completed a minimum of two months of supervised field work,

(c) successfully passed an examination conducted by the board for licensure as an occupational therapy assistant. Such examination shall be written and shall test the applicant's knowledge of the basic and clinical sciences related to the occupational therapy theory and practice, and such other subjects as the board may deem useful to determine the applicant's fitness to act as an occupational therapy assistant. The examination shall be conducted by the board at least twice each year and at times and places to be determined by the board; provided, however, that the board may utilize any existing national examination that meets requirements of this section.

Section 23I. An applicant for licensure as a physical therapist shall:

(a) be a graduate of a three or four year secondary school or has passed a high school equivalency test deemed acceptable by the board,

(b) be a graduate of an accredited educational program leading to professional qualification in physical therapy and approved by the board,

(c) or have graduated from an educational program in physical therapy chartered in a sovereign state outside the United States and have furnished to the board such evidence as it may require: (1) that his education is substantially the equivalent of that of graduates of approved programs in the United States, and (2) that he has sufficient qualifications, including the proficiency in the English language, to practice physical therapy,

(d) have passed an examination administered by the board. Such examination shall be written, and may, at the discretion of the board, in addition, be oral and demonstrative, and shall test the applicant's knowledge of the basic and clinical sciences as they relate to physical therapy, including the applicant's professional skills and judgment in the utilization of physical therapy techniques and methods, and other subjects as the board may deem useful to determine the applicant's fitness to act as a physical therapist. The examination shall be conducted by the board at least twice each year and at times and places to be determined by the board.

Section 23J. An applicant for licensure as a physical therapist assistant shall:

(a) be a graduate of a three or four year secondary school or has passed a high school equivalency test deemed acceptable to the board,

(b) be a graduate of an accredited educational program leading to professional qualification as physical therapist assistant and approved by the board,

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(c) have passed an examination administered by the board. Such examination shall be written, and may, at the discretion of the board, in addition, be oral and demonstrative, and shall test the applicant's knowledge of the basic and clinical sciences as they relate to physical therapy and other subjects as the board may deem useful to determine the applicant's fitness to act as a physical therapist. The examination shall be conducted by the board at least twice each year and at times and places to be determined by the board.

Section 23K. The board may, after a hearing pursuant to chapter thirty, revoke, suspend, cancel the license of or place on probation, reprimand, censure or otherwise discipline a licensee upon proof satisfactory to a majority of the board that said person:

- (a) obtained or attempted to obtain a license by fraud or deception,
- (b) been convicted of a felony or of a crime involving moral turpitude,
- (c) has been grossly negligent in his practice of athletic training or occupational therapy or physical therapy,
- (d) been adjudged mentally ill or incompetent by the court of competent jurisdiction,
- (e) used drugs or intoxicating liquors to the extent which adversely affects his practice,
- (f) acted in manner which is professionally unethical according to ethical standards of the professions of occupational therapy or physical therapy.

Section 23L. Nothing in this section shall be construed as authorizing an athletic trainer, occupational therapist, occupational therapy assistant, physical therapist, or physical therapist assistant to practice medicine or any other form or method of healing not specified in said section.

Section 23M. The board shall adopt reasonable rules and regulations to carry into effect sections twenty-three A to twenty-three P inclusive and may amend and revoke such rules and regulations at its discretion. The board shall keep a record of its proceedings and a roster of all persons licensed by it under this section. The roster shall include the licensee's name, last known business and residential address, date of licensing, and license number.

Section 23N. No person shall hold himself out as an athletic trainer or as being able to practice athletic training or to render athletic training services in this commonwealth unless he is licensed in accordance with section twenty-three B.

Section 23 O. No person shall hold himself out as an occupational therapist or as an occupational therapy assistant or as being able to practice occupational therapy or to render occupational therapy services in the commonwealth unless he is licensed in accordance with section twenty-three B. No person not so licensed may use in connection with his name or place of business the letters, "O.T.R.", or "C.O.T.A.", or any other words, letters, abbreviations, or insignia indicating that he is an occupational therapist or occupational therapy assistant.

Section 23P. No person shall hold himself out as a physical therapist, or as a physical therapist assistant or as being able to practice physical therapy or to render physical therapy services in the commonwealth unless he is licensed in accordance with section twenty-three B. No person not so licensed may use in connection with his name the words or letters, "P.T.", "R.P.T.", "L.P.T.A.", "PH.T.", "P.T.A.", "P.T.D.", "P.T.T.", "physical therapist", "physiotherapist", "physical therapist assistant", or any other words, letters, abbreviations, or insignia indicating that he is a physical therapist or physical therapist assistant.

SECTION 3. For one year from the effective date of this act, a license as an athletic trainer or occupational therapist or occupational therapy assistant, or physical therapist assistant shall be issued without examination to an applicant who satisfies the board, established by section one of this act, that when necessary he has obtained an appropriate educational degree from an accredited institution, or who satisfies the board that he is and actually has been, engaged, for at least two years in the practice of athletic training, occupational therapy, or physical therapy as defined by section twenty-three A of chapter one hundred and twelve of the General Laws. Any person who is presently a duly registered physical therapist in the commonwealth will not be required to apply for physical therapy licensure under this chapter until his current registration expires and shall at that time be granted licensure by the board without examination.

House of Representatives January 4, 1983.
Passed to be enacted, *Thomas W. McAfee*, Speaker.

In Senate, January 4, 1983.
Passed to be enacted, *William H. Bulger*, President.

January 5, 1983.
Approved,

Edward J. King
Governor.

Appendix C

259 CMR: BOARD OF REGISTRATION OF ALLIED HEALTH PROFESSIONALS

259 CMR 4.00: ATHLETIC TRAINERS

Section

- 4.01: Definitions
- 4.02: Rules
- 4.03: Licensure
- 4.04: Grandfathering
- 4.05: Future Licensure
- 4.06: Continuing Education
- 4.07: Waiver of Continuing Education

4.01: Definitions

Amateur. An athlete who is not remunerated for participation with an athletic team or participation in an athletic event.

Athlete. An individual who participates in events or teams at the interscholastic, intramural/recreational, instructional or intercollegiate level of athletics at an accredited educational institution or who is a member of and participates in activities/events sponsored by an amateur or professional team/organization.

Board of Certification. An administratively independent part of the NATA responsible for certifying athletic trainers. The Board of Certification holds membership with the National Commission for Health Certifying Agencies.

Conditioning. Programs designed to enhance the following physiological areas: flexibility, muscle strength, muscle endurance, neuromuscular coordination and cardiorespiratory endurance that will assist in improved athletic performance specific to the sport which the athlete participates in.

Dentist. A licensed practitioner of dentistry who is identified by the initials, DDS or DMD.

Direction. Overseeing of a plan of care by a physician or dentist as defined by that individual for an athlete.

Discretion. A directing physician or dentist may permit the athletic trainer to render the following services :

- (a) Initiate active injury recognition procedures and management techniques for sprains, fractures and soft tissue injuries or conditions.
- (b) Initiate chronic and/or oversee syndrome recognition procedures and management techniques for such conditions.
- (c) Plan, implement, evaluate and modify appropriate pre-conditioning, conditioning, and re-conditioning programs for the healthy and injured athlete utilizing the physical modalities described in 259 CMR 4.01.
- (d) Apply adhesive tape, elastic tape, corrective devices, temporary splints, elastic bandages and other supplies for the prevention and/or treatment of athletic injuries.
- (e) Design, construct, and apply protective padding/support for soft tissue injuries or protection.

NATA. National Athletic Trainers' Association, P. O. Box 1865, Greenville, North Carolina.

NATA Certified Examination. A national certification examination for entry-level practitioners of athletic training. Administered quarterly by Professional Examination Service of New York City, NY.

Physician. A licensed practitioner of medicine who is identified by the initials, MD, DO, DPM.

Pre-conditioning. Off-season conditioning programs which he/she the athletic trainer utilizes to improve the athlete's cardiorespiratory, muscular and neuromotor efficiency.

259 CMR: BOARD OF REGISTRATION
OF ALLIED HEALTH PROFESSIONALS

4.01: continued

Professional. An athlete who is remunerated for participation with an athletic team or participating in an athletic event.

Re-conditioning. Restoration of motion and re-establishment of strength of an injured athlete who will continue to participate in his/her sport.

School. Any accredited educational institution (public, private or parochial elementary or secondary school or degree granting college or university recognized by the Department of Education of the Commonwealth of Massachusetts).

Team/Organization. Any amateur or professional athletic organization which sponsors within the Commonwealth athletic teams or programs and is recognized and affiliated with national and regional athletic associations.

4.02: Rules

(1) The athletic trainer practices athletic training in accordance with standards for licensure described in Chapter 667, Acts of 1982. This does not require the physical presence of the directing physician or dentist whenever the athletic trainer renders athletic training services.

(2) The athletic trainer, except in life-threatening emergencies and when no physician or dentist is available, informs the athlete that he/she is not a physician or dentist and that the athletic trainer renders athletic training service only under the direction of a physician or dentist.

(3) The directing physician or dentist reviews all historical and physical data on each athlete in a timely manner.

(4) In an emergency, the athletic trainer renders emergency services necessary to avoid disability or death on an injured athlete until a physician or dentist arrives.

(5) When the directing physician or dentist is absent, another physician or dentist assumes temporary responsibility for the athletic trainer.

(6) An athletic trainer may not bill separately or receive payments for services rendered. The services of an athletic trainer are the services of the athletic trainer's employer.

(7) The athletic trainer shall limit the scope of athletic training services to athletic injuries or conditions sustained as a result of participation in or preparation for an athletic activity from the accredited educational institution or team/organization where the athletic trainer is employed.

(8) No person may use in connection with his name or place of business the letter "L.A.T.", "A.T.", "Athletic Therapist", "Athletic Trainer", "Licensed Athletic Therapist", or "Licensed Athletic Trainer" when such person has not been duly licensed by the Board.

(9) The standards for Athletic Trainers services as formatted by (State Chapter NATA), in their most recently updated and established as the ethical standards for persons holding a license to practice Athletic Training. It must be noted that the Board may whenever appropriate consider national or other standards of practice or conduct for approval and adoption.

4.03: Licensure

- (1) Examination: Applicants for licensure as an athletic trainer shall:
- (a) Be a graduate from an NATA Approved Athletic Training Educational Program, approved by the Board; or
 - (b) Be a graduate of other curricula deemed acceptable by the Board. All applicants for licensure must demonstrate at the time of application

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OF ALLIED HEALTH PROFESSIONALS

4.03: continued

successful completion of coursework in the following areas of athletic training education:

<u>Subject</u>	<u>Number of Courses</u>
Anatomy	2
Human Physiology	1
Physiology of Exercise	1
Kinesiology or Biomechanics	1
Human Growth & Development	2
Nutrition	1
Personal Health	1
Basic Athletic Training	1
Advanced Athletic Training	1
Principles & Procedures of Reconditioning Exercise	1
Modalities for Athletic Training	1
Adaptive Physical Activity	1
First Aid/CPR	1

(c) Have successfully completed the Certification Examination for Athletic Trainers approved by the Board of Certification of the NATA and the Massachusetts Board of Allied Health Professions, having taken the examination no more than three times.

(2) Endorsement: All applicants seeking endorsement by the Board shall:

(a) Hold a current license issued by another jurisdiction which is a state or territory of the United States, District of Columbia or the Commonwealth of Puerto Rico. In no event shall the Board grant any such endorsement if the applicant has not met the minimum course work requirements specified in 259 CMR 4.03.

4.04: Grandfathering

(1) An athletic trainer who is presently certified by the National Athletic Trainers Association and is recognized as such, or who will become certified within twelve months of the act.

(2) All persons who have been practicing as an athletic trainer for the past two years and who have been called athletic trainers. The Board must be supplied with:

(a) The official "job description" under which the applicant performed for the past two years, attested to by their employer (Administrator, Personnel Director or other comparable person approved by the Board) and duly notarized by a Notary Public.

(b) Two letters of recommendation on the form supplied by the Board. The letters of recommendation must come from his/her direct supervisor, and directing physician. The letters of recommendation will be considered only when completed in every aspect and the signature is duly notarized by a Notary Public.

(c) A completed application form with 259 CMR 4.04(1)(a) and (b) attached.

4.05: Future Licensure

The applicant for licensure must demonstrate at the time of application successful completion of coursework in the following areas of athletic training education. This coursework is applicable for graduates of NATA-approved degree granting athletic training curriculum programs and other curricula deemed acceptable by the Board, as specified in 259 CMR 4.03(2).

4.06: Continuing Education

A person who is once licensed as an Athletic Trainer remains licensed as long as she/he meets the requirements for continuing education as established by the NATA for a Certified Athletic Trainer, and approved by the Board. Individuals

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OF ALLIED HEALTH PROFESSIONALS

4.06: continued

who fail to meet these requirements will be advised that their license will be suspended until such requirements are fulfilled.

4.07: Waiver of Continuing Education

A licensee may apply to the Board for a waiver of a portion of the continuing education requirement.

REGULATORY AUTHORITY

259 CMR 4.00: M.G.L. c. 112, ss. 23A - 23P;
St. 1982, c. 667.

Appendix D

259 CMR: BOARD OF ALLIED HEALTH PROFESSIONS

259 CMR 4.00: ATHLETIC TRAINERS

Section

- 4.01: Definitions
- 4.02: Rules
- 4.03: Licensure by Examination
- 4.04: Licensure by Endorsement

4.01: Definitions

Amateur means an athlete who is not remunerated for participation with an athletic team or participation in an athletic event.

Associated means the referral by a team, school, or family physician or dentist to the athletic trainer for the purpose of initiating athletic training as defined in M.G.L. c. 112, s. 23A.

Athlete means an individual who participates in events or teams at the interscholastic, intramural/recreational, instructional or intercollegiate level of athletics at an accredited educational institution or who is a member of and participates in activities/events sponsored by an amateur or professional team/organization.

Board of Certification means an administratively independent part of the NATA responsible for certifying athletic trainers. The Board of certification holds membership with the National Commission for Health Certifying Agencies.

Conditioning means programs designed to enhance the following physiological areas: flexibility, muscle strength, muscle endurance, neuro-muscular coordination and cardiorespiratory endurance that will assist in improved athletic performance specific to the sport in which the athlete participates.

Dentist means a licensed practitioner of dentistry who is identified by the initials DDS, or DMD.

Direction means the overseeing of a plan of care by a physician or dentist as defined by that individual for an athlete.

Discretion means that a directing physician or dentist may permit the athletic trainer to render the following services:

- (a) Initiate active injury recognition procedures and management techniques for sprains, fractures and soft tissue injuries or conditions.
- (b) Initiate chronic and/or oversee syndrome recognition procedures and management techniques for such conditions.
- (c) Plan, implement, evaluate and modify appropriate pre-conditioning, conditioning, and re-conditioning programs for the healthy and injured athlete utilizing the physical modalities described in St. 1982, c. 867.
- (d) Apply adhesive tape, elastic tape, corrective devices, temporary splints, elastic bandages and other supplies for the prevention and/or treatment of athletic injuries.
- (e) Design, construct, and apply protective padding/support for soft tissue injuries or protection.

NATA means the National Athletic Trainer's Association, P.O. Box 1865, Greenville, North Carolina.

NATA Certification means a national certification examination for entry level practitioners of athletic training.

Physician means a licensed practitioner of medicine who is identified by the initials, MD or DO.

Pre-conditioning means off season conditioning programs which the athletic trainer utilizes to improve the athlete's cardiorespiratory muscular and neuromotor efficiency.

4.01: continued

Professional means an athlete who is remunerated for participation with an athletic team or participating in an athletic event.

Re-conditioning means restoration of motion and re-establishment of strength of an injured athlete who will continue to participate in his/her sport.

School means any accredited educational institution (public, private or parochial elementary or secondary school or degree granting college or university recognized by the Department of Education of the Commonwealth of Massachusetts).

Team/Organization means any amateur or professional athletic organization which sponsors within the Commonwealth athletic teams or programs and is recognized and affiliated with national and regional athletic associations.

4.02: Rules

(1) The athletic trainer practices athletic training in accordance with standards for licensure described in St. 1982, c. 867. This does not require the physical presence of the directing physician or dentist whenever the athlete trainer renders athletic training services.

(2) The athletic trainer, except in life-threatening emergencies and when no physician or dentist is available, informs the athlete that he/she is not a physician or dentist and that the athletic trainer renders athletic training service only under the direction of a physician or dentist.

(3) The directing physician or dentist reviews all historical and physical data on each athlete in a timely manner.

(4) In an emergency, the athletic trainer renders emergency services necessary to avoid disability or death on an injured athlete until a physician or dentist arrives.

(5) When the directing physician or dentist is absent, another physician or dentist assumes temporary responsibility for an athletic trainer.

(6) An athletic trainer may not bill separately or receive payments for services rendered. The services of an athletic trainer are the services of the athletic trainer's employer.

(7) The athletic trainer shall limit the scope of athletic training services to athletic injuries or conditions sustained as a result of participation in or preparation for an athletic activity.

(8) No person may use in connection with his name or place of business the letters "L.A.T.", "A.T.", "Athletic Therapist," "Athletic Trainer," "Licensed Athletic Therapist," or "Licensed Athletic Trainer" when such person has not been duly licensed by the Board.

(9) The ethical standards of practice of the NATA. It must be noted that the Board may whenever appropriate consider national or other standards of practice or conduct for approval.

4.03: Licensure of Athletic Trainers By Examination

(1) An Applicant for licensure as an athletic trainer shall:
(a) be a graduate from a NATA Approved Athletic Training Educational Program, approved by the Board; or
(b) be a graduate of other curricula deemed acceptable by the Board.

(2) All applicants for licensure must demonstrate at the time of application:
(a) successful completion of coursework in the following areas of athletic training education:

4.03: continued

<u>Subject</u>	<u>Number of Courses</u>
Anatomy	2
Human Physiology	1
Physiology of Exercise	1
Kinesiology of Biomechanics	1
Human Growth and Development	1
Nutrition	1
Personal Health	1
Basic Athletic Training	1
Advanced Athletic Training	1
Principles and Procedures of Reconditioning Exercise	1
Modalities for Athletic Training	1
Adaptive Physical Activity	1
First Aid/CPR	1

and have successfully completed the Certification Examination for Athletic Trainers approved by the Board of Certification of the NATA and the Massachusetts Board of Allied Health Professions.

(3) When application for licensure is complete and on file with the Board, a candidate for licensure will be issued a Temporary License and the candidate for licensure may begin practicing as an athletic trainer under the supervision of a licensed athletic trainer.

(4) With notification of failure of the certification examination the candidate will be notified that the Temporary License is rescinded and he/she must cease work immediately. Application may then be made to be re-examined. When application for licensure has been re-submitted to the Board, the candidate will be issued a new Temporary License and the candidate for licensure may resume practicing as an athletic trainer under the supervision of a licensed athletic trainer. Re-examination must be taken at the next scheduled examination.

(5) With notification of failure of the certification examination for a second time the candidate will be notified that the Temporary License is rescinded and that he/she must cease practicing immediately. The candidate may apply to re-take the examination for a third time. Included with the application must be a plan of study acceptable to the Board for remedial courses. When an application is complete and on file with the Board for the third time the candidate will be issued a new Temporary License and he/she may resume practicing as an athletic trainer under the supervision of a licensed athletic trainer. Re-examination must be taken within one (1) year after the application is on file and only when documentation is presented to the Board that the approved remedial courses have been completed.

(6) Upon notification of failure of the examination for a third time the individual will be notified that the Temporary License is rescinded and that he/she must cease work immediately. By statute no further Temporary Licenses can be issued by the Board.

4.04: Licensure of Athletic Trainers by Endorsement

- (1) All applicants seeking licensure by endorsement must:
- hold a current license issued by another jurisdiction which is a state or territory of the United States, District of Columbia or the Commonwealth of Puerto Rico, and
 - Have met the minimum course work requirements specified in 259 CMR 4.03.

259 CMR: BOARD OF ALLIED HEALTH PROFESSIONS

4.04: continued

(2) When application for licensure is complete and on file with the Board, a candidate for licensure will be issued a Temporary License and the candidate for licensure may begin practicing as a athletic trainer under the supervision of a licensed athletic trainer. This Temporary license will be good for one year of issuance when a permanent license will be issued.

REGULATORY AUTHORITY

259 CMR 4.00: M.G.L. c. 13, s. 11A.



MICHAEL S. DJUKAKIS
Governor
PAULA W. GOLD
Secretary

The Commonwealth of Massachusetts
Division of Registration
Leverett Tattenstall Building, Government Center
100 Cambridge Street Boston 02202

August 25, 1988

Thomas F. Collins, Director
Division of Local Mandates
Office of the State Auditor
100 Boylston Street, Room 933
Boston, Massachusetts 02116

Dear Mr. Collins:

Thank you for providing us with a copy of your draft report entitled "A Proposal to Improve Sports Medicine Programs at Public Secondary Schools". We have had an opportunity to review the report and have a number of comments, both general and specific.

At the outset, the Board believes it necessary to question whether the underlying assumption of the proposal is correct. That assumption appears to be that the only reason public schools are having difficulties in employing licensed athletic trainers is because there is a shortage of individuals who can meet the licensure requirements. The Board has reason to believe that the real difficulty is the inability or unwillingness of school systems to pay athletic trainers a salary commensurate with their training and skills. Recent statistics compiled by the National Athletic Trainers Association indicate that 57% of new graduates of athletic training programs have found employment in clinical settings. These positions generally are full time positions which pay a salary that attracts trainers. In contrast, school systems generally need trainers for limited daytime or evening hours, and they pay only a limited stipend. The Board notes that there is a recent trend in the profession for clinics that hire the trainers to contract with school systems to provide athletic trainer services. Clinics presumably accept the modest payment from cities and towns because the injured student athletes choose to use their services for follow-up care and treatment. Assuming that there is not a problem with overutilization, all parties benefit from such an arrangement. Indeed, the Board is aware of approximately twenty school systems in the Commonwealth where this system is working satisfactorily.

The Boards of Registration within the Division of Registration
ALLIED HEALTH • ARCHITECTS • BARBERS • CHIROPRACTORS • DENTISTRY • DISPENSING OPTICIANS • EMBALMING AND FUNERAL DIRECTING • PROFESSIONAL
ENGINEERS AND PROFESSIONAL LAND SURVEYORS • ELECTRICIANS • ELECTROLOGISTS • HAIRDRESSERS • HEALTH OFFICERS • LANDSCAPE ARCHITECTS •
NURSING • NURSING HOME ADMINISTRATORS • OPERATORS OF DRINKING WATER SUPPLY FACILITIES • OPTOMETRY • PHARMACY • PLUMBERS AND GAS FITTERS
• PODIATRY • PSYCHOLOGISTS • PUBLIC ACCOUNTANCY • RADIO AND TELEVISION TECHNICIANS • REAL ESTATE BROKERS AND SALESMEN • RESPIRATORY
THERAPIST • SANITARIANS • SOCIAL WORKERS • SPEECH LANGUAGE PATHOLOGY AND AUDIOLOGY • VETERINARY MEDICINE

Assuming, for the purpose of a further response, that the proposal's underlying assumption is correct, the Board has additional comments. As it has from its earliest discussions with DLM, the Board opposes the reopening of the grandfathering provision of Ch. 667. The purpose of grandfathering clauses is to permit those individuals who have been engaged in the practice of a profession for an extended period of time and who have a justifiable expectation of continuing to practice to be licensed without being held to newly established standards. Grandfathering periods purposely are finite periods of time so that licensing standards can be instituted as quickly as possible. Contrary to DLM's assertions regarding the implementation of Ch. 667, adequate notice of the grandfathering deadline was given. In addition to publishing notification in two newspapers of major circulation and issuing a press release, athletic trainer members of the Board met with the Massachusetts Interscholastic Athletic Association (MIAA) to discuss the new law, including the grandfathering provision. Also, the athletic trainer board members specifically requested that the Athletic Trainers of Massachusetts (ATOM) notify all school committees in Massachusetts of the existence of the law and the grandfathering provision. It is the understanding of the Board that ATOM did notify the school systems. Finally, while it is true that grandfathering guidelines were not issued until August 1983, the Board extended the deadline for receipt of applications through the end of April 1984.

With respect to DLM's assertion regarding the Board's failure to implement continuing education requirements, the Board has two comments. First, contrary to the statement on page 23 of the proposal, Ch. 667 does not require the Board to establish such requirements. It merely states that the Board "may require specific continuing education as a condition for license renewal". In other words, if the Board considers continuing education to be appropriate, it may choose to require it. Indeed, in reviewing a number of studies on the efficacy of continuing education, the Board has serious questions about the validity of such education as a condition of license renewal. Second, the DLM report reflects a confusion as to the purpose of continuing education. Continuing education courses are educational opportunities beyond initial entry level educational requirements which enable practitioners to maintain competence and become aware of new developments in their field. It is not the purpose of continuing education to provide licensees with "a formal background in the theory and practice of athletic training" as is suggested on page 4 of the proposal.

With regard to the proposal's suggestion that a new minimum standard for athletic trainer licensure be established, the Board strongly opposes such a move. The existing requirements for licensure are the product of considerable research and analysis of the athletic training function. The standards established in Ch. 667 represent a reasoned determination of what is required to achieve minimum competency in the field. To create a new and

lower minimum standard clearly would not be in the best interest of the consumer and would be contrary to the weight of knowledge and expertise on which the existing standards were formulated. The Board suspects that the institution of a two-tiered licensure system would result in an overwhelming majority of licensees at the lower-tiered level. Indeed one might wonder, with a two-tiered system, what would be the purpose of having any licensure at all.

With respect to strengthening the Board's administrative, investigative, and enforcement capabilities, the Board believes the proposal's recommendation is somewhat irrelevant to the central topic. It does, however, have some comments. While every licensing board undoubtedly would welcome additional resources, the Board believes that it has sufficient resources at the present time. In its early days when the Board was engaged in establishing its procedures, it would have appreciated additional staff. Its operation has now stabilized. With regard to its enforcement function, the Board primarily responds to consumer complaints. To date, the Board has not received any complaints about unlicensed athletic trainers. If it did receive such a complaint, the Board would order the unlicensed individual to cease and desist his or her practice. If the violation continued, the Board would refer the matter to the Office of the Attorney General. While clearly there are some enforcement capabilities the Board would like to have such as the authority to fine violators of the law, none of those capabilities would resolve the matter that is at issue here.

The proposal recommends the establishment of a state-sponsored, state-funded education program. Insofar as the proposal recommends that the Board establish such a program, the Board suggests that this is not its function. The Board views its mandate as ensuring that only qualified individuals become licensed and that they maintain an acceptable standard of practice once they are licensed. This mandate does not include establishing programs to provide the necessary training. That function is more appropriately left to educators.

With regard to the state funding aspect of the proposal, the Board believes as a general matter, that this would create an undesirable precedent. Any profession in which there is a perceived shortage might seek the same type of assistance. The field of nursing, for example, is reported to have a serious shortage, so the same type of proposal could well be made, at an even greater cost to the taxpayer. (The Board notes, parenthetically, that it is doubtful anyone would ever suggest reopening of the nursing statute's "grandperson" clause.) As with the athletic trainer situation, it is by no means clear that subsidized training would resolve the nursing shortage.

In closing, the Board wishes to make it clear that it believes the existing statute is eminently workable. To the extent that there is a problem in Massachusetts with the

availability of athletic trainer services, the Board believes that there is no reasonable legislative avenue that will address the underlying causes of the situation. Thus, the Board is unwilling to support any of the proposal's recommendations regarding changing the licensure standards, reopening the grandfathering provision, or establishing state-sponsored education programs.

Very truly yours,

Diana M. Bailey EdD, OTR

Diana Bailey
Chairperson

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Appendix F

DLM Response

The main finding of DLM's St. 1982, c.667 review is that after almost six years of implementation, only one in four public high schools is in compliance with the requirement that all persons performing athletic trainer duties must be licensed by BOAHP. Contrary to the BOAHP's comments, DLM does not claim that: "...the only reason public schools are having difficulties in employing licensed athletic trainers is because there is a shortage of individuals who can meet the licensure requirements."

DLM's report on page two specifically states that, "A combination of factors, including but not limited to: (1) BOAHP's licensing criteria; (2) the limited pool of licensed personnel; (3) municipal funding constraints; (4) insufficient notice of a grandfathering period; and (5) inadequate oversight by BOAHP, have resulted in a low rate of compliance by Massachusetts public high schools."

BOAHP addresses DLM's 26% compliance finding by pointing out a "recent trend in the profession" for sports injury clinics to provide athletic trainer services to school systems. We agree that sports medicine clinics can play an important role in helping schools provide athletic trainer services under contract. However, these contract services are not available in all areas of the Commonwealth. Also, our research indicates that the demand for athletic trainer coverage at some 200 high schools in need of these services, would overwhelm the existing clinical capacity. Several years would pass before the marketplace could respond. In the interim, an education program would develop the athletic trainer competency of public high school staff members.

DLM's recommended education program options include mandatory minimum standards, optional advanced standards, and mandatory advanced standards. Notwithstanding BOAHP's resistance to the education program, DLM intends to submit these policy options for legislative study.

Concerning compliance, BOAHP could not provide DLM with a list of the public school systems which retain the services of licensed trainers. As a result, DLM was compelled to estimate

public high school compliance through a survey. This is despite a statutory requirement that BOAHP maintain a roster of licensees, including last known business address.

Chapter 667 also requires BOAHP to administer and enforce provisions of G.L. c.13, s.11A and regulations relating to licensure and ethical standards. The Board is authorized by Chapter 667 to issue subpoenas, examine witnesses and administer oaths, and may investigate allegations of practices violating the provisions of the law. Page three of BOAHP's response asserts that BOAHP has chosen to exercise its enforcement function by waiting for a "consumer complaint" before taking action. This is despite general recognition by BOAHP, DLM, and others of widespread practices which violate the provisions of the Act. DLM does not advocate that BOAHP initiate legal action against three quarters of Massachusetts public school systems. We do, however, suggest that BOAHP has a duty to investigate the situation and to recommend solutions. This is the purpose of DLM's review of the athletic trainer program under G.L. c.11, s.6B.

Also please note that G.L. c.11, s. 6B requires DLM to determine the costs and benefits of laws and regulations having a significant financial impact on cities and towns, and to submit its recommendations to the General Court. DLM's recommendations, we believe, will help provide the benefits of athletic trainer regulation to all student athletes.

DLM does not agree with BOAHP's position, that instituting a new minimum standard "would not be in the best interests of the consumer [student athletes]." BOAHP's response predicts that if new licensing standards are implemented, the overwhelming majority of licensees will be at the "lower tiered level." How can this be considered undesirable when currently, the overwhelming majority of practitioners of athletic training are completely unlicensed. The concept of multi-level licensing should not be construed as anti-consumer. It has been successfully established in fields such as nursing and emergency medical services. Also, North Carolina has implemented a two leveled approach to

athletic training. The implementation of a multi-level system provides acceptable care within a flexible framework meeting a diversity of needs.

Our recommendations would enable BOAHP (or some other agency) to at least identify these practitioners. DLM's suggested process of grandfathering, education, examination and "lower tiered licensing" would transform these individuals from a potential threat to student athletes into paraprofessionals with basic skills and an understanding of athletic trainer principals and practices.

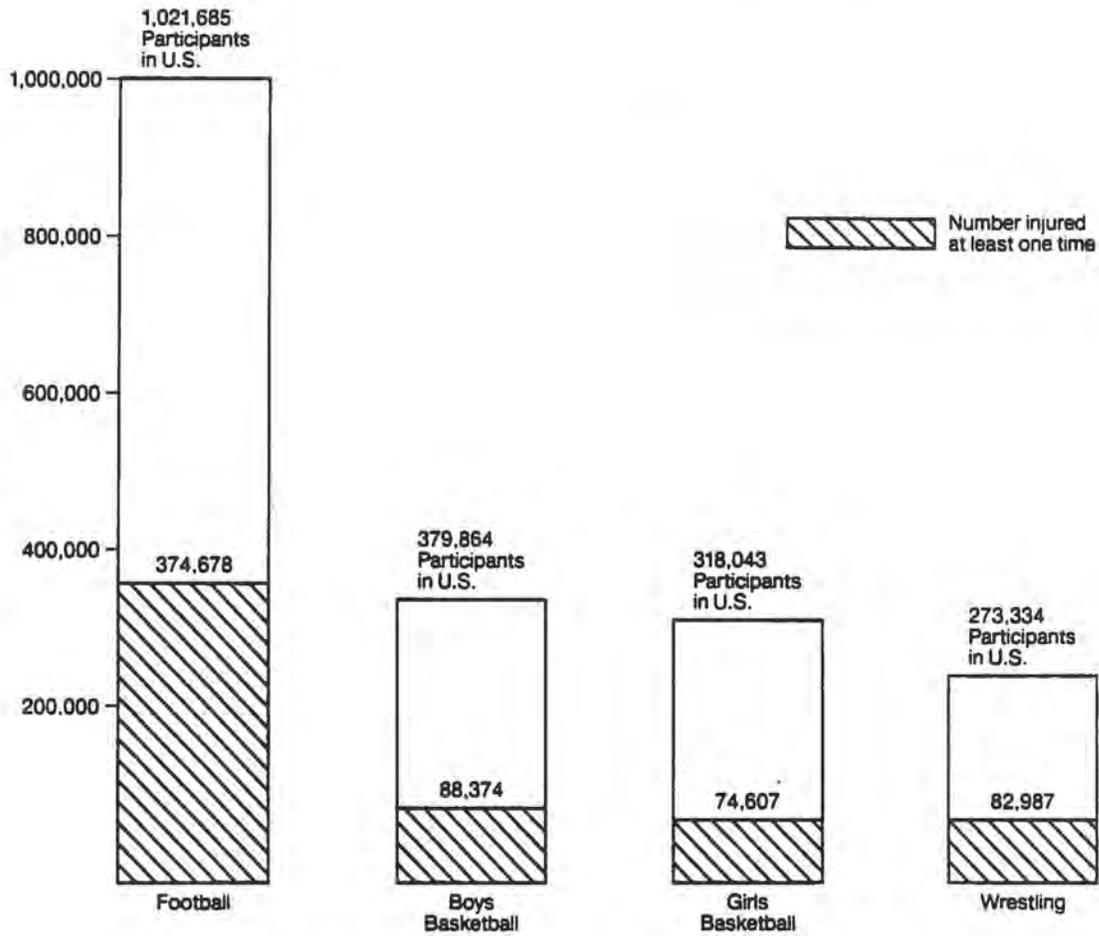
As to state funding, DLM's role under G.L. c.11, s.6B is to mitigate the financial impact of state laws on cities and towns. It is for this reason that we recommend that state funding support accompany any amendments to the athletic trainer licensing program.

DLM believes that a thorough legislative airing of these issues will lead the General Court to the conclusion that the current status of c.667 implementation is "not in the best interests of the consumer."

As a final note, DLM would like to thank the athletic trainer BOAHP members who assisted DLM with this project.

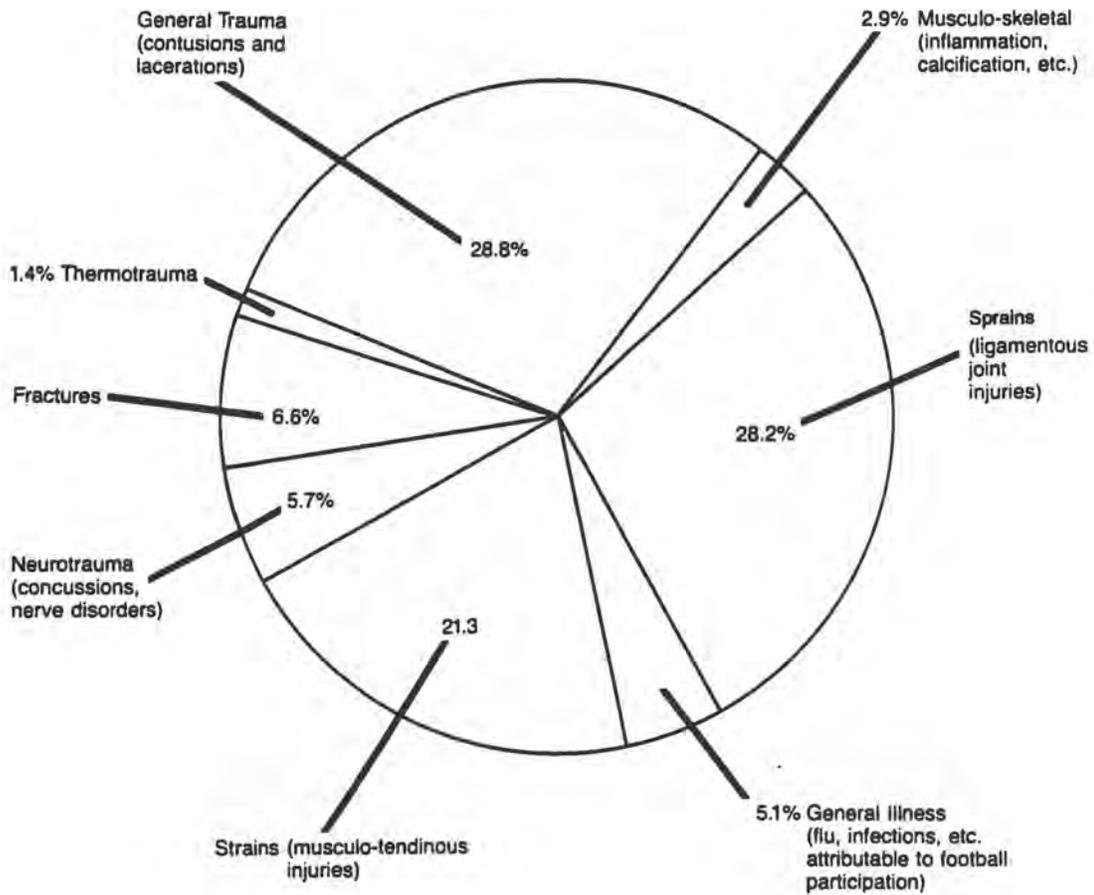
Appendix G

NUMBER OF HIGH SCHOOL ATHLETES INJURED AT LEAST ONE TIME IN 1987-88



Source: National Athletic Trainers' Association, Inc. (1988)

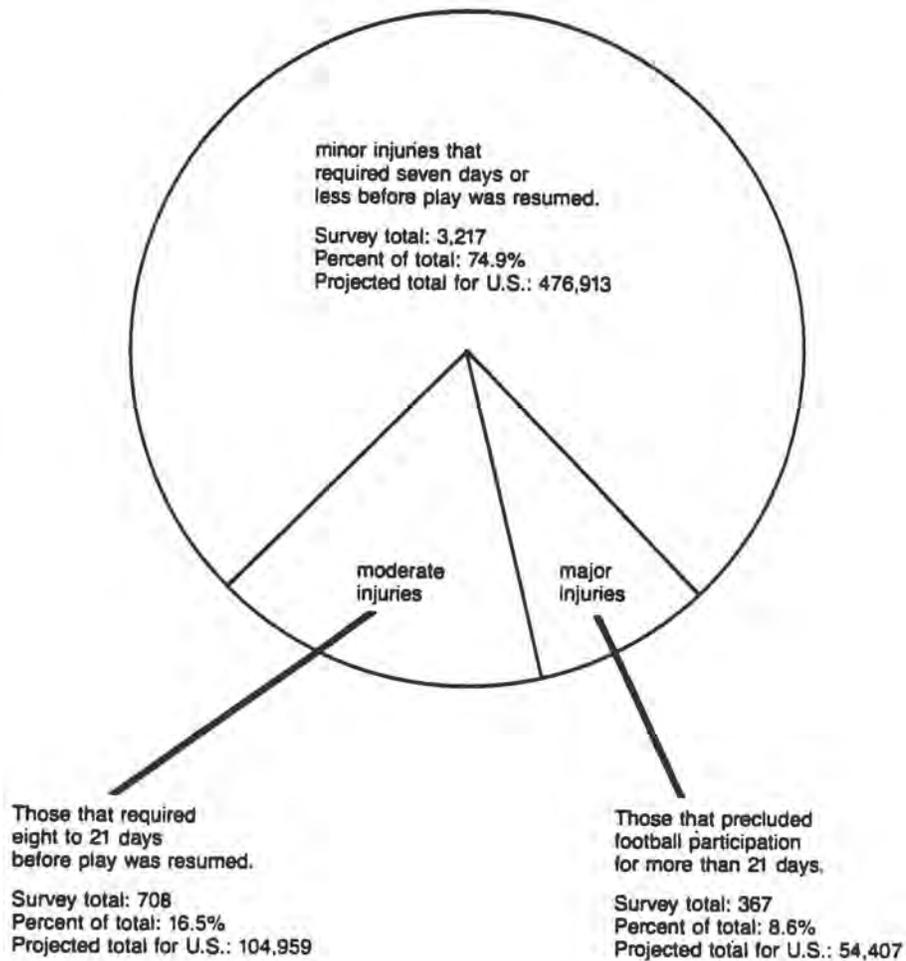
TYPES OF INJURIES SUSTAINED IN HIGH SCHOOL FOOTBALL



* National Athletic Trainers Association

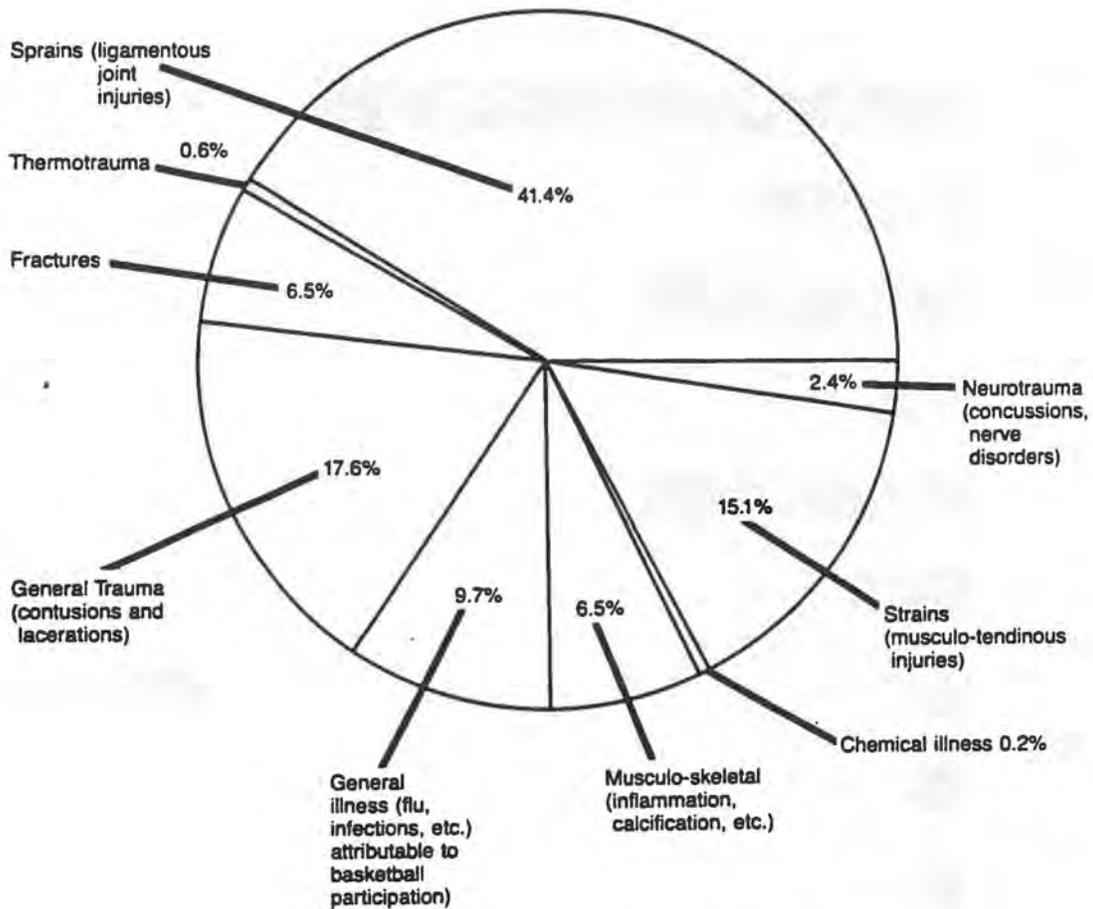
**Source: National High School Injury Registry (1986)

SEVERITY OF HIGH SCHOOL FOOTBALL INJURIES



- * Surgical repairs: There were 97 sports-related injuries (2.26 percent of total) that resulted in surgery. That projects to 14,380 football-related surgeries in 1986, or about one per school. Sixty-seven of the 97 reported injuries were knee related (69 percent), which projects to 9,933 knee surgeries in the U.S.
- **National Athletic Trainers' Association
Source: National High School Injury Registry (1986)

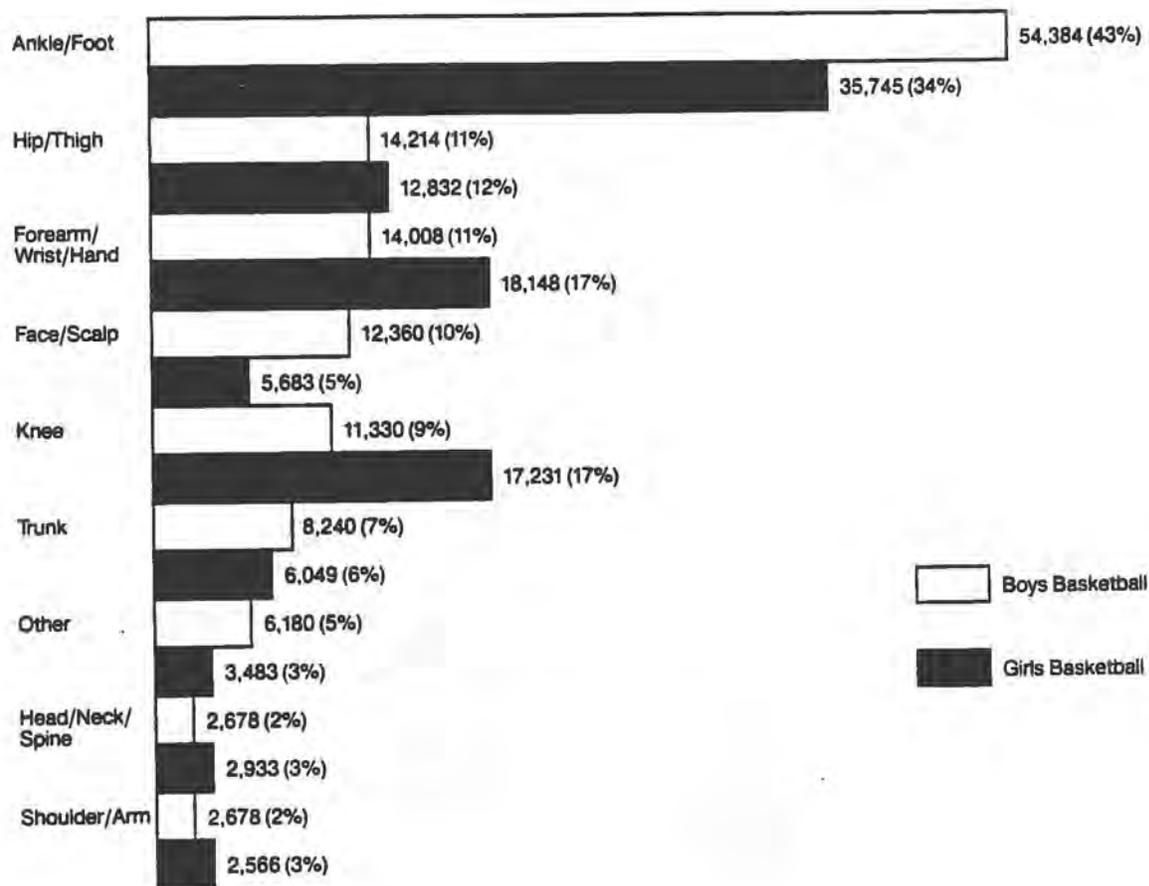
TYPES OF INJURIES SUSTAINED BY GIRLS PLAYING HIGH SCHOOL BASKETBALL



National Athletic Trainers' Association, Inc.
Source: National High School Injury Registry (1987)

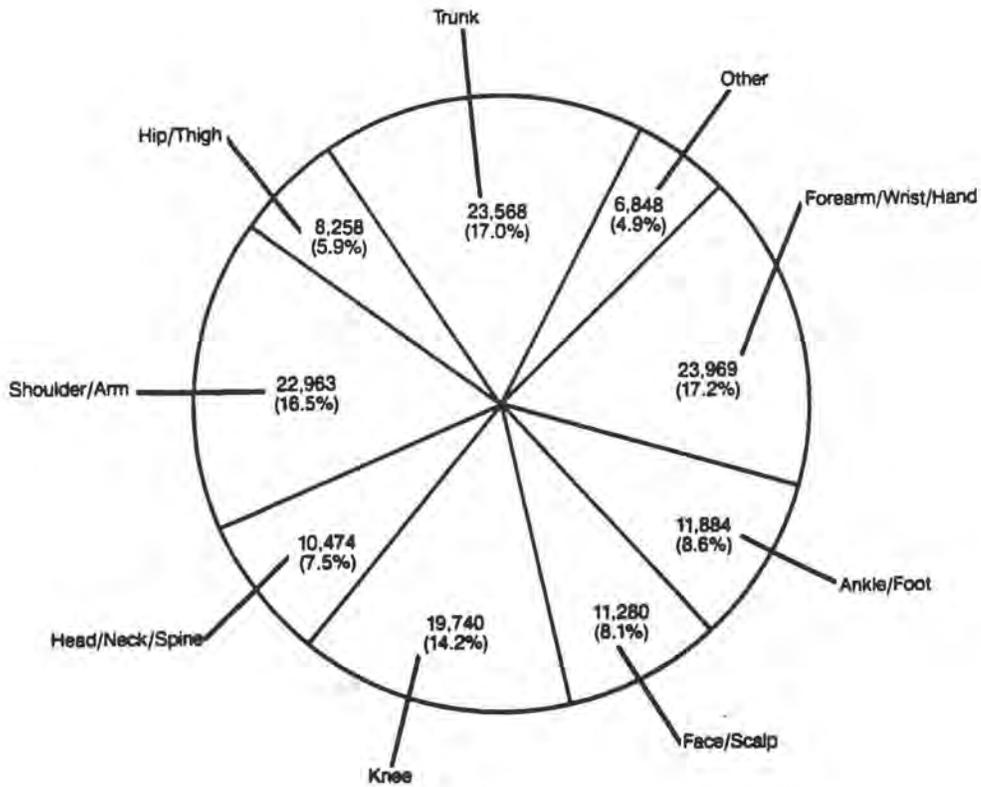
WHERE IT HURTS

Breakdown of Injuries that Occurred
in Boys and Girls H.S. Basketball



Source: National Athletic Trainers' Association, Inc. (1988)

**WHERE IT HURTS
HIGH SCHOOL WRESTLING—1988**



Source: National Athletic Trainers' Association, Inc. (1988)