

HOUSE BILL REPORT

SHB 1275

As Passed Legislature

Title: An act relating to athletic trainers.

Brief Description: Concerning athletic trainers.

Sponsors: House Committee on Health Care & Wellness (originally sponsored by Representatives Thai, Harris and Riccelli).

Brief History:

Committee Activity:

Health Care & Wellness: 1/25/23, 2/1/23 [DPS].

Floor Activity:

Passed House: 3/7/23, 95-0.

Passed Senate: 4/6/23, 48-0.

Passed Legislature.

Brief Summary of Substitute Bill

- Modifies the authorization for athletic trainers to purchase, store, and administer certain medications.
- Modifies definitions related to athletic trainers.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 15 members: Representatives Riccelli, Chair; Bateman, Vice Chair; Schmick, Ranking Minority Member; Hutchins, Assistant Ranking Minority Member; Barnard, Graham, Harris, Macri, Maycumber, Mosbrucker, Orwall, Simmons, Stonier, Thai and Tharinger.

Staff: Kim Weidenaar (786-7120).

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.

Background:

Applicants for an athletic trainer license must provide proof of successfully completing one of the following:

- any accredited educational program accepted by the Board of Certification for the Athletic Trainer (BOC) as meeting the requirements to sit for the certification examination; or
- completion of a bachelors or advanced degree attained prior to January 1, 2004, including at a minimum:
 - course work in human anatomy, kinesiology, human physiology, exercise physiology, and health (such as nutrition, drug and substance use, health education, personal health and wellness, or a course in pathology, pathophysiology, or pharmacology); and
 - completion of an internship with a minimum of 1,500 practical hours under direct supervision of an athletic trainer certified by the BOC.

Athletic trainers are licensed by the Department of Health to provide:

- risk management and prevention of athletic injuries and recognition, evaluation, and assessment of athletic injuries;
- immediate care of athletic injuries, including through the application of first aid and emergency procedures for athletic injuries;
- treatment, rehabilitation, and reconditioning of athletic injuries in accordance with guidelines established with a licensed health care provider;
- treatment, rehabilitation, and reconditioning of work-related injuries, under the direct supervision of and in accordance with a plan of care for an individual worker established by a provider authorized to provide physical medicine and rehabilitation services; and
- referral of an athlete to an appropriately licensed health care provider if the athletic injury requires further definitive care or the injury or condition is outside an athletic trainer's scope of practice.

An athletic trainer may purchase, store, and administer over-the-counter topical medications such as hydrocortisone, fluocinonide, topical anesthetics, silver sulfadiazine, lidocaine, magnesium sulfate, zinc oxide, and other similar medications, as prescribed by an authorized health care practitioner for the practice of athletic training.

"Athlete" is defined as a person who participates in exercise, recreation, sport, or games requiring physical strength, range-of-motion, flexibility, body awareness and control, speed, stamina, or agility, and the exercise, recreation, sports, or games are of a type conducted in association with an educational institution or professional, amateur, or recreational sports club or organization.

"Athletic injury" means an injury or condition sustained by an athlete that affects the person's participation or performance in exercise, recreation, sport, or games and the injury

or condition is within the professional preparation and education of an athletic trainer.

"Athletic trainer" means a person who is licensed under the athletic trainer chapter who can practice athletic training through the consultation, referral, or guidelines of a licensed health care provider working within their scope of practice.

Summary of Substitute Bill:

Athletic trainers are authorized to purchase, store, and administer over-the-counter medications as prescribed by an authorized health care practitioner for the practice of athletic training. Athletic trainers who have completed accredited training programs on pharmacology and medication administration may purchase, store, and administer medications in accordance with the programs, as prescribed by an authorized health care practitioner for the practice of athletic training.

References to over-the-counter topical medications are removed.

The definition of "athletic injury" is modified to include "activities." The definition of "athlete" is modified to include "activities" and includes exercise, recreation, activities, sports, or games that are of a type conducted for the benefits of health and wellness in association with an educational institution or professional, amateur, recreational sports club or organization, hospital, or industrial-based organization. The definition of "athletic trainer" is modified so that it refers to a health care provider, rather than a person, licensed under the athletic trainer statutes.

Appropriation: None.

Fiscal Note: Available.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony:

(In support) There are 875 athletic trainers in this state that practice in a variety of fields, sports, schools, and also support people in the medical field. Athletic trainers work in industrial settings such as large corporations in areas with lots of movement. They help to ensure ergonomic movement to prevent injuries. The proponents have had conversations with others on the pharmacologic issues and with the physical therapists and medical association on their concerns.

This bill will acknowledge all athletes. The addition of activities supports the inclusion of nontraditional athletes that athletic trainers provide care to currently. Athletic trainers provide care to many who participate in different activities and not all athletes come from

the traditional settings of schools, professionals, or other athletes. Athletic trainers work in coordination with others to provide care or work in corporate settings. This bill will ensure that athletic trainers can practice to the full extent of their training and enable athletic trainers to support the health care system.

The language in the athletic trainer statutes needs to be changed to match with the current standards of the training and education. The current educational standards are not being recognized and the education and training are advancing. This slows clinic flow because practitioners have to draw up their own medications. Athletic trainers are not intending to administer medication.

(Opposed) There are concerns on the medication piece in the bill, as well as concerns about the additions for health and wellness in the definition of athlete. Those are very broad terms and perhaps there are other terms that get at the industrial settings and hospital settings. There is an understanding that the Medical Association and Department of Health are working on some additional language for the medication piece.

(Other) As the bill is written it goes beyond the over-the-counter drugs. There should be a tiered system for those with different levels of training.

There is a lack of understanding about what this bill does and there is concern about the addition of the term activities. Activities is a term that has deep history in occupational therapy. Occupational therapists use activities as part of core training, specifically activities of daily living. With this terminology addition, anyone in any setting could be an athlete. There should be a sunrise review to study the scope expansion.

Persons Testifying: (In support) Charlie Brown and Ciara Ashworth, Washington State Athletic Trainers Association; Jonathan Huwe, MultiCare Orthopedics and Sports Medicine; and Representative Marcus Riccelli.

(Opposed) Melissa Johnson, American Physical Therapy Association Washington.

(Other) Amy Brackenbury, Washington State Medical Association; and Josh Cobbley, Northwest Return To Work.

Persons Signed In To Testify But Not Testifying: None.