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# OHIO LEGISLATIVE SERVICE COMMISSION

Office of Research  
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Legislative Budget  
Office

H.B. 176  
134<sup>th</sup> General Assembly

## Final Analysis

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**Version:** As Passed by the General Assembly

**Primary Sponsors:** Reps. Carfagna and Hall

**Effective date:** January 27, 2022

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### SUMMARY

- Grants an athletic trainer the option of entering into a collaboration agreement with a physician or podiatrist and authorizes the athletic trainer to perform additional services and activities.
- Makes other changes regarding the practice of athletic training, including by allowing for referrals from additional practitioners.

### DETAILED ANALYSIS

#### Practice of athletic training

The act establishes two scopes of practice for athletic trainers: one for those who choose to practice under collaboration agreements, which permit performance of additional services and activities, and another for those who choose to practice as previously authorized. The act makes related changes in the laws governing athletic trainers and their licensure through the Athletic Trainers Section of the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board.

#### Physician or podiatrist collaboration

To be authorized to perform the additional athletic training services and activities permitted by the act, an athletic trainer must enter into a collaboration agreement with one or more physicians or podiatrists.<sup>1</sup> The agreement must address:

- The duties and responsibilities to be fulfilled by the athletic trainer when practicing;

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<sup>1</sup> R.C. 4755.621(B).

- Any limitations on the athletic trainer’s practice; and
- A plan of care for patients treated by the athletic trainer.

The agreement must be in writing and signed by the athletic trainer and each collaborating physician or podiatrist. The parties to the agreement must maintain a copy in their records.

### **Comparison of noncollaborative and collaborative practices**

The scope of athletic training without a collaboration agreement remains the same as the scope that was authorized before the act.<sup>2</sup> The scope of athletic training under a collaboration agreement includes the previously authorized scope, with modifications, plus additional activities and services.<sup>3</sup> The following table compares the two types of practice.

Activities and services without collaboration	Activities and services with collaboration
Prevention, recognition, and assessment of an athletic injury	Prevention, examination, and athletic training diagnosis of injuries or emergent conditions resulting from physical activities that require physical skill and utilize strength, power, endurance, speed, flexibility, range of motion, or agility
Complete management, treatment, disposition, and reconditioning of acute athletic injuries	Same actions, but rather than describing the event as an acute athletic injury, refers instead to injuries or emergent conditions resulting from physical activities
No provision	Provision of emergent care, therapeutic interventions, and rehabilitation for injuries or emergent conditions resulting from physical activities
No provision	Promotion of and education about wellness
Administration of prescribed drugs that are topical	Administration of any prescribed drug under the prescriber’s direction, excluding intra-articular and intratendinous injections
Organization and administration of educational programs and athletic facilities	Same, but references athletic training facilities

<sup>2</sup> R.C. 4755.60 and 4755.622.

<sup>3</sup> R.C. 4755.621(C).

Activities and services without collaboration	Activities and services with collaboration
No provision	Performance of athletic training research
Education of and consulting with the public as it pertains to athletic training	Same

### **Athletic training diagnosis**

For the act's provisions authorizing an athletic trainer to make a diagnosis under a collaboration agreement, "athletic training diagnosis" is defined as the judgment made after examining, evaluating, assessing, or interpreting symptoms presented by a patient to establish the cause and nature of the patient's injury, emergent condition, or functional impairment and the plan of care for that injury, condition, or impairment within the scope of athletic training. The act specifies that an athletic training diagnosis does not include a medical diagnosis.<sup>4</sup>

### **Discipline**

A physician or podiatrist who fails to fulfill the responsibilities of a collaboration agreement with an athletic trainer is subject to professional disciplinary actions by the State Medical Board.<sup>5</sup> Likewise, an athletic trainer may be disciplined by the Athletic Trainers Section for failing to fulfill the obligations of a collaboration agreement.<sup>6</sup>

### **Referrals**

The act maintains the requirement that an athletic trainer practice only on the referral of another health care practitioner. As before, a referral may be from a physician, podiatrist, dentist, physical therapist, or chiropractor, but the act also allows for referrals from physician assistants, nurse practitioners, and other athletic trainers. For a referral to be made by another athletic trainer, however, the athletic training must already have been recommended and referred by one of the other types of health care practitioners authorized to make referrals.<sup>7</sup>

### **Employers**

The act eliminates a provision describing an athletic trainer as a person employed by an educational institution, professional or amateur organization, athletic facility, or health care facility to practice athletic training.<sup>8</sup>

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<sup>4</sup> R.C. 4755.621(A).

<sup>5</sup> R.C. 4731.22(B)(53).

<sup>6</sup> R.C. 4755.64(A)(14).

<sup>7</sup> R.C. 4755.60 and 4755.623.

<sup>8</sup> R.C. 4755.60.

## License boundaries

The act specifies that a license to practice as an athletic trainer does not entitle its holder to provide, offer to provide, or represent that the person is qualified to provide care or services for which the person lacks the education, training, or experience to provide or is prohibited by law from providing.<sup>9</sup>

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## HISTORY

Action	Date
Introduced	03-04-21
Reported, H. Health	05-03-21
Passed House (95-0)	05-05-21
Reported, S. Health	09-22-21
Passed Senate (31-1)	09-28-21
House concurred in Senate amendments (92-0)	09-29-21

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<sup>9</sup> R.C. 4755.62(E).