



Dear Senator Rodrigues,

As you may know, HB241 passed the House without including the SB582 subsection (5) amendment. The Athletic Trainers' Association of Florida, on behalf of our members, would like to highlight a potential unintended consequence of the legislation. The concerning language in HB241 [pp11 of 12, section 1014.06, subsection (1), lines 254 – 259] corresponds to SB582: pp10 of 11, section 7. section 1014.06, subsection (1) lines 267-273.

As highly skilled, nationally certified, and licensed healthcare providers, Athletic Trainers work under the direction of a licensed physician to support the injury and illness needs of patients across their lifespan (pediatric to geriatric). Athletic Trainers work in a multitude of practice settings including secondary schools, colleges/universities, hospitals/clinics, physician offices, industrial/corporate organizations, performing arts, military, and youth and community sports. Athletic Trainers, especially at the secondary school and rural setting offer healthcare services at the school which incur minimal to no cost to the patient and their family. If passed, HB241/SB582 as written has the potential to negatively impact the level of care provided by Athletic Trainers and the healthcare access available for secondary school and youth sport student-athletes. Athletic Trainers mitigate risk through policy development, emergency action planning, injury prevention programs, and serve to support safe participation in sport through point of care injury assessment, diagnosis, emergency management, post-injury referral, rehabilitation, and return to sport clearance (<https://www.atyourownrisk.org/legislators/>). Athletic Trainers work in collaboration with physicians and offer student-athletes vital injury/illness management services, including providing mitigation efforts during the COVID-19 pandemic response.

Parents and guardians play a critical role supporting the well-being of their child. Within the secondary school setting, quite often the Athletic Trainer orchestrates the communication and plan of care discussions between the student-athlete, parent, physician, other healthcare professionals, and in some cases emergency services. Athletic Trainers have the training and skills to respond to acute injury in real time. Charged with determining the scope and breadth of the situation an Athletic Trainer addresses critical questions such as 'is this situation life threatening', 'does this injury require further evaluation', or 'is the injury manageable within the Athletic Trainers' scope of practice' before they begin treatment with the patient. The written consent authorization requirement as outlined in HB241/SB582, prevents and/or limits Athletic Trainers from executing their duties as healthcare providers and restricts the point of care services offered to their patients. The inclusion of the amendment within SB582 appears to offset concerns regarding the care provided by Athletic Trainers for acute injuries sustained during secondary school sport. However, the legislation neglects the important injury prevention and risk mitigation services Athletic Trainers provide to student-athletes. In some situations, if a high school employs an Athletic Trainer, the Athletic Trainer has an expectation to care for the student-athletes at their school and obtaining written consent may be practical and feasible prior to the start of sport participation. However, not all secondary schools across the 67 counties in Florida employ or have access to an Athletic Trainer, which therefore imposes a written or unwritten expectation that the Athletic Trainer present will also care for the opposing team. In a scenario which occurs often, consider the consequences of the following – if a football student-athlete from a visiting team sustains a knee injury on the field during a game, the Athletic Trainer from the home team would typically run out on the field, introduce themselves, assess the situation, manage the initial care for the student-athlete, determine playing status, communicate with the visiting team coaches, and document the situation. Depending on the severity of the injury, the Athletic Trainer may then communicate with the parent/guardian. Under the SB582 amendment, the Athletic Trainer may be exempt from the potential litigation if they continue to offer healthcare support for acute injuries. However, if a student-athlete on the opposing team approached the Athletic Trainer and asks them to tape their ankle as part of an injury prevention or maintenance support for an ongoing issue, the amendment language would not apply and could result in legal and financial consequences for the Athletic Trainer providing injury prevention services for the student-athlete. Contrary to stated information



during committee meetings, HB241/SB582 does not consolidate already existing statutes within healthcare practice of Athletic Trainers regarding consent to treat expectations, but rather introduces new layers of complexity and unintended potential barriers for Athletic Trainers and point of care healthcare providers from supporting the well-being of their patients.

Within the secondary school setting, the Florida High School Athletic Association has a form EL03, which provides parental consent for emergency care for student-athletes participating in sport. The FHSAA EL03 form may afford Athletic Trainers the opportunity to effectively care for emergent conditions; however, the current FHSAA consent forms, if applied under the HB241/SB582 legislation reduces the services Athletic Trainers (or other point of care providers) can provide to their patients. If HB241/SB582 became law, the language at present would have significant repercussions on the practice of Athletic Trainers, specifically the breadth of services offered within the secondary school, youth, and community sport settings. The staff analysis for these bills do not address the unintended consequences related to time, money, added burden on urgent care centers and/or emergency services by limiting the care Athletic Trainers can provide onsite at the school or community event. The bills do, however, explicitly identify the potential financial, legal, and professional licensing board consequences for Athletic Trainers and healthcare providers if they violate the proposed legislation.

Our primary concern is that any time an injury occurs where an Athletic Trainer would be providing care, without prior parental consent the Athletic Trainer could not assess the situation or provide immediate care for that injury, without being vulnerable to liability and criminal charges. Although the SB582 amendment appears to offer an exemption for acute injury management by Athletic Trainers and volunteer team physicians, the amendment, not presently included in HB241, does not adequately allow Athletic Trainers to serve as injury prevention specialists and risk management coordinators at the secondary school level and/or youth/community sport setting. On behalf of the 2000 licensed Athletic Trainers working across 67 counties in the state of Florida, we respectfully request your attention to the language written in the HB241/SB582 and ask for your assistance to rectify the unintended negative consequences of the prohibitive language.

We would be happy to address any questions or offer clarity for the examples and concerns outlined above. Please let us know if your office would like to speak with a member of our leadership team.

Sincerely,

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