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FISCAL IMPACT REPORT

SPONSOR SPAC **ORIGINAL DATE** 2/22/17
LAST UPDATED 3/11/17 **HB** _____
SHORT TITLE Athletic Trainer Scope of Practice **SB** 221/SPACS
ANALYST Amacher

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

| | FY17 | FY18 | FY19 | 3 Year Total Cost | Recurring or Nonrecurring | Fund Affected |
|--------------|------|------|------|----------------------|------------------------------|------------------|
| Total | | NFI | NFI | NFI | | |

(Parenthesis () Indicate Expenditure Decreases)

SOURCES OF INFORMATION

LFC Files

Responses Received From

Department of Health (DOH)

Medical Board (MB)

Regulation and Licensing Department (RLD)

SUMMARY

Synopsis of the SPAC Substitute

The Senate Public Affairs Committee Substitute for Senate Bill 221 amends the scope of practice of athletic trainers to add clinical assesment and therapeutic intervention of athletes. Preventive services, emergency care, and therapeutic intervention and rehabilitation of injuries are also included in the expanded scope of practice. This bill makes clears athletic trainers act as allied medical providers through collaboration with licensed physicians. If enacted, this bill would have an effective date of June 16, 2017.

FISCAL IMPLICATIONS

There are no known fiscal implications.

SIGNIFICANT ISSUES

The Senate Public Affairs Committee Substitute for Senate Bill 221 amends the scope of practice of athletic training to add clinical assessment and therapeutic intervention of athletes. Preventive services, emergency care, and therapeutic intervention and rehabilitation of injuries are also included in the expanded scope of practice. This bill makes clear athletic trainers act as allied medical providers through collaboration with licensed physicians. To carry out these functions, as outlined in this act, an athletic trainer may use certain applications of heat, light, exercises and other preventative services in accordance with established, written athletic training service plans upon the order or protocol of a licensed physician.

OTHER SUBSTANTIVE ISSUES

According to the National Athletic Trainers' Association, athletic trainers are health care professionals who collaborate with physicians to provide preventative services, emergency clinical diagnosis, therapeutic intervention, and rehabilitation of injuries and medical conditions. Students who want to become certified athletic trainers must earn a degree from an accredited athletic training curriculum. Accredited programs include formal instruction in areas such as injury/illness prevention, first aid and emergency care, assessment of injury/illness, human anatomy and physiology, therapeutic modalities, and nutrition. Classroom learning is enhanced through clinical education experiences. More than 70 percent of certified athletic trainers hold at least a master's degree. (<http://www.nata.org/athletic-training>).

The Department of Health (DOH) notes that currently athletic trainers in New Mexico are limited in their ability to evaluate, diagnose, and treat sports related injuries among student athletes in a timely manner, regardless of their training certification and experience.

The DOH points out the NM Athletic Trainers Board currently has 156 active licensees, and most of these trainers work in all the 89 school districts, as well as in some of the 301 charter schools with athletic programs. Athletic trainers are important for both initial diagnoses of concussions and follow-up evaluation, assisting coaches as well as doctors in detecting more serious brain injuries requiring more treatment and rest prior to receiving a medical clearance. Failure to detect serious brain injuries in student athletes prior to them receiving a medical clearance may result in permanent brain damage.

The Regulation & Licensing Department (RLD) notes the NM Athletic Trainers Board last met in June 2015, and suggests the board may best be placed under the oversight of the NM Medical board to ensure public safety of injured athletes.

JMA/jle/SB