



1. Whether you feel consolidation of the Board is appropriate, either with another licensing board or a different regulatory entity, such as a state agency.

The North Carolina Board of Athletic Trainer Examiners (NCBATE) respectfully requests this board remain an Independent Licensure Board and not be consolidated with another licensing board, regulatory entity, or agency. The current administrative regulatory system is efficient in regulating the profession of athletic training in the interest of protecting the health, safety, and welfare of the public. The current architecture of NCBATE allows it to provide effective and efficient regulation due to its diverse board which includes a public member, physicians, and athletic trainers from a variety of practice settings. This structure provides the necessary expertise to address the complexities that come before it. To further support this position NCBATE asks the JLAPOC to consider:

Prioritizing Responsiveness and Avoiding Harmful Delays

- Urgency and responsiveness to public concern is paramount as it is the primary responsibility of this board to protect the public. As the primary employment setting for athletic trainers in North Carolina is the secondary schools where they care for minors and are charged with administration of emergency care of which consent, and parental approval is not feasible prior to performing medical treatment. It is imperative that adequate board oversight occur with regards to any concern that is brought forward and a prompt resolution of said concerns be implemented.
- A cumbersome consolidated board with inherent bureaucracies would be unable to quickly & efficiently respond to public concerns, therefore, consolidating the NCBATE is not acceptable as athletic trainers are critical to the health and safety of citizens, often unaccompanied minors.
- A delay in the granting of licensure to an otherwise qualified candidate would likely occur due to the number of candidates a consolidated board would have to consider. This would place an undue burden on the licensee, those seeking to employ them and the patients they would serve.

Valuing Professional Expertise and Trusting Specialized Training

- The athletic training (AT) profession was founded on providing medical services to athletes. Athletic Trainers (AT's) are uniquely, and highly qualified, multi-skilled health care professionals specifically trained in the prevention, examination, diagnosis, treatment and rehabilitation of medical conditions and emergent, acute, and chronic injuries.
- Frequently members of the public are not always aware of the profession, what skills athletic trainers possess and what services they can provide. It is an often-misunderstood profession, even by other healthcare providers. The current composition of NCBATE's independent board consisting of 1 public member, 4 licensees with specific expertise in the profession, 1 licensed orthopedic surgeon, and 1 licensed family practice physician or pediatrician, allows for better understanding of the education and qualifications for the profession and strengthens the investigative and disciplinary process to further protect the public.
- It is imperative that the regulatory board has an in-depth knowledge, understanding and necessary expertise to address the complexities of the profession-specific issues, clinical competencies and skills provided by ATs in all settings. Athletic trainers, like other healthcare providers, are required to obtain annual continuing education ensuring that their patients receive evidence based, state of the art health care.
- The Gfeller-Waller Concussion Awareness Act was passed by the North Carolina legislature. This identifies licensed athletic trainers as one of the five (5) health care providers that are qualified to make return to play decisions following the diagnosis of a concussion. Furthermore, athletic trainers work in a variety of settings that demand specific adaptations, requiring NCBATE members to have a broad and deep understanding of the skill set, training, and clinical adaptability of athletic trainers. Settings include the military, performing arts, traditional athletics, extreme sports, physician office, hospitals and urgent care a, and industrial workplaces. All of these points speak to the need to have an independent bboard that understands the profession of athletic training, the diverse setting in which they practice and the unique patient population they are for.

Recognizing Financial Solvency and the Value of the Licensure

- The North Carolina Board of Athletic Trainers' Examiners is a financially solvent board. The board is funded exclusively by license issuance and renewal fees that have been increased only once since 1997.
- Currently the license issuance fee stands at \$200, and the annual renewal fee stands at \$75.00. At their current level these fees do not present a financial burden to the nearly 2000 athletic trainers that are currently licensed and are in line with similar allied healthcare providers in NC.

Each of these data points would likely be lost if NCBATE is consolidated with another board that is unaware of their importance.

2. **The regulatory entity with which consolidation would be most appropriate if the Board were to be consolidated.**

Incurring Health Risks through Consolidation

- A total of 49 states and the District of Columbia regulate the profession of athletic training while 46 states have licensure for athletic training. The models of licensure boards vary widely by state. Many states maintain independent licensing boards for athletic training including North Carolina. Some states maintain an independent licensing boards but are housed under the umbrella of a governmental division. The NCBATE respectfully requests to not be combined with other allied health or non-healthcare providers because of the unique skill set and vulnerability of our patient population that requires prompt and appropriate action.
- Placing a nimble, independent, and specific board under a bureaucratic division whose employees would, most likely, not be familiar with specifics of athletic training would result in a degradation of public safety. Familiarizing the staff with athletic training would be a constant and ongoing task. With every personnel transition and onboarding causing delay and expense to the public. Investigative and disciplinary action could be delayed in a consolidated board if a larger volume of licensees from different professions were served by a consolidated board.

Recognizing Patient Vulnerability as Critical Concern

- Finally, we don't feel this would be a cost or efficiency savings since the department does not have an applicable functioning model to apply the consolidation. Consolidating under another agency would likely decrease efficiency, increase costs, and have no effect on job creation, and most importantly there is no evidence this change would improve public safety. While investigating alternatives to the consolidation of licensing boards, McFarlan reported there is evidence to support the suggestion that centralization may not achieve the expected economies of scale (www.clearhq.org). Experience in a number of states has shown that the creation of "super agencies" failed to meet the desired objectives of improved consumer service and decreased costs.
- If we were to be placed under an existing board and consolidated, we believe a possible fit would be the North Carolina Medical Board. Although athletic trainers work most closely with physicians, we have grave concerns over consolidation with the medical board. First, the board is unrepresentative of its licensees. It consists of 13 members: 8 physicians, 1 physician assistant, 1 nurse practitioner, and 3 members of the public. Yet, the medical board also licenses anesthesiologist assistants, clinical pharmacists, practitioners, perfusionists, and polysomnographic technicians. None of these

professions have representation on the board. Again, the NCBATE respectfully requests to not be combined with other allied health or non-healthcare providers because of the unique skill set and vulnerability of our patient population that requires prompt and appropriate action.

3. **Whether any statutory changes would be necessary to ensure effective regulation if the Board.**

Navigating Challenges of Statutory Changes

- If the NCBATE were to be consolidated with another licensing board or agency, numerous statutory changes would be required to ensure effective regulation of athletic trainers, including possibly adding board members and employees of the receiving licensing board with the requisite expertise to effectively regulate athletic trainers and protect the public.

4. **Recommendations for operational changes, such as contract, lease, and personnel terminations or transfers, if the Board were to be consolidated.**

Complicating Existing Professional Relationships and Administrative Functions

- The NCBATE employs a private management company for its administrative services and retains a law firm to provide legal counsel services. These relationships would not automatically transfer with the Board if it were to be consolidated.
- This administrative structure, as opposed to having full time employees, helps to reduce Board expenses which in turn reduces costs to the licensees. Operational changes would include securing a new Executive Director/Administrator to handle the daily operations of the Board (license applications, renewals, complaints, financial reporting, NC state reporting, answering phone and email inquiries from the public and license applicants, planning of Board and Board committee meetings and correspondence, and management of the Board website and contracts), as well as obtaining legal counsel services
- Further, the NCBATE currently is contracted with Heuristic Solutions Learning Builder, an online credentialing service which holds the Board's license records as well as the workflows for credentialing and license renewals. The NCBATE also holds its own bank accounts for checking/savings and financial management, its own dedicated phone and fax line, its own storage unit, and contracts with a CPA for annual reviews and audits.

Citations

<https://bocatc.org/>

Densen, Peter. "Challenges and opportunities facing medical education." *Transactions of the American Clinical and Climatological Association* vol. 122 (2011): 48-58.

National Center for Catastrophic Sport Injury Research (NCCSIR) Data Request. 2/28/2022.

<https://www.clearhq.org/resources/mcfarland.htm>