

# Advisory Board on Athletic Training

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Virginia Board of Medicine

September 22, 2022

10:00 a.m.

**Advisory Board on Athletic Training**

Board of Medicine

Thursday, September 22, 2022 @ 10:00 a.m.

9960 Mayland Drive, Suite 201, Henrico, VA

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Call to Order – David Pawlowski, AT, Chair	
Emergency Egress Procedures – William Harp, MD	i
Roll Call – Delores Cousins	
Approval of Minutes of October 7, 2021	1 - 4
Adoption of the Agenda	
Public Comment on Agenda Items (15 minutes)	
<b>New Business</b>	
1. Periodic Review of Regulations Governing the Practice of Athletic Trainers ..... Erin Barrett	5 – 18
2. Review of Bylaws for Advisory Board ..... Erin Barrett	19 - 20
3. Update from BOC CARE Conference ..... David Pawlowski, AT	21 - 29
4. Discuss Athletic Trainers Utilizing Emergency Inhaler ..... David Pawlowski, AT	-- --
5. Discuss Licensure Process, Temporary Authorization, Provisional License, and Supervision Michael Puglia, AT	
6. Approval of 2023 Meeting Calendar ..... David Pawlowski, AT	30
7. Election of Officers David Pawlowski, AT	

Announcements: Next Scheduled Meeting: February 9, 2023 @ 10:00 a.m.

Adjournment

**PERIMETER CENTER CONFERENCE CENTER**  
**EMERGENCY EVACUATION OF BOARD AND TRAINING ROOMS**  
(Script to be read at the beginning of each meeting.)

**PLEASE LISTEN TO THE FOLLOWING INSTRUCTIONS ABOUT EXITING THESE PREMISES IN THE EVENT OF AN EMERGENCY.**

In the event of a fire or other emergency requiring the evacuation of the building, alarms will sound.

When the alarms sound, leave the room immediately. Follow any instructions given by Security staff

**Training Room 1**

Exit the room using one of the doors at the back of the room. (**Point**) Upon exiting the room, turn **LEFT**. Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

<< DRAFT >>

ADVISORY BOARD ON ATHLETIC TRAINING

**Minutes**

October 7, 2021

The Advisory Board on Athletic Trainer met on Thursday, October 7<sup>th</sup>, 2021 at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

**MEMBERS PRESENT:** David Pawlowski, AT, Chair  
Deborah Corbatto, AT

**MEMBERS ABSENT:** Trilizsa Trent, Vice-Chair  
Michael Puglia, AT  
Jeffrey Roberts, MD

**STAFF PRESENT:** William L. Harp, MD, Executive Director  
Michael Sobowale, LLM, Deputy Executive Director, Licensure  
Colanthia Opher, Deputy Executive Director, Administration  
Delores Cousins, Licensing Specialist

**GUESTS PRESENT:** Rose Schmieg, Chair, VATA Government Affairs  
Chris Jones, VATA President  
Kimberly Hinton - William & Mary  
Mark Hinton - University of Virginia  
Ashley Doozan - University of Virginia

**Call to Order**

David Pawlowski called the meeting to order at 10:11 a.m.

**Emergency Egress Procedures**

Dr. Harp gave the emergency egress procedures.

**Roll Call**

Delores Cousins called the roll. A quorum was not established. Dr. Harp noted that even though there was no quorum present for meeting, members present could have a discussion on the items on the agenda but cannot take action on any of them.

### **Approval of Minutes**

No vote was held to approve the minutes of the October 8, 2020 meeting. This item was tabled until the next scheduled meeting on February 3, 2022.

### **Adoption of Agenda**

There was no vote to adopt the agenda, as a quorum was not established.

### **Public Comment**

Rose Schmieg, DHSc, provided an update on the curriculum of the Commission on Accreditation of Athletic Training Education (CAATE). She mentioned intravenous fluids and wound suturing as two new skill sets that are being taught in athletic training curricula.

Dr. Harp suggested that for these procedures to be included within the scope of practice for Athletic Trainers, there would need to be a legislative change in the Code of Virginia.

Mark Hinton spoke to members about the use of dry needling by athletic trainers. He stated that dry needling is a mechanical modality and, in his opinion, it is within the AT scope to use as a mechanical modality. Dr. Harp responded that “devices” are controlled by the Drug Control Act under the Board of Pharmacy. He suggested that the Virginia Athletic Trainers Association file a petition for rule-making with the Department of Health Professions and outline what the profession would want to see regulated.

### **New Business**

#### 1. 2021 Legislative Update and 2022 Proposals

Dr. Harp provided an update on legislative actions from the 2021 General Assembly that were of interest to members and mentioned 2022 legislative proposals.

#### 2. BHP Study on Regulation of Diagnostic Medical Sonographers,

Dr. Harp presented an update on major findings of the Board of Health Professions (BHP's) study on the need to regulate diagnostic medical sonographers in Virginia. BHP did not recommend additional state regulation of medical sonographers.

#### 3. Dry Needling

The discussion on this topic was captured in the Public Comment section above.

#### 4. Review of Licensure Requirements

Michael Sobowale said this topic was placed on the Advisory Board's agenda at the request of the Credentials Committee for the Advisory Board to review the licensing requirements and application questions to determine if they can be further streamlined. The Credentials Committee met on September 20, 2021 to review and recommend which documents required in the licensing process should be primary-source verified, which ones may be submitted as copies, and those that are no longer be needed in the licensing process. The Credentials Committee will be making recommendations on how the licensing process for all professions could be streamlined. The Committee asked that any recommendation made by the Advisory Board be reported at its next meeting on November 8<sup>th</sup>.

There was not a quorum at this meeting to vote on how the application process for athletic training could be further streamlined. However, the consensus of the members present was as follows:

A license applicant should submit primary source verification of the following documents: A credential issued by the Board of Certification for the Athletic Trainer, National Practitioner Data Bank (NPDB) self-query report, and one state license verification.

Copies of the following documents could be accepted: Other state license verifications, if submitted; a digitally-certified electronic copy of the NPDB report in lieu of a mailed report, and supporting documentation for any question answered 'Yes' on the application form that is deemed non-routine.

It is no longer necessary for applicants to submit a "Form B" employment verification.

5. Team Up for Sports Safety (TUFSS) Initiative

Dr. Harp mentioned that the TUFFS initiative is moving forward.

6. Approval of 2022 Meeting Calendar

There was no vote on the proposed meeting dates for the Advisory Board on the 2022 Board calendar. The item was tabled until the next scheduled meeting on February 3, 2022.

7. Election of Officers

This item was tabled until the next scheduled meeting on February 3, 2022.

**Announcements:**

Delores Cousins gave a report on licensing statistics. There are 1,417 current active athletic trainers with 253 out-of-state. There have been 175 athletic trainers licensed this calendar year.

**Next Meeting Date:**

The next scheduled meeting will be February 3, 2022 at 10:00 a.m.

**Adjournment**

Mr. Pawlowski adjourned the meeting @ 11:43 a.m.

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David Pawlowski, AT, Chair

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William L. Harp, MD, Executive Director

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Delores Cousins, Licensing Specialist

**Agenda Items: Recommend periodic review result and potential regulatory changes to full Board**

**Included in your agenda package are:**

- Notice of periodic review
- Public comment received
- Recommended revisions to Chapter 120

**Action needed:**

- Consider any additional changes needed
- Motion to recommend full Board retain and amend Chapter 120 with suggested amendments





**Agency** Department of Health Professions

**Board** Board of Medicine

**Chapter** Regulations Governing the Licensure of Athletic Trainers [18 VAC 85 - 120]

[Edit Review](#)

Review 2153

### Periodic Review of this Chapter

Includes a Small Business Impact Review

**Date Filed:** 6/16/2022

#### Review Announcement

Pursuant to Executive Order 14 (as amended July 16, 2018) and §§ 2.2-4007.1 and 2.2-4017 of the Code of Virginia, this regulation is undergoing a periodic review.

The review of this regulation will be guided by the principles in Executive Order 14 (as amended July 16, 2018). <http://TownHall.Virginia.Gov/EO-14.pdf>.

The purpose of this review is to determine whether this regulation should be repealed, amended, or retained in its current form. Public comment is sought on the review of any issue relating to this regulation, including whether the regulation (i) is necessary for the protection of public health, safety, and welfare or for the economical performance of important governmental functions; (ii) minimizes the economic impact on small businesses in a manner consistent with the stated objectives of applicable law; and (iii) is clearly written and easily understandable.

In order for you to receive a response to your comment, your contact information (preferably an email address or, alternatively, a U.S. mailing address) must accompany your comment. Following the close of the public comment period, a report of both reviews will be posted on the Town Hall and a report of the small business impact review will be published in the Virginia Register of Regulations.

Contact Information	
<b>Name / Title:</b>	William L. Harp, M.D. / <i>Executive Director</i>
<b>Address:</b>	9960 Mayland Drive Suite 300 Henrico, VA 23233
<b>Email Address:</b>	<a href="mailto:william.harp@dhp.virginia.gov">william.harp@dhp.virginia.gov</a>
<b>Telephone:</b>	(804)367-4558 FAX: (804)527-4429 TDD: (-)

#### Publication Information and Public Comment Period

Published in the Virginia Register on 7/18/2022 [Volume: 38 Issue: 24]

Comment Period begins on the publication date and ends on 8/17/2022

Comments Received: 0

#### Review Result

Pending

#### Attorney General Certification

8/31/22, 8:17 AM

Virginia Regulatory Town Hall View Periodic Review

Pending

*This periodic review was created by Erin Barrett on 06/16/2022 at 12:26pm*

7/21/22, 8:45 AM

Commonwealth of Virginia Mail - Periodic Review Chapter 120 - Athletic Trainers



Barrett, Erin <erin.barrett@dhp.virginia.gov>

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## Periodic Review Chapter 120 - Athletic Trainers

2 messages

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**Virginia Athletic Trainers' Association President** <vatapresident@gmail.com>

Wed, Jul 20, 2022 at 5:50 PM

To: William Harp <william.harp@dhp.virginia.gov>, Erin Barrett <erin.barrett@dhp.virginia.gov>

Good Afternoon!

I have the following items to submit for the periodic review of Chapter 120 - Athletic Trainers.

1. Change NATABOC to Board of Certification, Inc. (BOC) throughout the document. The BOC is now a separate entity as a credentialing agency.
2. Change the term "Student Athletic Trainer" to "Athletic Training Student". This is the accepted terminology put forth by the National Athletic Trainers' Association.

Thank you,

Danny

Daniel Carroll, MEd, LAT, ATC  
President, Virginia Athletic Trainers' Association  
Athletic Trainer, Mountain View High School  
150 Stonewall Ln  
Quicksburg, VA 22847

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**Harp, William** <william.harp@dhp.virginia.gov>

Thu, Jul 21, 2022 at 7:14 AM

To: Virginia Athletic Trainers' Association President <vatapresident@gmail.com>

Cc: Erin Barrett <erin.barrett@dhp.virginia.gov>

Thank you, Mr. Carroll. WLH

[Quoted text hidden]

*Commonwealth of Virginia*



# REGULATIONS

## GOVERNING THE LICENSURE OF ATHLETIC TRAINERS

### VIRGINIA BOARD OF MEDICINE

**Title of Regulations: 18 VAC 85-120-10 et seq.**

**Statutory Authority: § 54.1-2400 and Chapter 29  
of Title 54.1 of the *Code of Virginia***

**Revised date: March 5, 2020**

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**Part I. General Provisions.**

**18VAC85-120-10. Definitions.**

In addition to words and terms defined in §54.1-2900 of the Code of Virginia, the following words and terms when used in this chapter shall have the following meanings, unless the context clearly indicates otherwise:

~~"Advisory board" means the Advisory Board on Athletic Training to the board as specified in §54.1-2957.5 of the Code of Virginia.~~

**Commented [VP1]:** Recommend deleting. Only used once in Chapter and is fully named when it is referenced

"Athletic trainer" means a person licensed by the Virginia Board of Medicine to engage in the practice of athletic training as defined in §54.1-2900 of the Code of Virginia.

"Board" means the Virginia Board of Medicine.

"Direction" means authorization by a doctor of medicine, osteopathy, chiropractic, podiatry, or dentistry for care and treatment by a verbal order if the doctor or dentist is present or by written order, telecommunication, plans of care, protocols, or standing orders if the doctor or dentist is not present.

"NATABOC" means the National Athletic Trainers' Association Board of Certification.

"Student athletic trainer" means a person enrolled in an accredited bachelor's or master's level educational program in athletic training.

~~**18VAC85-120-20. Public participation.**~~

~~A separate board regulation, 18VAC85-11, entitled Public Participation Guidelines, provides for involvement of the public in the development of all regulations of the Virginia Board of Medicine.~~

**18VAC85-120-30. Current name and address.**

Each licensee shall furnish the board his current name and address of record. All notices required by law or by these regulations to be given by the board to any such licensee shall be validly given when sent to the latest address of record given to the board. Any change of name or address of record or the public address, if different from the address of record, shall be furnished to the board within 30 days of such change.

**18VAC85-120-35. Fees.**

A. Unless otherwise provided, fees listed in this section shall not be refundable.

B. The following fees have been adopted by the board:

1. The application fee shall be \$130.

2. The fee for renewal of licensure shall be \$135 and shall be due in the licensee's birth month, in each odd-numbered year.
3. A fee of \$50 for processing a late renewal within one renewal cycle shall be paid in addition to the renewal fee.
4. The fee for reinstatement of a license that has expired for two or more years shall be \$180 and shall be submitted with an application for reinstatement.
5. The fee for reinstatement of a license pursuant to §54.1-2408.2 of the Code of Virginia shall be \$2,000.
6. The fee for a duplicate renewal license shall be \$5, and the fee for a duplicate wall certificate shall be \$15.
7. The handling fee for a returned check or a dishonored credit card or debit card shall be \$50.
8. The fee for a letter of verification to another jurisdiction shall be \$10.
9. The fee for an inactive license shall be \$70, and the fee for a late renewal shall be \$25.
10. ~~For 2021, the fee for renewal of an active license shall be \$108, and the fee for renewal of an inactive license shall be \$54.~~

## Part II. Requirements for Licensure as an athletic trainer.

### ~~18VAC85-120-40. General requirements.~~

~~No person shall practice or hold himself out as practicing as an athletic trainer in the Commonwealth unless licensed by the board except as provided in §54.1-2957.6 of the Code of Virginia.~~

### 18VAC85-120-50. Requirements for licensure.

An applicant for licensure shall submit evidence of meeting the following requirements for licensure on forms provided by the board:

1. A completed application and fee as prescribed in 18VAC85-130-150;
2. Verification of professional activity as required on the application form;
3. Evidence of current NATABOC certification; and
4. If licensed or certified in any other jurisdiction, documentation of practice as an athletic trainer and verification as to whether there has been any disciplinary action taken or pending in that jurisdiction.

### 18VAC85-120-60. (Repealed)

**Commented [VP2]:** This provision is in §4.1-2957.4(A). Exception does not need to be restated either, because it's already in statute

**18VAC85-120-70. (Repealed)**

**18VAC85-120-75. Temporary authorization to practice.**

Upon written request from an applicant and his employer and for good cause shown, an applicant who provides documentation of current NATABOC certification and, if licensed or certified by another jurisdiction in the United States, documentation that his license or certificate is current and unrestricted, may be granted temporary authorization to practice as an athletic trainer for 45 days pending submission of all other required documentation and issuance of a license. At the discretion of the board, additional time, not to exceed 15 days, may be allowed to complete the application process.

**18VAC85-120-80. Provisional licensure.**

A. An applicant who has been approved by NATABOC to sit for the certification examination may be granted a provisional license to practice athletic training under the supervision and control of an athletic trainer.

B. The graduate shall submit an application for a provisional license to the board for review and approval by the Chair of the Advisory Board on Athletic Training or his designee.

C. The provisional license shall expire six months from issuance or upon receipt of notification of a failing score on the NATABOC certification examination or upon licensure as an athletic trainer by the board, whichever comes first.

**18VAC85-120-85. ~~Registration for voluntary practice by out-of-state athletic trainers.~~**

Commented [VP3]: Does this ever happen for ATs?

Any athletic trainer who does not hold a license to practice in Virginia and who seeks registration to practice on a voluntary basis under the auspices of a publicly supported, all volunteer, nonprofit organization that sponsors the provision of health care to populations of underserved people shall:

1. File a complete application for registration on a form provided by the board at least five business days prior to engaging in such practice. An incomplete application will not be considered;
2. Provide a complete record of professional certification or licensure in each state in which he has held a certificate or license and a copy of any current certificate or license;
3. Provide the name of the nonprofit organization, the dates and location of the voluntary provision of services;
4. Pay a registration fee of \$10; and
5. Provide a notarized statement from a representative of the nonprofit organization attesting to its compliance with provisions of subdivision 27 of §54.1-2901 of the Code of Virginia.

**Part III. Renewal and Reinstatement.**

**18VAC85-120-90. Renewal of license.**



A. Every athletic trainer intending to continue licensure shall biennially in each odd-numbered year in his birth month:

1. Register with the board for renewal of licensure;
2. Pay the prescribed renewal fee at the time he files for renewal; and
3. Attest to current NATABOC certification.

B. An athletic trainer whose license has not been renewed by the first day of the month following the month in which renewal is required shall pay a late fee as prescribed in 18VAC85-120-150.

**18VAC85-120-95. Inactive licensure.**

A. An athletic trainer who holds a current, unrestricted license in Virginia shall, upon a request on the renewal application and submission of the required fee, be issued an inactive license.

1. The holder of an inactive license shall not be required to maintain NATABOC certification.
2. An inactive licensee shall not be entitled to practice as an athletic trainer in Virginia.

B. An inactive licensee may reactivate his license upon submission of:

1. The required application;
2. Payment of the difference between the current renewal fee for inactive licensure and the renewal fee for active licensure for the biennium in which the license is being reactivated; and
3. Documentation of having maintained certification or having been recertified by the NATABOC.

C. The board reserves the right to deny a request for reactivation to any licensee who has been determined to have committed an act in violation of §54.1-2915 of the Code of Virginia or any provisions of this chapter.

**18VAC85-120-100. Reinstatement.**

A. In order to reinstate a license that has been lapsed for more than two years, an athletic trainer shall file an application for reinstatement, pay the fee for reinstatement of his license as prescribed in 18VAC85-120-150, and submit to the board evidence of current certification by NATABOC.

B. An athletic trainer whose license has been revoked by the board and who wishes to be reinstated shall file a new application to the board and pay the fee for reinstatement of his license as prescribed in 18VAC85-120-150 pursuant to §54.1-2408.2 of the Code of Virginia.

**Part IV. Standards of Practice.**

**18VAC85-120-110. Individual responsibilities.**

A. The athletic trainer's responsibilities are to evaluate the individual being treated, plan the treatment program, and administer and document treatment within the limit of his professional knowledge, judgment, and skills and in accordance with the practice of athletic training as set forth in § 54.1-2900 of the Code of Virginia.

B. An athletic trainer practices under the direction of the individual's physician or under the direction of any doctor of medicine, osteopathy, chiropractic, podiatry, or dentistry.

**18VAC85-120-120. General responsibilities.**

~~A. An athletic trainer shall be responsible for the actions of persons engaging in the practice of athletic training under his supervision and direction.~~

**Commented [VP4]:** As written this doesn't make sense. A license is required to practice AT. So anyone practicing AT under a supervising AT's direction is practicing under their own license and responsible for their own actions. I think what was meant was what I added to the other provision.

~~B. An athletic trainer shall ensure that unlicensed persons under his supervision shall not perform those functions that require professional judgment or discretion in the practice of athletic training. An athletic trainer shall be responsible for the actions of persons acting under his supervision and direction.~~

**18VAC85-120-130. Supervisory responsibilities.**

A. The athletic trainer supervising the practice of persons holding a provisional license issued by the board shall develop a written protocol with the provisional licensee to include but not be limited to the following:

- 1. Provisions for daily, on-site review and evaluation of services being provided, including a review of outcomes for individuals being treated; and
- 2. Guidelines for availability and ongoing communications proportionate to such factors as practice setting, acuity of population being served, and experience of the provisional licensee.

B. The athletic trainer supervising the practice of student athletic trainers shall:

- 1. Provide daily, on-site supervision and shall plan, direct, advise and evaluate the performance and experience of the student athletic trainer.
- 2. Delegate only nondiscretionary tasks that are appropriate to the level of competency and experience of the ~~student athletic trainer, practice setting and acuity of population being served.~~

**Commented [VP5]:** This is unnecessary. Board already has jurisdiction

**18VAC85-120-140. Violations.**

~~Violations of Chapter 29 (§54.1-2900 et seq.) of Title 54.1 of the Code of Virginia may subject a licensee to sanctions as set forth in §54.1-2915 of the Code of Virginia.~~

**Part V. Fees .**

**18VAC85-120-150. (Repealed)**

**Part VI. Standards of Professional Conduct.**

**18VAC85-120-155. Confidentiality.**

A practitioner shall not willfully or negligently breach the confidentiality between a practitioner and a patient. A breach of confidentiality that is required or permitted by applicable law or beyond the control of the practitioner shall not be considered negligent or willful.

**Commented [VP6]:** Is this necessary? It seems cut and paste from Chapter 20.

**18VAC85-120-156. Patient records.**

A. Practitioners shall comply with provisions of § 32.1-127.1:03 related to the confidentiality and disclosure of patient records.

**Commented [VP7]:** Same issue.

B. Practitioners shall provide patient records to another practitioner or to the patient or his personal representative in a timely manner and in accordance with provisions of § 32.1-127.1:03 of the Code of Virginia.

**Commented [VP8]:** This is fine b/c AT's are considered healthcare providers under that statute

C. Practitioners shall properly manage patient records and keep timely, accurate, legible and complete patient records.

D. Practitioners who are employed by a health care institution, school system or other entity, in which the individual practitioner does not own or maintain his own records, shall maintain patient records in accordance with the policies and procedures of the employing entity.

E. Practitioners who are self-employed or employed by an entity in which the individual practitioner does own and is responsible for patient records shall:

1. Maintain a patient record for a minimum of six years following the last patient encounter with the following exceptions:

a. Records of a minor child, including immunizations, shall be maintained until the child reaches the age of 18 or becomes emancipated, with a minimum time for record retention of six years from the last patient encounter regardless of the age of the child;

b. Records that have previously been transferred to another practitioner or health care provider or provided to the patient or his personal representative; or

c. Records that are required by contractual obligation or federal law may need to be maintained for a longer period of time.

E. From October 19, 2005, athletic trainers who maintain their own patient records shall post information or in some manner inform all patients concerning the time frame for record retention and destruction. Patient records shall only be destroyed in a manner that protects patient confidentiality, such as by incineration or shredding.

~~F. When a practitioner is closing, selling or relocating his practice, he shall meet the requirements of § 54.1-2405 of the Code of Virginia for giving notice that copies of records can be sent to any like-regulated provider of the patient's choice or provided to the patient.~~

Commented [VP9]: This isn't really necessary. It's in statute

**18VAC85-120-157. Practitioner-patient communication.**

A. Except as provided in § 32.1-127.1:03 F of the Code of Virginia, a practitioner shall accurately present information to a patient or his legally authorized representative in understandable terms and encourage participation in decisions regarding the patient's care.

B. A practitioner shall not deliberately make a false or misleading statement regarding the practitioner's skill or the efficacy or value of a medication, treatment, or procedure provided or directed by the practitioner in the treatment of any disease or condition.

~~C. Practitioners shall adhere to requirements of § 32.1-162.18 of the Code of Virginia for obtaining informed consent from patients prior to involving them as subjects in human research with the exception of retrospective chart reviews.~~

**18VAC85-120-158. Practitioner responsibility.**

A. A practitioner shall not:

1. Perform procedures or techniques that are outside the scope of his practice or for which he is not trained and individually competent;
2. Knowingly allow subordinates to jeopardize patient safety or provide patient care outside of the subordinate's scope of practice or area of responsibility. Practitioners shall delegate patient care only to subordinates who are properly trained and supervised;
3. Engage in an egregious pattern of disruptive behavior or interaction in a health care setting that interferes with patient care or could reasonably be expected to adversely impact the quality of care rendered to a patient; or
4. Exploit the practitioner/patient relationship for personal gain.

B. Advocating for patient safety or improvement in patient care within a health care entity shall not constitute disruptive behavior provided the practitioner does not engage in behavior prohibited in A 3 of this section.

**18VAC85-120-159. Vitamins, minerals and food supplements.**

A. The recommendation or direction for the use of vitamins, minerals or food supplements and the rationale for that recommendation shall be documented by the practitioner. The recommendation or direction shall be based upon a reasonable expectation that such use will result in a favorable patient outcome, including preventive practices, and that a greater benefit will be achieved than that which can be expected without such use.

B. Vitamins, minerals, or food supplements, or a combination of the three, shall not be sold, dispensed, recommended, prescribed, or suggested in doses that would be contraindicated based on the individual patient's overall medical condition and medications.

C. The practitioner shall conform to the standards of his particular branch of the healing arts in the therapeutic application of vitamins, minerals or food supplement therapy.

**18VAC85-120-160 Anabolic steroids.**

An athletic trainer shall not sell, dispense, or administer anabolic steroids to any patient.

**18VAC85-120-161. Sexual contact.**

A. For purposes of § 54.1-2915 A 12 and A 19 of the Code of Virginia and this section, sexual contact includes, but is not limited to, sexual behavior or verbal or physical behavior which:

1. May reasonably be interpreted as intended for the sexual arousal or gratification of the practitioner, the patient, or both; or
2. May reasonably be interpreted as romantic involvement with a patient regardless of whether such involvement occurs in the professional setting or outside of it.

B. Sexual contact with a patient.

1. The determination of when a person is a patient for purposes of § 54.1-2915 A 19 of the Code of Virginia is made on a case-by-case basis with consideration given to the nature, extent, and context of the professional relationship between the practitioner and the person. The fact that a person is not actively receiving treatment or professional services from a practitioner is not determinative of this issue. A person is presumed to remain a patient until the patient-practitioner relationship is terminated.

2. The consent to, initiation of, or participation in sexual behavior or involvement with a practitioner by a patient does not change the nature of the conduct nor negate the statutory prohibition.

C. Sexual contact between a practitioner and a former patient.

Sexual contact between a practitioner and a former patient after termination of the practitioner-patient relationship may still constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge, or influence of emotions derived from the professional relationship.

D. Sexual contact between a practitioner and a key third party shall constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge or influence derived from the professional relationship or if the contact has had or is likely to have an adverse effect on patient care. For purposes of this section, key third party of a patient shall mean: spouse or partner, parent or child, guardian, or legal representative of the patient.

D. Sexual contact between a supervisor and a trainee shall constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge or influence derived from the professional relationship or if the contact has had or is likely to have an adverse effect on patient care.

**18VAC85-120-162. Refusal to provide information.**

A practitioner shall not willfully refuse to provide information or records as requested or required by the board or its representative pursuant to an investigation or to the enforcement of a statute or regulation.

**Chapter 29 of Title 54.1 of the Code of Virginia  
Medicine**

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**§ 54.1-2957.4. Licensure as athletic trainer required; requisite training and educational requirements; powers of the Board concerning athletic training.**

A. It shall be unlawful for any person to practice or to hold himself out as practicing as an athletic trainer unless he holds a license as an athletic trainer issued by the Board. The Board shall issue licenses to practice athletic training to applicants for such licensure who meet the requirements of this chapter and the Board's regulations.

B. The Board shall establish criteria for the licensure of athletic trainers to ensure the appropriate training and educational credentials for the practice of athletic training. Such criteria may include experiential requirements and shall include one of the following: (i) a Virginia testing program to determine the quality of the training and educational credentials for and competence of athletic trainers, (ii) successful completion of a training program and passage of the certifying examination administered by the National Athletic Training Association Board of Certification



resulting in certification as an athletic trainer by such national association, or (iii) completion of another Board-approved training program and examination.

C. At its discretion, the Board may grant provisional licensure to persons who have successfully completed an approved training program or who have met requisite experience criteria established by the Board. Such provisional licensure shall expire as provided for in the regulations of the Board.

D. The Board shall promulgate such regulations as may be necessary for the licensure of athletic trainers and the issuance of licenses to athletic trainers to practice in the Commonwealth. The Board's regulations shall assure the competence and integrity of any person claiming to be an athletic trainer or who engages in the practice of athletic training.

(1999, cc. 639, 682, 747; 2004, c. 669; 2013, c. 144.)

**§ 54.1-2957.5. Advisory Board on Athletic Training established; duties; composition; appointment; terms.**

A. The Advisory Board on Athletic Training shall assist the Board in formulating its requirements for the licensure of athletic trainers. In the exercise of this responsibility, the Advisory Board shall recommend to the Board the criteria for licensure of athletic trainers and the standards of professional conduct for licensees. The Advisory Board shall also assist in such other matters relating to the practice of athletic training as the Board may require.

B. The Advisory Board shall consist of five members appointed by the Governor for four-year terms. The first appointments shall provide for staggered terms with two members being appointed for a two-year term, two members being appointed for a three-year term and one member being appointed for a four-year term. Three members shall be at the time of appointment athletic trainers who are currently licensed by the Board and who have practiced in Virginia for not less than three years, including one athletic trainer employed at a secondary school, one employed at an institution of higher education, and one employed in the public or private sector; one member shall be a physician licensed to practice medicine in the Commonwealth; and one member shall be a citizen appointed by the Governor from the Commonwealth at large.

Vacancies occurring other than by expiration of term shall be filled for the unexpired term. No person shall be eligible to serve on the Advisory Board for more than two full consecutive terms.

1999, cc. 639, 682, 747; 2001, c. 61; 2004, c. 669; 2011, cc. 691, 714; 2020, c. 926.

**§ 54.1-2957.6. Exceptions to athletic trainer licensure.**

A. The provisions of this section shall not be construed to prohibit any individual from providing first aid, nor any coach, physical education instructor or other person from (i) conducting or assisting with exercise or conditioning programs or classes within the scope of their duties as employees or volunteers or (ii) applying protective taping to an uninjured body part.

B. The requirements for licensure of athletic trainers shall not prevent student athletic trainers from practicing athletic training under the supervision and control of a licensed athletic trainer pursuant to regulations promulgated by the Board.

C. Notwithstanding the provisions of §§ 54.1-2957.4 and 54.1-2957.5, any person who, prior to June 30, 2004, is employed in Virginia as an athletic trainer, or in the performance of his employment duties engages in the practice of athletic training and is certified pursuant to this section and §§ 54.1-2957.4 and 54.1-2957.5 as such statutes were in effect on June 30, 2004, shall not be required to obtain a license from the Board to continue to be so employed until July 1, 2005.

(1999, cc. 639, 682, 747; 2001, c. 61; 2003, c. 529; 2004, c. 669.)

**Agenda Item: Bylaws for all Advisory Boards**

**Included in your agenda package are:**

- ❖ Copy of Approved Guidance Document 85-3

**Action Needed:**

- None

**BYLAWS FOR  
ADVISORY BOARDS OF THE BOARD OF MEDICINE**

**Article I - Members of the Advisory Board**

The appointments and limitations of service of the members shall be in accordance with the applicable statutory provision of the advisory board governing such matters.

**Article II - Officers**

**Section 1. Titles of Officers** - The officers of the advisory board shall consist of a chairman and vice-chairman elected by the advisory board. The Executive Director of the Board of Medicine shall serve in an advisory capacity.

**Section 2. Terms of Office** - The chairman and vice-chairman shall serve for a one-year term and may not serve for more than two consecutive terms in each office. The election of officers shall take place at the first meeting after July 1, and officers shall assume their duties immediately thereafter.

**Section 3. Duties of Officers.**

- (a) The chairman shall preside at all meetings when present, make such suggestions as may deem calculated to promote and facilitate its work, and discharge all other duties pertaining by law or by resolution of the advisory board. The chairman shall preserve order and conduct all proceedings according to and by parliamentary rules and demand conformity thereto on the part of the members. The chairman shall appoint all committees as needed.

The chairman shall act as liaison between the advisory board and the Board of Medicine on matters pertaining to licensing, discipline, legislation and regulation of the profession which the advisory board represents.

When a committee is appointed for any purpose, the chairman shall notify each member of the appointment and furnish any essential documents or information necessary.

- (b) The vice-chairman shall preside at meetings in the absence of the chairman and shall take over the other duties of the chairman as may be made necessary by the absence of the chairman.

**Article III - Meetings**

Section 1. There shall be at least one meeting each year in order to elect the chairman and vice-chairman and to conduct such business as may be deemed necessary by the advisory board.

Section 2. Quorum - Three members shall constitute a quorum for transacting business.

Section 3. Order of Business - The order of business shall be as follows:

- (a) Calling roll and recording names of members present
- (b) Approval of minutes of preceding regular and special meetings
- (c) Adoption of Agenda
- (d) Public Comment Period
- (e) Report of Officers
- (f) Old Business
- (g) New Business

The order of business may be changed at any meeting by a majority vote.

**Article IV - Amendments**

Amendments to these bylaws may be proposed by presenting the amendments in writing to all advisory board members prior to any scheduled advisory board meeting. If the proposed amendment receives a majority vote of the members present at that advisory board meeting, it shall be represented as a recommendation for consideration to the Board of Medicine at its next regular meeting.



# Guidelines and Considerations for Athletic Trainer Regulatory Language

VERSION JANUARY 2022

# Guidelines and Considerations for Athletic Trainer Regulatory Language

## BACKGROUND

The BOC formed a Model Language Work Group (work group) in early 2018. The work group included representatives from the Strategic Alliance (BOC, CAATE, Foundation, NATA). The focus of the work group was on language in statutes, rules and/or regulations, depending on how the jurisdiction operates. It is not intended to be a model practice act. The BOC Board of Directors (board) charged the work group with the following:

- Review definitions used in all current AT practice acts, rules and regulations to identify:
  - i. Existing terms that don't allow the Athletic Trainer (AT) the opportunity to practice to the full scope of their knowledge and skill, and,
  - ii. Terms that may not exist in current language but could be beneficial to the public in terms of providing them access to qualified AT professionals and to ensure their safety
- Develop recommendations for model regulatory language for the terms identified that limit practice or do not exist in current language.
  - i. Incorporate appropriate definitions and language into the group's recommendations based on the following supporting resources and data:
    - a. Inter-Agency Terminology Work Group glossary
    - b. BOC Practice Analysis
    - c. BOC Standards of Professional Practice
    - d. BOC Certification Maintenance Requirements
    - e. Other relevant supporting resources and data
- Present recommended model regulatory language to the board who will share the recommendations with the members of the AT Strategic Alliance for input and comment.

The work group established the following set of criteria for reviewing current language found in state laws/regulations and terminology used in various BOC and Strategic Alliance documents. These criteria were also considered during the development of the model language.

Does the language ...	
Increase quality of patient care?	Reflect efficiency (does not create redundancy)?
Increase affordability of patient care?	Align with other states?
Increase patient access to athletic training services/care?	Permit ATs to practice to their education and training?
Protect the public?	Recognize ATs as health care providers?
Establish reasonable barriers/burden to obtain a license?	Increase the ability for reimbursement?

This document is maintained by the BOC and reviewed and updated on a regular basis.

## INTRODUCTION

Laws, rules and regulations created to regulate Athletic Trainers (ATs) should protect the public by establishing reasonable standards for entry and practice, which allow ATs to practice according to their education and training. The Guidelines section of the “Guidelines and Considerations for Athletic Trainer Regulatory Language” (Guidelines) contain model language as a guide to help regulators establish good policy for ATs and consumers of athletic training services in their state. In addition to the model language, the commentary and resources provided are an explanation of how and why the work group came to the consensus of the language and resources to support the language. Finally, the considerations section provides relevant points that should be considered or monitored to be inclusive of ATs.

**The model language expressed in these Guidelines is not intended to encourage total uniformity among AT laws, rules and regulations. It is intended to foster ingenuity by encouraging AT boards, medical boards, AT associations, and others who have an interest in the regulation of ATs to reassess existing laws, rules and regulations.**

The BOC welcomes recommendations relative to any aspect of the guidelines. Recommendations may be sent to the BOC for consideration in later revisions. Contact the BOC at [ShannonF@bocatc.org](mailto:ShannonF@bocatc.org) to submit comments or request support.



## Guidelines and Considerations for Athletic Trainer Regulatory Language

Definitions	
Model Language	Commentary and Resources
Licensure	Preferred level of regulation
Commission on Accreditation of Athletic Training Education (CAATE)	The CAATE is the current accrediting agency for athletic training education programs.
NATA Board of Certification, Inc. (BOC)	The BOC is the credentialing agency that provides a certification program for the entry-level athletic training profession. The BOC develops and administers the entry-level exam for ATs.
<b>Athletic Trainer</b> means a health care professional licensed in this or any other State who renders service or treatment, in accordance with their education and training, to optimize function of patients and clients, including return to work and/or participation in sport and recreation.	- In order to prevent anyone from calling themselves an Athletic Trainer, the phrase “licensed in this or any other State” was added.
<b>Athletic Training or Practice of Athletic Training</b> means prevention and wellness promotion; risk management; immediate and emergency care; examination, assessment and diagnosis; and therapeutic intervention/rehabilitation of injury and illness. Athletic training or practice of athletic training also includes making clinical decisions to determine if a consultation and/or referral are necessary; health care administration; professional responsibility; performance of athletic training research; and education of and consulting with the public as it pertains to athletic training.	- All domains from the most current Practice Analysis (PA) are included since the PA defines entry-level practice. - Henderson, J. The 2015 Athletic Trainer Practice Analysis Study. Omaha, NE: Board of Certification; 2015. - <a href="https://bocatc.org/athletic-trainers#practice-analysis">https://bocatc.org/athletic-trainers#practice-analysis</a>

Qualifications for Licensure		
Qualification	Model Language	Commentary and Resources
Exam	<p><b>Option 1:</b> Demonstrates professional competence by completion of all qualifications established by the BOC, or its successor agency and is currently a BOC Certified Athletic Trainer in good standing.</p>	<ul style="list-style-type: none"> <li>- Since states comply with various standards when developing regulations, the work group thought it best to provide options</li> <li>- In States where the exam is adopted by the board via rules and regulations, the BOC Exam should be required in those rules and regulations</li> <li>- Requiring BOC Certification for licensure ensures that the applicant has met exam, education and emergency cardiac care requirements</li> <li>- BOC Exam Reports: <a href="http://bocatc.org/news#exam-reports-summary">http://bocatc.org/news#exam-reports-summary</a></li> <li>- BOC Candidate Handbook: <a href="http://bocatc.org/documents/boc-candidate-handbook">http://bocatc.org/documents/boc-candidate-handbook</a></li> </ul>
	<p><b>Option 2:</b> Demonstrates professional competence by completion of all qualifications established by the BOC, or its successor agency and passes a nationally accredited exam approved by the board or is a BOC Certified Athletic Trainer in good standing.</p>	
	<p><b>Option 3:</b> Law: Pass a nationally accredited exam approved by the board.</p> <p>Rule: Successfully completed the certification exam administered by the BOC, or its successor agency.</p>	
Education	<p><b>Option 1:</b> A degree in athletic training from a CAATE accredited program, or its successor agency, or such comparable degree accepted by the BOC, or its successor agency.</p>	<ul style="list-style-type: none"> <li>- Since states comply with various standards when developing regulations, the work group thought it best to provide options</li> <li>- Prior to 2004, the BOC had a route to certification that required specific athletic training coursework and clinical hours under the supervision of a BOC Certified Athletic Trainer. As a result, regulations should take this into consideration as to not eliminate ATs certified via this route</li> <li>- International Education and Training: The BOC has an International Arrangement with ARTI, BASRaT and CATA. For more information visit <a href="http://www.bocatc.org/IA">www.bocatc.org/IA</a></li> <li>- CAATE Professional Program Standards: <a href="https://caate.net/professional-programs/">https://caate.net/professional-programs/</a></li> <li>- BOC Exam Eligibility: <a href="http://bocatc.org/candidates#candeteligcollapseOne">http://bocatc.org/candidates#candeteligcollapseOne</a></li> </ul>
	<p><b>Option 2:</b> Has met all BOC Exam eligibility requirements established by the BOC, or its successor agency.</p>	
	<p><b>Option 3:</b> Law: A degree in athletic training approved by the board.</p> <p>Rule: A degree in athletic training from a CAATE accredited program, or its successor agency, or such comparable degree accepted by the BOC, or its successor agency.</p>	

Physician Direction and/or Collaboration	
Model Language	Commentary and Resources
<p>Revised version:  <b>Physician (Directing or Authorizing)</b>                      A physician who provides direction or authorizes the professional actions of the Athletic Trainer during the execution of their practice.</p> <p><b>Direction and Collaboration</b>                      The authoritative instruction by a physician that supports the actions of an Athletic Trainer. The instruction, verbal or written, may include plans of care, protocols, or standing orders if the physician is not present.</p>	<ul style="list-style-type: none"> <li>- It is important to recognize that physicians may not be present at all times when ATs make clinical decisions</li> <li>- “BOC Standards of Professional Practice:” <a href="http://bocatc.org/public-protection#standards-of-professional-practice">http://bocatc.org/public-protection#standards-of-professional-practice</a></li> </ul>

Renewal and Maintenance of Competence	
Model Language	Commentary
<p><b>Option 1</b>                      License renewal requires Athletic Trainers to engage in professional development activities or other lifelong learning to maintain competence. Proof of current BOC Certification satisfies this requirement</p>	<ul style="list-style-type: none"> <li>- Since states comply with various standards when developing regulations, the work group thought it best to provide options</li> <li>- The work group included “other lifelong learning” in addition to continuing education to allow for new opportunities for ATs to maintain competence</li> <li>- Certification Maintenance for Certified Athletic Trainers: <a href="http://bocatc.org/documents/boc-certification-maintenance-requirements">http://bocatc.org/documents/boc-certification-maintenance-requirements</a></li> </ul>
<p><b>Option 2</b>                      Law: License renewal requires Athletic Trainers to engage in continuing education or other lifelong learning to maintain competence. As a condition of license renewal, the board shall be authorized to require licensees to complete continuing education or other lifelong learning approved by the board.</p> <p>Rule: Proof of current BOC Certification satisfies this requirement.</p>	

Scope of Practice
Model Language to Guide Licensees with Scope of Practice
<p>Jurisdictions address scope of practice with diverse approaches. Some jurisdictions have strict requirements for the content and construction of scopes, while others are more relaxed. A detailed scope could risk depriving ATs the opportunity to practice to the full extent of their training and education, while a more general scope could risk a more politicized and difficult route to acceptance. To mitigate these risks, jurisdictions should consider a more general scope with the addition of guidance for licensees to address questions about the ability to perform specific skills not outlined in the general scope.</p>

### **Model Language to Guide Licensees with Scope of Practice**

The athletic training practice act does not specifically prohibit (insert skill in question); therefore, the following questions should be asked to determine whether this skill is within the athletic training scope of practice:

1. Is the task represented in entry-level education and practice?
2. Has the practitioner had continuing education to adequately prepare them to perform the task?
3. Has the skill been addressed in standing orders/protocols and approved by the physician?
4. Does this task provide for safety and welfare of the client?
5. Does the skill violate the practice act or a rule of any other profession?
6. Is the task prohibited by any other applicable state or federal statute?

This foundation should provide the framework for analyzing and determining if a task is within one's "personal" scope of athletic training practice. If the professional can provide supporting evidence that adequately addresses these areas, then the task is considered within that Athletic Trainer's scope of athletic training practice.

We also refer you to two documents which will assist you in determining entry-level education and athletic training practice:

1. Role Delineation Study/Practice Analysis, most recent edition: identifies the essential knowledge and skills for an entry-level Athletic Trainer, published by the Board of Certification, Inc. and can be found at <http://bocatc.org/resources/role-delineation-study-practice-analysis>
2. CAATE 2020 Standards: identifies the knowledge, skills and clinical abilities to be mastered by professional program students and can be found at <https://caate.net/pp-standards/>

According to the athletic training practice act, treatment consists of the techniques and procedures used in providing care in situations where assistance is required or requested. Such actions should be reasonable and prudent within the scope of practice of athletic training.

All treatment should be rendered in accordance with any established protocol for the venue. Physician directives should be followed at all times. Permission to treat should be obtained. Athletic Trainers should not attempt any treatment measure unfamiliar to them or outside the scope of athletic training practice. Some variances may be seen in treatment, depending upon educational background, facility or setting limitations, and patient response. These variances based upon advanced education or training must be identified within the standard operating procedures and reviewed and approved by the physician or medical director as dictated below.

**Standard Operating Procedures:** It is the professional responsibility of every Athletic Trainer to have written policies and procedures. Athletic Trainers are encouraged to review current policies and procedures with their employers to determine if the existing policies are within the scope of athletic training practice.

All Athletic Trainers should also have written policies and procedures to guide the day-to-day operations of athletic training care. All policies and procedures should reflect the current best practices in athletic training.

Standard operating policies and procedures should be reviewed and approved by a physician or an organization's medical director.

## Standing Orders and Protocols

### Model Language

Many states require Athletic Trainers to have standing orders and/or protocols. The BOC has put together samples that states are currently using. The samples are stored in the AT Regulatory Connect at [https://at.bocatc.org/users/sign\\_in](https://at.bocatc.org/users/sign_in), the secure portal for state regulatory boards and agencies. The sample documents can be found under Resources.

In addition to learning what other states are doing by reviewing the sample documents, the following should be considered when developing standing orders and/or protocols:

- Link or provide language from your practice act and/or rules/regulations as references
- State public health code
- Include a statement regarding duty to refer
- Include guidelines for reviewing/updating
- Non-delegated tasks

## Conduct

### Model Language

#### **Standards of Professional Practice**

A licensee shall comply with the standards of professional practice contained in Board of Certification “Standards of Professional Practice,” most current version and published by the Board of Certification, Inc. and found at <https://bocatc.org/public-protection/standards-discipline/standards-discipline/standards-of-professional-practice>.

#### **Ethical Conduct**

A licensee shall comply with the code of ethics contained in National Athletic Trainers’ Association Code of Ethics, most current version and published by the National Athletic Trainers’ Association and found at <https://www.nata.org/membership/about-membership/member-resources/code-of-ethics>.

## Considerations

ATs are health care providers and as with other health care professions, the athletic training statute is not the only law, rule and/or regulation that may affect the practice of ATs. As a result, the following list, while not comprehensive, should be monitored and considered when reviewing the practice of athletic training and/or proposing new statute and rules/regulation language. You may also want to consult with the BOC and/or your NATA Governmental Affairs Committee district representative.

Inclusion of ATs in Relevant Statutes and Regulations – There are other statutes and regulations that affect ATs. Below are examples that should be reviewed and perhaps require action to include ATs. Are ATs included in the following types of laws, rules and/or regulations?

- Concussion laws
  - Can ATs make return to play decisions?
  - Resource: <http://bocatc.org/documents/concussion-management-knowledge-skills>
- Worker's comp laws
  - Are ATs able to be reimbursed for worker's compensation treatments?
- Insurance codes
  - States that have updated language to include ATs: Indiana, Vermont
  - States that have or plan to attempt updating language to include ATs: Utah, Wisconsin
- Pharmacy laws
  - Can ATs handle over-the-counter medications?
- Duty to Report laws
- Telehealth laws/rules/regulations
- Good Samaritan laws
- Mandatory Reporting laws
- Human Trafficking laws
- Health care Provider/Professional
  - Does your state define a health care provider/professional?
  - If so, are ATs included?
- The definition of physician will vary from state to state. Each state should be certain it is satisfactory to its needs.
- AT's patient population include athletes, performers, law enforcement, military, workers in an industrial setting and active individuals not considered athletes. As a result, terms such as "athlete" and "athletic injury" should be avoided.

## 2023 Board Meeting Dates

### Advisory Board on:

<b>Behavioral Analysts</b>			<b>10:00 a.m.</b>
Mon - February 6	June 12	October 2	
<b>Genetic Counseling</b>			<b>1:00 p.m.</b>
Mon - February 6	June 12	October 2	
<b>Occupational Therapy</b>			<b>10:00 a.m.</b>
Tue - February 7	June 13	October 3	
<b>Respiratory Care</b>			<b>1:00 p.m.</b>
Tue - February 7	June 13	October 3	
<b>Acupuncture</b>			<b>10:00 a.m.</b>
Wed - February 8	June 14	October 4	
<b>Radiological Technology</b>			<b>1:00 p.m.</b>
Wed - February 8	June 14	October 4	
<b>Athletic Training</b>			<b>10:00 a.m.</b>
Thurs - February 9	June 15	October 5	
<b>Physician Assistants</b>			<b>1:00 p.m.</b>
Thurs - February 9	June 15	October 5	
<b>Midwifery</b>			<b>10:00 a.m.</b>
Fri - February 10	June 16	October 6	
<b>Polysomnographic Technology</b>			<b>1:00 p.m.</b>
Fri - February 10	June 16	October 7	
<b>Surgical Assisting</b>			<b>10:00 a.m.</b>
Mon - February 13	June 19	October 10	