



Senate Fiscal Agency
P. O. Box 30036
Lansing, Michigan 48909-7536



Telephone: (517) 373-5383
Fax: (517) 373-1986

House Bill 5419 (Substitute H-1 as passed by the House)
Sponsor: Representative Andrea LaFontaine
House Committee: Regulatory Reform
Senate Committee: Regulatory Reform

Date Completed: 12-3-14

CONTENT

The bill would amend the Public Health Code to do the following:

- **Reduce the per-year fee for licensure as an athletic trainer.**
- **Revise the continuing education requirements for renewal of an athletic trainer license.**
- **Revise the definition of "practice of athletic training" to provide for supervision of activities by a dentist or podiatrist, in addition to a physician.**

Fees

Currently, the fees for a person licensed or seeking licensure as an athletic trainer include a \$75 application processing fee and a \$200 per-year license fee. (A license is issued for a three-year cycle.) Under the bill, the per-year license fee would be \$100.

Continuing Education Requirements

The Code requires the Department of Licensing and Regulatory Affairs (LARA) to promulgate rules providing for at least 80 clock hours of continuing education within each three-year license cycle in subjects related to athletic training and approved by the Department. Under the bill, the rules would have to require at least 75 clock hours of continuing education.

In addition, along with an application for renewal of a license, an athletic trainer must submit proof satisfactory to LARA that he or she has successfully completed a course of training in first aid, CPR, and foreign body obstruction of the airway. The bill would delete the requirement for training in foreign body obstruction of the airway and would require that a renewal applicant submit proof of having successfully completed a course of training in automated external defibrillator use for health care professionals or emergency services personnel.

Practice of Athletic Training

The Code defines "practice of athletic training" as the treatment of an individual for risk management and injury prevention, the clinical evaluation and assessment of an individual for an injury and/or illness, the immediate care and treatment of an individual for an injury and/or illness, and the rehabilitation and reconditioning of an individual's injury and/or illness, if those activities are within promulgated rules and performed under the direction and supervision of a person licensed as a physician or osteopathic physician. The bill instead would require the activities to be within the promulgated rules and performed under the

direction of, on the prescription of, or in collaboration with a physician, osteopathic physician, dentist, or podiatrist.

The definition specifies that the practice of athletic training does not include the practice of physical therapy, the practice of medicine, the practice of osteopathic medicine and surgery, the practice of chiropractic, or medical diagnosis and treatment. Under the bill, the practice of athletic training also would not include the practice of dentistry or the practice of podiatric medicine and surgery.

MCL 333.16336 et al.

Legislative Analyst: Patrick Affholter

FISCAL IMPACT

The bill would have a negative fiscal impact on the Department of Licensing and Regulatory Affairs, and no fiscal impact on local units of government. There are currently approximately 1,150 licensed athletic trainers in Michigan. At the current fee level of \$200 per year, these licenses generate approximately \$230,000 each year. The bill would reduce the fee level by half, which would result in the loss of about \$115,000 in fees each year. According to a report from LARA, administrative costs allocated to licensure of athletic trainers within the Bureau of Healthcare Services were about \$50,000 for fiscal year 2012-13. The bill, then, would not cause an operational deficit with respect to the licensure of athletic trainers; the reduction in revenue would simply reduce a surplus of funds from these license fees, which, along with surpluses from a number of other types of license fees, are effectively subsidizing the licensure of other types of health professionals.

Fiscal Analyst: Josh Sefton

S1314\S5419sa

This analysis was prepared by nonpartisan Senate staff for use by the Senate in its deliberations and does not constitute an official statement of legislative intent.