How Can Athletic Trainers Affect the Policy Making Process on Concussions and Other Issues?

Kansas State University
Athletic Training Month Seminar

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Athletic Health Care Collision

Increased participation
Youth sports specialization
Increased physical capabilities
Year-round training cycles
↑ expectations on coaches
Parent expectations/pressures

Δ in legal trends/↑ liability of schools, institutions, and organizations
Focus on health care delivery and preparedness
Δ of focus to appropriate training
Media scrutiny on medical care
Lack of standards in coaching, rules, practice standards

● Federal, State, Federations, Conferences, and/or Institutional health care considerations
● Intent is to serve the best interest of student-athlete welfare
● Natural response is pressure to create policy/legislation
Health Care Policies/Legislation

Information Gathered By Decision Makers, Legislation /policy is created

Problem Occurs, Ideas for Solution Created

Administrative Politics/Timing

Policy/Legislation
Levels of Legislation for Concussions

(Most Laws Written to Reduce Liability – Few Concerned with Quality Patient Care)

• Federal
• State
• Local
• Institutional/Organizational
• Federations
• High School Associations
• National Intercollegiate Associations
• Athletic Conferences
• Others
Athletic Health Care “Politics 101”

• Policy/legislation making doesn’t necessarily = common sense
• The person with the biggest microphone or who has it last must have the right answer, correct?
• Policy maker’s perceptions are their realities
• All affected parties of an issue promote “facts” for their cause trying to affect perceptions and protect interests
• Without facts, biased interests affect perceptions and influence decision making.
• With facts in the right hands, policies are usually self-apparent, correct, and make sense
• We must “learn the system” and actively participate to institute changes for the better
Why Poor Policy/Legislation is Passed

- Rarely proactive
- Knee jerk reaction to public opinion, outcry, or emotional event
- Policy makers aren’t aware of the facts, rely on their perceptions, and feel they must act
- Consequences of the legislation are not considered
Why Poor Laws/Policies are Made

• Policy makers rely on “expert opinions” to help them make decisions
• Decisions can be made due to outside influences, not aware of “sharks in the water”
• Athletic trainers must position themselves as the first line of expert athletic health care resources
• DEVELOP AWARENESS
BOTTOM LINE
Obtain a seat at the Decision Making Table

If not, we must influence those that are representing our interests. The more “middle men”, the less effective the influence becomes.
How to Affect Policies

Understand the legislative governance structure
Understand politics at play of all interested/affected parties
How to Affect Policies

Washington DC Lobbyist –

It’s all about relationships....any level....any organization

1. Identify key positions in organizational structure who affect decisions

2. Develop relationships/communication avenues
1. Practice GREAT PUBLIC RELATIONS
- AT profession not good at promoting itself to others
- Don’t assume decision makers know what ATC’s offer, THEY DON’T
- Legislators and administrators must be introduced to professional recommendations on athletic health care issues

2. PUBLIC RELATIONS – take advantage of timing
- Provide proactive information to decision makers
- Climate for change in athletic health care has never been greater
- ↑ Awareness of ATC’s value/contributions

3. PUBLIC RELATIONS – ongoing and never ending

AT’s must work at all levels providing information to those parties to help guide decisions. Promote the AT is THE most qualified individual to perform on-site assessment for concussions and all athlete health care issues.
Steps to Affecting Policy Making

• General Observations
  – National changes occur due to input from several key groups regarding health/welfare of the student-athlete. Develop local relationships with national policy makers when possible.
  – States – know the political landscape of medical professionals and other potential affected groups. Practice boundary lines are blurred. “Skills sandbox”
  – Medical practice acts in each state may affect who is legally qualified to render care. (Iowa example)
  – Recognize laws aren’t written to protect profession, they are written to insure protection of the public
  – Lawmakers typically as worried about resources required as public protection
Steps to Affecting Policy Making

- Legislative/Conference/State Associations
  - Understand mechanics and influence in governance structure.
  - Work to get a direct voice to highest level policy makers
  - Develop allies with those that can deliver your message (lobbyists, other medical associations, physician groups)
  - Develop a mechanism to regularly update policy makers on important athletic health care issues and be THE resource for information in this area.
  - Federal examples (White House council, commissions)
Current Concussion Law Status

• 49 of 50 States have enacted youth sports concussion safety laws.
• All current laws modeled on Washington state Zackery Lystedt Law – 2009
• State laws are not uniform in content or intent
• Biggest question in all laws are who is qualified to render care, determine return to play?
• Next steps will be.....what level of care should be provided to student-athletes on site?
Concussions will force consideration on this issue.
Current Federal Concussion Initiatives

• H.R. 1271 - *Concussion Awareness and Education Act of 2015*
  Rep. Joyce Beatty (D-OH-3)
• H.R. 2062/S. 988 - *Protecting Student Athletes From Concussions Act of 2015*
  Rep. Mark DeSaulnier (D-CA-11)/Sen. Dick Durbin (D-IL)
• H.R. 582/S. 307 - *ConTACT Act of 2015* – (Concussion Treatment and Care Tools Act)
• No movement on these resolutions.
• House Energy and Commerce Committee – Examine brain injuries in football and military
• Difficulty in federal mandates on care, left to states
Current State Initiatives – Case Study

• Iowa – bill requiring athletic trainers at all varsity events for “collision sports”
• Introduced by IATS, supported by physician groups
• Once through subcommittee, other groups who qualified to provide return to play decisions opted in to support bill (MD, PA, AT, DO, PT, NP, Chiro)
• Current concussion law considered “weak” in terms of who can clear an athlete, no coverage mandates – similar to most other state laws. Written to avoid liability, not to insure best possible patient care
Current State Initiatives – Case Study

- Second bill introduced by physicians to require all schools to have contractual relationship with an athletic trainer
- Consideration for merging both bills?
- Questions encountered
  - Why only varsity sports?
  - Why only collision sports?
  - Support bill following amendments to authorized providers or retract bill? Political fallout?
Conclusion

• “Hope is not a strategy for success”
  Chris McCormack, 2010 Ironman World Champion

• NATA and state associations must develop strategy of actions for influence, or success is not likely

• Foster relationships with policy makers at every opportunity

• Ongoing public exposure of AT’s contributions to delivery of health care to athletes is key to success
Conclusion

• Positioning and patience are important

• All AT’s must work to gain influence with their appropriate policy makers at all levels to make great athletic health care policies, not just concussions

• Public relations shouldn’t occur only in March

• Relationships and influence with decision makers will determine our role in the health care policy process
Thank You

– NATA Board of Directors
– NATA Political Action Committee
– NATA Governmental Affairs/Legislative Personnel
– Iowa Athletic Trainers Society
Thank You
Questions??