Written testimony in support of Senate Bill 742 Oregon Senate Committee on Health Care

Chair Monnes Anderson and Members of the Committee:

My name is Jennifer Adams. I am a Certified Athletic Trainer and I am writing to ask for your support of SB 742.

I have worked as an Athletic Trainer at Jesuit High School for 16 years and at Clackamas County Fire District #1 for 13 years. I would like to share how the language in the current Athletic Training Practice Act limits the services I am able to provide. The proposed changes to the Athletic Training Practice Act will allow me to help more people in both settings.

At Clackamas Fire, we consider our firefighters to be industrial athletes. While the firefighters won't make the highlight reel on ESPN, a high level of fitness and athletic ability is just as critical to their livelihood. Just as injuries can have a significant impact on the life and livelihood of the professional athletes we see on TV, injuries among firefighters are common and just as impactful. In my role as an Athletic Trainer for the fire district, I can evaluate and start treatment for a firefighter's injury while they are working. If their injury requires evaluation from a medical doctor or other provider, I can make a suitable recommendation for the correct type of provider they need to see. This provides for quick access to appropriate health care, leading to better outcomes and often less time loss from injury. In addition to evaluation and treatment after an injury, I work within the district to help reduce the risk of firefighter injuries. At the Fire District, we are implementing the formal use of functional screening tools throughout the district to identify areas of muscle imbalances or weakness that could predispose a firefighter to injury, and then provide corrective exercises and or stretches to ultimately reduce the risk of injury. I also am able to recognize injury trends across the district and recommend changes at the district level to prevent further injuries.

Firefighters are industrial athletes, but it is unclear if they fall under the definition of athlete in the current practice act since they are not associated with an educational institution, a professional or an amateur sports team. The current language of the Athletic Training Practice Act is unclear regarding my ability to evaluate and provide treatment for the firefighter who sprained their ankle while stepping on a hose. Updating the Athletic Training practice act as proposed in SB 742 would remove any ambiguity about my ability to provide appropriate high level care for all firefighters in the fire district.

At Jesuit High School, I work with athletes in the traditional sense. I am the only health care provider on staff. In my role as Athletic Trainer, I am able to evaluate injuries right away. The overwhelming majority of injuries are evaluated within 24 hours, and most are evaluated within an hour of occurrence. After evaluating an injury I can provide immediate treatment and then advise and educate parents on the next best steps: what level of care does the injury need – ER, Urgent Care, primary care physician or home care – and if the injury does need to be evaluated by another health care provider when does that need to happen. Having these conversations with parents helps them make the best use of health care resources.

In my 16 years at Jesuit High School, numerous students have sustained injuries while taking part in after school clubs, rehearsing for plays, and participating in PE classes. Since those students don't fit the definition of athlete as outlined in the Athletic Training Practice Act, the student and their parents must figure out how to care for the injury on their own. During my tenure at Jesuit High School, I have gained the trust of parents, students, and staff on campus and I am seen as the 'go-to' person for injuries. It is extremely frustrating to not be able to use my knowledge and experience to provide care for students simply because they do not fit the definition of athlete. Updating the language in the Athletic Training Practice Act would remove any hindrance from evaluating these students and then advising and educating parents on the next best steps in the way I currently do for athletes.

At Jesuit High School, I am the most knowledgeable and experienced person regarding concussions and the recovery process after a concussion. The current Athletic Training Practice Act recognizes my ability to evaluate and guide the recovery process of the soccer player who sustained a concussion during practice, but not the student who sustained a concussion falling down the stairs at their home. Guiding the recovery process after concussion is more than making sure the athlete has a doctor's note before returning to sports. At Jesuit, I communicate to teachers, counselors and other interested parties that the athlete has sustained a concussion and the temporary academic accommodations needed by the athletes. I communicate with parents the state and school requirements for returning to sport, what can be expected in the recovery process and how to best care for the concussed athlete at home. At school, I check in with the injured athlete every day. I track the changes in their symptoms and monitor how they are doing with their school work. As needed I provide suggestions on how they can continue making progress in their classes while minimizing the recurrence of symptoms. I serve as the main point of communication between parents, teachers, the counselor, the athlete and their doctor as they return to full participation first in the classroom and then in their sport. The current language of the Athletic Training Practice Act allows me to provide this care to injured athletes, but at the same time precludes non-athletes from receiving that same level of care.

As an Athletic Trainer, I have spent my career, and will continue, improving my ability to provide the best possible medical care to those I am charged to care for. My colleagues in the

profession are doing the same. Despite our knowledge and training, there is hesitation and sometimes refusal to treat individuals who don't meet the strict definition of 'athlete' in the Athletic Training Practice Act.

By updating the Athletic Training Practice Act as proposed in SB 742, that hesitation and refusal will be removed. Instead of worrying if a person falls under the definition of athlete, we can focus instead on providing the best medical care we can.

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