ROBERT WITTKE

STATE REPRESENTATIVE • 62nd ASSEMBLY DISTRICT

Assembly Bill 311
Assembly Committee on Insurance
September 21, 2023

Committee Chair Dittrich and Members:

Thank you for holding a public hearing on Assembly Bill 311 (AB 311) relating to coverages for services performed by Athletic Trainers. I am pleased to be able to present testimony on this bill and happy to be joined by my constituent, Keith Owsley, who serves as President of the Wisconsin Athletic Trainers' Association (WATA).

Athletic Trainers are licensed Health Care Professionals who work with their patients on the prevention, examination, diagnosis, treatment and rehabilitation of emergent, acute or chronic injuries and medical conditions. They play a critical role in the health care system.

Assembly Bill 311 specifies that no insurer may refuse to provide coverage for service provided by an Athletic Trainer if the insurer covers those same services if provided by a different type of health care provider. AB 311 would provide parity in coverage but **would not mandate an increase in covered service.** If I injure my knee and am prescribed rehab treatment by a physician I could use an Athletic Trainer for rehab and under this bill those services would be covered by my insurer like they would if provided by a similar licensed health care provider.

AB 311 would clarify who may be treated by an Athletic Trainer by removing "vigorous" from the definition of physical activity. What is physical activity and how is the level of intensity determined? I checked online for more information and found a good reference from the Harvard School of Public Health that I have included here for your review. Physical activity for me is one thing and for a college athlete is another. For example: Mowing the lawn for me may be vigorous because of a steep incline or the vastness of my lawn. If I miss-step on uneven ground or a steep incline injuring my ankle or knee, under current law I could not be treated by an Athletic Trainer because mowing the lawn is not categorized as "vigorous". It is however physical activity during which I could sustain an injury requiring rehabilitation.

The bottom line is that injuries occur at all levels of sport, recreation, wellness or work. AB 311 would allow insurance coverage for Athletic Trainers providing the same services as provided by a different type of health care professional and would remove the word "vigorous" from the definition of who an Athletic Trainer may treat. It's an opportunity to inclusively treat participants in all physical activity with the best health care professional available. Thank you again for holding a public hearing on AB 311.

P.O. Box 8953 • Madison, WI 53708-8953 • (608) 266-0731 • Toll Free: (888) 534-0062
Rep.Wittke@legis.wi.gov

Examples of Moderate and Vigorous Physical Activity

Exercise experts measure activity in metabolic equivalents, or METs. One MET is defined as the energy it takes to sit quietly. For the average adult, this is about one calorie per every 2.2 pounds of body weight per hour; someone who weighs 160 pounds would burn approximately 70 calories an hour while sitting or sleeping.

Moderate-intensity activities are those that get you moving fast enough or strenuously enough to burn off three to six times as much energy per minute as you do when you are sitting quietly, or exercises that clock in at 3 to 6 METs. Vigorous-intensity activities burn more than 6 METs.

One limitation to this way of measuring exercise intensity is that it does not consider the fact that some people have a higher level of fitness than others. Thus, walking at 3 to 4 miles-per-hour is considered to require 4 METs and to be a moderate-intensity activity, regardless of who is doing the activity a young marathon runner or a 90-year-old grandmother. As you might imagine, a brisk walk would likely be an easy activity for the marathon runner, but a very hard activity for the grandmother.

This table gives examples of light-, moderate-, and vigorous-intensity activity for healthy adults.

Light **<3.0 METs**	**Moderate** **3.0-6.0 METs**	**Vigorous** **>6.0 METS**
• Walking slowly • Sitting using computer • Standing light work (cooking, washing dishes) • Fishing sitting • Playing most instruments	• Walking very brisk (4 mph) • Cleaning heavy (washing windows, vacuuming, mopping) • Mowing lawn (power mower) • Bicycling light effort (10-12 mph) • Bad minton recreational • Tennis doubles	• Hiking • Jogging at 6 mph • Shoveling • Carrying heavy loads • Bicycling fast (14-16 mph) • Basketball game • Soccer game • Tennis singles

Reproduced from Harvard T.H. Chan/School of Public Health online source

WISCONSIN ATHLETIC TRAINERS' ASSOCIATION

Good morning. I'd like to thank Chairman Dittrich and the committee for allowing me the opportunity to speak to you this morning.

My name is Keith Owsley, and I am the current President for the Wisconsin Athletic Trainers Association, and I am here this morning on behalf of the over 1600 licensed athletic trainers who work in various clinical settings across the State of Wisconsin.

Before I proceed any further, I would first like to acknowledge and thank my hometown Representative Wittke and his colleagues for their willingness to author AB 311 on behalf of athletic trainers in the State of Wisconsin.

I've worked as an athletic trainer in Wisconsin since the original enactment of Act 9 in 1999. In that time, I've had the opportunity to work in various clinical settings including outpatient rehabilitation facilities, traditional athletic settings, semi-professional settings, extreme sport settings as well as higher education where I currently work. And during my career, I have witnessed an growth and evolution of our profession.

When you say athletic trainers many in the public revert quickly to what they perceive as a "trainer". That person in the weight room teaching someone how to lift weights or lose weight and get in better shape. Or is the person on the football sidelines on TV with a towel over their shoulder and a water bottle in their hand. While athletic trainers do work in both settings, our profession is far more than that.

Last year our profession was displayed on the prime-time stage of Monday night football with the Damar Hamlin incident. When Damar Hamlin collapsed on that field, it was a certified athletic trainer who first reached him and quickly assessed the situation and determined this young man was in a life-or-death situation. It was the certified athletic trainer who implemented the EAP for that venue, which was a well-orchestrated plan involving multiple different healthcare professionals. Again, more recently the son of NBA great Labron James collapsed during a basketball workout at USC. It was a certified athletic trainer who was quickly at his side and initiated lifesaving methods which ultimately saved that young man's life. And there are so many other similar stories that are never seen on Monday Night football, or ESPN Sports Center. These situations play on every week at local high school football fields, gymnasium, and other sporting venues across the country. Certified athletic trainers are the ones who initiate 911 to call EMS! We are there before EMS arrives! So, certified athletic trainers truly are first responders.

But athletic trainers are and have become far more than these settings mentioned. Athletic trainers are highly trained, nationally certified healthcare providers. And the profession of athletic training has both evolved and expanded. Previously the profession only required a bachelor's degree. That is no longer the case as a master's degree is now required for entry into he profession. Further, it is no longer a profession where athletic trainers are only seen in the traditional athletic setting of high schools, colleges, or professional teams. Athletic trainers' skill set in treating and rehabilitating physically active individuals who suffer musculoskeletal injuries spans far beyond these traditional settings.

Currently within the State of Wisconsin we have certified athletic trainers working in the industrial setting, physician offices, outpatient rehabilitation clinics, as well as public safety and tactical athletes within police and fire; in fact, the City of Milwaukee is one of only a few departments across the country who employ a full time certified athletic trainer. I know that individual personally, and I'm aware that his position and his salary was developed due to the decrease in workers' comp cost as a result of his skill set of assessing musculoskeletal injuries, making a deferential diagnosis, providing initial treatment and care, as well as identifying when appropriate physician referral is necessary. All which has led to less time work time loss for firefighters reducing the overall workman's comp and insurance cost for the City of Milwaukee.

The ability for some certified athletic trainers who work with these so called "industrial athletes" as they are commonly referred to as can be hindered under current language within our practice act. Under the current language the day-to-day activities of these factory workers, or industrial workers, firefighters or law enforcement may not be considered by some as "vigorous". And further they are not "athletes". They are "physically active" individuals who often suffer a musculoskeletal injury as part of their everyday physical activities. Those are the individuals that certified athletic trainers have the skill set to provide healthcare for under our current statue and protocol. We are not seeking to change nor expand our scope of practice.

What AB 311 would do would be to remove some of the confusion under the current "vigorous" term and allow these individuals in these non-traditional clinical settings access to the care and skill set of certified athletic trainers. Additionally, this bill would provide certified athletic trainers the parity in ability to bill for services provided in these non-traditional settings. Just as other healthcare professionals already do.

Today you will hear from some of my athletic trainer colleagues who work in the clinical setting and the challenges and frustrations they face with patient access which delays patient care, all due to the inability to bill for their services the same way other certified healthcare professionals. Further, some of them will share the challenges they face in employing certified athletic trainers in the clinical setting due to their lack of ability to bill for the services they provide. The same services provided by other healthcare professionals that are billed for and reimbursed.

Some may ask how or why a lack of ability to bill for services would impact employment of the certified athletic trainer. Here's how!

Across the entire State of Wisconsin, it is common practice for school districts and athletic programs to partner with local healthcare organizations to provide athletic training services to secondary school programs. The certified athletic trainer is employed by the healthcare organization and their duties include providing athletic training coverage for these high schools and middle schools. But few high schools across the state have the need nor the funds to obtain a full-time athletic trainer. So, these "outreach athletic trainers" provide athletic training services to the schools in the afternoons, evenings and weekends. And during the school day these athletic trainers work in the clinic alongside other healthcare professionals such as physicians, physical therapist and others providing their skill set in patient care. However, if they can't bill for those services this greatly diminishes the value of the certified athletic trainer in the eyes of healthcare administrators. So, they often eliminate these positions. This is currently occurring in Wisconsin today! We have multiple healthcare organizations across the State of Wisconsin that are eliminating athletic training outreach and sports medicine outreach programs completely. Again, because the athletic trainers cannot bill for services. This in turn creates a ripple effect in that if

these positions are eliminated, and due to the "devalue" philosophy placed on these positions, they are not replaced. What does that mean for secondary school athletic training programs? It means we have more high schools in the State of Wisconsin that have no access to athletic trainer coverage. So, when the Damar Hamlin incident occurs? Or that football player suffers a concussion on Friday night? There is no certified athletic trainer there to provide that initial assessment, that evaluation, and equally as important, no healthcare provider to determine when it's necessary to refer an injured athlete to a physician. It falls solely on the shoulders of high school coaches, who may or may not have basic CPR training. So, again the inability of athletic trainers to bill for services in the clinical setting has a long reaching impact on proper access to a certified healthcare professional for those physically active individuals.

AB 311 would help to solve these many issues. It would improve timely healthcare access to physically active individuals, it would help remove the confusion of the population certified athletic trainers can provide care to under our current statue language. All while not changing or impacting the current scope of practice for certified athletic trainers.

The mission statement of the Wisconsin Athletic Trainers Association is "to improve the quality of health care for the physically active in the State of Wisconsin." AB 311 would allow us to continue to do just that under our current scope of practice. Just as we have been doing since Act 9 was enacted in 1999.

I'd like to once again thank Representative Wittke and his colleagues for authoring this bill. And I like to thank members of the committee for allowing us to bring this bill forward on behalf of all athletic trainers in the State of Wisconsin.

Thank you.

Respectfully,

H. Keith Owsley, MS,LAT,ATC,CSCS
President
Wisconsin Athletic Trainers Association

Thank you Chairman Dittrich and your fellow committee members for the opportunity to be a part of today's hearing and to express my support of AB 311. My name is Mike Van Veghel. I am a licensed athletic trainer and currently serve as the Governmental Affairs Committee Chair for the Wisconsin Athletic Trainer's Association. I have been working in the athletic training field since 1991 in a variety of clinical, athletic and academic settings. Currently I work with UW Health in their outpatient sports rehabilitation clinic, Sports medicine physician clinics and serve as the athletic trainer for Madison College, which participates in Division II of the National Junior College Athletic Association.

One of the greatest challenges I face in my clinical role is recognition of our ability to practice in the rehabilitation setting by various insurers and third-party reimbursement entities. I have often had to deny service to patients whose respective insurers do not recognize my licensed ability to practice, evaluate and treat in the rehabilitation setting, despite being fully licensed to do so. This results in patient frustration and delays in receiving necessary treatment. My patients are physically active – some are high level athletes, many work in intense tactical environments and some are simply looking to restore normal daily function and low-level exercise capabilities, most fall somewhere in between. This bill will create opportunities for athletic trainers to work, as indicated in our statutes, under our scope of practice, with the patients were are experts at treating. I have had numerous discussions with clinic managers and owners, public and private from all corners of the state. They are interested in hiring athletic trainers to not only serve in their local schools but also to provide athletic training services within their own clinics. This is vital in rural areas as this concept of a combined clinical and school outreach arrangement can help offset the costs of placing athletic trainers in schools. In many regions a student athlete's access to an athletic trainer may be the only health care provider they have immediate access to. We have seen some clinical entities actually pull athletic trainers from various schools around the state because of the limitations placed on opportunities for reimbursement of athletic training services – this bill will provide a means to maintain the viability of clinically based athletic trainers who also can serve their local schools, clubs and communities.

This bill does NOT create a mandate that insurers cover these rehabilitation services. Essentially all insurers cover the same clinical services we provide, they simply pick and choose who they will reimburse for those services, often without any more reason other than..."that's the way we've always done it". We are not the first profession to address and express this need for reimbursement parity and fairness. In fact, the Wisconsin legislature felt it was important enough that a statute (Wi Stat 632.87) was created to address this very issue among other health care professionals including Optometrists, Dentists and Chiropractors. We would hope that if this concept was right then, it certainly is so today. AB 311 will certainly help to improve and ensure the employability of athletic trainers. More importantly, this bill will dramatically improve patient access and reduce wait times to receive care which only enhance patient satisfaction, all while simply asking insurers to continue to do what they already do. We have done our due diligence. We have attempted negotiation and dialogue for several years and have received very little cooperation. We have collected data on the clinical effectiveness and cost comparisons of athletic trainers in the outpatient rehabilitation setting which my colleague will discuss shortly. We simply are now at the point where a simple addition to an existing state statute is necessary.

AB 311 also addresses an important descriptor regarding language in the athletic trainers practice act that defines our patient population. In this context, the term vigorous is used to restrict our patient population to only those who perform exercise, sports, games, recreation, wellness, fitness, or employment activities at a vigorous level. The statutes do not define the term vigorous. However, various entities such as the CDC and American College of Sports Medicine have classified and defined various levels of physical activity into mild, moderate and vigorous levels. Included in the moderate category are sports such as softball, golf and tennis, activities such as yoga, hiking, biking, weight training and various forms of dance and employment activities such as carpentry and construction, truck driving, factory assembly and farm work. These are just a few of the many activities of patients who I and others treat almost daily. Removing the term vigorous effectively allows us to treat active individuals who wish to continue and maintain their participation in the vocation and lifestyle of their choosing without concern or question based on an arbitrary term. Removing vigorous DOES NOT dramatically increase our scope of practice – despite significant advances in the educational preparation and professional competencies of Athletic Trainers, our professional protocol and licensure practice act are otherwise unchanged. Importantly, our practice act contains a duty to refer anytime a licensed athletic trainer encounters a patient whose medical condition falls outside of our scope of practice. This simple change will help to align our 20+ year legacy language with the *current* state of the athletic training profession in Wisconsin.

I would like to thank Representatives Wittke, Rettinger, Armstrong, O'Connor and Wichgers for introducing this bill and Senators Testin and Ballweg for co-sponsoring this legislation that helps to advance our profession, improves patient access and helps to enhance the employability of the athletic training profession. Finally, thank you to you all for allowing us to bring this bill forward, for the opportunity to voice our support and for your willingness to move this important bill along its procedural path.

Thank you for the opportunity to provide testimony relative to AB 311 and specifically the act to amend 448.95 (7) of Wisconsin statutes.

I am both a licensed physical therapist and a licensed athletic trainer in the state of Wisconsin and have been practicing for over 30 years providing these services. I am also the CEO and President of a company that provides both physical therapist and athletic training services in multiple communities throughout northeast and central Wisconsin.

In 1999, with the creation of the Athletic Training (AT) Credentialing Board, the practice act stated that ATs prevent, recognize, evaluate, give emergency care to, give first aid to, provide initial treatment of, rehabilitate, and recondition athletic injuries.

In 2009, the AT's wished to expand beyond athletes, particularly to individuals with injuries and illnesses in industrial and other work settings. AT's deleted the word 'ATHLETIC' from what they do. For example: 'Rehabilitating and physically reconditioning ~~athletic~~ injuries or illnesses sustained while participating in physical activity.'

As a dually licensed physical therapist and athletic trainer, and President of APTA Wisconsin at the time, I was integrally involved in helping to lead the collaboration between the state associations for physical therapists and for athletic trainers that crafted the language in 2009 and led to the bill passing that established our current 448.95 (7) of Wisconsin statutes.

A critical point of our collaborative discussions which led to the bill passage establishing our current state statute was that APTA Wisconsin was in opposition until the AT's agreed to define the term 'physical activity' thusly: '"Physical activity" means vigorous participation in exercise, sports, games, recreation, wellness, fitness, or employment activities.' The ATs are now proposing to delete the term 'vigorous' from the definition of 'physical activity'. 'Vigorous' activity has a specific definition according to the Centers for Disease Control and Prevention (CDC) and the American College of Sports Medicine (ACSM).

The deletion of the term 'vigorous' from current statute would give AT's the ability to treat medically frail and sedentary individuals with any type of injury or illness. Though most AT's would state that it is not their intention to treat a medically frail population such as patients who have sustained strokes, heart attacks, and other medically complex conditions, deletion of the term 'vigorous' from state stature would in fact legislatively allow this to occur resulting in greatly exceeding the scope of education of an athletic trainer, thereby posing a risk to individuals in Wisconsin. It is for this reason that I strongly feel that the word 'vigorous' remain and that Wisconsin statute continues to exist as currently written.

Sincerely,

Rob Worth

Doctor of Physical Therapy

Licensed Athletic Trainer

My name is Sue Griffin, and I am president of the Wisconsin state chapter of the American Physical Therapy Association (APTA Wisconsin). I am here today to testify in strong opposition to AB 311/SB 317. The focus of our opposition is on the removal of the term 'vigorous' from the definition of 'physical activity' within the statute.

The proponents of the bill indicate that this 'clarifies the statutory definition of physical activity to eliminate confusion regarding which patients can be treated by an athletic trainer'. That simply is not true. 'Vigorous activity' has a specific definition according to the Centers for Disease Control and Prevention (CDC) and the American College of Sports Medicine (ACSM). 'Vigorous activity' is activity >6 metabolic equivalents (METS). One MET is what you are all doing now (awake and sitting quietly), and it means your body is consuming 3.5 ml of oxygen each minute for every kilogram of your body weight. A 6 MET activity would require you to consume 21 ml of oxygen each minute per kilogram of body weight. That is the low threshold of 'vigorous', and so it refers to activity which is pretty intense! Examples include participation in sports such as football and basketball; jogging; shoveling more than 10 lbs per minute; and occupations that involve frequent pulling/pushing objects more than 75 lbs., or frequent lifting of more than 50 lbs., such as farming and firefighting.

Originally, Wisconsin state statutes defined 'athletic training' as preventing, recognizing, evaluating, and treating 'athletic injuries'. That is very clear. In 2009 the athletic trainers wanted to expand beyond the ability to treat athletes, particularly to individuals with injuries AND ILLNESSES in industrial and other work settings. They deleted the word "athletic' from what they do. They just wanted to say that they treat injuries or illness sustained while participating in physical activity. APTA Wisconsin opposed that change until the athletic trainers agreed to define the term physical activity as it currently is in statute: 'vigorous participation in exercise, sports, games, recreation, wellness, fitness, or employment activities'. Keep in mind that in 2009, evaluation and treatment protocols had to be approved by the consulting physician. That was changed in 2021, and there is no longer any physician oversight required for athletic trainers to provide services.

Athletic trainers are educated to treat generally healthy people who participate in vigorous activities. Removal of the term 'vigorous' would essentially allow them to see anyone with any illness or injury, including the frail elderly woman who falls and breaks a hip, the gentleman with heart failure who can no longer climb stairs, or the child with cerebral palsy who wants to participate more fully in gym class. This puts the people of Wisconsin at risk because the education of an athletic trainer does not prepare them to treat those individuals. A review of the curriculum for the Masters in Athletic Training from Marquette University indicates that students complete one 3-credit course in neurologic disorders/diseases, and another in systemic medical disorders, for a total of 6 credits in areas outside sports and orthopedics. There are no courses in cardiac, pulmonary, pediatric, or geriatric disorders. By contrast, the doctor of physical therapy curriculum at Marquette includes 27 credits of work in those areas.

In summary, without the terms 'athletic' or 'vigorous' in the athletic training statutes, confusion regarding which individuals can be seen by an athletic trainer will be greatly increased. The current language clearly frames the scope of practice of the athletic trainer to treat active and healthy individuals who are injured performing, and are able to return to participation in, intense physical activities. We ask that this clear language be retained.

Thank you.

Sue Griffin, PT, DPT

President, APTA Wisconsin

AHI
ALLIANCE OF
HEALTH INSURERS

To: Chairperson Barbara Dittrich
Members, Assembly Committee on Insurance
From: R.J. Pirlot, Executive Director
Date: September 21, 2023
Re: Please take no action on Assembly Bill 311, relating to creating a coverage mandate for athletic trainer services.

The Alliance of Health Insurers (AHI) is a non-profit advocacy organization representing commercial and local health plans in Wisconsin. Our members collectively provide coverage to more than 3 million Wisconsinites through public and private insurance programs, including two-thirds of enrollees in Badger Care Plus and SSI-Medicaid (Wisconsin's Medicaid managed care programs). Member plans are dedicated to delivering affordable, high-value care to the state's commercial and Medicaid populations.

Fundamentally, AB 311 is a state mandate to require plans to provide coverage for athletic trainer services – if the services are within the athletic trainer's scope of practice and if the plan would cover the service if provided by another provider – regardless of the cost effectiveness or appropriateness of such services.

AHI members routinely cover provider services which are demonstrably cost effective and medically appropriate. In 2019, then-Rep. Kuglitsch and Sen. Testin asked AHI members to meet with Wisconsin Athletic Trainers Association lobbyists and members of the association's leadership team to discuss matters relating to member coverage of athletic trainer services. We did so on July 25, 2019.

During this July 2019 meeting, a good discussion ensued regarding when and to what extent health plans ought to cover services provided by athletic trainers. Wisconsin Athletic Trainers Association representatives promised to provide AHI members with evidentiary documentation demonstrating the cost effectiveness and medical appropriateness of athletic trainer services and quality outcomes. At the time, interested legislators seemed satisfied with this approach, that is, to allow industry to "work it out" regarding any additional or expanded services coverage.

We are still waiting for this documentation.

AHI members are disappointed that instead of making the case to our members to ensure their services are covered – as promised – the Wisconsin Athletic Trainers Association has turned to the Legislature and is asking it to impose this coverage mandate.

If there is a business case to be made for such services to be covered, AHI members stand ready to review the evidence. Please take no action on AB 311.

AHI works to improve the health and well-being of individuals, families, and communities in Wisconsin.

Wisconsin Association of Health Plans

From: Tim Lundquist, Senior Director of Government & Public Affairs
To: Members, Assembly Committee on Insurance
RE: Assembly Bill 311
Date: September 21, 2023

The Wisconsin Association of Health Plans is the voice of 12 community-based health plans that serve employers, individuals, and government programs across the state. Member health plans serve a variety of commercial health insurance markets and serve as key state partners in programs administered by the Department of Employee Trust Funds and the Department of Health Services. The Association appreciates the opportunity to provide comment on Assembly Bill 311, legislation relating to athletic training and coverage of the services of athletic trainers under health insurance policies and plans. For the reasons stated below, we oppose Assembly Bill 311.

Community-based health plans recognize the range of services offered by athletic trainers. As the bill authors have noted, athletic trainers can work in a broad variety of settings. Athletic trainers work in fitness and recreational centers, with law enforcement and professional sports teams, in the offices of physical, occupational and speech therapists, and in hospitals and clinics. In 2022, according to the Bureau of Labor Statistics, educational institutions served as the single largest employer of athletic trainers. The diversity of settings in which athletic trainers can practice speaks to the breadth and growth of the profession.

However, Assembly Bill 311 does more than simply acknowledge the growth of the athletic trainer profession. Rather, Assembly Bill 311 establishes a one-size-fits-all mandate that health plans must cover services provided by athletic trainers if those services would be covered when delivered by another provider – without regard for the market conditions at work today that help community-based health plans provide Wisconsin patients access to high-value, high-quality care at a price they can afford.

The circumstances under which athletic trainers are utilized today by health plans varies. Some health plans have found value for patients in utilizing athletic trainers as members of a care team to provide a subset of medical services, but others have not. This variance appropriately reflects differences in local markets, provider availability and practices, patient demand or interest, the influence of federal standards (such as Medicare coverage practices), and varied perspectives on the relative value proposition of athletic trainers, as compared to other providers, for the performance of the same service. Assembly Bill 311 mandates a different, one-size-fits-all approach, which the Association opposes.

It is also worth noting that many services provided by athletic trainers are not traditionally covered by health insurance policies. For example, services more related to athletic performance than to maintaining or restoring general health are generally not covered by health insurance policies. Similarly, services related to the treatment of workplace-related injuries are generally covered by workers' compensation insurance or employer-funded occupational services, not health insurance policies.

Mandates rarely, if ever, lead to lower prices and costs. By removing the market forces in place today, community-based health plans are concerned Assembly Bill 311 will lead to an increase

in costs, which are ultimately borne in the form of higher premiums and cost-sharing paid by individuals and public- and private-sector employers.

Where athletic trainers believe they can offer lower cost and higher quality services to health plan enrollees, and are able to do so under the scope of their license, they should approach health plans to negotiate in-network coverage. This market dynamic has worked well for health plan enrollees, as it encourages athletic trainers to compete on quality and price. This market dynamic also asks athletic trainers to demonstrate to health plans, who are stewards of premium dollars provided by employers and individuals, of their specific value proposition.

This dynamic has created conditions in Wisconsin where some health plans have opted to include athletic trainers as part of a care team, based on careful consideration of local conditions. We respectfully ask committee members to continue to let this market work, and to oppose Assembly Bill 311.

If committee members have any questions, please reach out directly to Association Senior Director of Government & Public Affairs Tim Lundquist at 608-255-8599.