

**POLICY MANUAL
ARIZONA ATHLETIC TRAINERS ASSOCIATION**

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The mission of the Arizona Athletic Trainer's Association is to promote and enhance athletic training, as an allied health profession in its efforts and ability to service the overall health care needs of the athletic population in cooperation with other organizations and health care professions.

MISSION OF THE BOARD

A.1-1

The mission of the Board of Directors of the Arizona Athletic Trainers Association is the advancement of the profession of athletic training in the State of Arizona. In pursuit of this mission, the Board shall:

1. Provide a vision for the future of athletic training in the State of Arizona.
 2. Provide for the enhancement of the image of athletic training in the State of Arizona.
 3. Provide for the growth of the members of the athletic training profession, both present and future.
 4. Provide for the diversity of the Association while building unity as a profession.
 5. Provide for the establishment of high quality programs to benefit the members of the Association.
 6. Provide for proactive governance of the Association.
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BOARD ACTIVITIES

A.1-2

The job of the board is to make certain contributions that are unique to its role and are necessary for the proper governance of the Association. With this given, the Board shall:

1. Write policies and procedures that concern:
 - A. Program results.
 - B. Administrative constraints.
 - C. Governance processes.
 2. Assure the quality performance of the various structures of the Association.
 3. Provide the various structures of the Association with the support needed to complete their assigned tasks.
 4. Inform the membership of the actions of the Board and Association
 5. Assure the Association is operated in a fiscally responsible manner.
 6. Assure that the Board and members abide by the Constitution, By-Laws, and Policies and Procedures of the Association.
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LONG RANGE PLAN

A.1-3

The Board shall develop a comprehensive long-range plan for the Association. This plan shall include, at a minimum, the following areas:

1. Growth of membership.
2. Financial status.
3. Long range goals for:
 - A. Continuing Education
 - B. Governmental Action
 - C. Promotion of the Profession

Time lines shall be established for each portion of the plan. Actions of the Board and the various structures of the Association shall reflect the contents of the long range plan. The long range plan shall be evaluated annually for progress toward fulfillment of the goals of the plan.

MEMBERS OF THE BOARD

A.2-1

The following are voting members of the Board of Directors

- President
- Vice President
- Secretary
- Treasurer
- Clinical/Professional Representative
- College/University Representative
- High School Representative

Committee chairs serve as Advisory Members of the Board of Directors.

REPRESENTATIVES OF THE BOARD

A.3-1

Members of the Board shall serve as representatives of the Board to the following Committees and state supported endeavors:

Vice President

- Professional Education

Secretary

- Publisher
- Publicity and Promotions
- Webmaster

Treasurer

- Honors and Awards
- Sponsorship
- Meetings & Events
 - Exhibit Coordinator

- Clinical/Professional Representative
 - Governmental Affairs
- College/University Representative
 - Placement
 - College Student Committee
- High School Representative
 - AIA Liaison
 - High School Student Committee

LIAISONS

A.3-2

The Board shall, when deemed prudent, appoint liaisons to other professional organizations. These liaisons shall represent the position of the Association to the specified professional association in matters concerning the Association.

The Board may also accept liaisons from other professional associations. The Board may issue position statements to the liaison so long as those statements are made known to the general membership.

ANNUAL MEETING OF THE BOARD

A.4-1

The annual meeting of the Board shall take place in the month of February, in conjunction with the annual meeting of the membership, not to conflict with the Super Bowl.

In addition to the annual meeting of the Board, the Board shall convene during the summer meeting of the association as well as two other quarterly meetings.

LIMITATIONS

B.1-1

The following actions are deemed unacceptable for any member who may be acting in the name of the Association. Violations of the limitations will subject the violator to disciplinary action.

1. Any illegal activity.
2. Spending of Association funds not intended to be of benefit of the Association.
3. Practices that are, or may cause or allow, unethical or imprudent behavior.
4. Failure to follow the Constitution, By-Laws, Policies, and Procedures of the Association.
5. Any conduct that would place the Association in fiscal jeopardy.
6. Allow spending to deviate from the Board approved budget.
7. Actions in the name of the Association when there is no authority to take such actions.

MAILING LIST

B.1-2

No member shall release a list of names of members, their addresses, or places of employment to any outside organization without specific consent of the Board.

ANNUAL MEETING OF THE MEMBERSHIP

B.3-1

The annual meeting of the membership shall be in the month of February, not to conflict with the Super Bowl. A symposium sponsored by the Association shall be held in conjunction with the annual meeting.

LEGAL PRACTICE OF ATHLETIC TRAINING

B.4-1

INTRODUCTION

This report is in response to the request of the Board Directors of the Arizona Athletic Trainers Association (AzATA) *for* an updated analysis of the legal standing of the athletic training profession in Arizona. This is in conjunction with the request of the Governmental Affairs Committee (GAC) of the National Athletic Trainers Association (NATA) *for* a "legal interpretation" *of* the laws of each state governing athletic training and will be structured in accordance with the information requested by the GAC. This report replaces a report *on* this topic prepared in 1998 and is necessitated by a substantial change in the law *of* the state since that time.

REGULATION OF HEALTH CARE PROFESSIONS

Statutes governing the practice of health care professions in Arizona are contained in Title 32 of the Arizona Revised Statutes (ARS) which is entitled "Professions and Occupations." Each statutory section is designated "ARS" followed by the title number, then the section number and in many instances a subsection letter and/or number, e.g. ARS 32-4101(3) which defines "athletic training." Statutes relating to insurance coverage and benefits are contained in Title 20 which is entitled "Insurance" and those relating to worker's compensation benefits are contained in Title 23 entitled "Labor."

Pursuant to the Administrative Procedures Act (AP A), rules and regulations promulgated by all state agencies, including those pertaining to health care professions, are set forth in a publication of the office of the Secretary of State entitled the Arizona Administrative Code (AAC). Four supplements are published each year. Under the law certain rules are exempt *from* publication but are included in the AAC if provided by the agency. On a weekly basis the Secretary *of* State also publishes the Arizona Administrative Register (AAR) which includes Executive Orders *of* the Governor, Opinions of the Attorney General and notices of rule-making activity. The AP A requires exempt rules to be published in the AAR.

Copies *of* rules and regulations can also be obtained *from* the promulgating agency. It should also be understood that not all "decisions" of an agency are included in its published rules and regulations. Certain decisions are contained *only* in the minutes of the Board which, though not published, do constitute a "public record" available *for*

examination upon appropriate request.

Generally, regulation of health care professions falls under the jurisdiction of specific state agencies created by statute *for* that purpose. Notable exceptions are the categories of emergency medical services (certified emergency paramedics and emergency medical technicians), which are governed by the Department *of* Health Services, and physician assistants, which are governed by a special joint board operating under the auspices *of* the Board of Medical Examiners.

Each regulatory agency is granted, by statute, certain powers of enforcement of the provisions of the statute by which it is created. These statutes set forth the criteria and procedures by which an agency may discipline members of the profession which it regulates or take action against those who practice the profession unlawfully. Generally, the agency may take its own civil action against the violator, including administrative proceedings by the agency or asking a to court issue an "injunction" against the violator prohibiting future violations, or it may request criminal action by a prosecuting agency (attorney general or county attorney), or both.

HISTORICAL PERSPECTIVE

Until 1988 the practice of athletic training was not legally recognized in Arizona and for many years prior to then was conducted in direct violation of the physical therapy practice act. The Board of Physical Therapy and law enforcement bodies chose to ignore this unlawful conduct, but in 1988 concerns raised at one of the state's universities caused the AzATA to undertake measures to rectify the situation.

At that time the members of the profession numbered less than one hundred in the state and there was strong political sentiment among government officials against the creation of additional state regulation of anything, much less such a relatively small profession. Thus, with the approval and support of both the physical therapy board and state physical therapy association, the AzATA successfully lobbied through the legislature an amendment to the physical therapy practice act granting exemption to athletic trainers.

This exemption provision, which is still in the law, was very restrictive in its application. In brief summary it limited the population, which could be treated to participants on professional, collegiate, interscholastic and bona fide amateur organization teams. It also limited the location of treatment to the team's athletic training facility or the site of the team's practice or competition. Interestingly, however, it did not address the conditions which could be treated. The protection of the exemption was limited to those who were certified by the National Athletic Trainers Association Board of Certification, Inc. (NATABOC).

The only known instance of enforcement of the provision involved a situation where a certified athletic trainer at a high school was directed by his administration to implement a program under which physical education students who were unable to participate in class due to an injury were sent to the athletic training room for treatment during their P .E. period. The physical therapy board ruled that the law allowed treatment only of those who were members of competitive sports teams and not P .E. students. Unfortunately, the board refused to enforce the law in several instances reported to it by the AzATA in which schools employed individuals *not* certified by the NA T ABOC (nor remotely qualified to be so) to render athletic training services to their athletes. Thus the exemption provision limited the scope of practice of qualified professionals but did nothing to protect the public or the athletic training profession against the actions of unqualified individuals.

LICENSED PRACTICE OF ATHLETIC TRAINING

In 1999, with the profession having grown dramatically over the previous decade and a change in the state's political climate, the AzATA successfully lobbied the passage of an athletic training practice act. This law calls for the licensure of those who wish to practice the profession within the state.

Under this law, "athletic training" is defined as follows:

- (a) Includes the following activities performed under the direction of a licensed physician:
 - (i) Examining, evaluating and testing a person to determine the person's injury status and the person's progress in recovery from athletic injuries.
 - (ii) Using heat, cold, water, light, sound, electricity, passive or active exercise, massage or mechanical devices to treat, rehabilitate or recondition athletic injuries.
 - (iii) Administering athletic training programs and facilities at the athletic training facility or at the site of athletic practice or competition.
 - (iv) Education and counseling related to all aspects of the practice of athletic training.
- (b) Does not include treating, assessing or evaluating a person who sustains an injury under any circumstance other than during participation in or preparation for competitive team or individual sports. This subdivision does not prevent the athletic trainer of a professional sports organization or an accredited educational institution from treating at the organization's or institution's athletic facility any injury of the type that occurs in sports regardless of the circumstances under which the injury was sustained.

The law defines "athletic injury" as one "sustained by a person in a competitive team or individual sport as a result of that person's participation or preparation for the competitive team or individual sport. "Licensed physician" is defined as those licensed under the state's practice acts for medical doctors and osteopaths. There is no definition of "competitive team or individual sport."

The law establishes the Board of Athletic Training which is appointed by the Governor and is made up of three athletic trainers and two public members who *cannot* have any financial interest in any health care profession. As a cost saving measure for the state, the Board shares office space and staff with the Board of Occupational Therapy, but is independent of that and every other board or agency and is charged with sole responsibility for governing all aspects of the practice of athletic training in the state.

The Board is required by law to adopt rules to enforce the provisions of the practice act, and is given the following specific directive:

"The Board shall adopt rules to prescribe the direction of athletic trainers by licensed physicians including physician recommendations, guidelines and instructions as to standard protocols to be followed in the general, day-to-day activities in which athletic trainers engage.

These rules shall require that post athletic injury treatment direction be provided by the person's treating physician or, if applicable, by the team physician for the institution or organization that employs the athletic trainer."

To qualify for licensure one must "possess a minimum of a baccalaureate degree from an accredited institution with course work and supervised clinical experience as required and approved by the Board (and) have passed a national examination approved by the Board." The law restricts the use of the titles "athletic training" and "athletic trainer," as well as typical initials designating the profession (e.g. A.T.,C.) to those who are licensed. Practicing without a license is a misdemeanor punishable by a fine of up to \$2,500.00. In addition, the Board can impose civil penalties in the range of \$1,000.00 to \$5,000.00 upon anyone "who aids or requires another person to directly or indirectly violate" the practice act.

Among those exempted from licensure are students "in a professional education program approved by the Board if that person is satisfying supervised clinical education requirements related to the person's athletic training education while under the direct supervision of a licensed athletic trainer." Also exempt is any athletic trainer who lives and works in another state and

"Who possesses the qualifications for licensure in this state if that person is performing athletic training in this state in connection with teaching or participating in an educational seminar or is providing athletic training services in this state to athletes of a bonafide professional, intercollegiate, interscholastic or amateur sports organization by which the athletic trainer is employed, for not more than sixty days in any twelve month period."

"Direct supervision" is defined as requiring "that the supervising athletic trainer is present in the facility or on the campus where student athletic trainers are performing services, is immediately available to assist the person being supervised in the services being performed and maintains continuous involvement in appropriate aspects of the services being performed."

The Rules of the Board provide that the "national examination" required for licensure shall be the certification examination provided by the NATABOC. The Board has not yet adopted the specific rules required by the practice act pertaining to physician direction but is currently in the process of doing so. It appears as of this writing that these rules will simply replicate the language of the statute rather than setting forth specific parameters regarding this issue.

SCOPE OF PRACTICE

The practice act obviously expanded the legal scope of practice of athletic training by significant measure. In the first place, *anyone* who engages in competitive sports activities, regardless of the circumstance or setting of those activities, may seek the services of an athletic trainer. The "athlete" need not be affiliated with any particular institution or organization, but simply must have sustained an injury during *or in preparation for* some type of competitive sports activity.

Secondly, there need be no particular relationship between the "athlete" and the athletic trainer. Anyone who sustains an "athletic injury" may seek the services of any licensed athletic trainer for care of that injury.

Thirdly, athletic training services may be provided in any setting so long as the focus is caring for an "athletic injury." The only limitation on setting is when a member of a professional, intercollegiate or interscholastic team is being treated for an injury which did *not* occur during athletic competition or practice, but is "of the type that occurs in sports." The basis of this distinction is that representatives of the physical therapy profession sought to limit the scope of practice *in all instances* to only those injuries which occur during preparation for or participation in competitive activities. This would unduly limit athletic trainers who work for professional teams and educational institutions because their employers generally expect them to care for *any* injury sustained by members of their teams, regardless of how or where the injury occurred. Thus, a compromise was reached but the exception was limited to treatment at the team's athletic training facility.

PRACTICE OF PHYSICAL THERAPY

The practice of physical therapy is governed by the physical therapy practice act, much of which was used as a model for the athletic training practice act. This act underwent dramatic revision in 1998. Under it the "practice of physical therapy" is defined as:

"(a) Examining, evaluating and testing persons who have mechanical, physiological and developmental impairments, functional limitations and disabilities or other health and movement related conditions in order to determine a diagnosis, a prognosis and a plan of therapeutic intervention and to assess the ongoing effects of intervention.

(b) Alleviating impairments and functional limitations by designing, implementing and modifying therapeutic interventions including:

- (i) Therapeutic exercise.
- (ii) Functional training in self-care and i home, community or work reintegration.
- (iii) Manual therapy techniques.
- (iv) Therapeutic massage.
- (v) Assistive and adaptive orthotic, prosthetic and supportive devices and equipment.
- (vi) Pulmonary hygiene.
- (vii) Debridement and wound care.
- (viii) Physical agents or modalities.
- (ix) Mechanical and electrotherapeutic modalities.
- (x) Patient related instruction.

- (c) Reducing the risk of injury, impairments, functional limitations and disability by means that include promoting and maintaining a person's fitness, health and quality of life.
- (d) Engaging in administration, consultation, education and research."

Because it was adopted prior to passage of the athletic training practice act, the physical therapy act still contains the athletic training exemption, which is now unnecessary. More importantly, it broadly states that licensed health care professionals are exempt from the provisions of the statute while engaged in the practice for which they are licensed.

Practicing physical therapy without a license is a class 1 misdemeanor which is punishable by a fine of up to \$2,500.00. In addition, the Board may bring a civil action against any violator and impose a civil penalty of up to \$1,000.00 per violation. Each day that a violation occurs is a separate violation. Thus, a person who is found to have violated the law on a daily basis over a period of several months could face a very substantial civil penalty.

PHYSICAL THERAPY EXTENDERS

There is no specific connotation in Arizona law for the title "physical therapy extender." There is, however, a statutory provision for physical therapy assistants who are certified and governed by the physical therapy board. The statute defines physical therapy assistant as "(A) person who meets the requirements of (the physical therapy practice act) for certification and who performs physical therapy procedures and related tasks that have been selected and delegated by the supervising physical therapist."

The statute also recognizes the category of "physical therapy aide" which is defined as "a person who is trained under the direction of a physical therapist and who performs designated and supervised routine physical therapy tasks." Historically, certified athletic trainers who practiced in physical therapy clinics in Arizona were relegated to this category despite their far superior education, training and qualification as compared with others assigned that designation.

The current law also provides for the involvement of "other assistive personnel who are trained or educated health care providers and who are not physical therapist assistants or physical therapy aides but who perform specific designated tasks related to physical therapy under the supervision of a physical therapist." The law provides that "at the discretion of the supervising physical therapist and if properly credentialed," these individuals "may be identified by the title specific to their training or education." Thus a certified athletic trainer working in a physical therapy clinic and caring for patients who fall outside the scope of athletic training practice can be identified as an ATC. To do so, however, one would have to be licensed under the athletic training practice act since that law restricts the use of the designation A TC to those so licensed. That individual would also have to practice under the direct supervision of a physical therapist. The statute imposes very strict guidelines for supervision.

The provisions of the two practice acts pose an interesting dichotomy for athletic trainers practicing in the clinical setting. In the treatment of "athletes" who have sustained an "athletic injury," they can operate completely free of the supervision of a physical therapist, being required only to seek direction from a licensed physician. With patients who are not athletes, however, they must be very closely supervised by a physical therapist, even though the injuries may be identical to those suffered by the athletes.

PRACTICE OF MEDICINE

The practice of medicine in Arizona is regulated by the Board of Medical Examiners. It is defined as:

The diagnosis, the treatment or the correction of or the attempt or the holding of oneself out as being able to diagnose, treat or correct any and all human diseases, injuries, ailments, infirmities, deformities, physical or mental, real or imaginary, by any means, methods, devices or instrumentalities. . . .

Engaging in the practice of medicine without being licensed or exempt from licensure by Arizona law is a class 5 felony which is punishable by imprisonment for a period of nine months to two years and/or a fine of as much as \$150,000.00. Those who are licensed to practice another profession are exempt so long as they are acting within the lawful scope of practice of that profession.

The practice of athletic training clearly falls within the definition of the practice of medicine. Historically, by custom and practice, athletic trainers were allowed to engage in their practice without interference or sanction by the Board of Medical Examiners. Today those who are licensed have the benefit of the statutory exemption.

PHYSICIAN EXTENDERS

There is no provision in Arizona law for practicing under the title of "physician extender." There is provision for physician assistants but they must be certified under a specific statute pertaining to that profession. This requires meeting certain educational requirements established by the Joint Board on the Regulation of Physician Assistants and passing the certifying examination of the National Commission on the Certification of Physician's Assistants (NCCPA). Physician assistants must be employed by a particular physician approved by the Board, which physician takes on substantial responsibility for the conduct of the physician assistant.

There is also a provision for practicing as a medical assistant which is defined as someone who has met certain educational requirements established by the Board of Medical Examiners and whose primary duties, performed under the direct supervision of a doctor, consist of:

- 1) Taking and recording on medical records a patient's blood pressure, temperature and medical history.
- 2) Taking body fluid specimens.
- 3) Administering injections.

.Medical assistants may also engage in clerical tasks without the direct supervision of a doctor and the Board may adopt rules which approve certain other procedures which medical assistants can perform under the supervision of the doctor upon determination that a medical assistant may competently perform such procedures. To date, however, the Board has not adopted any rules relating to either the education or expanded scope of practice of medical assistants.

PHARMACY LAWS

Certain sections of the pharmacy chapter of Title 32 are significant to certified athletic trainers. In general, that chapter provides:

It is unlawful for any person to manufacture, compound, sell, or dispense any drugs or to dispense or compound any prescription orders of a medical practitioner unless he is a pharmacist or a pharmacy intern acting under the direct supervision of a pharmacist. . . .

The statute also prohibits misbranding any drug, holding any drug that is misbranded or removing the labeling of a drug so as to result in it being misbranded. While the statute does not define "misbranding," it is reasonable to anticipate that removal of drugs from their lawfully branded containers and placing them in containers with other labels or without labels would be considered misbranding under this provision.

"Drug" is defined as:

1. Articles recognized, or for which standards or specifications are prescribed, in the official compendium.
2. Articles intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease in man or other animals.
3. Articles other than food intended to affect the structure or any function of the body of man or other animals.
4. Articles intended for use as a component of any articles specified in items 1,2 or 3 but not to include devices or their components, parts or accessories."

"Dispense" is defined as delivering to an ultimate user pursuant to the lawful order of a physician or dentist.

The pharmacy law exempts certain licensed practitioners, including medical and osteopathic physicians, from its application but the licensed individual must dispense the drug to a patient for a condition being treated by the licensed individual. This provision does not extend to someone else (e.g. a certified athletic trainer) dispensing a drug pursuant to the physician's direction. Any dispensing of drugs in the athletic training room must be undertaken by the physician prescribing the drug.

The pharmacy law also provides that licensed physical therapists "may, under a prescription order of a physician, procure, store and administer nonscheduled legend and topical anti-inflammatories and topical anesthetics for use in phonophoresis and iontophoresis procedures and within the scope of practice of physical therapy." As currently written, however, this provision does not extend to certified athletic trainers even when practicing pursuant to the exemption in the physical therapy practice act. Thus, the use of these agents by certified athletic trainers who are not under the direct supervision of a licensed physical therapist, even with a doctor's prescription, is a technical violation of the pharmacy law.

The deputy director of the state pharmacy board has indicated that the board would not take enforcement action against a certified athletic trainer for this practice absent a showing that it constituted a danger to the public health and safety which, presently, the board does not believe exists. This does not, however, eliminate the risk of a civil suit against a certified athletic trainer claiming negligence in the use of such agents, in which the liability insurance

carrier might deny coverage because the alleged misconduct constituted a criminal act to which liability coverage does not extend. The only way to resolve this dilemma is to either modify the pharmacy statute to include certified athletic trainers in the limited exemption extended to licensed physical therapists, or to seek a formal rule from the pharmacy board interpreting the physical therapy exemption to include certified athletic trainers practicing under the exemption in the physical therapy practice act.

Violation of the pharmacy act is a class 2 misdemeanor which is punishable by a fine of up to \$750.00. If the violation is made with intent to defraud or mislead it is a class five felony which is punishable by imprisonment for a period of 9 months to 2 years and/or a fine of up to \$150,000.00. The more severe penalty would apply, for example, in a situation where medications were placed in a mislabeled or unlabeled container so that they could not be identified by someone other than the user, e.g. a law enforcement officer.

THIRD PARTY REIMBURSEMENT

There is no statutory or regulatory provision in Arizona pertaining to third party reimbursement of certified athletic trainers for their services. It is appropriate, however, to comment upon statutory provisions relating to third party reimbursement of other health care providers as a foundation for possible future efforts to obtain such reimbursement for certified athletic trainers.

There is no specific regulation of the Department of Insurance designating those health care providers who are entitled to receive third party reimbursement for their services. There are, however, several statutory sections which bear upon this issue.

The most direct indication is in the article which authorizes the establishment of health care services organizations, which provide health care services under prepaid plans. Within the context of this article a "provider" is "any physician, hospital or other person which is licensed or otherwise authorized to furnish health care services in this state." Conceptually, if the plan called for enrollees who were "athletes" to receive services from a licensed athletic trainer and for the athletic trainer to be reimbursed for the services, that would be allowed under this statute. Similarly, since the use of "other assistive personnel" is authorized by the physical therapy act, if the plan called for reimbursement of services by certified athletic trainers working in a physical therapy setting, that too would be allowed under this statute. Nothing in the article, however, requires that any such provisions be included in a health care services plan.

Other sections dealing with health insurance coverage (generally referred to as "disability insurance contracts") prohibit denial of benefits for treatment by certain categories of licensed or certified providers so long as the service is of a type covered by the policy and is performed within the lawful scope of the provider's license. Those specifically protected are medical and osteopathic physicians; optometrists and ophthalmologists; and psychiatrists. Other sections state that if the policy provides for a service "which is within the lawful scope of practice of a provider," benefits must be paid to such a provider. Protected categories include chiropractors, psychologists, registered nurse practitioners and certified registered nurses. To obtain such protection, licensed athletic trainers would have to persuade the legislature to amend the insurance statute to include such a provision. It is significant that physical therapists, with approximately 2,000 members and a very strong lobby, have not acquired such protection for their services.

WORKER'S COMPENSATION BENEFITS

The Labor Title provides for benefits to be paid to injured workers for "such medical, nurse and hospital services and medicines. . . as are provided by this chapter." These services are defined as "medical, surgical and hospital benefits or other treatment, nursing, medicine, surgical supplies, crutches and other apparatus, including artificial members, reasonably required at the time of the injury and during the period of disability." There is no specific statutory delineation of what categories of providers may render these services but there is a statutory section which directs the Arizona Industrial Commission to "fix a schedule of fees to be charged by physicians and physical therapists attending injured employees. . . ."

In a disputed case where the insurance carrier refused to pay for chiropractic care on the basis that the statute did not specifically allow for it, the Arizona Court of Appeals held that this was too restrictive an interpretation of the statute, particularly in light of the language "or other treatment" which is emphasized above. Therefore, the court held that "in the absence of factors which might otherwise generally preclude the payment of benefits, an injured workman is entitled to compensation for chiropractic services reasonably required as a result of his injury."

Another disputed case involved an injured worker who required surgery but had cardiac and other medical problems which had to be resolved before surgery could be safely performed. The insurance carrier denied coverage for preoperative procedures required to prepare the worker for the surgery. The court held that the worker was entitled to payment of benefits for any presurgery treatment necessary to prepare the worker for the surgery. While this case involved specific medical procedures it is reasonable to conclude that if, for example, the treating surgeon felt that a worker needed to undergo a conditioning program in order to be able to tolerate the surgery, that too would be a covered expense.

It is important to note that both of these cases involved treatment by providers which fell within the scope of their lawful practice. For licensed athletic trainers to benefit from these findings, they would have to statutorily expand their lawful scope of practice to allow them to provide services to injured workers. Otherwise, these decisions apply only to those who are providing services to professional athletes.

COMMITTEES

C.1-1

It is the Board's desire to establish effective and efficient committees. To reflect this, the following shall be the policy of the Board:

The Board shall provide the committees with adequate resources, both financial and other, to facilitate the fulfillment of the goals of the committee. The Board shall be concerned only with the outcome of the committee's work, so far as it is completed in a prudent manner that conforms to the Policies and Procedures of the Association.

The committees shall strive to accomplish the goals of the committee. The committees shall provide for high quality outcomes from the programs of the committee. The Board desires the committees to be proactive and innovative in their approach to solving problems and reaching their goals.

Each committee member holds responsibility for the proper functioning of the committee. The committee chair shall coordinate the activities of the committee to fulfill the goals of the committee. The committee chairs are expected to attend all regular meetings of the Association as well as the annual, semi-annual and budget meetings of the Board of Directors. If attendance is not possible, the chair shall select an informed committee member to represent the committee.

PROFESSIONAL EDUCATION COMMITTEE

C.2-1

The Professional Education Committee shall sponsor, organize, conduct and promote programs along with Publicity and Promotions Committee and Meetings and Events Committee that aide in educating the membership and others in athletic training related matters. This education should encompass the diverse and evolving aspects of the profession and should take into account the needs of traditional as well as non-traditional roles of the membership and of the Association as a whole. The PEC will coordinate with the Meetings and Events Committee to plan and conduct at least 2 symposiums per year for the membership and others.

PLACEMENT COMMITTEE

C.2-2

The Placement Committee shall be responsible for recruiting qualified positions of employment for the membership of the Association. The Placement Committee shall also make known to the membership all available job opportunities in the State of Arizona. Work with AIA, colleges and universities, professional organizations, clinics, to establish employment models and guidelines.

PUBLICITY AND PROMOTIONS COMMITTEE

C.2-3

The Publicity and Promotions Committee shall provide for the recognition of the athletic training profession by the public, medical community, and educational community. The Publicity and Promotions Committee shall seek opportunities to promote the profession and the Association to the general population. The Publicity and Promotions Committee will work to promote continuing education, social events and other association functions to the membership. Publicity and Promotions Committee will work with Placement Committee in establishing and promoting ideal employment models and guidelines.

GOVERNMENTAL AFFAIRS COMMITTEE

C.2-4

The Governmental Affairs Committee shall encourage governmental actions beneficial to the profession and the Association. The Governmental Affairs Committee shall monitor governmental actions, and actions of the membership, that may have legal ramifications to the profession, the Association, and/or the Association membership.

AWARDS AND SCHOLARSHIP COMMITTEE

C.2-5

The Awards and Scholarship Committee shall establish standards, evaluate candidates, and select recipients for the awards and scholarships given by the Association. The Awards and Scholarship Committee shall seek funds for the improvement of the scholarship program.

MEETING AND EVENTS PLANNING COMMITTEE

C.2-6

The Meetings and Events Planning Committee works in combination with the Professional Education Committee to organize the facilities and registration for membership education events. The following is a list of duties that may be included in the committee:

- Contact and set up leasing contracts with facilities in order to hold membership education opportunities.
- Act as a liaison between the facility and the AzATA.
- Order/purchase food/beverages as needed for the membership.
- Fulfill audiovisual needs of guest speakers.
- Collect registration forms and fees for the events.
- Provide nametags for attending members.
- Work on-site registration table.
- Assist with Publicity and Promotions Committee as needed
- Ordering and purchasing of t-shirts/gifts for student portion of winter meeting.

Exhibit Coordinator;

Application

Vendors will make application for symposium booth by filling out the application form. Applications will be mailed, emailed, faxed, or made available online to vendors. Vendors will return application by appropriate means, including payment, no less than two weeks before the symposium.

Fees

The exhibit coordinator shall determine fees with the approval of the Board.

Contact List

A vendor contact/information list will be kept and updated as new vendors make application.

Gift Raffle

Vendors will participate in a gift raffle. The raffle time will be specified in the symposium agenda. The raffle will be drawn from business cards left with the vendors as the ATC/L visit the vendor booths throughout the day. During the drawing the vendors will randomly select a business card and present the ATC/L with a gift.

Equipment

The AzATA will supply electricity and 1 or 2 tables for vendors that need them. Vendors will be responsible for their own extension cords and display materials. Vendors will make arrangements with vendor coordinator for set up time.

AIA LIAISON COMMITTEE

C.2-7

The AIA Sports Medicine Advisory Committee shall advise the AIA concerning sports medicine issues as they relate to rules writing, as well as the other programs and services of the AIA. The committee will proactively address health and safety issues of general concern to the AIA membership.

- The chairman of committee or designated committee member will attend three seasonal AIA Executive Board meetings.
- The chairman of committee will keep in monthly contact with members of the AIA.
- The chairman will evaluate issues brought up by the AIA and determine if the committee needs to meet and determine what action should be taken.

WEBMASTER

C.2-9

The AzATA web page exists as a resource for members to keep updated on current information and events in Athletic Training at the state, district, or national level.

The information contained on the website shall abide by the NATA licensing laws, the US copyright laws and all local, state, and federal laws.

The webmaster shall periodically examine data on the web page to check for problems in content or appearance.

The webmaster shall keep data up to date and remove it when it becomes obsolete.

The webmaster will only display high quality photos.

Request for member postings on website should be submitted to President for approval.

Files sent to the Webmaster should be saved as adobe acrobat (.pdf), web (.html), or word (.doc) files.

Sponsor logos may be added to the website by in accordance with Sponsorship Committee guidelines.

In the event that a volunteer from the association cannot be identified to fill the role of Webmaster the Board of Directors can approve funds to hire a competent individual to maintain the website.

FINANCE COMMITTEE

C.3-1

The Finance Committee shall be an ex officio committee consisting of the Board members and committee chairs. The committee shall produce a fiscally sound budget based upon the goals of the Association and committees and in keeping with the long range plan of the Association.

ELECTIONS

D.1-1

The Elections committee shall be made up of Association members in good standing who are not up for Board of Directors election. The Secretary will coordinate the committee of 3-4 people. Secretary may be on the committee if not up for re-election. The committee shall review the ballots for proper completion, postmark by deadline, and tally the votes. The results of the election will be forwarded to the Board of Directors by the Secretary.

ARBITRATION OF GRIEVANCES

D.2-1

Grievances of members shall be resolved in accordance with procedures adopted by the Board.

ASSOCIATION PUBLISHER

D.3-1

The Association Publisher shall produce a quality newsletter for the purpose of disseminating information to the association membership. They shall also supervise all mailings to the membership

The newsletter of the Association may accept advertising, so long as it is in keeping with the nature and purpose of the Association. The Sponsorship Committee shall set rates commensurate with the size and location of the advertisement. The rate schedule shall be provided to the Board for review and all monies shall be submitted to the Treasurer. Also, the association publisher will be responsible for all association publications other than the newsletter, including but not limited to the following; Letterhead, brochures, flyers, registration materials for symposiums/meetings, etc.

SPONSORSHIP COMMITTEE

LEGAL CONSULTANT

D.4-1

The Arizona Athletic Trainers Association has provision its budget for a paid legal consultant. The retainer fee is budgeted in during the November Board of Directors meeting. The retainer fee will be based on the amount of hours of anticipated use of the Legal Consultant for that year at the rate of \$150.00 per hour. The hours will include attending designated AzATA Board Meetings and phone calls.

The Legal Consultant shall provide consultation on any legal concerns that the AzATA may encounter. This will include, but not limited to anything from advice on legal issues to reviewing contracts. Any legal work that the AzATA/Legal Consultant reasonably believe is beyond the scope of this agreement will be contracted for the by the AzATA with the legal consultant or others, with the approval of the BOD. The Legal Consultant will be expected to attend a portion of BOD meetings held in the greater Phoenix area. If the Legal Consultant is requested for out of town meetings, travel expenses will be agreed upon prior to the meeting.

Communication with the Legal Consultant will be through the Arizona Athletic Trainers Association’s President, Vice President, Secretary and Treasurer.