

On behalf of over 18,000 board-certified orthopaedic surgeons, the American Association of Orthopaedic Surgeons (AAOS) would like to commend Chairman Joe Pitts (R-PA) and Ranking Member Gene Green (D-TX) for holding the Energy and Commerce Subcommittee on Health hearing titled, “Examining Legislation to Improve Health Care and Treatment.” Specifically, the AAOS would like to thank the Chairman, the Ranking Member, and the entire subcommittee for considering H.R. 921, the Sports Medicine Licensure Clarity Act of 2015, at this time.

Sports medicine professionals are responsible for the organization, management, and provision of care for athletes in individual, team, and mass participation sporting events. These professionals include both physicians and athletic trainers who are specifically trained in identification, prevention, treatment, and rehabilitation of sports injuries and have a fundamental knowledge of on-field medical emergency care and of musculoskeletal injuries, medical conditions, and psychological issues affecting athletes.

While over fifteen percent of the AAOS’ members practice sports medicine as their primary specialty, a large majority are involved in the care of athletes engaged in sports activities across state lines. In addition to their orthopaedic surgery residency, these medical professionals must also complete a surgical sports medicine fellowship, which lasts anywhere from twelve to twenty four months. Such fellowships allow orthopaedic surgeons to gain more experience and knowledge dealing with the treatment and care of sports-related injuries.

As part of their job, sports medicine professionals who work with athletic teams often travel across state lines when teams play away games. In the NFL, the Pennsylvania-based Philadelphia Eagles team traveled to Texas, California,

Arizona, Wisconsin, and New York over the course of their 2014 season.<sup>1</sup> In the NCAA, a basketball player at West Virginia University might travel to Iowa, Oklahoma, Kansas, or Texas for in-conference games as part of the BIG 12 Athletic Conference, and may travel to other schools for out-of-conference games, as well.<sup>2</sup>

However, as you are aware, many states do not provide legal protection for sports medicine professionals who travel to another state with an athletic team solely to provide care for that team. Compounding this problem, medical professional liability insurance carriers are not required to cover sports medicine professionals who deliver care to a member of their team during away games outside the insurance policy coverage area.

Athletic groups of all levels contract with teams of sports medicine professionals to ensure that the athletes receive high quality, timely, and expert care in dealing with sports-related injuries. Professional sports teams such as those in the National Football League (NFL), National Hockey League (NHL), and National Basketball Association (NBA), often contract with one or more team physicians and other sports medicine professionals to care for their athletes. College sports teams that are part of the National Collegiate Athletic Association (NCAA) also have sports medicine teams comprised of dedicated sports medicine professionals that care for the athletes.

Sports medicine professionals provide the highest quality, expert sports-related health care to hundreds of thousands of professional, semi-professional, and amateur athletes across the United States. At the NCAA Division 1 level alone, there are over 6,000 teams and over 170,000 athletes.<sup>3</sup> Over time—through off-

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<sup>1</sup> <http://www.nfl.com/schedules/2014/REG/EAGLES>

<sup>2</sup> <http://www.wvusports.com/schedules.cfm?sport=mbball>

<sup>3</sup> <http://www.ncaa.org/about?division=d1>

seasons, practices, and game-time injuries—these team physicians and sports medicine professionals develop a trusting rapport with the athletes for whom they provide care.

The NCAA's partnership with the Datalys Center and the National Center for Catastrophic Sports Injury Research provides great insight into how often athletes need the care of a sports medicine professional. Data from 2004 through 2009 suggests that the overall injury rate in NCAA football is 8.1 injuries per 1,000 athlete exposures (games and practices combined). In football, there were over 41,000 injuries, with ligament sprains being the most common injury reported.<sup>4</sup> In NCAA women's volleyball, the overall rate of injury was 4.3 per 1,000 athlete exposures (games and practices combined) between 2004 and 2009. There were more than 26,000 injuries reported and the data suggests volleyball players were just as likely to become injured in a game as in practice.<sup>5</sup> For these athletes, and all others, sports medicine professionals would be called on to evaluate, diagnose, treat, and follow-up to any and all injuries or suspected injuries obtained.

These athletes deserve the same high-quality care when they are on the road as they do when they are at home. In the case of traveling sports teams, the highest-quality care possible would be provided by their own team's sports medicine professionals. These are the providers who best understand the athletes' medical history, and can provide the most seamless and effective continuity of care from initial evaluation and treatment, to recovery, rehabilitation, and follow-up care.

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[http://www.datalyscenter.org/6ac981a4eb\\_sites/datalyscenter.org/files/NCAA\\_Football\\_Injury\\_WEB\\_1\\_.pdf](http://www.datalyscenter.org/6ac981a4eb_sites/datalyscenter.org/files/NCAA_Football_Injury_WEB_1_.pdf)

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[http://www.datalyscenter.org/6ac981a4eb\\_sites/datalyscenter.org/files/NCAA\\_W\\_Volleyball\\_Injuries\\_HiRes.pdf](http://www.datalyscenter.org/6ac981a4eb_sites/datalyscenter.org/files/NCAA_W_Volleyball_Injuries_HiRes.pdf)

For sports medicine professionals who travel into multiple states, obtaining and maintaining licensure in each state – especially under a scenario where they are not even providing medical care to the residents of the secondary state – constitutes an excessively high administrative, cost, and risk management burden.

As a result, the sports medicine professional must choose between treating injured athletes at great professional risk, or handing over the care of an injured player to another professional who is not familiar with the athlete’s medical history, and therefore approaches the injured athlete with a distinct disadvantage.

The Sports Medicine Licensure Clarity Act would remedy this problem by clarifying medical liability rules for sports medicine professionals to ensure they are properly covered by their professional liability insurance while traveling with athletic teams in another state. Specifically, the legislation, which enjoys bipartisan support, stipulates that for the purposes of liability, healthcare services provided by a covered sports medicine professional to an athlete, an athletic team, or a staff member of an athlete or athletic team in a secondary state will be deemed to have been provided in the professional’s primary state of licensure.

By specifying that healthcare services provided by a covered sports medicine professional outside the state of licensure will be covered, the bill removes questions about licensing jurisdiction and eliminates ambiguity about coverage when a provider cares for players during competitions across state lines. This bill helps ensure that injured athletes have timely access to healthcare professionals who best know their medical histories and can provide seamless, expert, and efficient continuity of care through the duration of their injury.

The AAOS strongly believes that sports medicine providers should not have to choose between treating injured athletes at great professional and financial risk,

and reducing athletes' access to quality health care services. Therefore, the AAOS urges you and your colleagues to report this bill favorably out of subcommittee.

Thank you for your consideration of this important piece of legislation that would allow the highest level of care for athletes across the United States.