

# NATA Governmental Affairs

## From Humble Beginnings to Huge Impact

### 1976

To positively impact the appropriate license environment, the Licensure Committee is established as an ad hoc committee by the NATA Board of Directors.

### 1990

The NATA board recognizes the broader issue of government interaction, and the Licensure Committee is formally changed to the Government Affairs Committee and is tasked with state government affairs and licensure issues.

The vision of NATA leaders is seen again as the American Medical Association (AMA) formally recognizes athletic training as an allied health care profession.

### 1995

Based on the previous year's report and the increasing interest in billing, NATA establishes the Reimbursement Advisory Group.

### 1997

Congress passes the Balanced Budget Act. As part of the proposed changes in the bill, CMS is asked to interpret the new policy with the goal of determining who could provide "incident to" therapy services. CMS declined this request, stating, "we deliberately used the term any individual so that the physician (or other practitioner), under his or her discretion and license, may use the service of anyone ranging from another physician to a medical assistant." The lack of action on the part of CMS allowed physicians to continue to use the services of athletic trainers.

### 2002

The Reimbursement Advisory Group transitions to the Committee on Reimbursement. As the organization matures and advances with the issues, it was later changed to the Committee on Revenue in 2004 and combined to create Council on Practice Advancement in 2014.

### 2005

NATA files a lawsuit against CMS on May 27, 2005. The United States district court dismissed the case due to lack of jurisdiction, on a motion prior to discussion of the merits of the case. The 5th Circuit Court of Appeals affirmed the decision of the district court. NATA chose not to appeal to the Supreme Court, instead preferring to seek a legislative remedy to the issue. Although neither court adjudicated on the merits of the lawsuit, the district court indicated there was substance to the case brought by NATA.



The first NATAPAC breakfast is held during convention in Indianapolis. This is the first widely marketed fundraiser for NATAPAC. Approximately 50 members attended.

NATA exhibits at National Conference of State Legislatures for the first time. This is the first proactive outreach directly to state legislators. The initial exhibition is followed by additional outreach to American Legislative Exchange Council and National Governors Association in later years.

### 2007

NATA supports the introduction of H.R. 1846, Medicare Access to Physical Medicine and Rehabilitation Services Improvement Act of 2007, in the 110th Congress. Once again, the goal was for CMS to recognize athletic trainers as providers.

### 2009

NATA supports the introduction of H.R. 1137, Athletic Trainers' Equal Access to Medicare Act of 2009, again to allow athletic trainers to be recognized providers by CMS.

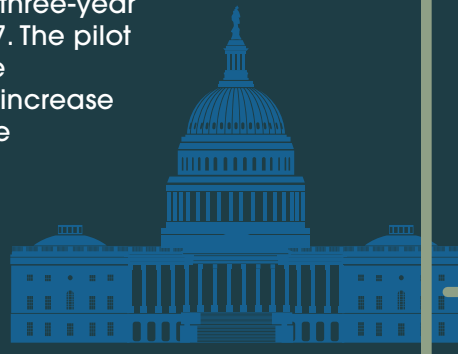
NATA and APTA settle the civil litigation out of court and issue a Joint Statement of Cooperation.

### 2012

NATA undertakes a federal legislative initiative internally titled "Know Us, Like Us, Trust Us" to expand knowledge of the athletic training profession on Capitol Hill and increase recognition of ATs as health care professionals and experts on athlete health and safety. A national conversation regarding concussions begins.

### 2014

The NATA Board of Directors approves the funding of the NATA Third Party Reimbursement Pilot Project. A three-year project was conducted between 2014 and 2017. The pilot was a joint venture between NATA and the state associations in Indiana, Ohio and Wisconsin to increase payors, employers and athletic trainers who are reimbursed for their services.



### 2016

As issues grow, NATA retains additional Washington, D.C., representation for regulatory and reimbursement issues.

The At Your Own Risk website and efforts launches for external audiences, with legislators as a key stakeholder. This is the first time that messaging to external audiences is the sole focus of an initiative.

### 2018

In a historic moment for the profession and NATA, President Donald Trump signs the Sports Medicine Licensure Clarity Act into law. The law protects personal liability insurance for sports medicine professionals when they travel across state lines with their teams.

NATA and APTA sign an agreement of collaboration.

Building off the successes of the pilot project, the NATA Board of Directors formally establishes the Third Party Reimbursement Initiative with an expanded national focus.

The NATA funds a CMS Accountable Care Organization Demonstration Project to secure clinical outcomes data. This data is currently in review.

NATA Board of Directors approves matching grants for states to pursue reimbursement activities in coordination with the reimbursement initiative.

### 2020

The NATA Third Party Reimbursement Initiative creates new and revised content organized under one landing page on the NATA website.

The NATA Third Party Reimbursement Initiative Boot Camp launches to provide individualized reimbursement training for states. Missouri holds the first camp. Two states participate in the first year.

NATA President Tory Lindley, MA, ATC, provides testimony to the Senate Commerce Committee on "Athlete Safety and the Integrity of U.S. Sport."

### 2022

To continue educational advocacy efforts, NATA Legislative Boot Camp 2.0 is established. The second iteration is designed to build on previous efforts and train new leaders. Minnesota holds the first version.

### 1980

Realizing the long-term commitment to licensure, the Board of Directors updates Licensure Committee to a standing committee.

### 1994

Health and Human Services Office of the Inspector General releases a report criticizing the Health Care Financing Administration's oversight of payments for therapy services provided "incident to" in a physician's office. This report will have long-term ramifications regarding an athletic trainer's continuing ability to bill for their services.

### 1996

The U.S. Centers for Medicare & Medicaid Services (CMS) provide a discrete National Provider Identifier (NPI) taxonomy for athletic trainers as part of the National Plan and Provider Enumeration System.

### 1999

The road to being recognized as health care professionals advances as Athletic Training Evaluation (97005) and Re-Evaluation codes (97006) were established by the AMA CPT Coding Advisory Committee.

### 2004

In a huge step forward in advocacy, NATA retains Capitol Associates for representation in Washington, D.C. Previously, NATA did not have a government affairs or lobbying presence.

CMS announced in the Federal Register that it was considering modifying its policy with regard to therapy services provided "incident to" in a physician's office. CMS stated in the announcement that "there are currently no national standards for qualifications of individuals providing outpatient therapy services 'incident to' physicians' services." NATA submits comments in the Federal Register in response to CMS's rule change to Medicare Part B reimbursements, related to therapy services. Approximately 2,000 of the 29,000 NATA members wrote letters to CMS to voice opposition to limiting reimbursement for "incident to" therapy services. Physicians, patients, allied health care providers, lawmakers and others wrote an additional 1,000 letters in support of NATA's position.

The first NATA Capitol Hill Day is held, marking the first time an organized group advocated for the profession at the federal level. Approximately 60 members participated.

To add another tool to NATA's advocacy efforts, Statement of Organization documents were filed with the Federal Election Commission for NATA to create a political action committee (PAC). NATAPAC began as the first PAC to promote electing officials who are supportive of the athletic training profession. Today, it remains the sole PAC for this purpose.

Grants are made available to states for legislative activities. This is the first time many states hire lobbyists.

### 2006

NATA supports the Access to Physical Medicine and Rehabilitation Services Improvement Act of 2006, in the 109th Congress. The goal of the bill was securing recognition by CMS as outpatient therapy providers and "incident to" providers of physical medicine and rehabilitation services.

Another landmark occurs when NATA hires the first professional staff to work on federal and state legislative affairs as part of the strategic affairs department. This is the first time NATA has staff dedicated to government affairs efforts.

### 2008

NATA files an anti-trust lawsuit against the American Physical Therapy Association (APTA) for monopoly of the manual therapy market and other anti-competitive actions.

### 2010

To ensure health care grew beyond caring for professional, collegiate and secondary school athletes, the Youth Sports Safety Alliance is created. The first Youth Sports Safety Summit is held in Sacramento, California. NATA begins to position itself as the leading health care expert for athlete safety.

### 2013

NATA secures placement of advisors on the AMA Current Procedural Terminology (CPT) Health Care Professionals Advisory Committee that determines billing codes. This representation is ongoing today. NATA has an advisor and alternate advisor, plus a staff advisor.

NATA established formal support of governmental affairs, reimbursement initiatives and regulatory affairs by creating a focused Government Affairs Department.

U.S. House and Senate Resolutions are introduced for NATA's Student Athlete Bill of Rights.

### 2015

The NATA Board of Directors approves an updated strategic plan. Along with engagement and development, advocacy is a key pillar.

The Sports Medicine Licensure Clarity Act is introduced in the U.S. Congress, based on NATA legislative efforts with physician partner organizations.

The AT Strategic Alliance decides to establish the professional degree in athletic training at the master's level. This decision more closely aligns the profession with the educational standards of other allied health care professions.

Another win is realized when the Council for Affordable Quality Healthcare recognizes and credentials athletic trainers.

### 2017

AMA CPT Coding Advisory Committee establishes revised Athletic Training Evaluation (97169, 97170 and 97171) and Re-Evaluation codes (97172).

NATA President Scott Sailor, EdD, ATC, provides testimony to the Senate Commerce Committee on "Current Issues in American Sports: Protecting the Health and Safety of American Athletes." This marks the first time NATA is requested to provide expertise to a federal legislative committee hearing.

### 2019

The NATA State Legislative Boot Camp launches to provide individualized strategy planning and training to state leaders. Arkansas holds the first camp. Four states participate in the first year.

Seeing the member benefit, a strategic investment is made in upgraded, state-of-the-art advocacy software. NATA begins promoting state advocacy campaigns as a member benefit.

### 2021

The NATA and APTA presidents sign and release joint policy principles. The six principles are designed to encourage the professions to work collegially and professionally with each other.

In an effort to recognize and honor legislators who assist the profession, the NATA Board of Directors creates the "Friends of Athletic Training" award. In the first year, eight awards are given in collaboration with state associations.

### 2023 (and Beyond)

As we move forward, NATA remains the sole national organization with dedicated staff and resources to advocate for athletic training. We remain prepared and equipped to continue our work in the future to ensure all ATs can work to the fullest extent of their skill set.