



Opponent Testimony – SB 175

Chairwoman Gossage, Vice Chair Clifford, Ranking Member Holscher, and members of the Senate Committee on Public Health and Welfare,

Thank you for the opportunity to provide testimony regarding SB 175.

As the Legislative Chair of the American Physical Therapy Association – Kansas Chapter (APTA Kansas), I am submitting this testimony in opposition to SB 175. Our organization was first made aware of this bill by our lobbyists, Catalyst, on Tuesday, February 2nd, and subsequently informed of a committee hearing on Wednesday, February 3rd—both occurring before we had the opportunity to discuss our concerns with representatives from the athletic training profession.

Our primary concern is public safety, particularly regarding the broad expansion of the athletic trainers' scope of practice. Specifically, the removal of the phrase "relating to athletic activity" in line 14 of the bill raises significant concerns, as it eliminates the restriction that limits athletic trainers to working specifically with athletes.

Athletic trainers have stated that they seek to "update the definition of 'Athletic Trainer' to one that appropriately represents current education, competency, and practice," as conveyed by athletic trainer and past president of KATS Phill Vardiman. However, under the current Kansas Athletic Trainer Practice Act (K.A.R. 100-69-3), the national licensure examination for athletic trainers assesses competency exclusively in relation to athletic injuries. The examination covers the following domains:

1. Prevention of **athletic** injuries
2. Recognition, evaluation, and assessment of **athletic** injuries
3. Immediate care of **athletic** injuries
4. Treatment of **athletic** injuries, rehabilitation, and reconditioning
5. Health care administration
6. Professional development and responsibility

These domains explicitly focus on athletic injuries, demonstrating the specialized nature of athletic training education and assessment. Given that athletic trainers are tested and certified based on their ability to manage athletic injuries, expanding their scope to include non-athletic injuries—without appropriate adjustments to education, training, and competency evaluation—poses a risk to patient safety. SB 175, as written, would grant athletic trainers the ability to practice beyond the scope of their formal training and assessment.

The proposed legislative changes appear to broaden the scope of practice for athletic trainers beyond the established parameters observed in states like Texas. For example, Texas's regulation of athletic trainers specifically

defines an "Athletic injury" as one sustained through activities closely tied to organized sports, ranging from interscholastic to professional levels ([OCCUPATIONS CODE CHAPTER 451. ATHLETIC TRAINERS](#)). This ensures that athletic training is strictly linked to managing injuries within sports-related contexts.

In stark contrast, the Kansas proposal opens up the scope to potentially include general injuries and illnesses, a shift that might not only set a new and concerning precedent but could also be seen as using Kansas as a testing ground for significantly expanded athletic trainer roles. Such a change could lead to athletic trainers practicing beyond their training, raising critical issues around patient safety and the adequacy of their clinical training.

For example, the evaluation and treatment of a college athlete who injured their ACL on the football field is much different than a medically complex 72-year-old with a history of osteoporosis and stroke experiencing hip pain after a fall.

We recognize that athletic trainers are highly skilled in their roles, both on the sidelines and in the locker room, providing essential care to athletes but pushing this legislation through could be a huge safety concern for the general public.

Rushing this bill through a committee without adequate stakeholder consultation not only undermines the legislative process but also, more critically, could jeopardize patient safety. We propose a collaborative review involving all relevant stakeholders, including healthcare professionals and patient advocates, to thoroughly assess and, if necessary, revise this legislation. APTA Kansas stands ready to participate in a comprehensive stakeholder meeting to address these concerns and develop legislation that ensures both public safety and appropriate practice standards.

In conclusion, it appears that the ATs are using the 2026 World Cup games as cover to position Kansas as a national test case for expanding their practice act far beyond established standards by redefining common sense definitions of athlete and injury.

For these reasons, APTA Kansas strongly opposes SB 175 and urges the committee to reconsider the potential implications for public health and patient safety.

Thank you for your time and consideration.

Sincerely,

Jennifer Caswell, PT, DPT
APTA-Kansas Legislative Chair