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Substitute Bill Comparative Synopsis

Sub. H.B. 176

134th General Assembly

House Health

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This table summarizes how the latest substitute version of the bill differs from the immediately preceding version. It addresses only the topics on which the two versions differ substantively. It does not list topics on which the two bills are substantively the same.

Previous Version (As Introduced)	Latest Version (I_134_0089-2)
Physician or podiatrist collaboration	
Requires an athletic trainer, in order to engage in the practice of athletic training, to enter into a collaboration agreement with one or more physicians or podiatrists (<i>R.C. 4755.621(C)</i>).	Instead, grants an athletic trainer the option to enter into such an agreement (<i>R.C. 4755.621(B)</i>).
Athletic training scope of practice	
Revises some of the services and activities that an athletic trainer is legally authorized to perform and permits new ones (<i>R.C. 4755.60(A)</i>).	Establishes two separate scopes of practice – one for athletic trainers who practice under collaboration agreements with physicians or podiatrists and another for athletic trainers who opt not to practice under such agreements (<i>R.C. 4755.621(C) and 4755.622(B)</i>).
Authorized services and activities	
Permits an athletic trainer to engage in all of the following services and activities: <ol style="list-style-type: none">1. Prevention, examination, and athletic training diagnosis of injuries or conditions resulting from physical activities that require physical skill and utilize strength,	Same, but only if the athletic trainer practices under a collaboration agreement with a physician or podiatrist (<i>R.C. 4755.621(C)</i>). Instead refers to “conditions” as “emergent conditions.”

Previous Version (As Introduced)	Latest Version (I_134_0089-2)
<p>power, endurance, speed, flexibility, range of motion, or agility;</p> <ol style="list-style-type: none"> 2. Complete management, treatment, disposition, and reconditioning of injuries or conditions resulting from physical activities; 3. Provision of emergent care, therapeutic interventions, and rehabilitation for injuries or conditions resulting from physical activities; 4. Promotion of and education about wellness; 5. Administration of <i>drugs</i> that have been prescribed by a licensed health professional authorized to prescribe drugs; 6. Organization and administration of educational programs and athletic training facilities; 7. Performance of athletic training research; 8. Education of and consulting with the public as it pertains to athletic training (R.C. 4755.60(A)). 	<p>Authorizes an athletic trainer who does not practice under a collaboration agreement to engage in all of the following services and activities:¹</p> <ol style="list-style-type: none"> 1. Prevention, recognition, and assessment of an athletic injury; 2. Complete management, treatment, disposition, and reconditioning of acute athletic injuries;
No provision.	

¹ The services and activities that an athletic trainer practicing without a collaboration agreement may perform under the substitute version of H.B. 176 are the same services and activities permitted for an athletic trainer under current law. See R.C. 4755.60(A).

Previous Version (As Introduced)	Latest Version (I_134_0089-2)
	<ol style="list-style-type: none"> 3. Administration of <i>topical drugs</i> that have been prescribed by a licensed health professional authorized to prescribe drugs; 4. Organization and administration of educational programs and athletic facilities; 5. Education of and consulting with the public as it pertains to athletic training (<i>R.C. 4755.622(B)</i>).
Medical Board discipline	
No provision.	Specifically authorizes the State Medical Board to take disciplinary action against a physician or podiatrist who fails to fulfill the responsibilities of a collaboration agreement entered into with an athletic trainer (<i>R.C. 4731.22(B)(53)</i>).