SPORTS MEDICINE LICENSURE CLARITY ACT OF 2016

SEPTEMBER 12, 2016.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. UPTON, from the Committee on Energy and Commerce, submitted the following

REPORT

[To accompany H.R. 921]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 921) to provide protections for certain sports medicine professionals who provide certain medical services in a secondary State, having considered the same, report favorably thereon with an amendment and recommend that the bill as amended do pass.

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The amendment is as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.
This Act may be cited as the “Sports Medicine Licensure Clarity Act of 2016”.

59–006
SEC. 2. PROTECTIONS FOR COVERED SPORTS MEDICINE PROFESSIONALS.

(a) IN GENERAL.—In the case of a covered sports medicine professional who has in effect medical professional liability insurance coverage and provides in a secondary State covered medical services that are within the scope of practice of such professional in the primary State to an athlete or an athletic team (or a staff member of such an athlete or athletic team) pursuant to an agreement described in subsection (b)(4) with respect to such athlete or athletic team—

(1) such medical professional liability insurance coverage shall cover (subject to any related premium adjustments) such professional with respect to such covered medical services provided by the professional in the secondary State to such an individual or team as if such services were provided by such professional in the primary State to such an individual or team; and

(2) to the extent such professional is licensed under the requirements of the primary State to provide such services to such an individual or team, the professional shall be treated as satisfying any licensure requirements of the secondary State to provide such services to such an individual or team.

(b) DEFINITIONS.—In this Act, the following definitions apply:

(1) ATHLETE.—The term “athlete” means—

(A) an individual participating in a sporting event or activity for which the individual may be paid;

(B) an individual participating in a sporting event or activity sponsored or sanctioned by a national governing body; or

(C) an individual for whom a high school or institution of higher education provides a covered sports medicine professional.

(2) ATHLETIC TEAM.—The term “athletic team” means a sports team—

(A) composed of individuals who are paid to participate on the team;

(B) composed of individuals who are participating in a sporting event or activity sponsored or sanctioned by a national governing body; or

(C) for which a high school or an institution of higher education provides a covered sports medicine professional.

(3) COVERED MEDICAL SERVICES.—The term “covered medical services” means general medical care, emergency medical care, athletic training, or physical therapy services. Such term does not include care provided by a covered sports medicine professional—

(A) at a health care facility; or

(B) while a health care provider licensed to practice in the secondary State is transporting the injured individual to a health care facility.

(4) COVERED SPORTS MEDICINE PROFESSIONAL.—The term “covered sports medicine professional” means a physician, athletic trainer, or other health care professional who—

(A) is licensed to practice in the primary State;

(B) provides covered medical services, pursuant to a written agreement with an athlete, an athletic team, a national governing body, a high school, or an institution of higher education; and

(C) prior to providing the covered medical services described in subparagraph (B), has disclosed the nature and extent of such services to the entity that provides the professional with liability insurance in the primary State.

(5) HEALTH CARE FACILITY.—The term “health care facility” means a facility in which medical care, diagnosis, or treatment is provided on an inpatient or outpatient basis. Such term does not include facilities at an arena, stadium, or practice facility, or temporary facilities existing for events where athletes or athletic teams may compete.

(6) INSTITUTION OF HIGHER EDUCATION.—The term “institution of higher education” has the meaning given such term in section 101 of the Higher Education Act of 1965 (20 U.S.C. 1001).

(7) NATIONAL GOVERNING BODY.—The term “national governing body” has the meaning given such term in section 220501 of title 36, United States Code.

(8) PRIMARY STATE.—The term “primary State” means, with respect to a covered sports medicine professional, the State in which—

(A) the covered sports medicine professional is licensed to practice; and

(B) the majority of the covered sports medicine professional’s practice is underwritten for medical professional liability insurance coverage.

(9) SECONDARY STATE.—The term “secondary State” means, with respect to a covered sports medicine professional, any State that is not the primary State.

(10) STATE.—The term “State” means each of the several States, the District of Columbia, and each commonwealth, territory, or possession of the United States.
PURPOSE AND SUMMARY

The bill would enable physicians, athletic trainers, and other covered health care professionals to provide limited medical services, outside the state in which they are licensed to practice and primarily insured, to athletes and athletic teams with whom they have a written agreement.

The covered health care professional’s liability insurance coverage shall cover such professional outside of their primary state for such limited services as if they were provided in the primary state, subject to any related premium adjustments. Further, to the extent the health care professional is licensed in their primary state to provide such limited services, the professional shall be treated as satisfying any licensure requirements of a secondary state in which they provide such services to the athlete or athletic team pursuant to a written agreement.

BACKGROUND AND NEED FOR LEGISLATION

Athletic team physicians, trainers and other health care professionals frequently travel with their teams to away games or other sanctioned events outside of the state in which they are licensed and primarily insured. When they provide such services, they are risking their professional licenses and subjecting themselves to liability that may not be covered by their insurance. This bill would ensure that their license and liability insurance covers them when providing specified services in secondary states.

HEARINGS

The Subcommittee on Health held a hearing on H.R. 921 on December 9, 2015. The Subcommittee received testimony from:

- Chad Asplund, MD, MPH, FACSM, Athletic Medicine and Head Team Physician, Georgia Southern University.

COMMITTEE CONSIDERATION

On June 8, 2016, the Subcommittee on Health met in open markup session and favorably forwarded H.R. 921, as amended, to the full Committee by a voice vote. On July 12, 13, and 14, 2016, the full Committee on Energy and Commerce met in open markup session and ordered H.R. 921, as amended, favorably reported to the House by a voice vote.

COMMITTEE VOTES

Clause 3(b) of rule XIII of the Rules of the House of Representatives requires the Committee to list the record votes on the motion to report legislation and amendments thereto. There were no recorded votes taken in connection with ordering H.R. 921 reported.

COMMITTEE OVERSIGHT FINDINGS

Pursuant to clause 3(c)(1) of rule XIII of the Rules of the House of Representatives, the Committee held a legislative hearing and made findings that are reflected in this report.
STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

The purpose of this bill is to ensure that covered health care professionals’ license and liability insurance covers them when providing specified services in secondary states to athletes and athletic teams with whom they have a written agreement to provide such services.

NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

In compliance with clause 3(c)(2) of rule XIII of the Rules of the House of Representatives, the Committee finds that H.R. 921 would result in no new or increased budget authority, entitlement authority, or tax expenditures or revenues.

EARMARK, LIMITED TAX BENEFITS, AND LIMITED TARIFF BENEFITS

In compliance with clause 9(e), 9(f), and 9(g) of rule XXI of the Rules of the House of Representatives, the Committee finds that H.R. 921 contains no earmarks, limited tax benefits, or limited tariff benefits.

COMMITTEE COST ESTIMATE

The Committee adopts as its own the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974. At the time this report was filed, the estimate was not available.

CONGRESSIONAL BUDGET OFFICE ESTIMATE

At the time this report was filed, the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974 was not available.

FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

DUPPLICATION OF FEDERAL PROGRAMS

No provision of H.R. 921 establishes or reauthorizes a program of the Federal Government known to be duplicative of another Federal program, a program that was included in any report from the Government Accountability Office to Congress pursuant to section 21 of Public Law 111–139, or a program related to a program identified in the most recent Catalog of Federal Domestic Assistance.

DISCLOSURE OF DIRECTED RULE MAKINGS

The Committee estimates that enacting H.R. 921 specifically directs to be completed zero specific rule makings within the meaning of 5 U.S.C. 551.

ADVISORY COMMITTEE STATEMENT

No advisory committees within the meaning of section 5(b) of the Federal Advisory Committee Act were created by this legislation.
APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that the legislation does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act.

SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

Section 1: Short title

Section 1 provides the short title of “Sports Medicine Licensure Clarity Act of 2016.”

Section 2: Protections for covered sports medicine professionals

Section 2 states that in the case of a physician, athletic trainer, or other health care professional who has in effect liability insurance coverage and provides covered medical services in a secondary state to an athlete or athletic team with whom the professional has a written agreement to provide such services, such liability insurance shall cover the professional, subject to any related premium adjustments, as if such services were provided in the primary state, which is the state where they are licensed to practice and the majority of their practice is underwritten for liability insurance coverage.

Section 2 also states that to the extent such professional is licensed under the requirements of the primary state to provide certain services to an athlete or athletic team, the professional shall be treated as satisfying any licensure requirements of a secondary state to provide such services.

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

This legislation does not amend any existing Federal statute.