

Testimony HB 49

John Lisy the Ohio Association of Alcohol and Drug Addictions Counselors

This board consolidation proposal is being supported under the guise of cost savings and administrative efficiencies. First, it is critical to note that **the Ohio Chemical Dependency Professionals Board does not operate using general revenue funds**. Licensure fees paid by licensees support the operations and activities of the board, the Board is required to be self-sustaining. This legislation would save no money for taxpayers; there simply is no cost savings to be realized under this proposal. I have Multiple Licenses with two different Boards. I pay more to the Ohio Chemical Dependency Board but it is money well spent because the service is so superior.

Having a Board that has the proper staffing and the expertise means faster response time and a higher level of competence in responding to ethics complaints. Consolidated boards mean less expertise to assist in ensuring licensees are practicing according to Ohio Law and relevant practice acts.

The Ohio Chemical Dependency Board currently functions as one of the crucial statewide anchors for the addictions field at a time when addiction to heroin and the resulting deaths are a major health emergency in Ohio. It is also important to note that addiction to alcohol still is responsible for more deaths than opiates and that crisis, though not reported by the media, is a consistent but preventable killer of Ohioans. The consolidation plan severely undermines the Ohio Chemical Dependency Board's core duty to protect and enhance the health, safety, and general welfare of the public. By allowing individuals with no training or education in the addictions field to determine the education, oversight, and discipline of the field, practice standards could become unacceptable and therefore jeopardize consumer safety. Currently, boards in Ohio are structured in a manner that ensures integrity of the professionals they regulate. To our knowledge, there has not been a demonstrated need for change to a structure that is currently working as intended.

In addition to a less effective and slower disciplinary process, consolidated boards will also slow down the licensure process for new graduates and transfers into Ohio. We cannot afford to create any barriers to getting qualified addiction professionals licensed in Ohio, as we currently have a serious workforce shortage in many of these healthcare disciplines. This is especially true as it relates to those working within the addictions field, where we need every available practitioner to help combat the opiate epidemic.

Other states with consolidated licensure boards have experienced significant problems. For example, Oregon and Colorado consolidated licensure boards only to later return to independent boards because of problems with lower levels of service being provided to consumers under the Centralized Regulatory Agency. Licensees in Florida, South Carolina, and Illinois have voiced countless problems with efficient administration under the consolidated boards.

Finally, this budget proposal is inconsistent. As introduced, some licensure boards, including the Ohio State Dental Board, Ohio Board of Nursing, and Ohio State Chiropractic Board are left whole. We question why other boards were excluded from consolidation, as our regulatory boards are also self supporting.

Respectfully,

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The Ohio Association of Alcohol and Drug Addiction Professionals