



**Ohio Athletic Trainers' Association
HB 49 (Ryan) Operating
House Finance Subcommittee on State Government and Agency Review
Wednesday, March 8, 2017**

Good afternoon Chairman Faber and members of the House Finance Subcommittee on State Government and Agency Review, thank you for the opportunity to testify today on behalf of the Ohio Athletic Trainers' Association (OATA) regarding the Administration's proposal to consolidate the existing health care licensing boards. My name is Stephanie Cepec, a graduate of The Ohio State University and a supervisor for Ohio Health. I currently oversee athletic trainers in Delaware, Marion and Franklin Counties. I am here today to present my testimony on behalf of our 2300 professional and student members, who provide services to active participants in various settings, including clinical, industrial, collegiate, and secondary school settings.

As an organization the OATA supports the Administration's proposal to create a third party review of antitrust compliance to ensure board actions do not violate state or federal anti-trust laws to protect boards against any possible litigation. However, the OATA opposes the Administration's consolidation proposal to create the Physical Health Services Board, which would collapse the existing OTPTAT Board and combine it with the Orthotics, Prosthetics and Pedorthics Board. This would take the current number of Board members from 27 to 9. The new board will include one public member and at least one member from these occupations: athletic trainer, physical therapist, occupational therapist, orthotist, pedorthist, and prosthetist. Two additional members would also be appointed from these occupations: athletic trainer, physical therapist, or occupational therapist.

As you are aware, the OTPTAT Board provides oversight of the three professions, with each Section addressing specific issues within their profession. Currently, the AT Section is responsible for 2,855 licensed athletic trainers in the state of Ohio. The AT Section of the Board is comprised of four athletic trainers and one physician. ATs serve in many different settings, and the needs and issues of our professionals are highly diversified to these varied settings. This diversity is reflected in our board and if we were to lose this input, our licensees would not be appropriately served.

We believe the current proposal does not accomplish the intended goals of the proposal as follows: 1) It does not achieve the efficiencies or cost-savings to tax payers, since the Boards are funded by the fees generated by its licensees; 2) It does not represent clinical practices and standards as noted by the Administration. For example, the athletic trainer is educated and trained under a philosophy that is more encompassing than physical rehabilitation; it is more comprehensive in scope with a focus on injury prevention and wellness; 3) The exclusion of a physician on the board seems to be counter to the care coordination goal that has been the hallmark of the Administration's overall health care policy; 4) The potential of one profession to have more representation on the Board than another, would put one profession at an advantage over another, and could have the potential to politicize the appointment process.



Thank you for your time and consideration of our concerns. I am available if you have any questions at this time.