



Ohio Occupational Therapy Association

Testimony of Jacquelyn Chamberlin, OTR/L

House Bill 49—Healthcare Licensure Board Consolidation

Chairman Faber, Ranking Member Patterson, and members of the House Finance Subcommittee on State Government and Agency Review, thank you so much for the opportunity to offer testimony today on House Bill 49, the State Operating Budget. I am here on behalf of the Ohio Occupational Therapy Association to speak in opposition to provisions in HB 49 that would consolidate the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board with the State Board of Orthotics, Prosthetics, and Pedorthics.

I have been an Occupational Therapist for more than 50 years and licensed in Ohio since 1977, License #134. I live in Tipp City and worked at Dayton Children's Hospital for 22 years prior to taking a teaching position at The University of Findlay in the Occupational Therapy Program. Although I retired from the university in 2010, I continue to work as a Court Appointed Special Advocate (CASA) for children through the Miami County Juvenile Court and remain active in my state and national professional associations.

I have worked as the Licensure Board Liaison for the Ohio Occupational Therapy Association (OOTA) since 2000. Although OOTA's primary mission is the promotion of the profession and service to its members, we have a vested interest in maintaining high quality occupational therapy services and protecting the clients we serve. We have enjoyed a distinctly separate but collaborative working relationship with the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board. We have worked extensively with the members and staff of the Occupational Therapy, Physical Therapy, and Athletic Trainers Board over the years to resolve licensee issues, obtain answers to questions and provide information to occupational therapists and occupational therapy assistants. My service in this role has given me unique insight into how the board operates and how licensees interact with board members and staff.

The primary goal of each licensure board is protecting the public; to accomplish this, the board members and staff work tirelessly to provide information to licensees. Often the board will receive inquiries from occupational therapists, occupational therapy assistants, the public and other licensees regarding tasks allowed under their scope of practice, documentation requirements, or legal and ethical questions. The Board is able to respond accurately and quickly to these inquiries because there are a number of qualified practitioners serving on the board.

Currently, the OT section of the board is comprised of five members—four OT's and one OTA. This represents one-third of the total board composition. OT's will only be guaranteed one seat on the new Physical Health Services Board proposed in HB 49. There are more than 6,000 licensed OT's in Ohio and more than 4,000 OTA's. These licensees would be given equal representation with professions that only have a few hundred licensees. Further, there is no board seat for OTA's under the new board. This drastic reduction in OT and OTA representation will impact the knowledge and competency of the licensure board, which will ultimately put the public at risk.

I believe that the more than 10,000 licensees regulated by the OT section deserve adequate representation at the licensure board. OT's and OTA's spend hundreds of dollars each year on fees paid to the licensure board and costs incurred from obtaining board mandated continuing education. We have invested both our income and trust into the current structure, and do not believe that such a dramatic change to healthcare licensure is necessary or wise. Thank you for your time and I would be happy to answer any questions you have.