



Ohio Occupational Therapy Association

Testimony of Rebecca Finni, MS, 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, my name is Becky Finni and I am here today on behalf of the Ohio Occupational Therapy Association to offer testimony on House Bill 49, the State Operating Budget. I would like to discuss proposed changes to the Occupational Therapy, Physical Therapy, and Athletic Trainers Board that and the potential negative impact those changes would have.

I completed my MS in Occupational Therapy at the University of Indianapolis and I am currently working to complete a Doctor of Health Sciences (DHS) degree in Occupational Therapy with a focus in geriatrics and leadership/advocacy. I have practiced as an OT in Cincinnati for 16 years.

I currently work in a clinical appeals role where I appeal and testify in hearings to support therapy claims that have been denied by Medicare and other payers. This role requires continued awareness of federal and state regulatory changes impacting service delivery, and our team provides education and training on a national level to clinicians, managers, and providers, as well as overall guidance related to therapy documentation, coding, billing and reimbursement.

Currently, I am the President-Elect of OOTA and recently completed three consecutive terms of appointment to the OT Section of the Occupational Therapy, Physical Therapy, and Athletic Trainers Licensure Board. My experience includes active participation in both regulatory and professional organizations and my concerns arise from both experiences.

It is important to note that the OTPTAT board and other healthcare licensure boards are not funded with taxpayer dollars; they are supported by license fees. Further, the OTPTAT board operates on a surplus, which means we contribute more to the 4k90 fund than the board's budget consumes. This proposal does not result in any savings or any reduction in the expenses of the board. Further, we strongly believe that any savings that could be incurred should be passed along to licensees.

Board members receive limited compensation for direct meeting time only and reimbursement for travel expenses. Personal time spent between meetings of the OT section was required for research and preparation. Each OT section member had designated responsibilities, assigned each year, for which they were responsible.

These duties could include serving as enforcement liaison, writing correspondence responses to licensee questions, reviewing continuing education applications (typically 75-100 per meeting), license review for atypical applications, as well as every member reviewing meeting materials for the full section. I spent an average of 2-4 hours outside of each meeting working for the board. If it is the preference of the General Assembly to push for greater efficiency and cost savings throughout licensure boards, the last place to start is by eliminating board members.

By reducing the number of OT's on the board, you are effectively placing a greater burden on the staff. The Kasich Administration has already indicated that employee levels will remain static at each licensure board. Based on experience and the value that board members bring under the current system, I believe that the licensure boards will be forced to hire additional staff to cover the workload currently being handled by appointed board members.

In addition to reducing the insight and knowledge base of the board and potentially creating a need for additional staff, this proposal also takes power away from healthcare providers and places it in the hands of government employees. Let me be clear—the staff members at the OTPTAT board are very dedicated and hardworking; however, I think the current system which utilizes the expertise of the staff and the appointed board members functions best.

I believe that the board consolidation proposal in House Bill 49 is a solution in search of a problem and that we can achieve savings and greater efficiency while preserving the current board structure. Ohio's licensure boards are a great value for the state, and any change to that structure should be done in consultation with licensed healthcare providers. Thank you for your time and I would be happy to answer any questions you might have.