Testimony on Sub. HB 49 for May 11, 2017
TO: Senate Finance: Health and Medicaid Subcommittee
FROM: Sue Ciarlariello ciarlariellos@childrensdayton.org
Legislative Chair, Ohio Society for Respiratory Care

Chairman Hackett, Ranking Minority Member Tavares, and distinguished members of the Senate Finance Health and Medicaid Subcommittee,

I am here today before you to respectfully request that the language to abolish the Ohio Respiratory Care Board (ORCB) and move its licensing functions to the Ohio State Medical Board be removed from Sub. HB 49 and that full funding for the ORCB be restored for both FY 2018 and 2019. The Ohio Society for Respiratory Care wants the ORCB to remain an independent board so that it can continue to provide meaningful regulation of respiratory care professionals (RCP's) and protection of the public. Sub. HB 49 abolishes the ORCB and replaces it with an advisory council under the Ohio Medical Board.

Below are some of the many reasons we believe HB 49's Board Consolidation provisions are bad for Ohio.

RCP's will have no direct voice on the Medical Board. The respiratory advisory council structure and membership language in this bill does not require meaningful qualifications for education, training or actual practice experience in pulmonary medicine or respiratory care, only someone "knowledgeable in respiratory care". The OSRC feels strongly that members of any advisory council charged with giving advice on the practice of respiratory care should be appointed from amongst those licensed RCP's who are the subject of regulation. There is no provision for the OSRC to nominate candidates. The responsibility, authority and permanence of this advisory council is left out of this provision. This will seriously weaken the effectiveness of RCP regulation.

There will be a lack of RCPs and qualified physician members hearing disciplinary cases. The Ohio Medical Board is made up exclusively of physicians and consumer members who will be hearing RCP disciplinary cases and deciding their outcome. The OSRC strongly believes licensees will be at a significant disadvantage when they appear before the board of doctors and public members who only have limited knowledge of the RCP's scope of practice, technical procedures, and educational requirements.

The current Ohio Respiratory Care Board is very responsive to licensees and very efficient in operation. The ORCB is fully funded by its license fees. There is no value in this merger when all current costs are covered by the licensees and the quality of professional regulation is diminished. Respiratory Care Professionals provide life support to the most

critical patients and should have governance by professionals with scientific knowledge of respiratory care equipment and procedures.

Any RCP licensed under this chapter or who applies for a license is (automatically) deemed to have given consent to submit to a mental or physical examination when directed by the Medical board to do so, and to have waived all objections to the admissibility of testimony or examination reports. Applicants are automatically exposing themselves to the medical board's ability to demand private health and mental health information. This is overly burdensome and is very broad. The Ohio Respiratory Care Board has effectively managed our licensees without such widespread, invasive demands.

We feel that the Boards consolidation scheme, particularly as it affects the Ohio Respiratory Care Board, is a poorly conceived attempt at unnecessary consolidation of allied medical professions for no justifiable purpose. It destroys any uniformity of approach to licensure for health care professionals in Ohio, and endangers the health of consumers who count on common sense regulation.

However, if the Senate chooses to pursue this merger of licensing and regulation, we would strongly request that an amendment be introduced that would add meaningful qualifications for the respiratory advisory council members, define council responsibilities, authority and permanence. Attached is a draft of language to accomplish this for your consideration. This draft language is a modification of sections 4730.05 and 4730.06, current language which defines the Physician Assistant Policy Committee as it exists under the Ohio State Medical Board.

Thank you for this opportunity.

Sue Ciarlariello
Ohio Society for Respiratory Care, Legislative Chair

Director, Respiratory Care
Dayton Children's Hospital
1 Children's Plaza
Dayton, Ohio 45404

937-641-3388
ciarlariellos@childrensdayton.org

Respiratory Care Advisory Council

(A) There is hereby created the respiratory care advisory council of the state medical board. The president of the board shall appoint the members of the council. The council shall consist of the seven members specified in divisions (A) (1) to (3) of this section.

(1)Two members of the council shall be physicians. Of the physician members, one shall be a member of the state medical board, one shall be appointed from a list of five physicians with clinical training and experience in pulmonary disease recommended by the Ohio state medical association.

(2) Four members shall be Respiratory Care Professionals (RCP's) from a list of up to twelve individuals recommended by the Ohio Society for Respiratory Care.

(3) One member, who is not affiliated with any health care profession, shall be appointed to represent the interests of consumers.

(B) Terms of office shall be for three years, with each term ending on the same day of the same month as did the term that it succeeds. Each member shall hold office from the date of being appointed until the end of the term for which the member was appointed. Members may be reappointed, except that a member may not be appointed to serve more than three consecutive terms. As vacancies occur, a successor shall be appointed who has the qualifications the vacancy requires. A member appointed to fill a vacancy occurring prior to the expiration of the term for which a predecessor was appointed shall hold office as a member for the remainder of that term. A member shall continue in office subsequent to the expiration date of the member's term until a successor takes office or until a period of sixty days has elapsed, whichever occurs first.

(C) Each member of the council shall receive an amount fixed pursuant to division (J0 of section **124.15** of the Revised Code for each day employed in the discharge of official duties as a member, and shall also receive necessary and actual expenses incurred in the performance of official duties as a member.

(D)The council members specified in divisions (A) (1) to (3) of this section by a majority vote shall elect a chairperson from among those members. The members may elect a new chairperson at any time.

(E) The state medical board may appoint assistants, clerical staff, or other employees as necessary for the council to perform its duties adequately.

(F) The council shall meet at least four times a year and at such other times as may be necessary to carry out its responsibilities.

Recommendations to the state medical board.

(A) The respiratory care advisory council of the state medical board shall review, and shall submit to the board recommendations concerning, all of the following:

(1) Requirements for issuing a license to practice as a respiratory care professional or limited permit holder, including the educational or experience requirements that must be met to receive the license or limited permit.

(2) Existing and proposed rules pertaining to the practice of respiratory care and the administration and enforcement of this chapter;
(3) Standards for the approval of educational programs required to qualify for licensure and continuing education programs for licensure renewal.
(4) Procedures for the issuance and renewal of licenses and limited permits.
(5) Fees for the issuance and renewal of a license to practice as a respiratory care professional or limited permit holder.
(6) Standards of ethical conduct for the practice of respiratory care
(7) Complaints concerning alleged violations of section 4761.10 of the Revised Code or ground for the suspension, permanent revocation, or refusal to issue licenses or limited permits and
(8) The safe and effective practice of respiratory care.

(C) The board shall take into consideration all recommendations submitted by the advisory council. Not later than 90 days after receiving a recommendation from the council, the board shall approve or disapprove the recommendation and notify the council of its decision. If a recommendation is disapproved, the board shall inform the council of its reasons for making that decision. The council may resubmit the recommendation after addressing the concerns expressed by the board and modifying the disapproved recommendation accordingly. There is no limit on the number of times the council may resubmit their recommendation for consideration by the board.