

Ohio Athletic Trainers' Association SUB HB 49 (Ryan) Operating Budget Senate Finance Health and Medicaid Subcommittee IP Written Testimony Wednesday, May 24, 2017

Chairman Hackett and members of the Senate Finance Health and Medicaid Subcommittee, thank you for the opportunity to submit written testimony on behalf of the Ohio Athletic Trainers' Association (OATA) regarding the consolidation of the existing health care licensing boards contained in HB 49.

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, and to protect boards against any possible litigation. Accordingly, OATA supports the changes to the anti-trust provisions the House included in their version of the bill. However, the OATA opposes the Administration's 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 as proposed would 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.

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 consolidation plan does not accomplish the stated 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.



As such, we are pleased the House passed version of the bill removed the restructuring of the OTPTAT Board, and we respectfully ask for the Senate's support to keep the existing OTPTAT Board structure and mission.

Thank you for your time and consideration of our concerns.

Sincerely,

John D. Smith, MBA, MSED, AT President, Ohio Athletic Trainers' Association