

ALTERNATIVE CONSOLIDATION PROPOSAL:

OHIO RESPIRATORY CARE, HOME MEDICAL EQUIPMENT, AND ORTHOTIC AND PROSTHETIC PROVIDERS BOARD

Home Medical Equipment provider licensing/regulation was added to the responsibilities of the Ohio Respiratory Care Board in 2004. That enactment was logical from a regulatory standpoint because Respiratory Therapists have responsibility for recommending and attenuating appropriate devices for respiratory care patient utilization, and those devices are regulated at the federal level as components of the “DME Sector” (Durable Medical Equipment, Prosthetics, Orthotics, and Supplies). Similarly, the devices within the jurisdiction of the Home Medical Equipment provisions are regulated within the same sector. The Respiratory Care Board primarily provided for licensing of individual caregivers; the HME provisions largely focused on facility and/or business entity regulation.

What has been missing from the Orthotics, Prosthetics and Pedorthics Practice chapter, enacted in the year 2000, has been the facility side of the picture.

The federal CMS Facility Accreditation Quality Standards, while setting forth standards for all medical equipment and supplies-providing vendors who wish to provide services to the Medicare/Medicaid populations, single out specific requirements for three major customizable and individually-expensive device or equipment-based types: (A) Respiratory supplies; (B) Manual and Power Wheelchairs; and (C) Orthotics and Prosthetics. As opposed to the vast array of other medical consumables in the DMEPOS inventory, these three categories identify devices the dispensation of which require, for maximum patient/consumer benefit, the informed, educated and highly knowledgeable attention of well-trained professionals.

Instead of abandoning the expertise and efficiencies developed through RC/HME regulation over the past six biennial budget cycles, this proposal would build on those efficiencies in a consolidation framework that would more effectively and even-handedly provide a state-based regulatory structure more in line with the federal policy requirements that govern the sector.

CHAPTER 4761

- Re-brand the state agency as the Ohio Respiratory Care, Home Medical Equipment and Orthotic and Prosthetic Providers Board, adding two Orthotic and Prosthetic provider seats to the board member ranks, and reducing the overall board member load by 5 positions.
- Vest license administration for Chapter 4779 licensees with the RC/HME/OPP board, and establish facility licensing/registration for Orthotic and Prosthetic facilities, including registration for out-of-state non-custom orthotic device shippers.

- Provide a more robust inspection and investigative capacity for the O&P sector while capturing the economies of scale that will allow for a reduction in license fee assessments for individual licensed practitioners
- Incorporate the biennial license renewal term called for in the current version of HB49.
- Incorporate a prohibition against client exploitation and sexual misconduct with a client or former client in the board's disciplinary code

CHAPTER 4752

- Establish/align licensure or certification of Orthotic and Prosthetic provider facilities with HME facility regulation

CHAPTER 4779

- Update definitions of orthotic and prosthetic practice and devices to more clearly delineate that license requirements attach to patient caregivers and not to manufacturers who are not engaged in direct service marketing
- Update the Pedorthic scope of practice to align with national standards
- Repeal: Sections 4779.05 (state board); 4779.06 (board organization); 4779.07 (removing member); Section 4779.16 (grandfathering); Sections 4779.28 - 4779.30, 4779.33 – 4779.34 (Disciplinary/enforcement actions – default to Chapter 4761 provisions)
- Delete the expired alternative pathway provisions of Sections 4779.10, 4779.11, 4779.12, and 4779.13
- Specify license renewal as a biennial requirement and update the CE requirements attendant to license renewal
- Correct and update the language in Section 4779.27 to align with current residency program national requirements
- Update Section 4779.32 to eliminate archaic language and vest complaint investigation authority with the RC/HME/OPP board.