



Ohio Occupational Therapy Association

Testimony of Rebecca Finni, MS, OTR/L

House Bill 49—Healthcare Licensure Board Consolidation

Chairman Oelslager, Vice Chair Manning, Ranking Member Skindell, and members of the Senate Finance Committee, 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 negative impact those changes would have on providers and patients across the state.

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. In addition to my comments today, I would like to call your attention to a letter submitted to the committee by the American Occupational Therapy Association.

The primary goal of a 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. Board members serve as volunteers, which is a significant benefit to the state.

Currently, the OT section of the board is comprised of five members—four OT's and one OTA. Under the language contained in the substitute bill for HB 49, the OT section is eliminated and all decisions and actions currently performed by these five providers would be handled by a new Physical Health Services Board. OT's are only 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.

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.

By reducing the number of OT's on the board, you are placing a greater burden on the staff. 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 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. 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.