



DATE: February 15, 2017

TO: Members of the 132nd Ohio General Assembly

RE: Licensure board consolidation contained in House Bill 49

Dear Legislators:

Governor Kasich recently released the FY 18-19 state operating budget. An extreme change regarding how licensure boards in Ohio operate has been included in the proposal. House Bill 49, as introduced, would eliminate several healthcare professional boards and consolidate them under three new proposed boards. A similar proposal was also introduced in Lane Duck, under HB 617 and SB 366, where it was ultimately unsuccessful and did not pass before the end of the 131st General Assembly. The associations listed would like to thank the Members of the 131st General Assembly for understanding the need and value of keeping healthcare licensure boards in tact.

There are currently 113,130 licensees within 12 regulatory boards and commissions impacted by this proposal. To completely change the structure of healthcare professional boards is not in the best interests of these licensees or the healthcare consumers that the Boards are sworn to protect.

This board consolidation proposal is being supported under the guise of cost savings and administrative efficiencies. First, it is critical to note that **these regulatory boards do not operate using general revenue funds**. Licensure fees paid by licensees support the operations and activities of the boards, as each Board is required to be self-sustaining. This legislation would save no money for taxpayers; there simply is no cost savings to be realized under this proposal.

These boards are already operating at efficient staffing levels. On average, among the 12 affected boards, every staff member currently serves 2135 licensees. Board investigators are already stretched thin. Among the 12 affected boards, there is currently an average of one investigator for every 8081 licensees. Investigators with a specific knowledge and expertise in the field are critical. Current members of licensure boards lend their time and expertise in investigations. Consolidated

boards mean less expertise to assist in ensuring licensees are practicing according to Ohio Law and relevant practice acts.

The consolidation plan severely undermines the boards' core duty to protect and enhance the health, safety, and general welfare of the public. By allowing individuals with no training or education in a certain field to determine the education, oversight, and discipline of that field, practice standards in these fields could become unacceptable and therefore jeopardize consumer safety. Currently, boards in Ohio are structured in a manner that ensures integrity of the healthcare professionals they regulate. To our knowledge, there has not been a demonstrated need for change to a structure that is currently working as intended.

In addition to a less effective and slower disciplinary process, consolidated boards will also slow down the licensure process for new graduates and transfers into Ohio. We cannot afford to create any barriers to getting qualified practitioners licensed in Ohio, as we currently have a serious workforce shortage in many of these healthcare disciplines. This is especially true as it relates to those working within the behavioral health fields, where we need every available practitioner to help combat the opiate epidemic.

Other states with consolidated licensure boards have experienced significant problems. For example, Oregon and Colorado consolidated licensure boards only to later return to independent boards because of problems with lower levels of service being provided to consumers under the Centralized Regulatory Agency. Licensees in Florida, South Carolina, and Illinois have voiced countless problems with efficient administration under the consolidated boards. In addition, it is important to note that many other states – California, Maryland, Minnesota, Pennsylvania, Utah and Rhode Island – have considered consolidated board structures, only to ultimately decide not to proceed with consolidation.

Finally, this budget proposal is inconsistent. As introduced, some licensure boards, including the Ohio State Dental Board, Ohio Board of Nursing, and Ohio State Chiropractic Board are left whole. We question why other boards were excluded from consolidation, as our regulatory boards are also self supporting.

We fail to see any motive for such a drastic change in our healthcare licensure boards. Consolidated board structures in other states have resulted in a loss of efficiency and diminished public protection. Consolidation of 12 licensure boards and commissions will ultimately be a detriment to the consumers and licensees in Ohio. The associations listed are again requesting that you oppose the board consolidation provisions that are not in the best interest for Ohioans.

Respectfully,

American Association for Marriage and Family Therapy, Ohio Division
Hearing Healthcare Alliance of Ohio
National Association of Social Workers, Ohio Chapter
Ohio Academy of Audiology
Ohio Academy of Nutrition and Dietetics
Ohio Alliance of Recovery Providers
Ohio Association of Alcoholism & Other Drug Addiction Counselors
Ohio Athletic Trainers' Association
Ohio Counseling Association
Ohio Occupational Therapy Association
Ohio Optometric Association
Ohio Physical Therapy Association

Ohio Psychological Association
Ohio School Speech Pathology and Educational Audiology Coalition
Ohio Speech-Language-Hearing Association
Ohio Society for Respiratory Care
Opticians Association of Ohio