

THE STATE BOARD OF ORTHOTICS, PROSTHETICS AND PEDORTHICS
AGENDA (Tentative)
PUBLIC RULES HEARING AND BOARD MEETING - 12:30 PM
June 9, 2015
77 S. HIGH ST., 31st FLOOR, COLUMBUS, OHIO – **BOARD ROOM**

REGULAR BOARD MEETING

- I. 12:30 pm – Call to Order
Roll Call: Bhatia, Daulton, Hagman, Macedonia, Weaver
- II. 12:35 pm – [Public Rules Hearing – package #152740](#)
- III. 01:00 pm – Agenda - Amend/Approve
- IV. Review/Approval of Minutes of the March 3, 2015 meeting
- V. 1:05 pm – Consider Motion to Enter Executive Session (ORC § 121.22(G) – To consider a performance review of staff; to consider the investigation of charges or complaints against licensees; and to consider matters required to be kept confidential by federal law or regulations or state statutes.
- VI. 2:00 pm – Settlements / Charges / Dispositions / Complaints
- A. Notices of Opportunity for Hearing (if any)
- B. Consent Agreements for Consideration (if any)
- C. Complaint statuses and tracking
- VII. 2:15 pm – Ethics Review
- A. Statewide training opportunities
1. OEC trainings – schedule distributed -
<http://www.ethics.ohio.gov/education/executiveordertraining.shtml>
2. OEC Webinars: <http://www.ethics.ohio.gov/education/webinars.shtml>
3. Auditor of State – Fiduciary Responsibility Webinar
<http://www.ohiochannel.org/MediaLibrary/Media.aspx?fileId=142395>
- B. Board Meeting Attendance Compliance Tracking & Reporting
- C. Case Study: [OIG Report 2014-CA00009](#)
- VIII. 2:30 pm – Consent Agenda: Director’s Report
- A. Fiscal – Revenue and Expense
1. FY15 Review, Status & Projections
2. MBE / EDGE Projections & Participation
- B. OPPCE Audit in Process
- C. Legislative Report

- D. Administrative Docket
 - 1. ODM – Rule Revisions and statuses – No new activity
 - 2. New eLicense Database setup activity – Verbal report

IX. 2:45 pm – Licensing report/ratification Daulton / Levy

- A. Approve/ratify license issuance

X. 3:00 pm – Old Business

- A. Board Continuity
 - 1. Two seats open – pending Governor’s action – applications submitted
 - a. Consumer Member (term began 12/6/2014)
 - b. O&P Practitioner (term began 12/6/2014)
 - 2. Terms ending and up for appointment/re-appointment 12/6/2015:
 - a. Animesh Bhatia, DPM (Medical Board licensee member)
 - b. Brian Weaver, LPO
 - c. Tamara Daulton, LPED
- B. Social Media Update
- C. 5-Year Rule Review – Review Process, status M. Levy
 - 1. Consider all information presented at hearing and in file
 - 2. Motion to approve rule packages for final filing conditioned upon no action review by [JCARR](#) (Joint Committee on Agency Rule Review, [hearing dates 06.22.2015 \(rescind, amend, new\)](#); [08.03.2015 \(no change\)](#))
 - if any change to language in package, requires motion to revise and re-file
 - first possible final file date: July 10, 2015
 - first possible effective date: July 20, 2015
 - 3. Consider/adopt proposed fee schedule
- D. Pedorthist Training for AFO Competence – status report T. Daulton
- E. Health Professions Data Warehouse / Stay in or Opt out

XI. 4:00 pm New Business

- A. Re-review OPPCE transcript acceptance policy – BOC statement of compliance
- B. Licensing policy
- C. Rule Review agenda
- D. Personnel Matters

XII. 5:00 pm Adjournment

<p>THE STATE BOARD OF ORTHOTICS, PROSTHETICS, AND PEDORTHICS 77 South High Street, 18th floor Columbus, Ohio 43215 Tel: (614) 466-1157 Fax: (614) 387-7347 http://opp.ohio.gov</p>
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The following ranges / limits are proposed:

	Current Fee	Proposed Maximum Fee	Proposed FY2016 Fee
Full license application	\$ 125.00	\$ 200.00	\$150.00
Temporary license application	\$ 150.00	\$ 200.00	\$150.00
License renewal (annual)	\$ 300.00	\$ 500.00	\$400.00
Reinstatement/late fee (+ renewal)	\$ 150.00	\$ 250.00	\$200.00
OPPCE late filing	\$ 150.00	\$ 250.00	\$200.00
Replace license card	\$ 5.00	\$ 25.00	\$15.00
Replace wall certificate	\$ 10.00	\$ 50.00	\$25.00
Upgrade temp to full (+ temp application)	\$ -	\$ 200.00	\$100.00
Consolidate LP & LO to LPO	\$ -	\$ 200.00	\$100.00
Certified license verification	\$ -	\$ 50.00	\$25.00
License issuance (+ application)	\$ -	\$ 300.00	\$100.00
Name change in database	\$ -	\$ 50.00	nc
Review/approval of new OPPCE activity	\$ -	\$ 50.00	\$50.00
Fine for violation, per violation	\$ -	\$ 500.00	\$250.00

MEDTAPP Health Professions Data Warehouse Project Background and Overview

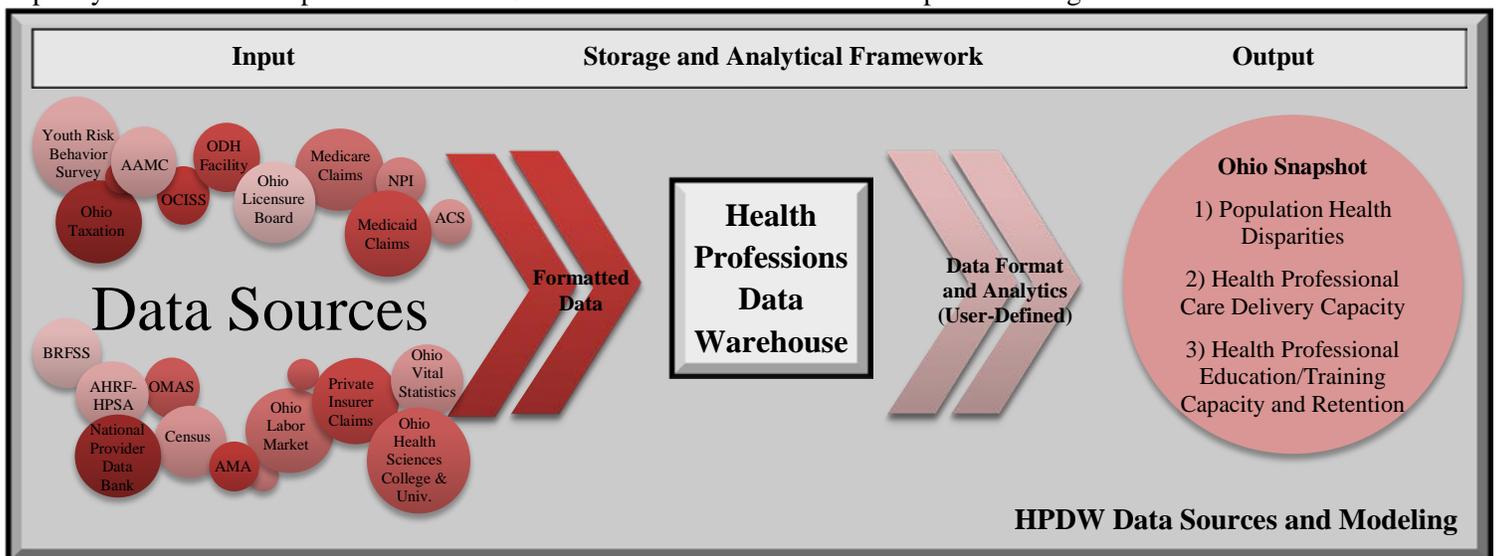
Project Sponsors and Partners

- Ohio Governor’s Office of Health Transformation
- Ohio Department of Administrative Services
- Ohio Department of Medicaid-(Sponsor)
- Ohio’s Health Professions Licensure Boards and Commissions
- Ohio Department of Health-(Sponsor)

Project Purpose

The Medicaid Technical Assistance and Policy Program (MEDTAPP) Health Professions Data Warehouse (HPDW) will act as an analytical engine to enhance state agency capacity in healthcare workforce forecasting, policy development, and research. The HPDW will provide Ohio’s state agencies, policymakers, academic medical centers, and health sciences colleges and universities with an accurate snapshot of Ohio’s current healthcare professional workforce status and capacity, identifying both barriers and solutions to improve recruitment and retention of providers serving Ohio’s Medicaid population.

Ohio has a critical need for a comprehensive data system and state-of-the-art tools to better collect, aggregate, and analyze healthcare workforce data. The HPDW will provide immediate, reliable, and useable results allowing the Ohio Governor’s Office of Health Transformation, Ohio Department of Medicaid, Ohio Department of Health, other state agencies, and policymakers to better plan and execute Ohio’s healthcare workforce development strategies.



The HPDW will support the accountability, research, and analysis of healthcare providers needed for the state of Ohio by:

- Incorporating health professions data warehouse best practices from around the country;
- Encouraging collaboration across stakeholders to determine the Minimum Data Set (MDS) elements and technical infrastructure components necessary to ensure consistent data is collected across all health professions;
- Integrating historical and current health professions licensure board and commissions data from the Ohio Department of Administrative Services;
- Augmenting Ohio’s health professions licensure board and commissions data with available geographic area based population counts, estimates, projections and shape files using supplemental data from the U.S. Census, HRSA, and private sector research firms; and
- Including additional data sources to identify Medicaid providers, medical residents, and Ohio medical school graduates and their practice locations.

The HPDW is a multi-phase project that extends into December of 2016. The Ohio Colleges of Medicine Government Resource Center is currently in the design phase, which includes identifying and obtaining the appropriate data sources and software packages to create a user-friendly warehouse that is efficient in health workforce forecasting and analysis.

* National Plan and Provider Enumeration System (NPI), National Practitioner Data Bank, Area Health Resource Files—Health Professions Shortage Area (AHRF), Medicaid Claims (Institutional, Provider, Pharmacy), Ohio Cancer Incidence Surveillance System (OCISS), Ohio Medicaid Assessment Survey (OMAS), American Community Survey (ACS), Ohio Taxation Data, Ohio Licensure Board Data, Ohio Vital Statistics, Medicare Claims, Ohio Department of Health Facility Dataset, State Health Workforce Profiles, Behavioral Risk Factor Surveillance System (BRFSS), 2013 Ohio Youth Risk Behavior Survey, American Academy of Medical Colleges—Ohio Resident Data (AAMC), and Ohio Health Sciences Colleges and Universities (geocoded).



MEDTAPP Health Professions Data Warehouse

The following comprise a core set of questions that will be incorporated into Ohio’s e-licensure system for all health professions. The questions and response options proposed herein represent the minimum necessary to determine Ohio’s healthcare workforce capacity. Standardization of these elements across all health professions will fill gaps in healthcare workforce data and will allow Ohio to efficiently monitor and forecast the state’s healthcare workforce.

Minimum Data Set Core Questions Draft

Prescreen 1:

For which type of license are you applying? License type is the name of the license which the provider is applying for or renewing.

License Type (Use current profession type from E-licensure system)

Drop down options – ALL LICENSES FROM THE FOLLOWING BOARDS
Chemical Dependency Professionals Board
Chiropractic Board
Counselor, Social Worker, & Marriage & Family Therapist Board
Dental Board
Medical Board
Occupational Therapy, Physical Therapy, & Athletic Trainers Board
Ohio Board of Dietetics
Ohio Board of Nursing
Optical Dispensers Board
Optometry Board
Orthotics, Prosthetics, and Pedorthics Board
Pharmacy Board
Psychology Board
Respiratory Care Board
Speech Language Pathology & Audiology Board

Prescreen 2:

Please indicate whether you are applying for an initial license to practice or renewing a license to practice.

- Initial license
- Scheduled Renewal
- Renewal after expiration
- Renewal after suspension
- Not applying for a license



(Formal Instrument beginning)

1. Do you have an NPI number? (license specific)

- Yes → Number: _____
- No, will apply
- No, profession does not require NPI number

Education and Training

2. Where was the location of your high school? []

- Country
- State
- / County (if in U.S.)
- / City (if in U.S.)
- / Zip Code (if in U.S.)

3. What educational degrees do you currently hold? Please provide the following information for each degree held:)

Degree (drop down)	Primary Major/Specialty	Name of Institution	City	State (or Region if outside U.S.)	Country	Year of Graduation
Vocational School Degree; Associates; Bachelors; (e.g., BS, BA), Masters (e.g., MS, MA, MBA), Professional Degrees/Doctorate (e.g., MD, DO, PharmD, PhD, PA)	OPEN	OPEN	OPEN	Drop-down	Drop-down	YYYY

4. Did you complete an internship, residency, or fellowship related to your field of practice?

- Yes → Proceed to question 5
- No → Proceed to question 6

5. What internship(s), residency(ies), and/or fellowship(s) have you completed related to the license for which you are applying or renewing? Please provide the following information:

Institution or Program Name	City	State	Country	Years Enrolled
	OPEN	Drop-Down	Drop-Down	YYYY-YYYY



6. What professional/board certifications or specialties do you have related to the license for which you are applying or renewing? (check all that apply) [*Must be license-specific. Populate drop-down options specific to license-type]
- (Board specific categories)
 - Other
 - I have none

Licensure Status

7. Do you currently possess an active license other than that for which you are applying or renewing?
- Yes → Proceed to question 8.
 - No → Proceed to question 9.

8. What type of licenses do you currently possess? Please provide the following information for each license you currently possess:

License Type	License Number	Status	State, Region, or Country of Issue	Date of initial issue	Expiration date
OPEN	OPEN	Drop-down	Drop-down	MM-YYYY	MM-YYYY

Employment/Practice Characteristics

9. What is your current employment status? (check all that apply)
- Actively working in a position that requires XXXX license (go to next question)
 - Actively working in a position that does not require XXXX license (go to next question)
 - Student (go to next question)
 - Not Currently Working (skip to question 12)
 - *Please explain why you are not currently working (check one)[populate subset of response]:*
 - Seeking work in a position that requires XXXX license
 - Seeking work in a position that does not require XXXX license
 - Retired
 - Short-term Leave of Absence (less than 12 months)
 - Long-term Leave of Absence (12 or more months)

10. On average how many hours per week do you work under the license for which you are currently applying or renewing? _____

11. How many locations are you currently working in that require this license?



12. Please provide the following information for up to 3 locations in which you use XXXX license, beginning with the locations in which you spend the most time. Please do not include locations that are outside of the U.S.:

Location/Facility (Respondent will populate up to 3 Location/Facility Tables, based on response to Q11; US only)	
Name of Location/Facility	OPEN
Number of weeks worked here in past year	Up to 52
Average hours worked at this location per week	Up to 120
Location Street Address	OPEN
Location City	OPEN
Location State	Drop-down
Location Zip Code	OPEN
Location County	OPEN
Major area of focus or specialty at location	Drop-down, license-specific
Please describe the type of practice setting as it pertains to your work	Drop down, license-specific. <i>Examples: Hospital, Urgent Care, Office/Clinic (solo), Office/Clinic (single specialty group), FQHC, Telehealth, Correctional Facility, etc.</i>
Percent of time spent working per week in each of the following: - Direct Patient Care (excludes direct patient care as part of teaching or research responsibilities) - Teaching/Academic (includes direct patient care as part of teaching responsibility) - Research (includes direct patient care as part of research responsibilities) - Professional Services (example: consulting, entrepreneurship) - Administrative Activities (example: administrator, Commissioner, executive) - Other	OPEN, 0-100
Which of the following best describes your current employment arrangement at this practice location?	<input type="checkbox"/> Self-employed <input type="checkbox"/> Contractual <input type="checkbox"/> Salaried <input type="checkbox"/> Hourly <input type="checkbox"/> Locum Tenens or Temporary <input type="checkbox"/> Other (please specify)

13. Do you have hospital privileges?

- Yes
- No
- Don't know

14. Which of the following best describes your five-year employment plan (check all that apply)?

- Maintain practice hours as is



- Reduce practice hours
- Increase practice hours
- Move to another practice location in Ohio
- Move to a practice location out of Ohio
- Leave the field associated with XXXX license
- Return to school or training program
- Military service
- Retire
- Other

15. Please list any languages, other than English, that you personally use to communicate with your patients. Do not include languages that you use with the help of an interpreter or language software.

- American Sign Language
- Arabic
- Cantonese
- Hindi
- Filipino
- French
- German
- Greek
- Italian
- Japanese
- Korean
- Mandarin
- Pennsylvania Dutch
- Polish
- Russian
- Somali or Cushitic
- Spanish
- Tagalog
- Vietnamese
- Other

Demographic Questions

16. Please provide your full legal name.

- / First (required)
- / Middle
- / Last (required)
- / Maiden

17. Please provide your date of birth.



- Day XX
- Month XX
- Year XXXX

18. Please provide your gender.

- Male
- Female
- Not Specified

19. What is your U.S. residency status related to your employment?

- a. US Citizen
- b. Visa
- c. Legal Permanent Resident/ Green Card
- d. Not eligible to work in the U.S.

20. Do you consider yourself Hispanic, Latino/a or of Spanish origin?

- Yes [populate response subset]
 - Yes, Mexican, Mexican American, Chicano/a
 - Yes, Puerto Rican
 - Yes, Cuban
 - Yes, another Hispanic, Latino/a, or Spanish Origin
- No
- Not Specified

21. What do you consider your race? (check all that apply):

- White
- Black/African American
- American Indian/Alaska Native
- Asian
- Native Hawaiian/Other Pacific Islander
- Other

22. What is your home address?

- / Street Address/Apartment Number/P.O. Box
- / City
- / State
- / Zip code

23. Are you a Veteran of the United States Armed Forces?

- Yes
- No

Levy, Mark B

From: Michelle Yoon <Michelle.Yoon@bocusa.org>
Sent: Friday, May 29, 2015 2:56 PM
To: Levy, Mark B
Cc: Claudia Zacharias; Zack Chait
Subject: RE: OPPCE reporting and BOC transcripts

Importance: High

Hello Mark,

Again, thank you for the opportunity to reply to the Board's inquiries about our continuing education policies.

BOC would be happy to assure the Ohio OPP Board that we will conduct a 100% verification of all continuing education courses that are entered online by BOC certificants licensed in Ohio. (We will check the OH OPP Board website for the list of current licensees, to ensure we are conducting 100% verifications.)

Also, regarding a question from 2013, we would like to update that answer.

*Original Question: Given that BOC only requires CE records to be maintained for 12 months following the end of a 5-year accrual period, if a certificate holder is pulled for audit in the 2nd, 3rd, 4th or even perhaps the 5th year of a cycle, since CE is not required to be accrued annually and is only required to be reported/confirmed for the 5-year re-certification, no CE accrual is required or subject to documentation during the 2nd, 3rd, or 4th (and maybe 5th) year of certification, **so a certificate holder would be "cleared" in the audit even if reporting no CE at that time. Is that correct?***

Original Answer: Yes.

New Answer: BOC will conduct a 100% verification of all continuing education courses that are entered online by BOC certificants in Ohio. They will be "cleared" only after BOC receives documentation and awards continuing education units.

If there is anything further you need from BOC, please contact me anytime.

Warmest regards,
Michelle Yoon

Michelle Yoon

Credentialing Manager



Award-Winning Customer Service Team

Board of Certification/Accreditation
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Owings Mills, MD 21117
www.bocusa.org

TO: Members, OPP Board
RE: Rule review – keeping language up to date – 3-D Printing
DATE: 04.27.2015
FROM: Mark B. Levy, Board Director

3-D Printing as a small-scale and possibly home-based manufacturing technique has been much in the news over the past year or two; tantalizing stories about prosthetic hands for children with manual deformities “**printed**” at a purported cost of \$50 or so frequently pop up on local news and in online stories and videos. Often, these stories feature the efforts and research conducted by current university students or others who seek to replicate the learning engaged in by prosthetic practitioners, although focused on perhaps only one small segment of limb loss challenges.

It will largely be up to the profession to engage in the public education required to inform consumers and policy makers about the actual costs of providing these services -- costs that are not being quantified in these news pieces. It is apparent at this point, without diving too deep below the surface, that the printers themselves are being distributed often as demonstration models for promotional purposes – promoting the interests of the printer manufacturers perhaps more so than the kids being given a new level of manual dexterity. What would the cost be if it factored in hardware and software acquisition/depreciation costs and schedules, device design and assembly, and the human capital required to tie it all together?

And does the Board as a regulatory entity have a role to play?

If so, it is probably not to determine whether someone offering these devices in a charity context is providing services improperly, without license or credential. However, since we are charged to appropriately implement the Practice Act, we should review our regulatory language to determine if any change is needed to address the manufacturing development and to assure our regulations stay current and meaningful.

The Power and Responsibility to Refine and Define

Charged as we are in Ohio with the task of justifying rule language that is promulgated as not in conflict with other federal or state laws, and further to demonstrate its necessity if there is no federal requirement to do so, we have an opportunity to look at what we have done in this regard and to determine if there is more work to do.

In 2008, we adopted the "Device-related and scope of practice definitions" rule as [OAC 4779-3-02](#) to map out where our provisions align with federal DMEPOS sector regulatory language, and to more clearly draw the lines of differentiation where they exist(ed).

In doing so, we drew heavily on the most detailed federal language available that is on point and targeted for regulation of the DMEPOS sector: the CMS DMEPOS Quality Standards. Thus, we modeled the language to define "custom fabricated or fitted medical device" as used in the statute on the Quality Standards Appendix C treatment, as follows:

4779-3-02 Device-related and scope of practice definitions.

The following definitions shall apply to the language of Chapter 4779. of the Revised Code:

(E) "Custom fabricated or fitted medical device" as referenced in division (E), (G), or (I) of section [4779.01](#) of the Revised Code means an orthotic, prosthetic or pedorthic device that is individually made (custom fabricated) or fitted (custom fitted) for a specific patient. Further, it is a device the provision of which requires access to a facility with the equipment necessary to fulfill the ongoing consumer-care responsibility to provide follow-up treatment, including modification, adjustment, maintenance and repair of the item(s).

*(1) A custom fabricated item is defined as a device which is individually made for a specific patient. No other patient would be able to use this item. A custom fabricated item is a device which is **fabricated based on clinically derived and rectified castings, tracings, measurements, and/or other images (such as x-rays) of the body part.** The fabrication may involve using calculations, templates and components. This process requires the use of basic materials including, but not limited to plastic, metal, leather or cloth in the form of uncut or unshaped sheets, bars, or other basic forms and involves substantial work such as vacuum forming, cutting, bending, molding, sewing, drilling and finishing prior to fitting on the patient.*

*A **molded-to-patient-model item** is a particular type of custom fabricated device in which either:*

*(a) An impression (usually by means of a plaster or fiberglass cast) of the specific body part is made directly on the patient, and this impression is then used to make a **positive model of the body part** from which the final product is crafted; or*

*(b) A digital image of the patient's body part is made using computer-aided design-computer aided manufacture (CAD-CAM) systems software. This technology includes specialized probe/digitizers and scanners that create a **computerized positive model** and then direct milling equipment to **carve a positive model**. The device is then individually **fabricated and molded over the positive model** of the patient.*

(2) A custom fitted item is defined as a prefabricated device which is manufactured in quantity without a specific patient in mind. The device may or may not be supplied as a kit that requires some assembly and/or fitting and adjustment, or a device that may be trimmed, bent, molded (with or without heat), or otherwise modified by an individual with expertise in customizing the item to fit and be used by a specific patient.

Questions for Practitioner Board Members and Interested Party Stakeholders:

1. Does 3-D manufacture assisted prosthetic design and manufacturing fall within the allowable scope of practice of a licensed or certified prosthetist?
 - 1.1. Does 3-D manufacture assisted prosthetic design and manufacturing fit within the general description of **“custom fabrication and custom fitting”**?

2. Does 3-D manufacture assisted prosthetic design and manufacturing entail **development of a “computerized positive model” that fits within the current Ohio regulatory language**?

3. What changes by amendment, addition or deletion of current language might be indicated to assure that Prosthetic Practitioners can provide services utilizing the most current technologies available?

4. Is there anything about the 3-D printing and manufacture enterprise or protocol itself to indicate it is a technique that cannot or should not be utilized by a professionally-appropriate, standards-based prosthetic practitioner?

5. Are there any other questions to consider in this review?