

STATE BOARD OF ORTHOTICS, PROSTHETICS AND PEDORTHICS  
appearing before  
THE FINANCE SUBCOMMITTEE ON AGRICULTURE, DEVELOPMENT  
AND NATURAL RESOURCES  
of the  
HOUSE FINANCE AND APPROPRIATIONS COMMITTEE

MARCH 4, 2015

Chairman Thompson, Members of the Committee, thank you for the opportunity to appear before you today. My name is Mark Levy, and I have enjoyed the honor and challenge to serve as Director of the State Board of Orthotics, Prosthetics and Pedorthics, since 2002.

I am testifying today from a difficult posture. The Executive Budget recommendation before you today projects revenues and expenses for this Board based on a set of budget language the Board developed in its budget proposal. While the numbers were carried through to the Blue Book, the budget language was not.

The State Board of Orthotics, Prosthetics and Pedorthics was established as a Professional and Occupational Licensing Board by enactment of the 123<sup>rd</sup> General Assembly. We are a very small agency within the state of Ohio structure and may not be very familiar to many members. The professions the Board counts as its constituent stakeholders are not so numerous or deep-pocketed that they can sponsor a legislative presence such as that offered by the medical, nursing, pharmacy, or rehab therapist professions.

Nonetheless, the state of Ohio through enactment of Chapter 4779 has recognized that O&P Practitioners are specialized caregivers within the allied healthcare community who bring value and accountability to what would otherwise be treated as “you paid for it, you deal with it, buyer beware” commodity sales. As more funding of healthcare services moves toward the public sector with state and federal treasuries on the hook for reimbursement, provider-based accountability in a structure that seeks to assure patient-centered and outcome-oriented approaches becomes more crucial.

Without licensing of O&P professionals, accountability for these devices is measured only by proof of device delivery, whether by drop ship from an out of state (and out of reach) business, or from point of sale by a cashier or clerk. In such settings, continuity of care is often documented only by robo-call digital telephone logs. Telemarketers push high reimbursement bracing devices, and leave consumers with items that do not function for them as intended, and with bills for those items determined to be non-covered, in spite of the sales pitch.

With licensing comes a code of professional responsibility, scope of practice delineation, and a local, state-based process to address those consumer issues.

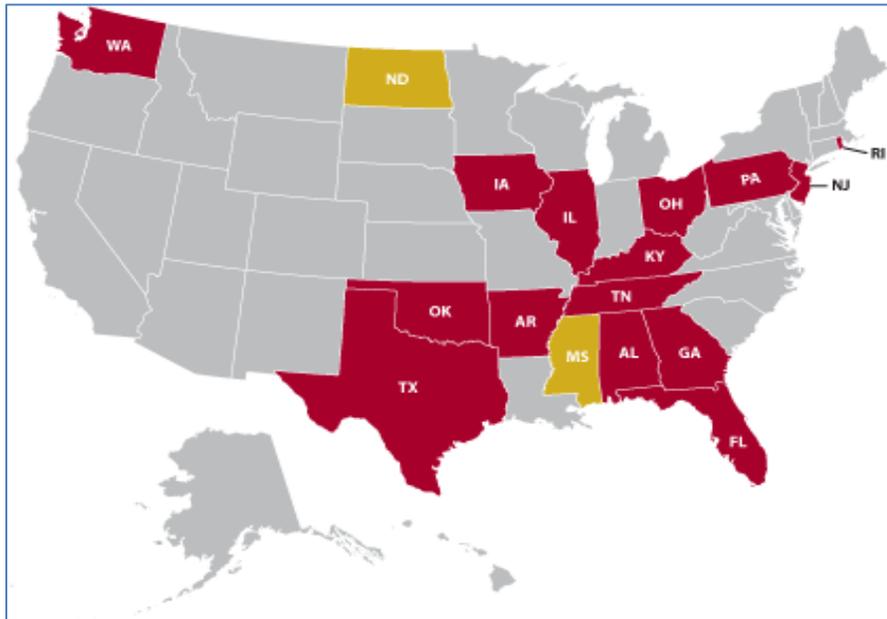
The Board's purpose is common to other licensing agencies: to assure the competence of persons licensed to provide the regulated services. The Board's licensees are physical rehabilitation specialists, custom fabricating and fitting devices and engaging in continuity of care and treatment team approaches to assure proper fit, utility and positive outcomes for patients' plans of care:

1. Orthotists are medical bracing specialists;
2. Prosthetists are artificial limb design and customizing professionals;
3. Podiatrists offer a limited subset of Orthotic interventions: fitting diabetic therapeutic shoes, footwear customized to address foot abnormalities and injuries, and specialized below-the-ankle bracing

The Board regulates professional practices that are classified within the federal healthcare regulatory matrix in the sector known as DMEPOS – which stands for Durable Medical Equipment, Prosthesis and Orthotics, and Supplies. You heard last week from the Respiratory Care / Home Medical Equipment Board, which can be seen as primarily concerned with the technologically attenuated higher end of the Durable Medical Equipment portion of that sector: home dialysis equipment; oxygen and other respiratory therapy devices; powered mobility equipment such as wheelchairs; TENS units (not an exhaustive list).

Licensure in the O&P professions is far from universal across the states, but it is a growing trend. When I first testified in budget hearings twelve years ago, Ohio was one of only about a half a dozen states requiring a license to offer services in Orthotics and Prosthetics. No state with which Ohio shares a border required licensing.

In 2015, licensure has come not only to Pennsylvania to the east and Kentucky to the south, but is the standard in nearly one-third of the states.



(map sourced from the American Board for Certification in Orthotics, Prosthetics and Pedorthics. <http://www.abcop.org/resources/Pages/StateLicensureMap.aspx>)

### Practice Act Update Required

In order to meet the revenue goals set forth in our budget proposal as originally constituted, the Board is seeking approval of a set of changes to its enabling RC Chapter to enhance the Board's standing and our effectiveness in fair, even-handed regulation of this specialized sector.

- Fees: The fee schedule for the Board has not been significantly updated since it was first established nearly fifteen years ago. Application and renewal fees are high in comparison to other allied health professionals, but they were set at a level considered necessary to fund Board operations and now require an adjustment upward. We have a rule change proposal pending in the BIA > CSI > JCARR process. Assuming the rule language is approved, the Board intends to raise renewal fees by a third, from \$300 to \$400 for the FY16 renewal period. If we are not successful in achieving a statutory update to increase our licensing authority, another increase in FY17 will be necessary if the Board is to achieve a balance between its revenues and expenditures.

- Expansion of Licensing Authority. Persons active in the professions governed by the Board often attain credentialing that is not reflected in the current Ohio licensing array. This causes problems for businesses who want to be in compliance with Ohio requirements as well as for the agency in seeking to provide a level playing field with fair enforcement of standards. To address these issues, the Board requests the following additional responsibilities:

- licensure or registration of Orthotic and Prosthetic Assistants
- licensure or registration of Orthotic Fitters and Diabetic Therapeutic Shoe Fitters
- licensure or registration of post-mastectomy care prosthetic fitters

- define educational pathways for entrance to fitter and assistant credentialing that recognize related military training in healthcare-related interventions

We have legislative language in draft form for which we are seeking legislative support. I would be happy to answer any questions that the committee may have at this time. Thank you for your attention and consideration.

Respectfully submitted,

Mark B. Levy  
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