

In Support of Licensure
– Quotes from numerous posts and articles in support of licensure.

Jim Kaiser, CP, LP, POINT Health Centers, recommended to the POINT Board of Directors that "POINT must encourage pursuit of state licensure for O&P in all states. This industry must unite in the common purpose of creating a universal standard of competence for O&P, or the patients/end-users/consumers of O&P services and we who proudly provide the services will be the ultimate losers if we do not."

Tony Barr, Barr Foundation, agrees, "The fact remains that, in most states anyone-- without regard to any qualification-- can still continue to provide O&P services and bill Medicare. Those unqualified, non-certified, non-licensed providers in 39 states can continue to bill Medicaid (in California you must be ABC to bill Medical) and private insurers. We failed to take an opportunity to stop this at the Negotiated Rules Committee meeting in 2003! The O&P industry has been slow to embrace the need to define and regulate its own profession and, as a result, is now facing multiple issues of attempting to compete with unequally qualified O&P service providers for equal (or potentially greater) reimbursements. As long as your "O&P field" remains unlicensed it's not a legitimate health care 'profession'. Yeah, we continue to beat the licensure drum but and we average adding one state a year to the states that have been regulated since 1995. The truth is that many don't want the accountability and oversight of state regulation and both credentialing association do neither. Can you blame Medicare and third party payers from pulling back coverage's when providers in approx 40 states are not even required to have a meaningless and optional credential let alone any accountability or oversight of the faulty workmanship you have pointed out? Every provider in every state is aware of the crap that is being made out there by some providers. They have seen it and laughed but not gotten angry enough to expose it or do anything about it? We need folks to expose the fact that your field is infiltrated by many incompetent, untrained providers, who are insulated from any accountability and oversight by requirements of an optional educational requirement, qualifications and accreditations.

The requirement of license not only better protects the patient, provides much needed credibility to the provider, but most importantly provides better oversight and accountability to the profession who is currently viewed as a DME provider.

Barr hopes the O&P state associations will press O&P providers in all states to enact state regulation and eventually a federal statute that addresses who is clinically qualified to provide O&P services: "From the prosthetic patient perspective, wouldn't more protection have been accomplished from adoption of legislation that established a federal standard for who is qualified to provide care, replacing the present zero regulation existing in 40 states?"

"We tried that with the introduction of the William G. Barr Amputee Protection Bill in 1998, where all providers would be mandated to be ABC/BOCA certified. AOPA would not support it. In hindsight it may have been a blessing since it would have delayed further the need of regulation via a state license."

"There is no mandatory requirement, nor accountability, nor oversight provided by the two credentialing associations. Legitimate O&P providers should view licensure as a means to survive and provide longevity to their profession."

Jeff Fredrick, CPO, LPO, Hanger Prosthetics & Orthotics Inc., Tallahassee, Florida, is now frustrated by those who promote a double standard by opposing licensure: "First of all, it's irrational because licensure is here to stay, and once Medicare or some of these higher payers really start dialing into it, you're going to have to be licensed in a state to provide services, and that means further regulation. That's coming."

The consensus seems increasingly to focus on acceptance of the oft-repeated homily: "Think about it: the person who cuts your hair is licensed, but the person who makes a prosthesis or straightens your daughter's spine does not have to be licensed."

"It doesn't matter anymore what we think of licensure; [what we think is] irrelevant," said Jeff Fredrick, CPO, Hanger Prosthetics & Orthotics, Tallahassee, Florida, a longtime proponent of licensure. "It is here to stay. The question from a professional O&P practitioner's standpoint should be, How can we make it work for us?' The answer is by upgrading our profession and making it somewhat more limited, so that not everybody can do it."

Licensure forces practitioners to pursue higher levels of education, and this is good not only for the patient, but also for the profession, said Fredrick. "We should strive to be known by our education, and education is driving the licensure issue it's not drawing tools and computers it's how highly we are educated. What we know as clinicians is what makes us infinitely more equipped to ensure that once a prosthesis or Orthosis is fit on the patient, we get a rehab result that is phenomenal, not marginal. Licensure is driving us to higher levels of performance because the requisite bar has been raised."

Fredrick continues, "But what offends me most about the guys on the other side of the fence is that these are people who claim we don't need the high qualifications that licensure demands, but let their three-year-old child get sick, and offer them the choice between two doctors--one licensed, with a lot more education; and the other one isn't licensed. Close to 100 percent of them would opt for their family to be treated by the higher-educated and licensed physician. Yet when they are being held to higher requisites, they suddenly change their philosophy. That's hypocrisy."

A.J. Filippis, CPO, Wright & Filippis, *Because of the direction that a handful of states have taken at this point, prompting changes in some of the suppliers' standards, said Filippis, the situation is changing: The Department of Veterans Affairs (VA) is reportedly considering accepting state licensure as its required credentials for O&P. "That may force our hand here in Michigan. If Medicare and the suppliers' standards come through that way, and the VA accepts the criterion, I think it's going to be just a matter of time before we need to follow suit. Otherwise we're going to be fighting that battle through ABC as well."*

The Academy "Licensure legally defines a profession based upon educational standards, protects the public through high levels of accountability, and defines the scope of practice for the orthotics and prosthetics professional," the Academy points out, adding, "There is

O&P licensure in only ten states while most other allied health professionals are licensed in the majority of the 50 states."

Joe Elliott, LPO, BOC, CPO, Hanger Prosthetics & Orthotics, Birmingham,

Alabama: "I think the best thing to do, if I were in a state that didn't have licensure and I was interested in it, would be to contact people who had been through it." I spoke to the Louisiana association in June 2005, and the message was, "You're going to get tired of hearing this, but the first thing you're going to need is money. Then you'll need something else, and then you need money. Then you'll need another something else, and then you need money. It's a very expensive process--you can plan on spending \$100,000 over one, two, or three years to get it accomplished. That money has to come from somewhere, and that means the people in that state have to pony up contributions in order to get bills through the legislature."

The only thing we have to fear is fear itself--or apathy, which is far worse.

Rogers agreed strongly. "Apathy, without a doubt, is the greatest obstacle we face failure on the part of individual professionals to recognize the importance of licensure."

Elliott, too, concurred: "I would say that the most dangerous thing that licensure advocates face is apathy amongst our peers. When a group begins the journey to licensure, it is absolutely necessary that your peers in your state understand it and support it, not just accept it. If you don't have really strong support from the grassroots of your own peers, all these other outside groups which can be accommodated or dealt with on a legislative basis have added material at their hands."

The rest of licensure's challenges to overcome the opposition of NOMA and PTs takes hard work, Elliott added.

Marc David Kaufman, CPO, LPO Atlanta Prosthetics & Orthotics, Atlanta, Georgia: "Be ready to have a battle--but it's fun, and gets you introduced to the political process. You really need three to five committed individuals with a lobbyist to get it done; that's probably the biggest thing. One person is not going to be able to do it.

"If we want our profession to be regarded as a profession and not be identified individually as the brace man' but rather as more scientifically and medically oriented professionals, then this is really a good step for our profession.

Mike Allen, CPO, LPO, FAAOP, Allen Orthotics & Prosthetics Inc., Midland, Texas: "Had we known what was going to happen during the last hours of our legislative process, then no doubt about it, we would have improved and increased the intensity of our educational efforts. We probably would have identified others--not necessarily allies--but those groups that opposed us, e.g. pharmacists who were claiming that they would be put out of business if the orthotics and prosthetics licensing bill passed. So there was misinformation there that needed to be corrected--and was corrected during the second initiative. It's a long-drawn-out process. In Texas, the legislative session is every two years, so there's a lot of time invested. A more comprehensive, thorough education of the legislators, correcting misinformation, would have saved us a lot of blood, sweat, and tears.

Terry Supan, CPO, LPO, FAAOP, FISPO, Orthotic & Prosthetic Associates of Central Illinois, Springfield: "Basically, there are three things to remember: 1) Put together a team within your state to be the driving force behind licensure. This probably needs to include somebody in the state capital that can get the people closer. 2) Talk to people who have been there already. Get their support or get them to give you some assistance or advice on part or all of it. 3) Do it, and do it quick. This is something that needs to be done to protect the consumers of orthotic and prosthetic services. If you truly believe that education is a cornerstone for proper care, and that's been the cornerstone for all other parts of medicine for all these years, then you need to do that for O&P in your state." It's not going to get any easier as time progresses. And the more states that do it at the same time, the greater the chance that your opposition's forces will be spread thinner."

Jim Rogers, CPO, LPO FAAOP, Orthotic & Prosthetic Associates Inc., Chattanooga, Tennessee, and chair of the American Academy of Orthotists and Prosthetists (the Academy) Licensure Task Force, noted that the Academy long has been an advocate for licensure. "We don't see it as a panacea, but as one piece of a quilt that needs to be in place to protect the profession over a whole range of areas. But that quilt is important. And licensure by state is one of the very integral parts of the quilt."

Rogers pointed out that there are no more than 8,000 credentialed O&P providers in the US. Yet according to the Centers for Medicare & Medicaid Services (CMS), there are more than 140,000 providers with the right to bill for L-Codes. The list includes literally thousands of medical professionals and providers, department stores, etc. "It's a virtual potpourri of entities, very few of which have any direct connections to O&P," said Rogers. "So in the Academy's opinion, if you are licensed in your state, and your state thus defines who can do what, then you have some measure of protection against unscrupulous providers."

"Although it may be true that licensure will protect practitioners, help to delineate our scope of practice, and preserve our economic base, what we're doing is protecting the patient, because ultimately, it is the patient that's harmed the most when there is no licensure protection."

Lack of licensure protection also impacts the pocketbook of every taxpayer, Rogers explained. When unqualified individuals provide care that does not adequately serve Medicare or Medicaid patients, causing them to need further services later that might not have been necessary had they been cared for correctly the first time, the taxpayer pays more. In medically complex patients, the potential for real harm exists as well. Insurance premiums also can rise for the same reason, and individuals who are paying out-of-pocket likewise are forced to pay more.

"Licensure creates the privileging process to provide Orthosis and prostheses," said Terry Supan, CPO, FAAOP, FISPO, Orthotic & Prosthetic Associates of Central Illinois, Springfield. "For example, you have been given the privilege to drive a car with your driver's license. The right to drive that car is not automatic, and it can be taken away from you if you do the wrong thing. What licensing brings to a state is recourse for the

consumer and the state to have improper care stopped. It is now a privilege for you to provide care, not an unalienable right."

John N. Billock, CPO/LPO, FAAOP, Orthotics & Prosthetics Rehabilitation Engineering Centre, Warren, Ohio, agreed, stressing the importance of consumer advocacy to support O&P licensure. "Individual practitioners should speak to patients that they feel could be good advocates and would have an understanding of the need and the process. Additionally, there are states with regional amputee organizations, as well as those for individuals with Spina bifida and cerebral palsy, for example, that help support consumers of O&P care. If you have a mom who has a child with a disability, wearing lower-limb Orthosis, and she comes in to speak before a legislative body, that mom can be very effective more so than any practitioner."

"Having been involved in the initial movements toward licensure, the key thing I feel that could have been and should have been done differently was that all of these efforts should have been initiated 15 to 20 years sooner," says Billock. "Although it is not well known today, there were several individuals interested in pursuing O&P licensure in the early to mid 1980s; however, the support needed amongst our national leadership in the profession was nonexistent and not felt to be necessary. This lack of interest and support was further fueled by what was perceived to be a national moratorium on state licensure programs, which were felt to be too costly to administer, and concerns they would place excessive financial burdens on O&P facility owners, who typically covered such costs.

"Unfortunately," Billock continues, "in hindsight we see that licensure would have been much easier to achieve then, and would have been better accepted for its real purpose, which is to protect the consumers of O&P services and assure that care was being provided by truly qualified practitioners, I.e. practitioners who met standards consistent among allied healthcare providers and standards that ensured appropriate training and educating in the provision of O&P care--not the confusing situation consumers find in today's practice of orthotics and prosthetics

Marc David Kaufman, CPO, LPO Atlanta Prosthetics & Orthotics, Atlanta, Georgia, noted that Georgia's lobbyist had previous experience lobbying for physicians and medical organizations, and is himself a spinal cord injury patient. Not only did he commit to working with the Georgia Society of Orthotists and Prosthetists (GSOP) in 2000, but he also remains on their payroll.

"The need is ongoing," Kaufman pointed out. "You need someone to keep an eye on the legislature to see if somebody is trying to slip their own licensure bill in, amend their bill, or change their practice act to include orthotic and prosthetic services. This could happen at any time, without warning. It is essential that we be made aware of this so that we can start our lobbying efforts to work against it, or work with it, as the case may require."

Miki Fairley Editor - Licensure: Setting O&P Apart

Every job is a self-portrait of the person who does it. Autograph your work with excellence. Author Unknown.

Licensure helps authenticate a profession and in many industries is a hallmark of recognized expertise. For instance, what the engineering profession says about licensure also can be applied to orthotics and prosthetics:

"The profession regulates itself by setting high standards for professional engineers, and by law, many jurisdictions require engineers to be licensed in order to practice. These requirements and high standards help protect the public's safety and welfare"--National Council of Examiners for Engineering and Surveying (NCEES).

Licensure not only protects the welfare of the public, it helps protect the livelihood of the bearer.

Licensure in O&P got off to a late start relative to other healthcare professions and it's been traveling a rocky road. Although there are only about 8,000 credentialed O&P providers, there are more than 140,000 providers with the right to bill L-Codes, according to the Centers for Medicare & Medicaid Services (CMS). That's a lot of potential competition.