

From: [Sunset Advisory Commission](#)
To: [Cecelia Hartley](#)
Subject: FW: In opposition to consolidation of TBPTE into the TDLR
Date: Tuesday, November 29, 2016 10:06:43 AM

From: Amy Goddard
Sent: Tuesday, November 29, 2016 9:28 AM
To: Sunset Advisory Commission
Subject: In opposition to consolidation of TBPTE into the TDLR

To: Ken Levine, Director, Sunset Advisory Commission,

I am writing in opposition to the proposed consolidation of the Texas Board of Physical Therapy Examiners (TBPTE) into the Texas Department of Licensing and Regulation (TDLR).

After reading the Sunset Review report in its entirety, and as a Physical Therapist who has practiced in Texas for over 20 years, and as the sole owner of a private Physical Therapy practice for over 16 years, I have the following concerns.

1. Your report suggests that transferring the regulatory functions of small health licensing agencies to TDLR would improve licensing and enforcement outcomes and better protect the people of Texas. According to the report, currently the TBPTE resolves complaints on average in 127 days (or 4.23 months). The "TDLR resolves complaints in an average of about seven months." Please tell me how consolidation of the TBPTE into the TDLR is going to better protect the public?
2. This report focuses on the inefficiencies of health licensing agencies with less than 25 staff. The TBPTE/TBOTE operates efficiently with 23 FTEs for 42,503 licensees, compared to 210 staff for 85,244 licensees under the Texas Medical Board. Where did the number 25 come from? Why is 25 the magical number? It seems arbitrary to me. Is the real issue not agency efficiency and effectiveness? The PT Board is a cost effective agency now and returns a fair amount of money to the state's general revenue fund, how does it make sense from a fiscal perspective to enter into this consolidation plan when using your own cost projections it will take the state 10 years just to cost recover?
3. One of the "key" problems listed as being shared by small health licensing boards was "Limited or no fingerprint background checks." Is this something that will now be required by TDLR? If so, at what expense? If not, how is consolidation under the TDLR any different than what is currently being done? After checking with a representative of the TBPTE I learned that the PT licensure board will be expanding their background checks to include fingerprinting, in fact at their next Board meeting, why was this factor not addressed in your plan?
4. This report criticizes the fact that each separate state agency has its own "governor-appointed board, a majority of which is made up of members of the regulated profession who

write their own rules to regulate their own profession.” And yet, this is exactly what you are proposing to do by “reconstituting the associated regulatory boards as advisory boards.” “Each current profession would have a governor-appointed advisory board that would develop and initiate all rules related to practice of the related professions and provide expertise on difficult licensing or standard of care enforcement matters.” Additionally, the PT/OT Executive Council is one of the only healthcare licensing boards where the professionals are not a majority of the Board’s makeup---try emulation instead of elimination.

5. “A well-run private business would not have separate administrative structures for each of its components.” This is simply not true. Many large well-run corporations have multiple separately run divisions. They find these smaller divisions help them to be nimble, agile, and responsive in a competitive marketplace. The current structure of the TBPTE/TBOTE is nimble, agile, and responsive. Consolidation under the TDLR would only result in inefficiencies that come from larger, bureaucratic structures.

I just do not see how consolidating the TBPTE/TBOTE under the TDLR will result in better protection for the public and economies of scale. In fact, it seems a little like erecting an iron perimeter fence with only three sides.

Thank you for your time.

Sincerely,

Amy

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