

HB

205

HOUSE COMMITTEE REPORT

(7)

Date referred: 3/25/87

FURTHER REFERRALS: HESS
Finance

DATE: 4/16/87
HB 205

The Labor & Commerce Committee has considered

"An Act relating to regulation of the practice of occupational therapy and physical therapy; and providing for an effective date."

RECOMMENDS:

- replace with _____ the same title
- attached amendment(s) a new title
- do pass
- do not pass
- no recommendation
- individual recommendations
- additional referral to the _____ Committee

ADOPTS: _____ letter of intent

ATTACHES NEW FISCAL NOTE(s):

- fiscal impact same as previous fiscal note published _____
- zero fiscal note same as previous zero fiscal note published _____
- zero with analysis

SIGNING DO PASS:

David Douley

[Signature]

Craig Davidson

[Signature]

Alto Kozman

SIGNING OTHER RECOMMENDATIONS:

None

David Douley
Chairman's signature

STATE OF ALASKA
THE LEGISLATURE

LEGISLATIVE AFFAIRS AGENCY

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POUCH Y - STATE CAPITOL
JUNEAU, ALASKA 99811
907-465-3800

May, 1988

Copies of minutes listed below were originally included in this file. The minutes are available on the STAIRS database CMPR. In order to save space copies of minutes have not been left in the files.

Mary Van Nimwegen

HL+C

4-16-87

1:30 p.m.

**STATE OF ALASKA 1987 LEGISLATIVE SESSION
FISCAL NOTE**

REQUEST: _____

Bill Version : HB 205
Publish Date : 3/25/87

Revision Date: _____

Agency Affected: Commerce & Economic Dev.

Title: An Act relating to regulation of the practice of occupational therapy and physical therapy...

BRU: Occupational Licensing

Sponsor: Rep. Navarre

Components: All

Requestor: _____

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 87	FY 88	FY 89	FY 90	FY 91	FY 92
PERSONAL SERVICES	0	8.7	8.7	8.7	8.7	8.7
TRAVEL	0	1.1	1.1	1.1	1.1	1.1
CONTRACTUAL	0	3.1	3.1	3.1	3.1	3.1
SUPPLIES	0	.1	.1	.1	.1	.1
EQUIPMENT	0	0	0	0	0	0
LAND & STRUCTURES	0	0	0	0	0	0
GRANTS, CLAIMS	0	0	0	0	0	0
MISCELLANEOUS	0	0	0	0	0	0
TOTAL OPERATING	0	13.0	13.0	13.0	13.0	13.0

CAPITAL						
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REVENUE	0	13.0	13.0	13.0	13.0	13.0
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FUNDING: (Thousands of Dollars)

GENERAL FUND	0	0	0	0	0	0
FEDERAL FUNDS	0	0	0	0	0	0
OTHER	0	13.0	13.0	13.0	13.0	13.0
TOTAL	0	13.0	13.0	13.0	13.0	13.0

POSITIONS:

FULL-TIME	0	0	0	0	0	0
PART-TIME	0	0	0	0	0	0
TEMPORARY	0	0	0	0	0	0

ANALYSIS : (Attach a separate page if necessary)

(See attached)

KM Prepared by: Jennifer Strickler, Management Analyst
Division: Occupational Licensing

Phone: 465-2144

Date: 4/9/87

Approved by Commissioner: J. Anthony Smith
Agency: Commerce and Economic Development

Date: _____

Distribution (by preparer):

- Legislative Finance
- Legislative Sponsor
- Requestor
- Office of Management and Budget
- Impacted Agency(ies)
- Senate Secretary

HB 205

The bill changes the composition of the State Physical Therapy board by adding two new members to represent the Occupational Therapy profession and amending the name of the board.

Aside from combining the two professions within one board, licensing of the occupational therapy profession is expected to cost \$13,000.00.

Basically, the \$13,000.00 consists of:

- | | |
|---|-----------------|
| 1) PERSONAL SERVICES: | \$8,700 |
| - .40% of administrative support costs
(.40% is based on the number of occupational therapists (100)
divided by the total number of division licensees (27,049) which
includes physical therapists); | |
| - 10% of a Licensing Examiner; and | |
| - 5% of an Investigator. | |
| 2) TRAVEL: | \$1,100 |
| Costs for two members to attend one board meeting. | |
| 3) CONTRACTUAL: | \$3,100 |
| - Professional Services (exam) costs; | |
| - Communication costs; | |
| - Advertising and Printing costs, etc. | |
| 4) SUPPLIES: | \$ 100 |
| TOTAL: | <u>\$13,000</u> |

The occupational therapy profession has expressed its willingness to pay licensing fees necessary to cover costs associated with regulating the profession, and costs are expected to be covered by program receipts. Therefore, licensing fees will be established to offset the costs of regulating the profession.

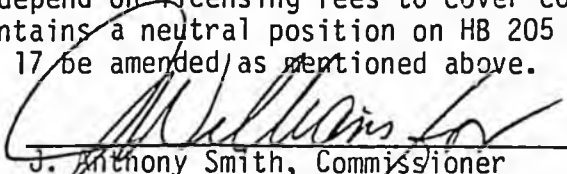
HB 205: An Act relating to regulation of the practice of occupational therapy and physical therapy; and providing an effective date.

HB 205 proposes to amend the composition of the State Physical Therapy Board by adding the occupational therapy profession to the board and its licensing jurisdiction.

The bill basically conforms to guidelines of licensing legislation with the exception of Section 17, AS 08.84.150(b)(4). This provision exempts a practitioner from licensure if the individual practices occupational therapy in the state for 120 days or less in a calendar year. There is no way to track or ensure that an individual who claims exemption under this section is legitimately entitled to the exemption. This section would also defeat the purpose of licensing occupational therapists or assistants. The department suggests three possible alternatives to make this section enforceable:

1. establish a locum tenens permit provision for both the physical therapy and occupational therapy professions, similar to other licensed occupations (i.e., medical doctors). The permit would be valid for 120 days and requires applicants to possess a current license from another state, submit proof of national certification, hold a personal interview with a board member, and pay the required fees; or
2. specify the conditions under which a practitioner can practice in Alaska without obtaining licensure, such as to provide consulting services to licensed practitioners, or for educational purposes in conducting seminars, or for emergency purposes only; or
3. delete the entire exemption and require all practitioners to obtain an Alaska license.

The department was advised that there are approximately 100 occupational therapy practitioners in Alaska. The department was also advised of the profession's willingness to pay licensing fees necessary to cover costs associated with regulating the profession. Therefore, the department finds no reason why the profession should not be licensed. However, because of the uncertainty of the actual number of individuals that will seek licensure, and the need to depend on licensing fees to cover costs of the function, the department maintains a neutral position on HB 205 and strongly recommends that Section 17 be amended as mentioned above.



J. Anthony Smith, Commissioner
Department of Commerce & Economic
Development

DATE: 4/2/87

STUBER

March 31, 1987

APR 3 1987

Representative Dave Donley
P.O. Box V
Juneau Ak 99811

Dear Representative Donley,

I am writing to express my support of HB # 205 which would license Occupational Therapists.

As a health care consumer and occupational therapist I urge you to support this bill.

Licensure of O.T.'s is necessary in order to insure that only properly trained and qualified personnel offer O.T. services in this state. Federal guidelines for medicare, nursing homes and PL 94-142 leave it to the state to regulate qualified personnel. Unqualified personnel can inflict very real harm to clients in

terms of neurological, neuro-muscular, orthopedic and psychological functioning.

Should you be interested in seeing the work of registered occupational therapists I would be happy to arrange a tour of Alaska Treatment Center for you or your committee members.

Thank you for your consideration of HB # 205. Your support of this bill is important to health care consumers and families throughout our State.

Sincerely,

Ellen B. Papp OTR

7535 E. 20th

Anchorage AK 99504

333-7088 hm.

272-0586 wk

WLL

Mar. 30, 1987
SINGER

APR 3 1987

Dear Sir,

I support House Bill 205.

Regarding licensure of occupational!
Therapists to assure safe and quality
health care ~~to~~ ^{to} the consumer.

Thanks for your help.

Dorrell Young.

2542 Island Dr.

07504

CLINGER

Beth Daugherty
8520 Spindlove Dr
Anchorage, AK
99516

March 30, 1987

Dave Donley

House Committee on Labor & Commerce

PO Box V

Juneau, AK 99811

APR 2 1987

Dear Representative Donley:

I am writing in support of House Bill #205, regarding Occupational Therapy. As a special education teacher in a pre-school program where many of the children need & receive O.T., I am aware of the importance of licensure for Occupational Therapists. Licensure will assure quality service to these many deserving little consumers. Since medical science is developing more & more ways of assuring the survival of more & more premature infants, we are receiving ever increasing numbers of children needing this service. This means that the number of therapists employed in the state of Alaska will increase and we need to be ready to insure the quality of their work..... for two reasons

- 1) Of course, primarily, we are concerned that the children receive the best care.
- 2) Secondly we'd like to avoid lawsuits.

Thank you for your support of House Bill #205.

Sincerely,

Beth Daugherty
teacher

**STATE OF ALASKA 1987 LEGISLATIVE SESSION
FISCAL NOTE**

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Components: All

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GRANTS, CLAIMS	0	0	0	0	0	0
MISCELLANEOUS	0	0	0	0	0	0
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CAPITAL						
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PART-TIME	0	0	0	0	0	0
TEMPORARY	0	0	0	0	0	0

ANALYSIS : (Attach a separate page if necessary)

(See attached)

Prepared by: Jennifer Strickler, Management Analyst
Division: Occupational Licensing

Phone: 465-2144
Date: 4/9/87

Approved by Commissioner: J. Anthony Smith
Agency: Commerce and Economic Development

Date: _____

Distribution (by preparer):
Legislative Finance
Legislative Sponsor
Requestor
Office of Management and Budget
Impacted Agency(ies)
Senate Secretary

HB 205

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| - Advertising and Printing costs, etc. | |
| 4) SUPPLIES: | \$ 100 |
| TOTAL: | <u>\$13,000</u> |

The occupational therapy profession has expressed its willingness to pay licensing fees necessary to cover costs associated with regulating the profession, and costs are expected to be covered by program receipts. Therefore, licensing fees will be established to offset the costs of regulating the profession.



Elizabeth Dowler, OTR, CRC, CVE
Executive Director

SINGER
constituent?

Work Therapy Enterprises, Inc.

3700 Woodland Dr. #400
Anchorage, Alaska 99503
243-6116

March 30, 1987

Representative Dave Donley
P.O. Box U
Juneau, Ak 99811

APR 3 1987

Dear Rep. Donley,

I am writing to request your support of HB 205, the licensure of Occupational Therapists in the State of Alaska. I understand it will be introduced to the Labor & Commerce Committee very soon.

I am an Occupational Therapist who has practiced in this state for 14 years. It is very important to our professional practice that only qualified persons be allowed to practice. Harm can come to individuals who receive treatment from persons who have not received proper training in the neuromuscular, cardiovascular & psychological systems in which our bodies operate. We work with a great variety of disability groups including injured workers, head injuries, muscular diseases, diseases of bones & joints with adults, children & infants.

I own a company that evaluates the physical capacities of injured workers. The state

workers Compensation Board relies on accurate information from my testing. It is crucial that only skilled persons be allowed to do this or any other judgement & treatment of disabilities.

I'd be glad to have you visit our facility when you are in Anchorage.

Thank you for your consideration of this matter.

Sincerely
Liz Fowler

GLMBER

Lulu Williams
7617 E. 4th Ave Apt. B
Anchorage, Ak 99504

Mar. 31, 1987

Ms. Dave Dmley
P.O. Box V
Juneau, Ak 99811

Dear Sir:

I am writing to let you know I am in favor of House Bill 205 in my support of the licensing of Occupational Therapists in Alaska. I currently work in a program that utilizes a counselor and an O.T. We work with the injured worker population and I personally realize the degree of knowledge and experience that is needed for O.T. work. This profession is being used more frequently by the workers compensation system in physical capacities testing and for assistance in returning the injured worker to the workplace. Therefore, I think it imperative that they become licensed as their expertise is used more & more outside the hospital setting by a non-medical consumer.

In testing physical capacities the O.T. determines exactly how much physical demand can be placed on a worker without the worker further injuring himself. The O.T. is instrumental in preparing the injured worker or handicapped individual for the workplace and developing any modifications that are necessary. The O.T.

greatly influences the degree of the worker's
success. So you can understand how important
it is that the O.T. be a competent professional.

Sincerely,
Lulu Williams



THAD L. WOODARD M.D. & ASSOCIATES
BIRTH THROUGH ADOLESCENT CARE

APP

1987

APR 8

1987

March 31, 1987

House Committee on Labor and Commerce
P.O. Box V
Juneau, AK 99811

ATTN: Representative Dave Donley

Thad L. Woodard, MD
PEDIATRIC AND
ADOLESCENT CARE
CHILDHOOD ASTHMA

To Whom It May Concern:

This is to express my support of H.B. 205. I feel it is extremely important that occupational therapists be licensed in the State of Alaska to protect the quality of services provided to clients and ensure that occupational therapists are adequately prepared to practice.

Rosebeth R. Marcou, MD
LEARNING
AND
BEHAVIOR DISORDERS

Sincerely,

Mary Lou Hanson, C.S.N.P.

Mary Lou Hanson
Certified School Nurse Practitioner

Bonnie Anderson, CPNP
PEDIATRIC
AND
ADOLESCENT CARE

cc House Committee Member
Representative Walt Furnace

House Health, Education & Social Services Committee
Atten: Alice Hanley

House Finance Committee
Atten: Al Adams, Chairperson

Mary Lou Hanson, CSNP
COUNSELING ON LEARNING
AND
BEHAVIOR DISORDERS

Annette Leick

POB 221421

99522-1421

April 4, 1987

Honorable Dave Donley
PO BOX V
Juneau, Alaska 99811

APR 8 1987

Dear Mr. Donley

I'm writing to you in regards to
Bill # HB 205.

I am an occupational therapist,
presently practicing in pediatrics.
I have a Bachelor of Science degree
with a major in Occupational Therapy.
I have taken numerous continuing
education classes beyond my degree
to keep current of practices of
occupational therapy.

I am writing about an issue of
importance, that concerns you
your constituents and consumers, as
to the regulation of occupational
therapy.

Please become knowledgeable
about the benefits of occupational
therapy and how unqualified
persons may harm the consumer
by inappropriate (or by training

muscles, ligaments, or breaking bones) treatment.

Since, I am presently working in early intervention with the pediatric population, I have concerns of: lack of occupational therapy services to this population, unqualified peoples providing so called, occupational therapy services. which may delay or impede neurological return.

I invite you to join me during an occupational therapy treatment session when you are in Anchorage. Below is my home and work telephone number.

I am asking for your support of Bill # HB205 and your concern regarding health issues as it relates to consumers.

Best Regards,
Annette Lier, OT

561-8060 work
248-7418 Home

APR 10 1987

April 5, 1987
Homer, Alaska

Representative Dave Donley
Pouch V
Juneau, AK 99811

Dear Rep. Donley,

I am writing in support of House Bill 205, the Occupational Therapy (O.T.) Practice Act. This bill will be presented in the state legislature within the next few weeks.

As an occupational therapist working with children with various handicapping conditions, I am concerned about the integrity and standards of occupational therapy within the state. Licensure will be a provision to allow only qualified professionals to be delivering O.T. services to the health care consumer. This act will then indeed protect the health care consumer and assist in providing high standards of occupational therapy statewide.

I encourage you to support House Bill 205 when it comes to the floor. Thank you.

Sincerely,

Susie Cunningham

Susie Cunningham, MS, OTR
P.O. Box 1837
Homer, AK 99603

APR 8 1987

April 3, 1987

Representative Dave Donley
P.O. Box V
Wuneau, AK 99811

Dear Representative Donley:

I am writing you at this time to urge you to vote for state occupational therapy licensure Bill # HB205. Licensure will protect the public from harm and fraudulent services rendered by unqualified personnel. It is our duty as professionals to provide quality care as dictated by specific diagnosis and individual situation. This is unfortunately not guaranteed nor is consistent top quality service unless state licensure is instated.

Again, please vote for Bill # HB205 and help us to help the general public. Thank you for your time and attention.

Sincerely

Gina Mangolin OTR

3161 Bettles Bay i.cop
99815

4-6-87

APR 9 1987

The Honorable Dave Dooley
P.O. Box 1
Juneau, AK 99811

JAMES E. ATWELL
8053 Pioneer Dr.
#1405
99824

Dear Representative Dooley:

I am writing this letter to show my support for House Bill #205, which pertains to Occupational Therapy licensure. I am a Medical Technologist, and I have practiced my profession for the past seven years in the state of Alaska. I believe that House Bill #205, which is before your committee at this time, should be considered in favor of licensure.

I have worked in the Health Care field for over 10 years and I strongly believe that licensing of health care workers is an important step toward providing quality health care.

Without licensing it is very difficult to evaluate the qualifications of a therapist.

I'm sure that if you or a loved one
require the services of an occupational therapist,
you would want someone who is qualified and
has the credentials to show their competence
in their chosen field. By requiring state
licensure of Occupational Therapists, Washington
can be assured of receiving quality care.

Once again I would like to urge
your support of House Bill #205. Thank you
for your time & concern regarding health
care issues.

Sincerely
James E. Atwell MT (CHS)

HB 205

OVERVIEW

The purpose of this measure is to provide some measure of protection to the health care consumer by establishing licensing requirements for the occupational therapy discipline. It also creates a combined 7 member board of occupational and physical therapists. Since approximately 100 new licenses will be added to the chapter, the expected fiscal impact of creating the new board is zero.

Currently, there is no licensing standard for occupational therapists, and no definition of the practice of occupational therapy. This bill will define occupational therapy, set minimum educational and experience standards, and will require the board to supervise and conduct examinations for new licensees. The text accomplishing the last two items is virtually identical in substance to the current statutes concerning physical therapists.

The bill outlines disciplinary powers of the board, and provides for a transitional phase from the current 5 member board to the new 7 member board.

SECTIONAL ANALYSIS

HB 205

"An Act relating to regulation of the practice of occupational and physical therapy, and providing for an effective date."

- * Section 1: Adds "and Occupational Therapy" to title of State Physical Therapy Board {AS 08.01.010(15)}
- * Section 2: adds occupational therapists to those persons required to use professional titles, and/or letters after their name indicating their professional status when offering their services to the public {AS 08.02.010(a)}
- * Section 3: amends title of board in that statute relating to expiration date of the board {AS 08.03.010 (c) (8)}
- * Section 4: amends title of board in AS 08.84.010, changes membership from five to seven persons, calls for the 2 new members to be occupational therapists or 1 occupational therapist and 1 occupational therapy assistant, amends other language to put occupational therapists under regulatory power of board
- * Section 5: adds new subsection to AS 08.84.030, listing specific requirements for licensing of occupational therapists and occupational therapy assistants who are educated within the United States
- * Section 6: adds new subsection to AS 08.84.032, listing specific requirements for licensing of occupational therapists and occupational therapy assistants who are educated outside the United States
- * Section 7: adds the practice of occupational therapy to AS 08.84.040, relating to application for license, performs minor "housekeeping" measures within this chapter

SECTIONAL ANALYSIS (cont'd)

HB 205

- * Section 8: adds occupational therapists and occupational therapy assistants to AS 08.84.060, allowing licensing by acceptance of of credentials
- * Section 9: adds language to AS 08.84.065(c), specific to temporary licensing as a physical therapist or physical therapy assistant pending results of examination (original language did not need to be specific, as chapter only applied to PT's)
- * Section 10: adds occupational therapy to AS 08.84.065(d), dealing with temporary permits for foreign educated therapists during internship
- * Section 11: adds new subsection AS 08.84.065(e), allowing for temporary permit for occupational therapists or OT assistants pending result of examination
- * Section 12: amends language in AS 08.84.080, broadening the board's power to conduct examinations to both professions licensed under this chapter
- * Section 13: adds occupational therapists and OT assistants to AS 08.84.090, licensing duties of the board
- * Section 14: broadens description of persons subject to license renewal under this section (to include occupational therapists and OT assistants), changes renewal period from four to two years, allows the board to require proof of continued competency in cases where a license has remained lapsed for three or more years
- * Section 15: adds occupational therapy to AS 08.84.120(a), which allows the board to revoke, suspend or refuse to renew a license for cause

SECTIONAL ANALYSIS (continued)

HB 205

- * Section 16: adds new subsections, AS 08.84.130(c)&(d), classifying the offense of practicing occupational therapy without proper license as a class B misdemeanor
- * Section 17: adds new subsection, AS 08.84.150 (b), prohibiting practice of occupational therapy without a license except under certain conditions
- * Section 18: adds occupational therapists to AS 08.84.160 (limiting licensed persons to their professional discipline)
- * Section 19: repeals and reenacts 08.84.185, defining the disciplinary powers of the board
- * Section 20: amends AS 08.84.190(1), redefining "board" for purposes of this chapter
- * Section 21: amends AS 08.84.190 by adding new paragraphs that define occupational therapists, occupational therapy, OT aides and OT assistants
- * Section 22: amends 08.24.200, the short title of this statute, to include occupational therapists
- * Section 23: adds occupational therapists to the definition of "health care provider" under AS 09.55.560(1) - Medical Liability laws
- * Section 24: adds occupational therapists to the definition of "health care provider" under AS 18.23.070(3) - Health Care Services Information laws
- * Section 25: adds occupational therapists to the definition of "health care provider" under AS 21.88.900(9) - Health Care Providers Insurance (MICA)
- * Section 26: adds definition of occupational therapist under AS 21.88.900 - Health Care Providers Insurance (MICA)

SECTIONAL ANALYSIS (continued)

HB 205

- * Section 27: adds occupational therapist to definition of "practitioners of the healing arts" for purposes of AS 47.17.070(9) - Child Protection statutes (requires reporting of abuse)
- * Section 28: adds language allowing for transitional period for licensing, so that the department and new board can "catch up"
- * Section 29: adds language allowing for licensing by credential, so that current practitioners who meet certain criteria can be licensed immediately
- * Section 30: Experience-Based licensure. This allows OT assistants with 4 years of experience accumulated before July 1, 1988, to substitute this experience for formal education, and become licensed as occupational therapists by examination.
- * Section 31: provides that this act does not affect existing valid licenses when act takes effect
- * Section 32: requires the Governor to appoint 2 new members to new 7 member board by March 1, 1988, sets out length of term for new members
- * Section 33: calls for immediate effective date for Section 28 of this bill
- * Section 34: calls for effective date on balance of this measure as January 1, 1988



Alaska Occupational Therapy Association

TESTIMONY

Presented before the

ALASKA HOUSE OF REPRESENTATIVES, LABOR AND COMMERCE COMMITTEE
On

LICENSURE FOR OCCUPATIONAL THERAPISTS

Presented by

Beverly Ingram

ALASKA OCCUPATIONAL THERAPY ASSOCIATION

April 16, 1957

Mr. Chairman and members of the committee, I appreciate the opportunity to speak with you regarding the Occupational Therapy Practice Act being considered today. I am Beverly Ingram from the Alaska Occupational Therapy Association. The Alaska Occupational Therapy Association represents over 110 Registered Occupational Therapists and Certified Occupational Therapy Assistants. Our membership has voted to make a united effort to obtain licensure for occupational therapists in this State. This effort is fully supported by our national organization, the American Occupational Therapy Association.

Our presentation will provide you with an overview of what occupational therapy is, the training required to practice occupational therapy, and, most importantly, the reasons for our pursuit of a licensure law.

We would like to give you an overview of the practice of occupational therapy and the various types of people who benefit from it, through a brief slide presentation.

As you have seen from this slide presentation, occupational therapists treat a wide variety of disabled people which requires an extensive educational and experiential background. In order to become qualified to work in the field of occupational therapy, an occupational therapist must complete at least a 4 year bachelor's degree program from an accredited university, and an occupational therapy assistant must complete a 2 year college degree program. Our

academic coursework includes anatomy, neurophysiology, human development, psychology, physical medicine, and intensive training in occupational therapy evaluation and treatment techniques. Occupational therapists must complete a full-time supervised fieldwork experience following their studies. A final requirement is that entry level therapists must pass a national certification examination approved by the American Occupational Therapy Association. This is a voluntary credentialing program and there is a problem with individuals who choose not to participate. The national association has no effective means of enforcing these requirements in order to prevent unqualified people from being employed as occupational therapists. The profession has often relied on facilities such as hospitals, nursing homes, school districts and rules set up by third party payors to maintain qualified providers. It is not the major responsibility of these bodies and programs such as Medicaid and Medicare to enforce personnel qualification standards. Since no legal definition exists in our State, these regulations are, in fact, unenforceable.

This leads to our reasons for pursuing licensure. By allowing the practice of occupational therapy to go unregulated, the health and welfare of the public is endangered. The abuse and potential harm generated by unregulated practice occurs on two fronts. First, in many instances the public is misled when unqualified people represent themselves as occupational therapists. The patient is often unaware of what is expected in treatment or what qualifications are necessary for an occupational therapist to practice. Therefore, patients believe they are receiving legitimate services, when in fact they may not be. These consumers are then deprived of the services they need to make a full recovery. Also facilities claim to provide occupational therapy when actually no qualified therapist is employed. There have been instances in Alaska health care institutions where this has occurred. Without licensure, consumers are misled to believing they are receiving these needed services and sometimes falsely charged with no legal recourse.

Secondly, and more importantly, cases of serious harm and abuse due to improper treatment by untrained people representing themselves as occupational therapists have been documented. As you have seen presented in the slides, occupational therapists work with many critically ill or severely injured patients. In the majority of instances, patients such as a burn patient do not have the luxury of shopping around to determine if a therapist is qualified. Moving a burned limb or joint too soon or improperly splinting an extremity can cause tendon rupture, irreparable damage, or loss of function. In other patients, such as one suffering with a cardiac condition, they could suffer life threatening damage if they are not assessed properly. If a cardiac patient's activities are not graded to his tolerance level and closely monitored, he can rearrest. Many other examples of potential harm are evident in the rehabilitation of injuries. A qualified occupational therapist has the knowledge and training in treatment techniques and of the precautions and contra-indications that greatly reduce risk to the consumer. Without a legal definition of occupational therapy and a mechanism to monitor

the provision of these services in our State, the consumer does not have adequate protection. Enactment of a licensure law is a substantial deterrent to the unqualified practice of occupational therapy and decreases the potential for fraud. The power of the State to enforce the law and the action against those who violate the law also discourages fraud and abuse.

This licensure bill (HB 205) proposes that a joint board be created, combining the regulation of occupational therapy with the existing physical therapy board. We realize this is important due to the current State economic status and trend towards combining boards. We recommend a combined board which allows equal representation of the professions being licensed under it. We have worked with the Division of Occupational Licensing to insure minimal (if any) additional costs to the State in regulating this profession.

Occupational and physical therapists have similar yet different educational and fieldwork requirements. Treatment goals are often shared by the occupational and physical therapist in the rehabilitation setting. Although treatment goals may be shared, the modalities used by each profession often differ. For example, in the rehabilitation of a stroke patient to be able to return to his home and function as independently as possible; the physical therapist may be working on muscle strengthening through exercises and gait training or use of assistive devices to aid in walking while the occupational therapist may also use exercises or functional activities to improve the patient's ability to dress himself, prepare a meal, and take care of himself within the home or with the assistance of adapted devices.

In summary, occupational therapy focuses on productive and independent function. Inappropriate treatment is a very expensive and a risky proposition for the consumer. Thirty-two other states have enacted licensure laws covering occupational therapy with three other states combining occupational and physical therapy boards. The Alaska Occupational Therapy Association believes that licensure of occupational therapists is in the best interest of this State's citizens. There is no alternative to licensure. The purpose is to regulate the practice of occupational therapy, not to infringe on the rights of other professionals to practice what they are qualified to practice.

Mr. Chairman and members of the committee, an occupational therapy licensure law is needed now. I urge you to approve this bill. I appreciate this opportunity to express our concerns. Thank you for your time.

WHO CAN BE HARMED BY AN UNQUALIFIED OCCUPATIONAL THERAPIST?

The majority of functions performed by Occupational Therapists do not, in themselves, put the patient in harm. Rather it is the patient's response to these functions and/or the patient's mental, emotional or physical instability which may cause the functions to be dangerous. A well-trained therapist has both theoretical and practical knowledge of the neuromuscular and cardiovascular systems of the body as well as of physical, emotional and psychological development of the individual. He/she is trained in treatment of rehabilitation of injuries to these systems and of precautions and contra-indications that greatly reduce risk to the consumer.

The following chart provides a few examples of possible complications.

<u>DIAGNOSIS OR DISABILITY</u>	<u>METHOD OF TREATMENT WHICH COULD BE DANGEROUS</u>	<u>POSSIBLE COMPLICATIONS</u>
1. Neonatal evaluations and treatment	1. Evaluations and treatment	1. Overstraining neurological and logical and physical systems Medical instability/death
2. Cardiac Conditions	2. Prescribing progressive activities for patients	2. Medical instability/death
3. Neurological diseases and impairments a. Cerebral vascular accidents b. Head stroke trauma c. Cerebral Palsy	3. Neurological treatment AOL activities	3. Choking Seizures Delay or impede neurological return
4. Traumatic injuries a. Amputation of upper extremity b. Burns	4a Evaluation and prescription of prosthesis in conjunction with prosthetist and physician 4b Reducing hypertrophic scarring by applying pressure to patient through conforming splints and/or pressure garments	4a Vascular problems Weight fluctuations that affect fit of prosthesis Skin breakdown 4b Infection Skin breakdown Contractures/deformity
5. Sensory Integrative Dysfunction	5. Sensory stimulation	5. Sensory overload Seizures Respiratory Arrest
6. Muscular Disease a. Muscular dystrophies b. Multiple sclerosis	6. Exercise programs for range of motion and muscle strengthening	6. Joint damage Inadequate or improperly performed motion exercises can result in permanent contractures of muscles, tendons, and ligaments.
7. Geriatric	7. Designing and monitoring treatment, environment. Transfers to tub, toilet, bed or chair.	7. Further cognitive, physical, psychological or social impairment. Falling resulting in physical and psychological harm.
8. Diseases of Bones and Joints a. Arthritis	8. Positioning of patient. Exercise programs for range of motion and muscle strengthening. Splinting	8. Joint damage Loss of function due to improper splinting.
9. Developmentally Delayed • Retardation	9. Improper treatment or lack of treatment	9. Prevent individual from attaining highest level of function possible.
10. Psychiatric Disorders a. Psychosis	10. Design and monitor treatment environment	10. Further cognitive psychological or social impairment.
11. Respiratory Diseases	11. Prescribing progressive activity. Use of substances with toxic fumes.	11. Overstressing respiratory and cardiovascular systems Exacerbation of disease process

DEVICES OR TREATMENT TECHNIQUES

1. Splint or brace
2. Slings
3. Neuromuscular facilitation devices of vibration and ice

POSSIBLE HARM

1. Possible nerve, muscle, skin, or orthopedic damage - functional loss and debilitation.
2. Possible axillary nerve damage or impaired brachial artery circulation due to improper fit, improper positioning - loss of extremity function.
3. Adverse effects on central nervous system or vascular system.

The financial burden to the consumer is also reduced when a skilled practitioner performs these tasks, as appropriate treatment is planned and implemented in the most expedient way. Consumers of health care services in the latter part of the 20th century are caught in a "CATCH 22" situation. Technology has outstripped our social values and government policies. The capabilities are in place for keeping persons alive in more disabled states, while at the same time services delivery is being moved to less restrictive arenas and government policies regulating qualifications of delivery personnel are being lessened.

Consider the following ways an individual, family or 3rd party payor can be harmed:

Potential for independence is enhanced by early intensive intervention of occupational therapy personnel. If these personnel are not qualified, the potential for return to independent functioning is lost and the family incurs long term financial burdens.

Because some insurance policies use licensing as the criteria for determining qualified reimbursable services, the consumer may be denied the financial coverage they thought they had. They are left with the choice of paying additionally for something they assumed was taken care of or not getting the needed service.

Consumers experience long term emotions of guilt and anger at being duped. Guilt occurs when they realize too late that selection of services and service personnel depended on their personal knowledge of qualifications of a cadre of health care deliverers. Anger and feelings of being duped occur when they realize that protections were not in place to help them make the necessary decisions. Because SOME HEALTH PERSONNEL ARE LICENSED (REGULATED) WHILE OTHERS ARE NOT THE CONSUMER IS LULLED INTO BELIEVING THE GOVERNMENT IS MONITORING THE QUALIFICATIONS OF ALL DELIVERERS.

Consider the following government guidelines in place to protect the public from unqualified O.T. personnel.

Federal Medicare guidelines have removed a previous requirement that Occupational Therapy personnel meet AOTA's certification requirements and provide instead that they meet qualifications specified by the medical staff, consistent with state law.

Federal regulations for nursing homes require an O.T. to complete the education and field work experience but does not require passing the AOTA certification exam.

Public law 94-142 requires schools to provide special education and related services for children with handicaps. O.T. is a related service and must be provided by qualified personnel but the definition of "qualified" is left up to the state education agencies.

Other accrediting agencies such as JCAH, CARF and ACRMCD require O.T. services to be provided by qualified personnel. They do not, however, define "qualified." This is left to the state or private facility.

Do these guidelines seem adequate to assure safety and quality OT services to ALL consumers? We don't think so. Please share this information with your legislator when talking about why OT's need to be licensed. Ideally we would like to elicit actual cases of these situations occurring or having occurred. If you as an individual can recall such instances please contact Joanne Carhon at the AOTA Office. A specific case example when talking with a legislator is worth more than 20 "what ifs".

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