Report to the General Assembly

Scope of Practice Review Committee Report on Occupational Therapists

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Executive Summary

In accordance with Connecticut General Statutes (CGS) Section 19a-16d through 19a-16f, the Connecticut Occupational Therapy Association (ConnOTA) submitted a scope of practice request to the Department of Public Health (DPH) seeking changes to the practice act governing the profession.

Occupational therapists and occupational therapy assistants are currently licensed and regulated under Chapter 376a of the CGS. According to ConnOTA the current language in their scope of practice does not clarify the role of occupational therapy across various settings, leading employers, and supervisors of the profession to interpret areas of practice as excluded. The requestors hope to incorporate much of the language in the American Association of Occupational Therapy (AOTA) Model Practice Act into their scope of practice so that the profession may practice to the full extent of their education and training.

The review committee met on three occasions and focused on assessing potential health and safety benefits associated with the request, whether the request enhances access to quality and affordable health care, the potential economic impact of the request, and how the request might enhance the ability of the profession to practice to the full extent of the profession's education and training. While there was no objection to the proposed request, the committee did raise a concern about the proposed language around the administration of topical medications. The requestors revised the suggested language to address the concerns of the committee. Members of the committee also raised concerns that the proposed language would prohibit non-licensed professions such as yoga teachers, life coaches, mentors, personal trainers, etc. to perform any functions within their job without holding a license to practice occupational therapy and suggestions were made to address this issue, which the requestors incorporated. One area in which the committee could not reach consensus was the move by the requestors to go from using broad language to a list of tasks and activities to define the profession's scope of practice. Committee members cautioned the requestors that the specificity of the proposed language may require future revisions of their scope as new technologies and treatments emerge. The requestors remain reluctant to remove the specific list of tasks and activities proposed as they are concerned occupational therapists will continue to be restricted in what they can do if these items are not explicitly spelled out in the practice act.

Background

Connecticut General Statute Section 19a-16d through 19a-16f establishes a process for the submission and review of requests from health care professions seeking to revise or establish a scope of practice prior to consideration by the General Assembly. Under the provisions of these statutes, persons or entities acting on behalf of a health care profession that may be directly impacted by a scope of practice request, may submit a written impact statement to the DPH. The Commissioner of Public Health then selects from the timely scope of practice requests received by the department the requests on which DPH will act and, within available appropriations, establish and appoint members to a scope of practice review committee. Committees shall consist of the following members:

1. Two members recommended by the requestor to represent the health care profession making the scope of practice request;
2. Two members recommended by each person or entity that has submitted a written impact statement to represent the health care profession(s) directly impacted by the scope of practice request;
3. The Commissioner of Public Health or the commissioner's designee, who shall serve as ex- officio, non-voting member of the committee.

Scope of practice review committees shall review and evaluate the scope of practice request, subsequent written responses to the request, and any other information the committee deems relevant to the scope of practice request. Such review and evaluation shall include, but not be limited to, an assessment of any public health and safety risks that may be associated with the request, whether the request may enhance access to quality and affordable health care and whether the request enhances the ability of the profession to practice to the full extent of the profession's education and training. Upon concluding its review and evaluation of the scope of practice request, the committee shall provide its findings to the joint standing committee of the General Assembly having cognizance of matters relating to public health. The DPH is responsible for receiving requests and for establishing and providing support to the review committees, within available appropriations.

Scope of Practice Request

ConnOTA submitted a request for DPH to convene a scope of practice review committee to consider updating the profession's scope of practice to reflect current practices. The practice act for occupational therapy was originally enacted in 1978 and has not undergone any changes since. The requestors hope to bring the practice act into alignment with current definitions and practices as endorsed by the AOTA and the National Board for Certification in Occupational Therapy (NBCOT).

Impact Statements

Written impact statements in response to the scope of practice request submitted by ConnOTA were received from the following:

- Connecticut Hospital Association (CHA)
- Northwest Nurse Practitioner Group
- American Physical Therapy Association of Connecticut (APTA CT)

The impact statements expressed a desire to serve on the scope of practice review committee to better understand the impact of the request as it relates to the access and utilization of healthcare in Connecticut. The APTA CT specifically commented that the request may impact physical therapy relationships with referral sources.

Scope of Practice Review Committee Membership

In accordance with the provisions of Connecticut General Statute 19a-16e, a scope of practice review committee was established to review and evaluate the scope of practice request submitted by ConnOTA. Membership on the scope of practice review committee included representation from:

1. Connecticut Hospital Association (CHA);
2. Northwest Nurse Practitioner Group;
3. Connecticut Physical Therapy Association (APTA CT);
4. Representatives from ConnOTA; and
5. The Commissioner's designee (chairperson and ex-officio, non-voting member).

Scope of Practice Review Committee Evaluation of Request

A. Health & Safety Benefits

According to the requestors, the update will provide clarification on the role of occupational therapy services across multiple settings including health care, education, community, work, and more. The requestors feel that without inclusionary language of the profession's full scope of practice, readers may interpret some areas of practice as excluded, causing harm to public health and safety.

B. Access to Healthcare

The requestors believe the updates to their scope of practice will increase access to services by providing the public, referral sources, and healthcare partners with a clearer definition of the practice of occupational therapy. This will lead to the increased likelihood that patients will be able to access the services of occupational therapists.

C. Laws Governing the Profession and the State's Current Regulatory Oversight of the Profession

The profession of occupational therapy is regulated by DPH under CGS Chapter 376a. Other State and Federal laws that govern the profession include Connecticut Telehealth laws, State and Federal Medicaid regulations, Federal Education laws such as the Individuals with Disabilities Education Act, Section 504 of the Rehabilitation Act and Every Student Succeeds Act, and Federal Privacy Laws.

D. Current Requirements for Education and Training and Applicable Certification Requirements

Both occupational therapists and occupational therapy assistants must complete both academic and fieldwork requirements of an education program that is accredited by the American Occupational Therapy Association Accreditation Council for Occupational Therapy Education (ACOTE). Candidates for licensure in Connecticut must also have passed a national certification examination approved by the NBCOT and be in good standing.

E. Summary of Known Scope of Practice Changes

Occupational Therapists have not sought a scope of practice change prior to this year. The current law has been in place since 1978.

F. Impact on Existing Relationships within the Health Care Delivery System

The requestors believe updating their scope of practice will strengthen existing relationships within the health care delivery system. Supervisors of occupational therapists will have a clearer understanding of the full scope of practice, and healthcare systems will have inclusionary language supporting the reimbursement of occupational therapy services, such as dry needling. Lastly, those involved with professional development coursework will have a more focused direction to develop continuing education content for occupational therapy professionals.

G. Economic Impact

There are no major economic impacts anticipated other than the potential for increased access to occupational therapy services by members of the public.

H. Regional and National Trends

All 50 states in the United States plus the District of Columbia, Puerto Rico, and Guam require licensure of occupational therapists and occupational therapy assistants. According to the requestors, at least 22 states have adopted language from the AOTA Model Practice Act since 1999 and much of the language proposed in this scope of practice request comes from the most recent iteration of the AOTA Model Practice Act. New Hampshire is the most recent state in New England to revise their practice act.

I. Other Health Care Professions that may be Impacted by the Scope of Practice Request as Identified by the Requestor

As state licensure for the profession already exists, the requestors believe the impact to other professions should be minimal. Prior to submitting a scope of practice request, ConnOTA met with APTA CT twice, athletic trainers, social workers, and music therapists. Requests to meet with speech and language pathologists, behavior analysts, school psychologists and art therapists were made, but no response was received. The meetings with other professions were used to gather feedback and ensure the proposed practice changes did not infringe on another profession’s scope of practice.

J. Description of How the Request Relates to the Profession’s Ability to Practice to the Full Extent of the Profession’s Education and Training

The requestors have stated their current scope has led to employers and supervisors not allowing occupational therapists to practice to their full extent because the current scope of practice does not provide clarity on what the profession can or cannot do and does not reflect how the practice of the profession has evolved and changed since 1978. The proposed update to the profession’s scope of practice better defines the current

practice of the profession and recognizes the potential for evolving practice trends, changes, and updates in continuing education.

Findings/Conclusions

The scope of practice committee met on October 31, 2023, November 13, 2023, and December 14, 2023, to discuss and deliberate the proposed request. Though committee members were largely supportive of the proposed changes, they asked questions about the language proposing the use of non-pharmacological and prescribed pharmacological agents. The requestors acknowledged and understood the concerns and agreed to make changes to the proposed language clarifying that occupational therapists want to be able to administer medications prescribed by a licensed healthcare provider with prescribing rights and that any occupational therapist administering a prescribed medication will document the dosage, form, quantity, placement, and strength of the medication. A committee member raised a question about the supervision of occupational therapy assistants and the requestors provided guidelines for supervision for the committee's review.

The discussion at the second meeting focused largely on the proposed language the requestors put forth in their scope of practice request. Committee members made it clear they do not have any issues with the proposed scope of practice, other than the pharmacological piece, but a deeper dive into the proposed language between meetings raised some concerns. Representatives from CHA felt that the drafted language would not allow non-licensed professions such as yoga teachers, life coaches, mentors, personal trainers, and others to perform any functions within their job without holding a license to practice occupational therapy. Suggestions from the committee included adding language allowing individuals the ability to perform specific practices the requestors are looking to add to their scope, as long as those individuals do not call themselves an occupational therapist. Committee members also cautioned the requestors if they moved from broad language to a list of tasks and activities, there may be a continued need to request a revision of their scope as new technologies and treatments emerge.

Caution was raised again at the third meeting about moving forward with a long list of tasks and activities as opposed to broad language. Representatives from CHA pointed out that even though a law may pass changing a profession's scope of practice, employers and licensed entities could still choose to enact policies and procedures that are stricter than what is written in the scope. Others on the committee raised the possibility that using a list of tasks and activities could have unintended consequences and has the potential to narrow the profession's scope as healthcare, technology, and treatment modalities evolve. The requestors remained reluctant to remove the long list of tasks and activities proposed and they maintain the concern and belief that a broadly written scope of practice will continue to restrict what they can do if things are not explicitly spelled out in the practice act. While the final meeting adjourned with the two sides remaining at an impasse over this issue, the committee members assured the requestors that discussions about language would continue as necessary. The requestors also expressed understanding that the legislative process would include a public hearing on any bill raised related to their scope as well as the potential for their preferred language to change. The revised language preferred by ConnOTA may be found in Appendix I.

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Appendix A: Scope of Practice Law

Sec. 19a-16d. Submission of scope of practice requests and written impact statements to Department of Public Health. Requests for exemption. Notification and publication of requests. (a) Any person or entity, acting on behalf of a health care profession that seeks to establish a new scope of practice or change a profession's scope of practice, shall submit a written scope of practice request to the Department of Public Health not later than August fifteenth of the year preceding the commencement of the next regular session of the General Assembly.

(b) (1) Any written scope of practice request submitted to the Department of Public Health pursuant to subsection (a) of this section shall include the following information:

(A) A plain language description of the request;

(B) Public health and safety benefits that the requestor believes will be achieved should the request be implemented and, if applicable, a description of any harm to public health and safety should the request not be implemented;

(C) The impact that the request will have on public access to health care;

(D) A brief summary of state or federal laws that govern the health care profession making the request;

(E) The state's current regulatory oversight of the health care profession making the request;

(F) All current education, training and examination requirements and any relevant certification requirements applicable to the health care profession making the request;

(G) A summary of known scope of practice changes either requested or enacted concerning the health care profession in the five-year period preceding the date of the request;

(H) The extent to which the request directly impacts existing relationships within the health care delivery system;

(I) The anticipated economic impact of the request on the health care delivery system;

(J) Regional and national trends concerning licensure of the health care profession making the request and a summary of relevant scope of practice provisions enacted in other states;

(K) Identification of any health care professions that can reasonably be anticipated to be directly impacted by the request, the nature of the impact and efforts made by the requestor to discuss the request with such health care professions; and

(L) A description of how the request relates to the health care profession's ability to practice to the full extent of the profession's education and training.

(2) In lieu of submitting a scope of practice request as described in subdivision (1) of this subsection, any person or entity acting on behalf of a health care profession may submit a request for an exemption from the processes described in this section and section 19a-16e. A request for exemption shall include a plain language description of the request and the reasons for the request for exemption, including, but not limited to: (A) Exigent circumstances which necessitate an immediate response to the scope of practice request, (B) the lack of any

dispute concerning the scope of practice request, or (C) any outstanding issues among health care professions concerning the scope of practice request can easily be resolved. Such request for exemption shall be submitted to the Department of Public Health not later than August fifteenth of the year preceding the commencement of the next regular session of the General Assembly.

(c) In any year in which a scope of practice request is received pursuant to this section, not later than September first of the year preceding the commencement of the next regular session of the General Assembly, the Department of Public Health, within available appropriations, shall: (1) Provide written notification to the joint standing committee of the General Assembly having cognizance of matters relating to public health of any health care profession that has submitted a scope of practice request, including any request for exemption, to the department pursuant to this section; and (2) post any such request, including any request for exemption, and the name and address of the requestor on the department's Internet web site.

(d) Any person or entity, acting on behalf of a health care profession that may be directly impacted by a scope of practice request submitted pursuant to this section, may submit to the department a written statement identifying the nature of the impact not later than September fifteenth of the year preceding the next regular session of the General Assembly. Any such person or entity directly impacted by a scope of practice request shall indicate the nature of the impact taking into consideration the criteria set forth in subsection (b) of this section and shall provide a copy of the written impact statement to the requestor. Not later than October first of such year, the requestor shall submit a written response to the department and any person or entity that has provided a written impact statement. The requestor's written response shall include, but not be limited to, a description of areas of agreement and disagreement between the respective health care professions.

(P.A. 11-209, S. 1; P.A. 22-58, S. 16, 55.)

History: P.A. 11-209 effective July 1, 2011; P.A. 22-58 amended Subsec. (a) by replacing “may” with “shall”, amended Subsec. (c) by replacing “September fifteenth” with “September first” and making a technical change and amended Subsec. (d) by replacing “October first” with “September fifteenth” and “October fifteenth” with “October first”, effective May 23, 2022.

Sec. 19a-16e. Scope of practice review committees. Membership. Duties. (a) On or before October fifteenth of the year preceding the commencement of the next regular session of the General Assembly, the Commissioner of Public Health shall select from the timely scope of practice requests submitted to the department pursuant to section 19a-16d the requests on which the department will act and, within available appropriations allocated to the department, establish and appoint members to a scope of practice review committee for each such request. Committees established pursuant to this section shall consist of the following members: (1) Two members recommended by the requestor to represent the health care profession making the scope of practice request; (2) two members recommended by each person or entity that has submitted a written impact statement pursuant to subsection (d) of section 19a-16d to represent the health care professions directly impacted by the scope of practice request; and (3) the Commissioner of Public Health or the commissioner's designee, who shall serve as an ex-officio, nonvoting member of the committee. The Commissioner of Public Health or the commissioner's designee shall serve as the chairperson of any such committee. The Commissioner of Public Health may appoint additional members to any committee established pursuant to this section to include representatives from health care professions having a proximate relationship to the underlying request if the commissioner or the commissioner's designee determines that such expansion would be beneficial to a resolution of the issues presented. Any member of such committee shall serve without compensation.

(b) Any committee established pursuant to this section shall review and evaluate the scope of practice request, subsequent written responses to the request and any other information the committee deems relevant to the scope of practice request. Such review and evaluation shall include, but not be limited to, an assessment of any public health and safety risks that may be associated with the request, whether the request may enhance access to quality and affordable health care and whether the request enhances the ability of the profession to practice to the full extent of the profession's education and training. The committee, when carrying out the duties prescribed in this section, may seek input on the scope of practice request from the Department of Public Health and such other entities as the committee determines necessary in order to provide its written findings as described in subsection (c) of this section.

(c) The committee, upon concluding its review and evaluation of the scope of practice request, shall provide its findings to the joint standing committee of the General Assembly having cognizance of matters relating to public health. The committee shall provide the written findings to said joint standing committee not later than the February first following the date of the committee's establishment. The committee shall include with its written findings all materials that were presented to the committee for review and consideration during the review process. The committee shall terminate on the date that it submits its written findings to said joint standing committee.

(P.A. 11-209, S. 2; P.A. 22-58, S. 17.)

History: P.A. 11-209 effective July 1, 2011; P.A. 22-58 amended Subsec. (a) by replacing “November first” with “October fifteenth”, adding provision re selection of timely scope of practice requests and made technical and conforming changes, effective May 23, 2022.

Sec. 19a-16f. Report to General Assembly on scope of practice review processes. On or before January 1, 2013, the Commissioner of Public Health shall evaluate the processes implemented pursuant to sections 19a-16d and 19a-16e and report to the joint standing committee of the General Assembly having cognizance of matters relating to public health, in accordance with the provisions of section 11-4a, on the effectiveness of such processes in addressing scope of practice requests. Such report may also include recommendations from the committee concerning measures that could be implemented to improve the scope of practice review process.

(P.A. 11-209, S. 3.)

History: P.A. 11-209 effective July 1, 2011.

Appendix B

Initial Scope of Practice Request

CHAPTER 376a*
OCCUPATIONAL [THERAPISTS] <u>THERAPY</u>

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Sec 20-74a. Definitions. As used in this chapter:

[(1) "Occupational therapy" means the evaluation, planning and implementation of a program of purposeful activities to develop or maintain adaptive skills necessary to achieve the maximal physical and mental functioning of the individual in his or her daily pursuits. The practice of "occupational therapy" includes, but is not limited to, evaluation and treatment of individuals whose abilities to cope with the tasks of living are threatened or impaired by developmental disabilities, the aging process, learning disabilities, poverty and cultural differences, physical injury or disease, psychological and social disabilities, or anticipated dysfunction, using (A) such treatment techniques as task-oriented activities to prevent or correct physical or emotional disabilities or to minimize the disabling effect of these disabilities in the life of the individual, (B) such evaluation techniques as assessment of sensory motor abilities, assessment of the development of self-care activities and capacity for independence, assessment of the physical capacity for prevocational and work tasks, assessment of play and leisure performance, and appraisal of living areas for persons with disabilities, (C) specific occupational therapy techniques such as activities of daily living skills, the fabrication and application of splinting devices, sensory motor activities, the use of specifically designed manual and creative activities, guidance in the selection and use of adaptive equipment, specific exercises to enhance functional performance and treatment techniques for physical capabilities for work activities. Such techniques are applied in the treatment of individual patients or clients, in groups or through social systems. Occupational therapy also includes the establishment and modification of peer review.**]**

(1) "The practice of occupational therapy" means the therapeutic use of everyday life occupations with persons, groups, or populations (clients) to support occupational performance and participation. Occupational therapy practice includes clinical reasoning and professional judgment to evaluate, analyze, and identify occupational challenges (e.g., issues with client factors, performance patterns, performance skills) and provide interventions to address them.

Occupational therapy services include habilitation, rehabilitation, the promotion of physical and mental health and wellness, and end-of life care for clients with all levels of ability-related needs. These services are provided for clients who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction. Through the provision of skilled services and engagement in everyday activities, occupational therapy promotes physical and mental health and well-being by supporting occupational performance in people with, or at risk of experiencing, a range of developmental, physical, and mental health disorders throughout the life course.

The practice of occupational therapy includes but is not limited to:

1) Evaluation of factors affecting participation in and performance of occupations.
2) Activity analysis and therapeutic approaches to design and implement interventions and procedures aimed at enhancing participation in and performance of occupations.
3) Interventions and procedures that promote safe participation in and performance of occupations that include but are not limited to :
    - i) Use of purposeful occupations and activities.
    - ii) Training in self-care, self-management, health management (e.g., medication management, health routines, reproductive health, incontinence management), home management, community/work integration, school activities, and work performance.
    - iii) Development, remediation, or compensation of physical, neuromusculoskeletal, sensory-perceptual, emotional regulation, visual, mental, and cognitive functions (e.g., executive function); pain tolerance and management; praxis; developmental skills; and behavioral skills, motor, psychosocial, and mental functions.
    - iv) Educating and training clients, family members, caregivers, groups, populations, and others about strategies to enhance performance in occupation, health, and well-being.
    - v) Care coordination, case management, program development, interprofessional collaboration, and transition services.
    - vi) Consultative services to persons, groups, populations, programs, organizations, and communities.
    - vii) Use of virtual and other remote methods of service delivery, including but not limited to telehealth and e-visits, when appropriate to the client's occupational therapy needs and in accordance with accepted industry standards and other applicable state laws and regulations.
    - viii) Application of ergonomic principles and human factors to modify tasks, processes, and environments (e.g., home, work, school, community).
    - ix) Assessment, design, fabrication, application, fitting, adaptation, and/or training in seating and positioning, assistive technology, technology (existing and evolving), durable medical equipment, adaptive devices, and orthotic devices, and training in the use of prosthetic devices.
    - x) Assessment, recommendation, adaptations, and training in techniques to enhance functional mobility, including wheelchair management and other mobility devices.
    - xi) Therapeutic exercises, including tasks and methods to increase motion, strength, and endurance for occupational participation.
    - xii) Remediation of and compensation for visual deficits, including low vision training and rehabilitation.
    - xiii) Driver rehabilitation and community mobility.
    - xiv) Management of feeding, eating, and swallowing to enable optimal eating and feeding performance.
    - xv) Methods and tasks to prepare clients for occupational performance including but not limited to physical agent modalities, mechanical modalities, and instrument assisted modalities (dry needling).

xvi) Use of non-pharmacological and prescribed pharmacological (e.g., topical medications including aerosol medications with a valid order or prescription) therapeutic procedures such as those used for, but not limited to the following: pain management, wound care management, respiratory care, and lymphedema.

xvii) Facilitating the occupational participation of persons, groups, or populations through modification of contexts (environmental and personal) and adaptation of processes

xviii) Group interventions (e.g., use of dynamics of group and social interaction to facilitate learning and skill acquisition across the life course).

xix) Emerging practices, supported in the professional literature and research and accepted as a standard of practice by the professional association.

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(2) "Occupational therapist" means a person licensed to practice occupational therapy as defined in this chapter and whose license is in good standing.

(3) "Occupational therapy assistant" means a person licensed to assist in the practice of occupational therapy, under the supervision of [or with the consultation of] and in partnership with a licensed occupational therapist, and whose license is in good standing.

(4) "Commissioner" means the Commissioner of Public Health, or the commissioner's designee.

(5) "Department" means the Department of Public Health.

(6) "Supervision" means the overseeing of or participation in the work of an occupational therapy assistant by a licensed occupational therapist, including, but not limited to: (A) Continuous availability of direct communication between the occupational therapy assistant and the licensed occupational therapist; (B) availability of the licensed occupational therapist on a regularly scheduled basis to (i) review the practice of the occupational therapy assistant, and (ii) support the occupational therapy assistant in the performance of the occupational therapy assistant's services; and (C) a predetermined plan for emergency situations, including the designation of an alternate licensed occupational therapist to oversee or participate in the work of the occupational therapy assistant in the absence of the regular licensed occupational therapist.

(7) "Good Standing" means the individual's license is not currently suspended or revoked by any State or other regulatory entity.

(8) Occupation" refers to various kinds of activities in which persons, groups, or populations engage to occupy time and bring meaning and purpose to life. Occupations include things people need to do, want to do, and are expected to do including but not limited to activities of daily living, instrumental activities of daily living, health management, rest and sleep, education, work, play, leisure, and social participation.

Sec. 20-74b. Licensing examination. [Any person who (1) if an applicant for licensure as an occupational

therapist, has attained a bachelor's degree and has graduated from an educational program accredited by the American Occupational Therapy Association, or has completed educational preparation deemed equivalent by the commissioner, or if an applicant for licensure as an occupational therapy assistant, has attained an associate degree or its equivalent and has graduated from an educational program approved by the American Occupational Therapy Association, or has completed educational preparation deemed equivalent by the commissioner, and (2) has successfully completed not less than twenty-four weeks of supervised field work experience in the case of an occupational therapy applicant or eight weeks of such field work in the case of an occupational therapy assistant applicant at a recognized educational institution or a training program approved by the educational institution where he met the academic requirements, and (3) has successfully completed an examination prescribed by the commissioner shall be eligible for licensure as an occupational therapist or assistant. An applicant who has practiced as an occupational therapy assistant for four years with a minimum of twenty-four weeks of supervised field experience and has earned a bachelor's degree shall be eligible for licensure as an occupational therapist, provided such applicant has successfully completed the examination for licensure not later than January 1, 1988. The department shall prescribe examinations for licensure and their passing scores.]

Any person applying for a license as an Occupational Therapist or as an Occupational Therapy Assistant shall demonstrate to the satisfaction of the commissioner that the applicant .

(1) has successfully completed the academic and fieldwork requirements of an educational program for Occupational Therapists or Occupational Therapy Assistants that is accredited by the American Occupational Therapy Association Accreditation Council for Occupational Therapy Education (ACOTE) or predecessor organizations or successor organizations;

(2) has passed a national certification examination approved by the National Board for Certification in Occupational Therapy (NBCOT) or predecessor /successor organizations; and

(3) is in good standing.

Sec. 20-74c. License by endorsement. Notwithstanding the provisions of section 20-74b, the commissioner may grant a license by endorsement to an occupational therapist or occupational therapy assistant who presents evidence satisfactory to the commissioner that the applicant is licensed or certified as an occupational therapist or occupational therapy assistant, or as a person entitled to perform similar services under a different designation, in another state or jurisdiction whose requirements for practicing in such capacity are substantially similar to those of this state. No license shall be issued under this section to any applicant against whom professional disciplinary action is pending or who is the subject of an unresolved complaint.

Sec. 20-74d. Temporary permit; practice pending examination results. The department may issue a temporary permit to an applicant who is a graduate of an educational program in occupational therapy who meets the educational and [field] fieldwork experience requirements of section 20-74b and has not yet taken the [licensure] certification examination. Such temporary permit shall authorize the holder to practice occupational therapy only under the direct supervision of a licensed occupational therapist and in a public, voluntary or proprietary facility. Such temporary permit shall be valid for a period not to exceed one hundred twenty calendar days after the date of application and shall not be renewable. Such permit shall become void and shall not be reissued in the event that

the applicant fails to pass such examination. The fee for a limited permit shall be fifty dollars.

Sec. 20-74e. Exempt activities. (a) Nothing in this chapter shall be construed as preventing or restricting the practice, services or activities of: (1) Any person licensed in this state by any other law from engaging in the profession or occupation for which [he] the person is licensed; (2) any person employed as an occupational therapist or occupational therapy assistant by the government of the United States, if such person provides occupational therapy solely under the direction or control of the organization by which [he] the person is employed and limits the use of such title to such employment; (3) any person pursuing a course of study leading to a degree or certificate in occupational therapy at an accredited or approved educational program if such activities and services constitute part of a supervised course of study and if such person is designated by a title which clearly indicates [his or her] their status as a student or trainee; or (4) any person fulfilling the supervised fieldwork experience requirements of section 20-74b if such activities and services constitute a part of the experience necessary to meet the requirements of that section.

(b) Any occupational therapist who is licensed or authorized to practice in another state, United States possession or country who is either in this state for the purposes of consultation, provided such practice is limited to such consultation for less than thirty days in a three-hundred-and-sixty-five-day year, or for conducting a teaching or clinical demonstration in Connecticut with a program of basic clinical education, graduate education or postgraduate education in an approved school of occupational therapy or its affiliated clinical facility or health care agency or before a group of licensed occupational therapists, provided such teaching demonstration is for less than thirty days in a three-hundred-and-sixty-five-day year, shall not be prohibited from such consultation or teaching by this chapter.

(c) No provision of this chapter shall be construed to prohibit physicians or qualified members of other licensed or legally recognized professions from using occupational therapy as part of or incidental to their profession, under the statutes applicable to their profession, except that such persons may not hold themselves out under the title occupational therapist, occupational therapy assistant, or as [performing] practicing occupational therapy.

Sec. 20-74f. Licensing fee. Use of title or designation. a) The department shall issue a license to any person who meets the requirements of this chapter upon payment of a license fee of two hundred dollars. Any person who is issued a license as an occupational therapist under the terms of this chapter may use the words “occupational therapist”, or “licensed occupational therapist”.-[or “occupational therapist registered” or such] Such person may use the letters [“O.T.”, “L.O.T.”, or O.T. R.] “OT”, “OT/L” ; or when also maintaining registration with the NBCOT, may use “occupational therapist registered” or “occupational therapist registered and licensed” “OTR” or “OTR/L” in connection with such person's name or place of business to denote such person's license and/or registration hereunder. Any person who is issued a license as an occupational therapy assistant under the terms of this chapter may use the words “occupational therapy assistant”, or licensed occupational therapy assistant. ~~or~~ Such person may use the letters ~~,~~[O.T.A., “L.O.T.A.”, or C. O.T.A.“OTA”], “OTA, or OTA/L”; or when also maintaining certification with the NBCOT, may use “certified occupational therapy assistant” or “certified and licensed occupational therapy assistant”, “COTA” or “COTA/L” in connection with such person's name or place of business to denote such person's license and/or registration thereunder. No person shall practice occupational therapy or hold [himself or herself] themselves out as an occupational therapist or an occupational therapy assistant, or as being able to practice occupational therapy or to render occupational therapy services in this state unless such person is licensed in accordance with the provisions of this chapter.

(b) No person, unless [registered] licensed under this chapter as an occupational therapist or an occupational therapy assistant or whose [registration] license has been suspended or revoked, shall use, in connection with such person's name or place of business the words “occupational therapist”, “licensed occupational therapist”, [“occupational therapist registered”,] “occupational therapist registered/licensed”, or “occupational therapy assistant”, “licensed occupational therapy assistant”, or “certified and licensed occupational therapy assistant”, or the letters, [“O.T.”,”L.O.T.”, “O.T.R.”, “O.T.A.”, “L.O.T.A.”, or “C.O.T.A.”, “OT”, “OT/L”, “OTR/L”] “OTA”, “OTA/L” or “COTA/L”or any words, letters, abbreviations or insignia indicating or implying that such person is an occupational therapist or an occupational therapy assistant or in any way, orally, in writing, in print or by sign, directly or by implication, represent [himself or herself] themselves as an occupational therapist or an occupational therapy assistant. Any person who violates the provisions of this section shall be guilty of a class D felony. For the purposes of this section, each instance of patient contact or consultation which is in violation of any provision of this chapter shall constitute a separate offense. Failure to renew a license in a timely manner shall not constitute a violation for the purposes of this section.

Sec. 20-74g. Disciplinary action against a licensee. Grounds. The commissioner may refuse to renew, suspend or revoke a license, or may impose probationary conditions, where the licensee or applicant for a license has been guilty of unprofessional conduct which has endangered or is likely to endanger the health, welfare or safety of the public. Such unprofessional conduct shall include: Obtaining a license by means of fraud, misrepresentation, or concealment of material facts; being guilty of unprofessional conduct as defined by the rules established by the commissioner, or violating the code of ethics adopted and published by the commissioner; being convicted of a crime other than minor offenses defined as “infractions”, “violations”, or “offenses” in any court if, in accordance with the provisions of section 46a-80, the acts for which the applicant or licensee was convicted are found by the commissioner to have a direct bearing on whether he should be entrusted to serve the public in the capacity of an occupational therapist or occupational therapy assistant. The clerk of any court in this state in which a person practicing occupational therapy has been convicted of any crime as described in this section shall, immediately after such conviction, transmit a certified copy, in duplicate, of the information and judgment, without charge, to the department containing the name and address of the occupational therapist or occupational therapy assistant, the crime of which [he has] they have been convicted and the date of conviction. The hearing on such charges shall be conducted in accordance with regulations adopted by the commissioner pursuant to section 20-74i. If any [registration] license is revoked or suspended, notification of such action shall be sent to the department. Any person aggrieved by a final decision of the commissioner may appeal therefrom in accordance with the provisions of section 4-183. Such appeal shall have precedence over nonprivileged cases in respect to order of trial. The Attorney General shall act as attorney in the public interest in defending against such an appeal. One year from the date of the revocation of a license, application for reinstatement may be made to the commissioner. The commissioner may accept or reject an application for reinstatement and may, but shall not be required to, hold a hearing to consider such reinstatement.

Sec. 20-74h. License renewal. Training or education requirement. Licenses for occupational therapists and occupational therapy assistants issued under this chapter shall be subject to renewal once every two years and shall expire unless renewed in the manner prescribed by regulation upon the payment of two times the professional services fee payable to the State Treasurer for class B as defined in section 33-182*l*, plus five dollars. The department shall notify any person or entity that fails to comply with the provisions of this section that the person's or entity's license shall become void ninety days after the time for its renewal unless it is so renewed. Any such license shall become void upon the expiration of such ninety-day period. The commissioner shall establish additional requirements for licensure renewal which provide evidence of continued [competency] competence, which, on and after January 1, 2022, shall include not less than two hours of training or education,

offered or approved by the Connecticut Occupational Therapy Association, a hospital or other licensed health care institution or a regionally accredited institution of higher education, on (1) screening for post-traumatic stress disorder, risk of suicide, depression and grief, and (2) suicide prevention training during the first renewal period and not less than once every six years thereafter. The requirement described in subdivision (2) of this section may be satisfied by the completion of the evidence-based youth suicide prevention training program administered pursuant to section 17a-52a. The holder of an expired license may apply for and obtain a valid license only upon compliance with all relevant requirements for issuance of a new license. A suspended license is subject to expiration and may be renewed as provided in this section, but such renewal shall not entitle the licensee, while the license remains suspended and until it is reinstated, to engage in the licensed activity, or in any other conduct or activity in violation of the order or judgment by which the license was suspended. If a license revoked on disciplinary grounds is reinstated, the licensee, as a condition of reinstatement, shall pay the renewal fee.

Sec. 20-74i. Regulations. The Commissioner of Public Health shall adopt rules and regulations, pursuant to chapter 54, establishing application and examination procedures, standards for acceptable examination performance, waiver of the examination requirement, continued **[**competency**]** competence and any other procedures or standards necessary for the administration of this chapter.

Draft

Substitute House Bill No. 6549
Public Act No. 11-209

AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S OVERSIGHT RESPONSIBILITIES RELATING TO SCOPE OF PRACTICE DETERMINATIONS FOR HEALTH CARE PROFESSIONS.

Be it enacted by the Senate and House of Representatives in General Assembly convened:
Section 1. (NEW) (*Effective July 1, 2011*) (a) Any person or entity, acting on behalf of a health care profession that seeks to establish a new scope of practice or change a profession's scope of practice, may submit a written scope of practice request to the Department of Public Health not later than August fifteenth of the year preceding the commencement of the next regular session of the General Assembly.
(b) (1) Any written scope of practice request submitted to the Department of Public Health pursuant to subsection (a) of this section shall include the following information:
(A) A plain language description of the request;

Request
We request an update to the *CT General Statutes Chapter 376a Occupational Therapists,* initially enacted in 1978, to bring the practice act into alignment with evolved definitions and practices as endorsed by the American Occupational Therapy Association (AOTA) and the National Board for Certification in Occupational Therapy (NBCOT). Highlights of proposed updates are listed below. Please refer to the draft for proposed updates.

Title

a. Revise Title: Change from *Occupational Therapists* (i.e., one of the professionals under this practice act) to *Occupational Therapy* (i.e., the profession) to lessen confusion and articulate that the practice act applies to occupational therapists and occupational therapy assistants in the practice of occupational therapy

Sec. 20-74a. Definitions.

b. Update Definition of Occupational Therapy: Define the *Practice of Occupational Therapy* to incorporate advancements in the profession, enhance public protection, ensure professionals are practicing with current knowledge and best practice, and better stand the test of time. The current Practice Act provides a broad definition of occupational therapy that has resulted in questioning what occupational therapy practitioners can and cannot do.
c. Update Definition of Occupational Therapy Assistant: Change wording to reflect current practice from "under the supervision of *or with consultation of* a licensed occupational therapist" to "under the supervision of *and in partnership with* a licensed occupational therapist".
d. Add *Good Standing* definition: This term *good standing* is used in the definitions of occupational therapist and occupational therapy assistant yet not defined. This term is used in other associations that occupational therapy practitioners might be members of. Having a definition that applies to licensure will lessen confusion.
e. Add *Occupation* definition: Occupation is central to the practice of occupational therapy, yet the term is frequently misconstrued by those outside the profession. Having a definition will help mitigate confusion.

Sec. 20-74b. Licensing examination.

f. Update Licensing Examination: With advancements in pre-service education and accreditation bodies, updates are recommended to lessen confusion and align with current standards and potential changes in the future.

Sec. 20-74c. License by endorsement.

g. No proposed changes

Sec. 20-74d. Temporary permit; practice pending examination results.

h. Change Terminology: Change *field* to *fieldwork* to align with the common term used in occupational therapy education. Change *licensure examination* to *certification examination* to clarify that occupational therapy practitioners must take and pass a national certification exam to earn their board certification.

Sec. 20-74e. Exempt activities.

i. Update Terminology: Change he, himself, or herself to *the person* or *their* to promote gender neutrality.
j. Update Terminology: "*performing* occupational therapy" to "*practicing* occupational therapy".
k. Add Occupational Therapy Assistant: "under the title occupational therapist, *occupational therapy assistant*, or *practicing* occupational therapy"

Sec. 20-74f. Licensing fee. Use of title or designation.

l. Update Designations: Credential designations in the current practice act grant use of registration and certification (i.e., R as in OTR; C as in COTA) that is outside the purview of state licensure. Registration and certification can only be granted and renewed by the National Board for Certification in Occupational Therapy.
m. Change Terminology: Change registration to *License* or *Licensure* to clarify that the Department of Public Health Practitioner Licensing & Investigations Section grants state licensure. The National Board for Certification of Occupational Therapy grants registration or certification.
n. Update Terminology: *Himself or herself* to *themselves* to promote gender neutrality.

Sec. 20-74g. Disciplinary action against a licensee. Grounds.

o. Add Occupational Therapy Assistant: "department containing the name and address of the occupational therapist *or occupational therapy assistant*"
p. Update Terminology: Change he to *they* to promote gender neutrality.
q. Change registration to *license* to clarify that the Department of Public Health Practitioner Licensing & Investigations Section grants state licensure. The National Board for Certification of Occupational Therapy grants registration or certification.

Sec. 20-74h. License renewal. Training or education requirement &
Sec. 20-74i. Regulations.

r. Change Terminology: Change competency to *competence* to support the capacity to practice occupational therapy (i.e., competence) versus only observable actions and behaviors that would be measured (i.e., competency). Continuing competence and lifelong learning of the practitioner benefits the consumer.

Sec. 20-74i. Regulations.

s. No proposed changes

(B) Public health and safety benefits that the requestor believes will be achieved should the request be implemented and, if applicable, a description of any harm to public health and safety should the request not be implemented;

Response
This update will provide clarification on the role of occupational therapy services across settings including health care, education, community, work, and more. Harm to public health exists in that without inclusionary language to the full scope of practice, readers interpret that areas of practice are excluded.

(C) The impact that the request will have on public access to health care;

Response
These updates will increase clients' access to services by providing the public, referral sources, and healthcare partners with a broader and distinct definition of the practice of occupational therapy. In turn, clients seeking occupational therapy services will have greater outcomes for engaging in meaningful and desired occupations (i.e., purposeful activities for health, well-being, and participation). These proposed updates also articulate occupational therapists' and occupational therapy assistants' scope of practice in current and new interventions, telehealth services, and in various traditional health care and education settings, as well as alternative work settings; thereby increasing availability and convenience for clients.

(D) A brief summary of state or federal laws that govern the health care profession making the request;

Response
Common State and Federal laws that govern the practice of occupational therapy include the following:

- CT Occupational Therapy Practice Act (1978)
- CT Telehealth Laws (2023)
- CT Medical Assistance Program
- State-Federal Medicaid Regulations
- Federal Education Laws
    - Individuals with Disabilities Education Act (2005)
    - Section 504 of the Rehabilitation Act (2008)
    - Every Student Succeeds Act (2015)
- Federal Privacy Laws
    - Health Insurance Portability and Accountability Act (1996)
    - Family Educational Rights and Privacy Act (1996)
- Code of Federal Regulations, Title 42 - Public Health, Chapter IV - Centers for Medicare & Medicaid Services, Department of Health and Human Services
- Social Security Act
- Americans with Disabilities Act
- Insurance laws (e.g., coverage of services)

(E) The state's current regulatory oversight of the health care profession making the request;

Response
CT Department of Public Health

(F) All current education, training and examination requirements and any relevant certification requirements applicable to the health care profession making the request;

Response
To practice as an Occupational Therapist or an Occupational Therapy Assistant, the person must successfully complete the academic and fieldwork requirements of an educational program for Occupational Therapists or Occupational Therapy Assistants that is accredited by the American Occupational Therapy Association Accreditation Council for Occupational Therapy Education (ACOTE) or predecessor organizations or successor organizations; and passed a national certification examination approved by the National Board for Certification in Occupational Therapy (NBCOT) or predecessor /successor organizations; and be in good standing.

Pre-service Education: Accreditation Council for Occupational Therapy Education (ACOTE; https://acoteonline.org/download/3751/)

Initial and Renewal Board Certification: National Board for Certification in Occupational Therapy (NBCOT; https://www.nbcot.org/)

(G) A summary of known scope of practice changes either requested or enacted concerning the health care profession in the five-year period preceding the date of the request;

Response
In the past 5 years, updates in AOTA's Occupational Therapy Practice Framework: Domain and Process have been published (currently in 4th edition). This document is up for renewal every 5 years to reflect evolving practice and articulate occupational therapy's distinct perspective and contribution to promoting the health and participation of persons, groups, and populations through engagement in occupation.

(H) The extent to which the request directly impacts existing relationships within the health care delivery system;

Response
Existing relationships within the health care delivery system are anticipated to strengthen and better define roles in interprofessional teams. Supervisors of occupational therapy personnel will have a clearer understanding of the full scope of practice. Healthcare systems will have inclusionary language to support reimbursement of occupational therapy services (e.g., dry needling services under CMAP: https://rb.gy/u9bsx). Professional development providers will have greater direction when developing continuing education content for occupational therapists and occupational therapy assistants.

(I) The anticipated economic impact of the request on the health care delivery system;

Response
It is expected that revisions will result in increased access to occupational therapy services that support the Triple Aim (i.e., improving clients' experience of care, improving health of populations, and reducing per capita cost of healthcare) across the continuum of care through health promotion, prevention-focused care, and intervention.

(J) Regional and national trends concerning licensure of the health care profession making the request and a summary of relevant scope of practice provisions enacted in other states;

Response
Given the trend of states establishing an OT Compact to facilitate interstate practice of occupational therapy, the proposed draft was proactively reviewed by representatives from AOTA's State Affairs and NBCOT's External and Regulatory Affairs who are actively involved with the OT Compact Project and active members of the Executive Committee of the OT Compact Commission.

Much of the wording in our proposed draft was drawn from the Model Practice Act (2023) developed and vetted by the American Occupational Therapy Association.

(K) Identification of any health care professions that can reasonably be anticipated to be directly impacted by the request, the nature of the impact and efforts made by the requestor to discuss the request with such health care professions; and

Response
State licensure of occupational therapy practitioners already exists so impact of other professions should be minimal. The following activities have occurred to gather feedback and ensure that proposed practice act changes do not infringe on other professions' scope of practice and do articulate the distinct practice of occupational therapy.

- 2018: Initial discussions with CT OT practitioners to examine pros and cons for revising the CT Occupational Therapy Practice Act
- 2018-2021: Reviewed different states' Practice Acts, AOTA's Model Practice Act, and definitions of occupational therapy
- 2018-2021: Gained input from ConnOTA led Scope of Practice committee that included CT OTs, OTAs, OT intern, and OT program professors
- 2021: Gained input from AOTA State Affairs staff on culmination of work
- 2018-present date: Apprised ConnOTA Government Affairs of progress along the way
- 2021: Held 2 Town Halls with CT OT practitioners to review status and gain input
- 2022: Requested review and obtained input from the National Board for Certification in Occupational Therapy (NBCOT) Senior Director, External & Regulatory Affairs
- 2022: Presented at ConnOTA Spring conference to gain input on the proposed draft
- 2022: Met with CT APTA representatives on 2 occasions to review proposed draft, engage in dialogue, and gain input on content. Feedback centered on the potential need to define the term occupation, clarification on the use of prescribed non-pharmacological and pharmacological therapeutic procedures, and clarification on manual therapy techniques distinct to the core focus of occupational therapy services. Iterative changes made to articulate occupational therapy's distinct role.
- 2023: Emailed professional association groups to schedule a meeting for the purposes of soliciting their input and addressing any concerns with the proposed draft. Contacts included Social Workers, School Psychologists, Speech Therapists, Behavior Analysis, Athletic Trainers, and Art Therapists.
- 2023: Met with Athletic Trainers. No expressed concerns regarding infringement on practice.
- 2023: Met with Social Workers. No expressed concerns regarding infringement on practice.
- 2023: Met with Music Therapists. No expressed concerns regarding infringement on practice.
- 2023: Virtual Town Hall Meeting on 07/11/2023 with Connecticut OT practitioners reviewing the history of the Practice Act revision project, providing an update on the project and the next steps, presenting the latest draft, and soliciting feedback on the proposed updates.

(L) A description of how the request relates to the health care profession's ability to practice to the full extent of the profession's education and training.

Response
This proposed update better defines the current and evolved practice of occupational therapy and recognizes potential for evolving practice trends, changes, and updates in continuing education and in the domain and process of occupational therapy.

(2) In lieu of submitting a scope of practice request as described in subdivision (1) of this subsection, any person or entity acting on behalf of a health care profession may submit a request for an exemption from the processes described in this section and section 2 of this act. A request for exemption shall include a plain language description of the request and the reasons for the request for exemption, including, but not limited to: (A) Exigent

circumstances which necessitate an immediate response to the scope of practice request, (B) the lack of any dispute concerning the scope of practice request, or (C) any outstanding issues among health care professions concerning the scope of practice request can easily be resolved. Such request for exemption shall be submitted to the Department of Public Health not later than August fifteenth of the year preceding the commencement of the next regular session of the General Assembly.

Response
Not requesting an exemption.

Due diligence has been conducted across the past 5 years including the following:
town hall meetings with CT occupational therapists and occupational therapy assistants, drafting proposed recommendations, outreaching to other state professional associations, gathering input from AOTA Governance Affairs and the National Board for Certification in Occupational Therapy, following trends that present barriers to occupational therapy services, and reviewing AOTA Official Documents.

(c) In any year in which a scope of practice request is received pursuant to this section, not later than September fifteenth of the year preceding the commencement of the next regular session of the General Assembly, the Department of Public Health, within available appropriations, shall: (1) Provide written notification to the joint standing committee of the General Assembly having cognizance of matters relating to public health of any health care profession that has submitted a scope of practice request, including any request for exemption, to the department pursuant to this section; and (2) post any such request, including any request for exemption, and the name and address of the requestor on the department's web site.

(d) Any person or entity, acting on behalf of a health care profession that may be directly impacted by a scope of practice request submitted pursuant to this section, may submit to the department a written statement identifying the nature of the impact not later than October first of the year preceding the next regular session of the General Assembly. Any such person or entity directly impacted by a scope of practice request shall indicate the nature of the impact taking into consideration the criteria set forth in subsection (b) of this section and shall provide a copy of the written impact statement to the requestor. Not later than October fifteenth of such year, the requestor shall submit a written response to the department and any person or entity that has provided a written impact statement. The requestor's written response shall include, but not be limited to, a description of areas of agreement and disagreement between the respective health care professions.

Sec. 2. (NEW) (*Effective July 1, 2011*) (a) On or before November first of the year preceding the commencement of the next regular session of the General Assembly, the Commissioner of Public Health shall, within available appropriations allocated to the department, establish and appoint members to a scope of practice review committee for each timely scope of practice request submitted to the department pursuant to section 1 of this act. Committees established pursuant to this section shall consist of the following members: (1) Two members recommended by the requestor to represent the health care profession making the scope of practice request; (2) two members recommended by each person or entity that has submitted a written impact statement pursuant to subsection (d) of section 1 of this act, to represent the health care professions directly impacted by the scope of practice request; and (3) the Commissioner of Public Health or the commissioner's designee, who shall serve as an ex-officio, nonvoting member of the committee. The Commissioner of Public Health or the commissioner's designee shall serve as the chairperson of any such committee. The Commissioner of Public Health may appoint additional members to any committee established pursuant to this section to include representatives from health care professions having a proximate relationship to the underlying request if the commissioner or the commissioner's designee determines that such expansion would be beneficial to a resolution of the issues presented. Any member of such committee shall serve without compensation.
(b) Any committee established pursuant to this section shall review and evaluate the scope of practice request, subsequent written responses to the request and any other information the committee deems relevant to the scope of practice request. Such review and evaluation shall include, but not be limited to, an assessment of any public

health and safety risks that may be associated with the request, whether the request may enhance access to quality and affordable health care and whether the request enhances the ability of the profession to practice to the full extent of the profession's education and training. The committee, when carrying out the duties prescribed in this section, may seek input on the scope of practice request from the Department of Public Health and such other entities as the committee determines necessary in order to provide its written findings as described in subsection (c) of this section.
(c) The committee, upon concluding its review and evaluation of the scope of practice request, shall provide its findings to the joint standing committee of the General Assembly having cognizance of matters relating to public health. The committee shall provide the written findings to said joint standing committee not later than the February first following the date of the committee's establishment. The committee shall include with its written findings all materials that were presented to the committee for review and consideration during the review process. The committee shall terminate on the date that it submits its written findings to said joint standing committee.
Sec. 3. (NEW) (*Effective July 1, 2011*) On or before January 1, 2013, the Commissioner of Public Health shall evaluate the processes implemented pursuant to sections 1 and 2 of this act and report to the joint standing committee of the General Assembly having cognizance of matters relating to public health, in accordance with the provisions of section 11-4a of the general statutes, on the effectiveness of such processes in addressing scope of practice requests. Such report may also include recommendations from the committee concerning measures that could be implemented to improve the scope of practice review process.
Approved July 13, 2011

Appendix C: Impact Statements

Northwest Nurse Practitioner Group
Lynn Rapsilber DNP APRN ANP-BC FAANP

September 15, 2023
Sara Montauti, MPH
Connecticut Department of Public Health
Healthcare Quality Safety Branch
Practitioner Licensing and Investigations Section
410 Capitol Avenue, MS#12HSR P.O. Box 340308
Hartford, CT 06134

Dear Ms. Montauti,

My name is Lynn Rapsilber DNP APRN ANP-BC FAANP and I am a nurse practitioner representing the Northwest Nurse Practitioner (NP) Group. This group is part of the Connecticut Coalition of Advanced Practice Nurses representing all the nursing population focused groups in the state. I am writing this response to the scope of practice request submitted on behalf of the Occupational Therapy Association.

CT Occupational Therapy Association requests an update to the CT General Statutes Chapter 376a Occupational Therapists, initially enacted in 1978, to bring the practice act into alignment with evolved definitions and practices as endorsed by the American Occupational Therapy Association (AOTA) and the National Board for Certification in Occupational Therapy (NBCOT)

The Northwest NP Group wishes to be part of the discussion regarding the points articulated in the Occupational Therapy Association scope of practice request document.

Realizing there is a shortage of health care providers now and in the future, scrutiny of scope of practice requests become paramount. While access to care for the residents of Connecticut is of utmost importance, unwavering regard for patient safety should not be compromised. With the residents of Connecticut at the forefront, a scope request review focuses on the education, training, licensure, current climate of practice in relationship to other states, permitting an examination of the evidence buttressing such a request.

There are aspects of this request which are of interest to APRNS as well. We welcome a discussion as to the change surrounding supervision vs consultation and what that looks like.
A thorough review performed by a convened scope of practice committee can determine, through evidence presented, whether the Occupational Therapy Association scope of practice change is meritorious and should proceed. Northwest NP Group respectfully requests an opportunity to discuss this request further.

Sincerely,
Lynn Rapsilber
Lynn Rapsilber DNP APRN ANP-BC FAANP
Northwest NP Group
253 Fairlawn Drive
Torrington, CT 06790

lrapsilber@gmail.com

MEMORANDUM

TO: Sara Montauti (sara.montauti@ct.gov)
Healthcare Quality and Safety Branch
Practitioner Licensing and Investigations
Connecticut Department of Public Health

FROM: Karen Buckley, Vice President, Advocacy

DATE: September 11, 2023

SUBJECT: Impact Statement – Scope of Practice Request – Connecticut Occupational Therapy Association

The Connecticut Hospital Association (CHA), a trade association representing 27 acute care hospitals in Connecticut, submits this impact statement, in accordance with Chapter 368a of the Connecticut General Statutes, in response to the scope of practice change requested by the Connecticut Occupational Therapy Association. The changes requested would modify the current statutes and make modifications to the scope of practice for Occupational Therapist Assistants relating to supervision or collaboration.

The proposed changes would affect the healthcare delivery system in Connecticut, and potentially across the region. Connecticut hospitals employ or utilize a significant number of licensed healthcare professionals including physicians, advanced practice registered nurses, physician assistants, and other allied health professionals. The request will impact the delivery of care to hospital patients and require hospital policies and procedures to be changed.

If the Department appoints a Scope of Practice Review Committee, CHA respectfully requests an appointment to the Committee.

KMB:ljs
By E-mail
Cc: Andy Markowski

Good Afternoon Sara,

I am writing on behalf of the American Physical Therapy Association of Connecticut. We anticipate being directly affected by the following Scope of Practice Requests for the 2024 Legislative Session. We believe these requests will change how healthcare is utilized and accessed in Connecticut, as well as impact Physical Therapists relationships with referral sources, as such, we respectively request to be included in the committee for the Scope of Practice requests below.

- Occupational Therapy
- Physician Assistant

Many thanks,

- Tom

Tom Kassan, DPT

Chair, Public Policy Committee, APTA CT

Appendix D

Responses to Impact Statements

Tom,
Sara forwarded your message indicating interest in being included for discussions should the CT OT Scope of Practice revisions move forward. We welcome your inclusion and future discussions.
All the best,
Joyce

Joyce E Rioux, EdD, OTR/L, SCSS, FAOTA
ConnOTA Chair of Government Affairs

Karen,
Thank you for emailing and composing the CHA letter to express interest in being included in discussions should our OT Scope of Practice review advance. We look forward to any future discussions to ensure the practice act is written in a manner that benefits the consumer and protects the public.
Once again thank you,
Joyce

Joyce E Rioux, EdD, OTR/L, SCSS, FAOTA
ConnOTA Chair of Government Affairs

Lynn,
I'm not confident that we have connected via email. Sara forwarded your letter expressing interest in being part of the conversation as we explore the request for our OT scope of practice changes. We are grateful that you want to be part of the conversation and look forward to the discussions.
With much appreciation.
Joyce

Joyce E Rioux, EdD, OTR/L, SCSS, FAOTA
ConnOTA Chair of Government Affairs

Appendix E

Committee Membership

Review Committee	*Email*
Connecticut Occupational Therapy Association (ConnOTA)	
Judi Sheehan, OTR/L	josotr@aol.com
Joyce Rioux, EdD, OTR/L, SCSS, FAOTA	jrioux@crec.org
Connecticut Physical Therapy Association (CTAPTA)	
Tom Kassan, DPT	tom.kassan@ptsmc.com
Joseph Grabicki, DPT, OCS	Joseph.Grabicki@hhchealth.org
Connecticut Hospital Association (CHA)	
Karen Buckley	buckley@chime.org
Brian Cournoyer	cournoyer@chime.org
Northwest Nurse Practitioner Group	
Lynn Rapsilber, DNP APRN ANP-BC FAANP	lrapsilber@gmail.com

Appendix F

AOTA Guidelines Supervision

Guidelines for Supervision, Roles, and Responsibilities During the Delivery of Occupational Therapy Services

This document is a set of guidelines describing the supervision, roles, and responsibilities of occupational therapy practitioners. Intended for both internal and external audiences, it also provides an outline of the roles and responsibilities of occupational therapists, occupational therapy assistants, and occupational therapy aides during the delivery of occupational therapy services.

General Supervision

These guidelines provide a definition of supervision and outline parameters regarding effective supervision as it relates to the delivery of occupational therapy services. The guidelines themselves cannot be interpreted to constitute a standard of supervision in any particular locality. Occupational therapists, occupational therapy assistants, and occupational therapy aides are expected to meet applicable state or jurisdictional and federal regulations, adhere to relevant workplace and payer policies and to the *Occupational Therapy Code of Ethics (2015)* (American Occupational Therapy Association [AOTA], 2015), and participate in ongoing professional development activities to maintain continuing competence.

Within the scope of occupational therapy practice, supervision is a process aimed at ensuring the safe and effective delivery of occupational therapy services and fostering professional competence and professional development. In addition, in these guidelines, *supervision* is viewed as a cooperative process in which two or more people participate in a joint effort to establish, maintain, and/or elevate competence and performance. Supervision is based on mutual understanding between the supervisor and the supervisee about each other's education, experience, credentials, and competence. The supervisory relationship and supervisory process provide education and support, foster growth and development, promote effective utilization of resources, and encourage creativity and innovation.

Supervision of Occupational Therapists and Occupational Therapy Assistants

Occupational Therapists

Based on their education and training, occupational therapists, after initial certification and relevant state licensure or other governmental requirements, are autonomous practitioners who are able to deliver occupational therapy services independently. Occupational therapists are responsible for all aspects of occupational therapy service delivery and are accountable for the safety and effectiveness of occupational therapy services and the service delivery process. Occupational therapists are encouraged to seek peer supervision,

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interprofessional collaboration, and mentoring to promote their ongoing professional development and to ensure they are using best practice approaches in the delivery of occupational therapy services.

Occupational Therapy Assistants

Based on their education and training, occupational therapy assistants, after completing initial certification and meeting state or jurisdictional regulatory requirements, receive supervision from an occupational therapist when delivering occupational therapy services. Occupational therapy assistants deliver occupational therapy services within a supervisory relationship and in partnership with occupational therapists.

General Principles

1. Occupational therapists and occupational therapy assistants are equally responsible for developing a collaborative plan for supervision. The occupational therapist is ultimately responsible for the implementation of appropriate supervision, but the occupational therapy assistant also has a responsibility to seek and obtain appropriate supervision.
2. To ensure safe and effective occupational therapy services, it is the responsibility of occupational therapy practitioners to recognize when they require peer supervision or mentoring that supports current and advancing levels of competence and professional development.
3. The specific frequency, methods, and content of supervision may vary depending on the client (person, group, or population) and on the
   a. Complexity of client needs,
   b. Number and diverse needs of the client,
   c. Knowledge and skill levels of the occupational therapist and the occupational therapy assistant,
   d. Type of practice setting,
   e. Service delivery approach,
   f. Requirements of the practice setting,
   g. Payer requirements, and
   h. Other regulatory requirements.
4. More frequent supervision of the occupational therapy assistant may be necessary when
   a. The needs of the client and the occupational therapy process are complex, diverse, and changing or
   b. The occupational therapist and occupational therapy assistant collaborate and determine that additional supervision is necessary to ensure safe and effective delivery of occupational therapy services.
5. A variety of types and methods of supervision apply to occupational therapy practice settings. Methods can include, but are not limited to, direct face-to-face contact and indirect contact. Examples of methods or types of supervision that involve direct face-to-face contact include observation, modeling, demonstration with a client, discussion, teaching, and instruction. Examples of methods or types of supervision that involve indirect contact include phone and virtual interactions, telehealth, written correspondence, and other forms of secure electronic exchanges.
6. Occupational therapists and occupational therapy assistants must abide by facility, state or jurisdictional, and payer requirements regarding the documentation of a supervision plan and supervision contacts. Documentation may include the following information:
   a. Frequency of supervisory contact
   b. Methods or types of supervision
   c. Content areas addressed
   d. Evidence to support areas of practice and levels of competence applicable to the setting
   e. Names and credentials of the persons participating in the supervisory process.

Roles and Responsibilities of Occupational Therapists and Occupational Therapy Assistants

Overview of the Occupational Therapy Process

The focus of occupational therapy is to assist the client in "achieving health, well-being, and participation in life through engagement in occupation" (AOTA, 2020). Occupational therapy addresses the needs and goals of the client related

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to engagement in areas of occupation, and the profession's domain consists of occupations, contexts, performance patterns, performance skills, and client factors that may influence participation in various areas of occupation.

The occupational therapist must be directly involved in the delivery of services during the initial evaluation and regularly throughout the course of intervention planning, implementation, and review and outcome evaluation.

1. The occupational therapy assistant delivers safe and effective occupational therapy services under the supervision of and in partnership with the occupational therapist.
2. It is the responsibility of the occupational therapist to determine when to delegate responsibilities to an occupational therapy assistant. It is the responsibility of the occupational therapy assistant who performs the delegated responsibilities to demonstrate service competence and to not accept delegated responsibilities that go beyond the legal and professional scope or beyond the demonstrated skill and competence of the occupational therapy assistant.
3. The occupational therapist and the occupational therapy assistant demonstrate and document service competence for clinical and professional reasoning and judgment during the service delivery process and for the performance of specific assessments, techniques, and interventions used.
4. When delegating aspects of occupational therapy services, the occupational therapist considers the following factors:
   a. Complexity of the client's condition and needs
   b. Knowledge, skill, and competence of the occupational therapy assistant
   c. Nature and complexity of the intervention
   d. Needs and requirements of the practice setting
   e. Appropriate scope of practice of the occupational therapy assistant within the boundaries of jurisdictional regulations, payment source requirements, and other requirements.

Roles and Responsibilities

Regardless of the setting in which occupational therapy services are delivered, occupational therapists and occupational therapy assistants assume the following general responsibilities during the evaluation process, the intervention process, and the process of targeting and evaluating outcomes.

Evaluation

1. The occupational therapist directs the evaluation process.
2. The occupational therapist is responsible for directing all aspects of the initial contact during the occupational therapy evaluation, including
   a. Determining the need for service,
   b. Defining the problems within the domain of occupational therapy to be addressed,
   c. Determining the client's goals and priorities,
   d. Establishing intervention priorities,
   e. Determining specific further assessment needs, and
   f. Determining specific assessment tasks that can be delegated to the occupational therapy assistant.
3. The occupational therapist initiates and directs the evaluation, interprets the data, and develops the intervention plan.
4. The occupational therapy assistant contributes to the evaluation process by implementing delegated assessments and by providing verbal and written reports of assessments, analysis of performance, and client capacities to the occupational therapist.
5. The occupational therapist interprets the information provided by the occupational therapy assistant and integrates that information into the evaluation and decision-making process.

Intervention Planning

1. The occupational therapist has overall responsibility for the development of the occupational therapy intervention plan.
2. The occupational therapist and the occupational therapy assistant collaborate with the client to develop the plan.
3. The occupational therapy assistant is responsible for understanding evaluation results and providing input

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into the intervention plan on the basis of client needs and priorities.

Intervention Implementation

1. The occupational therapist has overall responsibility for intervention implementation.
2. When delegating aspects of the occupational therapy intervention to the occupational therapy assistant, the occupational therapist is responsible for providing appropriate supervision.
3. The occupational therapy assistant is responsible for understanding and supporting the client's occupational therapy goals.
4. The occupational therapy assistant, in collaboration with the occupational therapist, selects, implements, and makes modifications to occupational therapy interventions consistent with demonstrated competence levels, client goals, and the requirements of the practice setting, including payment source requirements.

Intervention Review

1. The occupational therapist is responsible for determination of the need to continue, modify, or discontinue occupational therapy services.
2. The occupational therapy assistant contributes to this process by exchanging information with and providing documentation to the occupational therapist about the client's responses to and communications during intervention.

Outcomes

1. The occupational therapist is responsible for the selection, measurement, and interpretation of outcomes related to the client's ability to engage in occupations.
2. The occupational therapy assistant is responsible for being knowledgeable about the client's targeted occupational therapy outcomes and for providing information and documentation related to outcome achievement.
3. The occupational therapy assistant may implement outcome measurements and provide needed resources for transition or discharge.

Service Delivery Outside of Occupational Therapy Practice Settings

The education and expertise of occupational therapists and occupational therapy assistants prepare them for employment in arenas other than those typically related to the delivery of occupational therapy. In these other arenas, supervision of the occupational therapy assistant may be provided by non–occupational therapy professionals, or supervisory relationships may not be applicable when the occupational therapy assistant is a sole proprietor.

1. The guidelines of the setting, regulatory agencies, and funding sources may direct the supervision requirements.
2. The occupational therapist and occupational therapy assistant should obtain and use credentials or job titles commensurate with their roles in these other employment arenas.
3. The following sources can be used to determine whether the services provided are related to the delivery of occupational therapy:
   a. State or jurisdictional practice acts
   b. Regulatory agency standards and rules
   c. Payment and reimbursement sources
   d. *Occupational Therapy Practice Framework: Domain and Process* (4th ed.; AOTA, 2020) and other AOTA official documents
   e. Written or verbal concurrence among the occupational therapist, the occupational therapy assistant, the client, and the agency or payer about the services provided.

Supervision of Occupational Therapy Aides

An *aide,* as the term is used in occupational therapy practice, is an individual who provides supportive services to the occupational therapist and the occupational therapy assistant. Aides do not provide skilled occupational therapy services. An aide is trained by an occupational therapist or an occupational therapy assistant to perform specifically delegated tasks. The occupational

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therapist is responsible for the overall use and actions of the aide. An aide first must demonstrate competence before performing assigned, delegated client-related and non–client-related tasks.

1. The occupational therapist oversees the development, documentation, and implementation of a plan to supervise and routinely assess the ability of the occupational therapy aide to carry out client-related and non–client-related tasks. The occupational therapy assistant may contribute to the development, documentation, and implementation of this plan.
2. The occupational therapy assistant can serve as the direct supervisor of the aide.
3. *Non–client-related tasks* include clerical activities and preparation of the work area or equipment.
4. *Client-related tasks* are routine tasks during which the aide may interact with the client. The following factors must be present when an occupational therapist or occupational therapy assistant delegates a selected client-related task to the aide:
    a. The outcome anticipated for the delegated task is predictable.
    b. The client's condition and the environment are stable and will not require that judgment, interpretations, or adaptations be made by the aide.
    c. The client has demonstrated previous performance ability in executing the task.
    d. The task routine and process have been clearly established.
5. When delegating client-related tasks, the supervisor must ensure that the aide
    a. Is trained and able to demonstrate competence in carrying out the selected task and using related equipment, if appropriate;
    b. Has been instructed on how specifically to carry out the delegated task with the specific client;
    c. Knows the precautions, signs, and symptoms for the particular client that would indicate the need to seek assistance from the occupational therapist or occupational therapy assistant; and
    d. Is not used to perform billable functions that are prohibited by the payment source of the client being served.
6. The supervision of the aide needs to be documented (e.g., orientation checklist, performance review, skills checklist, in-service participation). Documentation includes information about the frequency and methods of supervision used, the content of supervision, and the names and credentials of all persons participating in the supervisory process.

Summary

These guidelines are designed to define and delineate the professional roles of occupational therapy practitioners. The guidelines also address supervision when occupational therapy practitioners provide services in arenas outside typical occupational therapy practice settings. It is expected that occupational therapy services are delivered in accordance with applicable state or jurisdictional and federal regulations, relevant workplace policies, the *Occupational Therapy Code of Ethics (2015)* (AOTA, 2015), and continuing competence and professional development guidelines. For information regarding the supervision of occupational therapy students, refer to *Fieldwork Level 2 and Occupational Therapy Students* (AOTA, 2018).

References

American Occupational Therapy Association. (2015). Occupational therapy code of ethics (2015). *American Journal of Occupational Therapy*, *69*(Suppl. 3), 6913410030. https://doi.org/10.5014/ajot.2015.696S03

American Occupational Therapy Association. (2018). Fieldwork level II and occupational therapy students. *American Journal of Occupational Therapy*, *72*(Suppl. 2), 7212410020. https://doi.org/10.5014/ajot.2018.72S205

American Occupational Therapy Association. (2020). Occupational therapy practice framework: Domain and process (4th ed.). *American Journal of Occupational Therapy*, *74*(Suppl. 2), 7412410010. https://doi.org/10.5014/ajot.2020.74S2001

Additional Reading

American Occupational Therapy Association. (2015). Standards for continuing competence. *American Journal of Occupational Therapy*, *69*(Suppl. 3), 6913410055. https://doi.org/10.5014/ajot.2015.696S16

American Occupational Therapy Association. (2015). Standards of practice for occupational therapy. *American Journal of Occupational Therapy*, *69*(Suppl. 3), 6913410057. https://doi.org/10.5014/ajot.2015.696S06

American Occupational Therapy Association. (2018). Guidelines for documentation of occupational therapy. *American Journal of Occupational Therapy*, *72*(Suppl. 2), 7212410010. https://doi.org/10.5014/ajot.2018.72S203

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Appendix G

AOTA Position Statement

Occupational Therapy Scope of Practice

Statement of Purpose

The purpose of this document is to

A. Define the scope of practice in occupational therapy by
   1. Delineating the domain of occupational therapy practice and services provided by occupational therapists and occupational therapy assistants,
   2. Delineating the dynamic process of occupational therapy evaluation and intervention services used to achieve outcomes that support the participation of clients[1] in everyday life occupations, and
   3. Describing the education and certification requirements needed to practice as an occupational therapist and occupational therapy assistant;

B. Provide a model definition of occupational therapy to promote uniform standards and professional mobility across state occupational therapy statutes and regulations; and

C. Inform consumers, health care providers, educators, the community, funding agencies, payers, referral sources, and policymakers regarding the scope of occupational therapy.

Introduction

The occupational therapy scope of practice is based on the American Occupational Therapy Association (AOTA) documents *Occupational Therapy Practice Framework: Domain and Process* (4th ed.; AOTA, 2020c) and the *Philosophical Base of Occupational Therapy* (AOTA, 2017), which states that "the use of occupation to promote individual, family, community, and population health is the core of occupational therapy practice, education, research, and advocacy" (p. 1). Occupational therapy is a dynamic and evolving profession that is responsive to consumer and societal needs, to system changes, and to emerging knowledge and research.

Although this document may be a resource to use with state statutes and regulations that govern the practice of occupational therapy, it does not supersede existing laws and other regulatory requirements.

[1]"The clients of occupational therapy are typically classified as persons (including those involved in care of a client), groups (collections of individuals having shared characteristics or a common or shared purpose; e.g., family members, workers, students, people with similar interests or occupational challenges), and populations (aggregates of people with common attributes such as contexts, characteristics, or concerns, including health risks)"; Scaffa & Reitz, 2014, as quoted in AOTA, 2020c, p. 2).

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Occupational therapists and occupational therapy assistants are required to abide by relevant statutes and regulations when providing occupational therapy services. State statutes and other regulatory requirements typically include statements about educational requirements to be eligible for licensure as an occupational therapy practitioner, procedures to practice occupational therapy legally within the defined area of jurisdiction, the definition and scope of occupational therapy practice, and supervision requirements for occupational therapy assistants.

It is the position of AOTA that a referral is not required for the provision of occupational therapy services; however, laws and payment policies generally affect referrals for such services. AOTA's position is also that "an occupational therapist accepts and responds to referrals in compliance with state or federal laws, other regulatory and payer requirements, and AOTA documents" (AOTA, 2015b, Standard II.2, p. 3). State laws and other regulatory requirements should be viewed as minimum criteria to practice occupational therapy. A *Code of Ethics* and related standards of conduct ensure safe and effective delivery of occupational therapy services (AOTA, 2020a). Policies of payers such as public and private insurance companies also must be followed.

Occupational therapy services may be provided by two levels of practitioners: (1) the occupational therapist and (2) the occupational therapy assistant, as well as by occupational therapy students under appropriate supervision (AOTA, 2018). Occupational therapists function as autonomous practitioners, are responsible for all aspects of occupational therapy service delivery, and are accountable for the safety and effectiveness of the occupational therapy service delivery process.

The occupational therapy assistant delivers occupational therapy services only under the supervision of and in partnership with the occupational therapist (AOTA, 2020b). When the term *occupational therapy practitioner* is used in this document, it refers to both occupational therapists and occupational therapy assistants (AOTA, 2015a).

Definition of Occupational Therapy

The *Occupational Therapy Practice Framework: Domain and Process* (4th ed.; AOTA, 2020c) defines *occupational therapy* as

> therapeutic use of everyday life occupations with persons, groups, or populations (i.e., clients) for the purpose of enhancing or enabling participation. Occupational therapy practitioners use their knowledge of the transactional relationship among the client, their engagement in valuable occupations, and the context to design occupation-based intervention plans. Occupational therapy services are provided for habilitation, rehabilitation, and promotion of health and wellness for clients with disability- and non–disability-related needs. Services promote acquisition and preservation of occupational identity for those who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction. (p. 80)

Exhibit 1 contains the model definition of occupational therapy for the AOTA (2021) Model Occupational Therapy Practice Act in a format that will be used to assert the scope of practice of occupational therapy for state regulation. States are encouraged to adopt this language in their practice acts because it reflects the contemporary occupational therapy scope of practice.

Scope of Practice: Domain and Process

The scope of practice includes the domain and process of occupational therapy services. These two concepts are intertwined, with the *domain* (Exhibit 2) defining the focus of occupational therapy and the *process* (Exhibit 3) defining the delivery of occupational therapy.

The *domain* of occupational therapy includes the everyday life occupations that people find meaningful and purposeful; aspects of the domain are presented in Exhibit 2. Within this domain, occupational therapy services enable clients to participate in their everyday life occupations in their desired roles, contexts, and life situations.

Clients may be persons, groups, or populations. The domain of occupational therapy consists of the following occupations in which clients engage throughout the life course (AOTA, 2020c, pp. 30–34, Table 2):

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- ADLs (activities oriented toward taking care of one's own body and completed on a routine basis; e.g., bathing, feeding, dressing)
- IADLs (activities to support daily life within the home and community that often require complex interactions; e.g., household management, financial management, child care)
- Health management (activities related to developing, managing, and maintaining health and wellness routines, including self-management, with the goal of improving or maintaining health to support participation in other occupations; e.g., medication management, social and emotional health promotion and maintenance)
- Rest and sleep (activities relating to obtaining restorative rest and sleep, including identifying the need for rest and sleep, preparing for sleep, and participating in rest and sleep)
- Education (activities needed for learning and participating in the educational environment)
- Work (activities for engaging in employment or volunteer activities with financial and nonfinancial benefits)
- Play (activities that are intrinsically motivated, internally controlled, and freely chosen)
- Leisure (nonobligatory and intrinsically motivated activities during discretionary time)
- Social participation (activities that involve social interaction with others and support social interdependence).

Within their domain of practice, occupational therapists and occupational therapy assistants consider the repertoire of occupations in which the client engages, the contexts influencing engagement, the performance patterns and skills the client uses, the demands of the occupation, and the client's body functions and structures. Occupational therapy practitioners use their knowledge and skills, including therapeutic use of self, to help clients conduct or resume daily life occupations that support function and health throughout the lifespan. Participation in occupations that are meaningful to the client involves emotional, psychosocial, cognitive, and physical aspects of performance. Participation in meaningful occupations enhances health, well-being, and life satisfaction.

The domain of occupational therapy practice complements the World Health Organization's (2008) conceptualization of *participation* and *health* articulated in the *International Classification of Functioning, Disability and Health* (*ICF*). Occupational therapy incorporates the basic constructs of the *ICF,* including context, participation, activities, and body structures and functions, in interventions to enable full participation in occupations and maximize occupational engagement.

The *process* of occupational therapy refers to the delivery of services and includes evaluating, intervening, and targeting of outcomes, as detailed in Exhibit 3. Occupation remains central to the occupational therapy process, which is client centered, involving collaboration with the client throughout each aspect of service delivery. There are many service delivery approaches, including direct (e.g., providing individual services in person, leading a group session, interacting with clients and families through telehealth systems) and indirect (services on the client's behalf; e.g., consultation to teachers, multidisciplinary teams, and community planning agencies), and services can be delivered at the person, group, or population level. This process includes the following key components:

- Evaluation and intervention may address one or more aspects of the domain that influence occupational performance.
- During the evaluation, the occupational therapist develops an occupational profile; analyzes the client's ability to carry out everyday life activities; and determines the client's occupational needs, strengths, barriers to participation, and priorities for intervention.
- Intervention includes planning and implementing occupational therapy services, including education and training, advocacy, group interventions, and virtual interventions. The occupational therapist and occupational therapy assistant in partnership with the client use occupation-based theories, frames of reference, evidence, and clinical reasoning to guide the intervention (AOTA, 2020c).

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Exhibit 1. Definition of Occupational Therapy for Use in State Regulations

The practice of occupational therapy means the therapeutic use of everyday life occupations with persons, groups, or populations (clients) to support occupational performance and participation. Occupational therapy practice includes clinical reasoning and professional judgment to evaluate, analyze, and diagnose occupational challenges (e.g., issues with client factors, performance patterns, and performance skills) and provide occupation-based interventions to address them. Occupational therapy services include habilitation, rehabilitation, and the promotion of physical and mental health and wellness for clients with all levels of ability-related needs. These services are provided for clients who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction. Through the provision of skilled services and engagement in everyday activities, occupational therapy promotes physical and mental health and well-being by supporting occupational performance in people with, or at risk of experiencing, a range of developmental, physical, and mental health disorders.

The practice of occupational therapy includes the following components:

A. Evaluation of factors affecting activities of daily living (ADLs), instrumental activities of daily living (IADLs), health management, rest and sleep, education, work, play, leisure, and social participation, including
   1. Contexts (environmental and personal factors) and occupational and activity demands that affect performance
   2. Performance patterns, including habits, routines, roles, and rituals
   3. Performance skills, including motor skills (e.g., moving oneself or moving and interacting with objects), process skills (e.g., actions related to selecting, interacting with, and using tangible task objects), and social interaction skills (e.g., using verbal and nonverbal skills to communicate)
   4. Client factors, including body functions (e.g., neuromuscular, sensory, visual, mental, psychosocial, cognitive, pain factors), body structures (e.g., cardiovascular, digestive, nervous, integumentary, genitourinary systems; structures related to movement), values, beliefs, and spirituality.

B. Methods or approaches to identify and select interventions, such as
   1. Establishment, remediation, or restoration of a skill or ability that has not yet developed, is impaired, or is in decline
   2. Compensation, modification, or adaptation of occupations, activities, and contexts to improve or enhance performance
   3. Maintenance of capabilities to prevent decline in performance in everyday life occupations
   4. Health promotion and wellness to enable or enhance performance in everyday life activities and quality of life
   5. Prevention of occurrence or emergence of barriers to performance and participation, including injury and disability prevention

C. Interventions and procedures to promote or enhance safety and performance in ADLs, IADLs, health management, rest and sleep, education, work, play, leisure, and social participation, for example,
   1. Therapeutic use of occupations and activities
   2. Training in self-care, self-management, health management (e.g., medication management, health routines), home management, community and work integration, school activities and work performance
   3. Identification, development, remediation, or compensation of physical, neuromusculoskeletal, sensory–perceptual, emotional regulation, visual, mental, and cognitive functions; pain tolerance and management; praxis; developmental skills; and behavioral skills
   4. Education and training of persons, including family members, caregivers, groups, populations, and others
   5. Care coordination, case management, and transition services
   6. Consultative services to persons, groups, populations, programs, organizations, and communities
   7. Virtual interventions (e.g., simulated, real-time, and near-time technologies, including telehealth and mobile technology)
   8. Modification of contexts (environmental and personal factors in settings such as home, work, school, and community) and adaptation of processes, including the application of ergonomic principles
   9. Assessment, design, fabrication, application, fitting, and training in seating and positioning, assistive technology, adaptive devices, and orthotic devices, and training in the use of prosthetic devices
   10. Assessment, recommendation, and training in techniques to enhance functional mobility, including fitting and management of wheelchairs and other mobility devices
   11. Exercises, including tasks and methods to increase motion, strength, and endurance for occupational participation
   12. Remediation of and compensation for visual deficits, including low vision rehabilitation
   13. Driver rehabilitation and community mobility
   14. Management of feeding, eating, and swallowing to enable eating and feeding performance

(*Continued*)

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Exhibit 1. Definition of Occupational Therapy for Use in State Regulations (*cont'd*)

15. Application of physical agent and mechanical modalities and use of a range of specific therapeutic procedures (e.g., wound care management; techniques to enhance sensory, motor, perceptual, and cognitive processing; manual therapy techniques) to enhance performance skills
16. Facilitating the occupational participation of persons, groups, or populations through modification of contexts (environmental and personal) and adaptation of processes
17. Efforts directed toward promoting occupational justice and empowering clients to seek and obtain resources to fully participate in their everyday life occupations
18. Group interventions (e.g., use of dynamics of group and social interaction to facilitate learning and skill acquisition across the life course).

Source. From American Occupational Therapy Association. (2021). *Definition of occupational therapy practice for the AOTA Model Practice Act*, p. 1. Available at https://www.aota.org/Advocacy-Policy/State-Policy/Resource-Factsheets.aspx
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- The outcomes of occupational therapy intervention are directed toward "achieving health, well-being, and participation in life through engagement in occupations" (AOTA, 2020c, p. 5). Outcomes of the intervention determine future actions with the client and include occupational performance, improvement, enhancement, prevention (of risk factors, disease, and disability), health and wellness, quality of life, participation, role competence, well-being, and occupational justice (AOTA, 2020c). "*Occupational adaptation*, or the client's effective and efficient response to occupational and contextual demands, is interwoven through all of these outcomes" (AOTA, 2020c, p. 26).

Sites of Intervention and Areas of Focus

Occupational therapy services are provided to clients across the life course. Practitioners work in collaboration with clients to address occupational needs and issues in areas such as mental health; work and industry; participation in education; rehabilitation, disability, and participation; productive aging; and health and wellness.

Along the continuum of service, occupational therapy services are provided to clients in a variety of settings, such as

- Institutional (inpatient) settings (e.g., acute care, rehabilitation facilities, psychiatric hospitals, community and specialty-focused hospitals, nursing facilities, prisons),

Exhibit 2. Aspects of the Domain of Occupational Therapy

All aspects of the occupational therapy domain transact to support engagement, participation, and health. This exhibit does not imply a hierarchy.

Occupations	Contexts	Performance Patterns	Performance Skills	Client Factors
Activities of daily living (ADLs) Instrumental activities of daily living (IADLs) Health management Rest and sleep Education Work Play Leisure Social participation	Environmental factors Personal factors	Habits Routines Roles Rituals	Motor skills Process skills Social interaction skills	Values, beliefs, and spirituality Body functions Body structures

Source. From American Occupational Therapy Association. (2020). Occupational therapy practice framework: Domain and process (4th ed.). *American Journal of Occupational Therapy, 74*(Suppl. 2), 7412410010, p. 7. https://doi.org/10.5014/ajot.2020.74S2001
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Exhibit 3. Operationalizing the Occupational Therapy Process
Ongoing interaction among evaluation, intervention, and outcomes occurs throughout the occupational therapy process.

Evaluation
Occupational Profile • Identify the following: ◦ Why is the client seeking services, and what are the client's current concerns relative to engaging in occupations and in daily life activities? ◦ In what occupations does the client feel successful, and what barriers are affecting their success in desired occupations? ◦ What is the client's occupational history (i.e., life experiences)? ◦ What are the client's values and interests? ◦ What aspects of their contexts (environmental and personal factors) does the client see as supporting engagement in desired occupations, and what aspects are inhibiting engagement? ◦ How are the client's performance patterns supporting or limiting occupational performance and engagement? ◦ What are the client's patterns of engagement in occupations, and how have they changed over time? ◦ What client factors does the client see as supporting engagement in desired occupations, and what aspects are inhibiting engagement (e.g., pain, active symptoms)? ◦ What are the client's priorities and desired targeted outcomes related to occupational performance, prevention, health and wellness, quality of life, participation, role competence, well-being, and occupational justice? Analysis of Occupational Performance • The analysis of occupational performance involves one or more of the following: ◦ Synthesizing information from the occupational profile to determine specific occupations and contexts that need to be addressed ◦ Completing an occupational or activity analysis to identify the demands of occupations and activities on the client ◦ Selecting and using specific assessments to measure the quality of the client's performance or performance deficits while completing occupations or activities relevant to desired occupations, noting the effectiveness of performance skills and performance patterns ◦ Selecting and using specific assessments to measure client factors that influence performance skills and performance patterns ◦ Selecting and administering assessments to identify and measure more specifically the client's contexts and their impact on occupational performance. Synthesis of Evaluation Process • This synthesis may include the following: ◦ Determining the client's values and priorities for occupational participation ◦ Interpreting the assessment data to identify supports and hindrances to occupational performance ◦ Developing and refining hypotheses about the client's occupational performance strengths and deficits ◦ Considering existing support systems and contexts and their ability to support the intervention process ◦ Determining desired outcomes of the intervention ◦ Creating goals in collaboration with the client that address the desired outcomes ◦ Selecting outcome measures and determining procedures to measure progress toward the goals of intervention, which may include repeating assessments used in the evaluation process.
Intervention
Intervention Plan • Develop the plan, which involves selecting ◦ Objective and measurable occupation-based goals and related time frames; ◦ Occupational therapy intervention approach or approaches, such as create or promote, establish or restore, maintain, modify, or prevent; and ◦ Methods for service delivery, including what types of intervention will be provided, who will provide the interventions, and which service delivery approaches will be used.

(*Continued*)

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Exhibit 3. Operationalizing the Occupational Therapy Process (*cont'd*)

Evaluation

• Consider potential discharge needs and plans.
• Make recommendations or referrals to other professionals as needed.
 	
Intervention Implementation
• Select and carry out the intervention or interventions, which may include the following:
  ◦ Therapeutic use of occupations and activities
  ◦ Interventions to support occupations
  ◦ Education
  ◦ Training
  ◦ Advocacy
  ◦ Self-advocacy
  ◦ Group intervention
  ◦ Virtual interventions.
• Monitor the client's response through ongoing evaluation and reevaluation.
 	
Intervention Review
• Reevaluate the plan and how it is implemented relative to achieving outcomes.
• Modify the plan as needed.
• Determine the need for continuation or discontinuation of services and for referral to other services.

Outcomes

Outcomes
• Select outcome measures early in the occupational therapy process (see the "Evaluation" section of this table) on the basis of theirproperties:
  ◦ Valid, reliable, and appropriately sensitive to change in clients' occupational performance
  ◦ Consistent with targeted outcomes
  ◦ Congruent with the client's goals
  ◦ Able to predict future outcomes.
• Use outcome measures to measure progress and adjust goals and interventions by
  ◦ Comparing progress toward goal achievement with outcomes throughout the intervention process and
  ◦ Assessing outcome use and results to make decisions about the future direction of intervention (e.g., continue, modify, transition, discontinue, provide follow-up, refer for other service).

Source. From American Occupational Therapy Association. (2020). Occupational therapy practice framework: Domain and process (4th ed.). *American Journal of Occupational Therapy, 74*(Suppl. 2), 7412410010, p. 16. https://doi.org/10.5014/ajot.2020.74S2001
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- Outpatient settings (e.g., hospitals, clinics, medical and therapy offices),
- Home and community settings (e.g., residences, group homes, assisted living, schools, early intervention centers, day care centers, industry and business, hospice, homeless shelters, transitional living facilities, wellness and fitness centers, community mental health facilities, public and private transportation agencies, park districts, work sites), and
- Research facilities.

Education and Certification Requirements

To practice as an occupational therapist, the individual trained in the United States

- Has graduated from an occupational therapy program accredited by the Accreditation Council for Occupational Therapy Education (ACOTE®; 2018) or predecessor organizations;

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- Has successfully completed a period of supervised fieldwork experience required by the recognized educational institution where the applicant met the academic requirements of an educational program for occupational therapists that is accredited by ACOTE or predecessor organizations;
- Has passed a nationally recognized entry-level examination for occupational therapists; and
- Fulfills state requirements for licensure, certification, or registration.

To practice as an occupational therapy assistant, the individual trained in the United States

- Has graduated from an occupational therapy assistant program accredited by ACOTE or predecessor organizations;
- Has successfully completed a period of supervised fieldwork experience required by the recognized educational institution where the applicant met the academic requirements of an educational program for occupational therapy assistants that is accredited by ACOTE or predecessor organizations;
- Has passed a nationally recognized entry-level examination for occupational therapy assistants; and
- Fulfills state requirements for licensure, certification, or registration.

AOTA supports licensure of qualified occupational therapists and occupational therapy assistants (AOTA, 2016). State and other legislative or regulatory agencies may impose additional requirements to practice as occupational therapists and occupational therapy assistants in their area of jurisdiction.

References

Accreditation Council for Occupational Therapy Education. (2018). 2018 Accreditation Council for Occupational Therapy Education (ACOTE®) standards and interpretive guide (effective July 31, 2020). *American Journal of Occupational Therapy*, *72*(Suppl. 2), 7212410005. https://doi.org/10.5014/ajot.2018.72S217

American Occupational Therapy Association. (2015a). Policy A.23: Categories of occupational therapy personnel and students. In *Policy manual (2019 ed., pp.* 26–27).

American Occupational Therapy Association. (2015b). Standards of practice for occupational therapy. *American Journal of Occupational Therapy*, *69*(Suppl. 3), 6913410057. https://doi.org/10.5014/ajot.2015.696S06

American Occupational Therapy Association. (2016). Policy E.9: Licensure. In *Policy manual (2019 ed., pp.* 66–67).

American Occupational Therapy Association. (2017). Philosophical base of occupational therapy. *American Journal of Occupational Therapy*, *71*(Suppl. 2), 7112410045. https://doi.org/10.5014/ajot.716S06

American Occupational Therapy Association. (2018). Fieldwork Level II and occupational therapy students. *American Journal of Occupational Therapy*, *72*(Suppl. 2), 7212410020. https://doi.org/10.5014/ajot.2018.72S205

American Occupational Therapy Association. (2020a). AOTA 2020 occupational therapy code of ethics. *American Journal of Occupational Therapy*, *74*(Suppl. 3), 7413410005. https://doi.org/10.5014/ajot.2020.74S3006

American Occupational Therapy Association. (2020b). Guidelines for supervision, roles, and responsibilities during the delivery of occupational therapy services. *American Journal of Occupational Therapy*, *74*(Suppl. 3), 7413410020. https://doi.org/10.5014/ajot.2020.74S3004

American Occupational Therapy Association. (2020c). Occupational therapy practice framework: Domain and process (4th ed.). *American Journal of Occupational Therapy*, *74*(Suppl. 2), 7412410010. https://doi.org/10.5014/ajot.2020.74S2001

American Occupational Therapy Association. (2021). *Definition of occupational therapy practice for the AOTA Model Practice Act* Available at https://www.aota.org/Advocacy-Policy/State-Policy/Resource-Factsheets.aspx

World Health Organization. (2008). *International classification of functioning, disability and health.*

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Edited by the Commission on Practice, 2010 and 2014

Edited by the Commission on Practice, 2021

Julie Dorsey, OTD, OTR/L, CEAS, FAOTA, *Chairperson*

Adopted by the Representative Assembly Coordinating Council (RACC) for the Representative Assembly, 2021

Note. This document replaces the 2014 document *Scope of Practice*, previously published and copyrighted in 2014 by the American Occupational Therapy Association in the *American Journal of Occupational Therapy, 68*(Suppl. 3), S34–S40. https://doi.org/10.5014/ajot.2014.686S04

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Appendix H

AOTA Model Occupational Therapy Practice Act

MODEL OCCUPATIONAL THERAPY PRACTICE ACT

The Model Occupational Therapy Practice Act (Model Practice Act) has been developed by the State Affairs Group of the American Occupational Therapy Association, in collaboration with the Commission on Practice for use by state occupational therapy associations or state regulatory boards interested in developing or revising legislation to regulate the practice of Occupational Therapy. The Model Practice Act also includes the definition of Occupational Therapy, which is approved by the Representative Assembly Coordinating Committee (RACC) on behalf of the Representative Assembly (RA) and is included in the Scope of Practice Official Document[1]. The current definition was approved in 2021.

The Model Practice Act must be reviewed and carefully adapted to comply with a state's legislative requirements and practices. It must also be adapted to reflect a state's administrative and regulatory laws and other legal procedures. The Model Practice Act leaves blanks or indicates alternatives in brackets when further detail needs to be considered or when adaptions are especially necessary. The term "state" is used throughout the document for ease of reading. Other jurisdictions, such as the District of Columbia and Puerto Rico, will need to modify the language accordingly.

[1] American Occupational Therapy Association. (2021). Occupational therapy scope of practice. *American Journal of Occupational Therapy, 75*(Suppl. 3), 7513410030. https://doi.org/10.5014/ajot.2021.75S3005

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Article I. General Provisions

1.01 Title [Title should conform to state requirements. The following is suggested for appropriate adaptation.]

An Act providing for the licensure of Occupational Therapists and Occupational Therapy Assistants; for a Board of Occupational Therapy practice and its powers and duties; and for related purposes.

1.02 Short Title

This Act shall be known and may be cited as the "Occupational Therapy Practice Act."

1.03 Legislative Intent and Purpose

The Legislature finds and declares that the Occupational Therapy Practice Act is enacted to safeguard public health, safety, and welfare; to protect the public from incompetent, unethical, or unauthorized persons; to assure a high level of professional conduct on the part of Occupational Therapists and Occupational Therapy Assistants; and to assure the availability of high quality Occupational Therapy services to persons in need of such services. It is the purpose of this Act to provide for the regulation of persons representing themselves as Occupational Therapists or as Occupational Therapy Assistants, or performing services that constitute Occupational Therapy.

1.04 Definitions

(1) "Act" means the Occupational Therapy Practice Act.
(2) "Aide" means a person who is not licensed by the Board and who provides supportive services to Occupational Therapists and Occupational Therapy Assistants. An Aide shall function only under the guidance, responsibility, and supervision of the licensed Occupational Therapist or an Occupational Therapy Assistant who is appropriately supervised by an Occupational Therapist. An Aide does not provide occupational therapy services. An Aide must first demonstrate competence before performing assigned, delegated, client related and non–client related tasks.
(3) "Association" means the ________ State Occupational Therapy Association.
(4) "Board" means the __________ State Board of Occupational Therapy.
(5) "Good Standing" means the individual's license is not currently suspended or revoked by any State regulatory entity.
(6) "Continuing Competence" means the process in which an occupational therapist or occupational therapy assistant develops and maintains the knowledge, critical reasoning, interpersonal skills, performance skills, and ethical practice necessary to perform their occupational therapy responsibilities.
(7) "The Practice of Occupational Therapy" means the therapeutic use of everyday life occupations with persons, groups, or populations (clients) to support occupational performance and participation. Occupational therapy practice includes clinical reasoning and professional judgment to evaluate, analyze, and diagnose occupational challenges (e.g., issues with client factors, performance patterns, and performance skills) and provide occupation-based interventions to address them. Occupational therapy services include habilitation, rehabilitation, and the promotion of physical and mental health and wellness for clients with all levels of ability-related needs. These services are provided for clients who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction. Through the provision of skilled services and engagement in everyday activities, occupational therapy promotes physical and mental health and well-being by supporting occupational performance in people with, or at risk of experiencing, a range of developmental,

physical, and mental health disorders. The practice of occupational therapy includes the following components:

a) Evaluation of factors affecting activities of daily living (ADLs), instrumental activities of daily living (IADLs), health management, rest and sleep, education, work, play, leisure, and social participation, including
    1. Context (environmental and personal factors) and occupational and activity demands that affect performance
    2. Performance patterns including habits, routines, roles, and rituals
    3. Performance skills, including motor skills (e.g., moving oneself or moving and interacting with objects), process skills (e.g., actions related to selecting, interacting with, and using tangible task objects), and social interaction skills (e.g., using verbal and nonverbal skills to communicate)
    4. Client factors, including body functions (e.g., neuromuscular, sensory, visual, mental, psychosocial, cognitive, pain factors), body structures (e.g., cardiovascular, digestive, nervous, integumentary, and genitourinary systems; structures related to movement), values, and spirituality
b) Methods or approaches to identify and select interventions, such as
    1. Establishment, remediation, or restoration of a skill or ability that has not yet developed, is impaired, or is in decline
    2. Compensation, modification, or adaptation of occupations, activities, and contexts to improve or enhance performance
    3. Maintenance of capabilities to prevent decline in performance in everyday life occupations
    4. Health promotion and wellness to enable or enhance performance in everyday life activities and quality of life
    5. Prevention of occurrence or emergence of barriers to performance and participation, including injury and disability prevention
c) Interventions and procedures to promote or enhance safety and performance in ADLs, IADLs, health management, rest and sleep, education, work, play, leisure, and social participation, for example:
    1. Therapeutic use of occupations and activities
    2. Training in self-care, self-management, health management (e.g., medication management, health routines), home management, community/work integration, school activities, and work performance
    3. Identification, development, remediation, or compensation of physical, neuromusculoskeletal, sensory–perceptual, emotional regulation, visual, mental, and cognitive functions; pain tolerance and management; praxis; developmental skills; and behavioral skills
    4. Education and training of persons, including family members, caregivers, groups, populations, and others
    5. Care coordination, case management, and transition services
    6. Consultative services to persons, groups, populations, programs, organizations, and communities
    7. Virtual interventions (e.g., simulated, real-time, and near-time technologies, including telehealth and mobile technology)
    8. Modification of contexts (environmental and personal factors in settings such as home, work, school, and community) and adaptation of processes, including the application of ergonomic principles

9. Assessment, design, fabrication, application, fitting, and training in seating and positioning, assistive technology, adaptive devices, and orthotic devices, and training in the use of prosthetic devices
10. Assessment, recommendation, and training in techniques to enhance functional mobility, including fitting and management of wheelchairs and other mobility devices
11. Exercises, including tasks and methods to increase motion, strength, and endurance for occupational participation
12. Remediation of and compensation for visual deficits, including low vision rehabilitation
13. Driver rehabilitation and community mobility
14. Management of feeding, eating, and swallowing to enable eating and feeding performance
15. Application of physical agent and mechanical modalities and use of a range of specific therapeutic procedures (e.g., wound care management; techniques to enhance sensory, motor, perceptual, and cognitive processing; manual therapy techniques) to enhance performance skills
16. Facilitating the occupational participation of persons, groups, or populations through modification of contexts (environmental and personal) and adaptation of processes
17. Efforts directed toward promoting occupational justice and empowering clients to seek and obtain resources to fully participate in their everyday life occupations
18. Group interventions (e.g., use of dynamics of group and social interaction to facilitate learning and skill acquisition across the life course).

(8) “Occupational Therapist” means a person licensed to practice Occupational Therapy under this Act. The Occupational Therapist is responsible for and directs the evaluation process, develops the intervention plan, and provides occupational therapy services.

(9) “Occupational Therapy Assistant” means a person licensed to assist in the practice of Occupational Therapy under this Act and who shall work under the appropriate supervision of and in partnership with an Occupational Therapist.

(10) “Person” means any individual, partnership, unincorporated organization, limited liability entity, or corporate body, except that only an individual may be licensed under this Act.

(11) “Supervision” means a collaborative process for responsible, periodic review and inspection of all aspects of occupational therapy services. The Occupational Therapist is accountable for occupational therapy services provided by the Occupational Therapy Assistant and the Aide. In addition, the Occupational Therapy Assistant is accountable for occupational therapy services they provide. Within the scope of occupational therapy practice, supervision is aimed at ensuring the safe and effective delivery of occupational therapy services and fostering professional competence and development.

(12) “Telehealth” means the application of evaluation, consultative, preventative, and therapeutic services delivered through information and communication technology.

Article II. Board of Occupational Therapy

2.01 Board Created

There is hereby established the __________ Board of Occupational Therapy hereafter referred to as the Board, which shall be responsible for the implementation and enforcement of this Act.

2.02 Board Composition

(1) The Board shall be composed of at least five individuals appointed by the Governor.
(2) At least two members shall be licensed as Occupational Therapists in this state.
(3) At least one member shall be an Occupational Therapy Assistant licensed in this state.
(4) At least two members shall be representatives of the public with an interest in the rights of consumers of health and wellness services (public member) and a representative of healthcare or education (consumer member).

2.03 Qualifications

(1) Public and Consumer Members must reside in this state for at least 5 years immediately preceding their appointment. Public members and consumer members shall understand or be willing to learn the specific responsibilities of the Board; be willing to learn about and develop contacts with major community service, civic, consumer, public service, religious, and other organizations in their state that have an interest in health care delivery and health care policy, including organizations that represent disadvantaged communities, rural, and non-English speaking populations; and have a track record of advocacy related to furthering consumer interests, especially in the area of health care. Public and consumer members may not be or have ever been Occupational Therapists or Occupational Therapy Assistants or in training to become an Occupational Therapist or Occupational Therapy Assistant. Public and consumer members may not be related to or have a household member who is an Occupational Therapist or an Occupational Therapy Assistant. The consumer member shall have knowledge of the profession of occupational therapy through personal experience. The public member shall have knowledge of the profession of occupational therapy through professional experience in health care reimbursement, regulatory, or policy arenas.
(2) Occupational Therapy and Occupational Therapy Assistant members must be licensed consistent with state law and reside in the state for at least 5 years, or have a privilege to practice through the Occupational Therapy Licensure Compact, and have been engaged in: rendering occupational therapy services to the public; teaching; consultation; or research in occupational therapy for at least 5 years, including the 3 years immediately preceding their appointment.
(3) No member shall be a current officer, Board member, or employee of a statewide organization established for the purpose of advocating for the interests of persons licensed under this Act.

2.04 Appointments

(1) Within 90 days after the enactment of this Act, the first Board shall be appointed by the Governor from a list of names submitted by the State Occupational Therapy Association and from nominations submitted by interested organizations or persons in the state.
(2) Each subsequent appointment shall be made from recommendations submitted by the State Occupational Therapy Association or from recommendations submitted by other interested organizations or persons in the state.

2.05 Terms

(1) Appointments to the Board shall be for a period of 3 years, except for the initial appointments which shall be staggered terms of 1, 2, and 3 years. Members shall serve until the expiration of the term for which they have been appointed or until their successors have been appointed to serve on the Board. No member may serve more than two consecutive 3-year terms or for six consecutive years.

(2) Terms shall begin on the first day of the calendar year and end on the last day of the calendar year or until successors are appointed, except for the first appointed members who shall serve through the last calendar day of the year in which they are appointed, before commencing the terms prescribed by this section.

2.06 Vacancies
In the event of a vacancy in the office of a member of the Board other than by expiration of a term, the Governor shall appoint a qualified person to fill the vacancy for the unexpired term.

2.07 Removal of Board Members
The Governor or the Board may remove a member of the Board for incompetence, professional misconduct, conflict of interest, or neglect of duty after written notice and opportunity for a hearing. The Board shall be responsible for defining the standards for removal for regulation.

2.08 Compensation of Board Members
Members of the Board shall receive no compensation for their services, but shall be entitled to reasonable reimbursement for travel and other expenses incurred in the execution of their powers and duties.

2.09 Administrative Provisions
(1) The Board may employ and discharge an Administrator and such officers and employees as it deems necessary, and shall determine their duties in accordance with [applicable State statute].
(2) [This subsection should be used to include administrative detail covering revenues and expenditures, authentication and preservation of documents, promulgation of rules and regulations, etc., in accordance with prevailing state practice, and to the extent that such detail is not already taken care of in state laws of general applicability.]

2.10 Meetings
(1) The Board shall, at the first meeting of each calendar year, select a Chairperson and conduct other appropriate business.
(2) At least three additional meetings shall be held before the end of each calendar year.
(3) Other meetings, including telecommunication conference meetings, may be convened at the call of the Chairperson or the written request of two of more Board members.
(4) A majority of the members of the Board shall constitute a quorum for all purposes. The quorum must include at least one Occupational Therapist.
(5) The Board shall conduct its meetings and keep records of its proceedings in accordance with the provisions of the Administrative Procedure Act of this state.
(6) All Board meetings and hearings shall be open to the public. The Board may, in its discretion and according to the state's Administrative Procedures Act [or other comparable statute], conduct any portion of its meetings or hearings in executive session, closed to the public.
(7) The Board shall develop and implement policies that provide the public with a reasonable opportunity to appear before the Board and to speak on any issue under Board jurisdiction.

2.11 Powers and Duties

(1) The Board shall, in accordance with the Administrative Procedures Act, perform all lawful functions consistent with this Act, or otherwise authorized by state law including that it shall:
  a. Administer, coordinate, and enforce the provisions of this Act;
  b. Evaluate applicants' qualifications for licensure in a timely manner;
  c. Establish licensure fees and issue, renew, or deny licenses;
  d. Issue subpoenas, examine witnesses, and administer oaths;
  e. Investigate allegations of practices violating the provisions of this Act;
  f. Make, adopt, amend, and repeal such rules as may be deemed necessary by the Board from time to time for the proper administration and enforcement of this Act;
  g. Conduct hearings and keep records and minutes;
  h. Establish a system for giving the public, including its regulated profession, reasonable advance notice of all open Board and committee meetings. Emergency meetings, including telephone or other telecommunication conference meetings, shall be held in accordance with applicable Administrative Procedures Act provisions;
  i. Communicate disciplinary actions to relevant state and federal authorities, the National Board for Certification in Occupational Therapy (NBCOT), the American Occupational Therapy Association (AOTA) Ethics Commission, and to other State OT licensing authorities;
  j. Publish at least annually Board rulings, opinions, and interpretations of statutes or rules in order to guide persons regulated by this Act; and
  k. Establish a system for tracking the amount of time the Board takes to issue an initial license or licensure renewal to an applicant.

(2) No member of the Board shall be civilly liable for any act or failure to act performed in good faith in the performance of his or her duties as prescribed by law.

2.12 Training of New Members

The Board shall conduct and new members shall attend a training program designed to familiarize new members with their duties. A training program for new members shall be held as needed.

Article III. Licensing and Examination

3.01 Requirements for Licensure

An applicant applying for a license as an Occupational Therapist or as an Occupational Therapy Assistant shall file a written application provided by the Board, demonstrating to the satisfaction of the Board that the applicant

(1) Is in good standing as defined in Section 1.04;

(2) Has successfully completed the minimum academic requirements of an educational program for Occupational Therapists or Occupational Therapy Assistants that is accredited by the American Occupational Therapy Association's Accreditation Council for Occupational Therapy Education (ACOTE) or predecessor organizations;

(3) Has successfully completed a minimum period of supervised fieldwork experience required by the recognized educational institution where the applicant met the academic requirements described in Section 3.03 (2); and

(4) Has passed an examination administered by the National Board for Certification in Occupational Therapy (NBCOT), a predecessor organization, or another nationally recognized credentialing body as approved by the Board.

3.02 Internationally Educated Applicants

An Occupational Therapist who is a graduate of a school of occupational therapy that is located outside of the United States and its territories shall:

(1) Complete occupational therapy education programs (including fieldwork requirements) that are deemed comparable by the credentialing body recognized by the state occupational therapy regulatory board or agency to entry-level occupational therapy education programs in the United States.
(2) Fulfill examination requirement described in section 3.01(4).

3.03 Limited Permit

(1) A limited permit to practice occupational therapy may be granted to a person who has completed the academic and fieldwork requirements for Occupational Therapist of this Act and has not yet taken or received the results of the entry-level certification examination. This permit shall be valid for __ months and shall allow the person to practice occupational therapy under the direction and appropriate supervision of an Occupational Therapist licensed under this Act. This permit shall expire when the person is issued a license under Section 3.01or if the person is notified that they did not pass the examination. The limited permit may not be renewed.
(2) A limited permit to assist in the practice of occupational therapy may be granted to a person who has completed the academic and fieldwork requirements of Occupational Therapy Assistant of this Act and has not yet taken or received the results of the entry-level certification examination. This permit shall be valid for __ months and shall allow the person to practice occupational therapy under the direction and appropriate supervision of an Occupational Therapist licensed under this Act. This permit shall expire when the person is issued a license under Section 3.01 or if the person is notified that they did not pass the examination. The limited permit may not be renewed.

3.04 Temporary License

An applicant who is currently licensed and in good standing to practice in another jurisdiction and meets the requirements for licensure by endorsement may obtain a temporary license while the application is being processed by the Board.

3.05 Issuance of License

The Board shall issue a license to any person who meets the requirements of this Act, as described in sections 3.01 or 3.02, upon payment of the prescribed license fee as described in Section 3.09.

3.06 Renewal of License

(1) Any license issued under this Act shall be subject to annual [biennial] renewal and shall expire unless renewed in the manner prescribed by the rules and regulations of the Board.
(2) The Board shall prescribe by rule continuing competence requirements as a condition for renewal of licensure.
(3) The Board may provide late renewal of a license upon the payment of a late fee in accordance with its rules and regulations.
(4) Licensees are granted a grace period of 30 days after the expiration of their licenses in which to renew retroactively if they meet statutory requirements for renewal and pay to the Board the renewal fee and any late fee set by the Board.

(5) A suspended license is subject to expiration and may be renewed as provided in this Act, but such renewal shall not entitle the licensee, while the license remains suspended and until it is reinstated, to engage in the licensed activity, or in any other conduct or activity in violation of the order of judgement by which the license was suspended.
(6) A license revoked on disciplinary grounds may not be renewed or restored.

3.07 Inactive License

(1) Upon request, the Board shall grant inactive status to a licensee who is in good standing and maintains continuing competence requirements established by the Board, and
    a. Does not practice during such "inactive" period as an Occupational Therapist or an Occupational Therapy Assistant, and
    b. Does not during such "inactive" period hold themselves out as an Occupational Therapist or an Occupational Therapy Assistant.

3.08 Re-entry

(1) Reentering Occupational Therapists and Occupational Therapy Assistants are individuals who have previously practiced in the field of occupational therapy and have not engaged in the practice of occupational therapy for a minimum of 24 months.
(2) Occupational Therapists and Occupational Therapy Assistants who are seeking re-entry must fulfill re-entry requirements as prescribed by the Board in regulations.

3.09 Fees

(1) Consistent with the Administrative Procedures Act, the Board shall prescribe, and publish in the manner established by its rules, fees in amounts determined by the Board for the following:
    a. Initial license fee
    b. Renewal of license fee
    c. Late renewal fee
    d. Limited permit fee
    e. Temporary license fee
    f. Any other fees it determines appropriate.
(2) These fees shall be set in such an amount as to reimburse the state, to the extent feasible, for the cost of the services rendered.

Article IV. Regulation of Practice

4.01 Unlawful Practice

(1) No person shall practice occupational therapy or assist in the practice of occupational therapy or provide occupational therapy services or hold themselves as an Occupational Therapist or Occupational Therapy Assistant, or as being able to practice occupational therapy or assist in the practice of occupational therapy or provide occupational therapy services in this state unless they are licensed under the provisions of this Act.
(2) It is unlawful for any person not licensed as an Occupational Therapist in this state or whose license is suspended or revoked to use in connection with their name or place of business in this state, the words "Occupational Therapist," "licensed Occupational Therapist," "Doctor of Occupational Therapy," or the professional abbreviations "O.T.," "O.T.L.," "M.O.T.," "O.T.D.," "M.O.T./L.," "O.T.D./L." or any word, title, letters, or designation that implies that the person practices or is authorized to practice occupational therapy.

(3) It is unlawful for any person not licensed as an Occupational Therapy Assistant in this state or whose license is suspended or revoked to use in connection with their name or place of business in this state, the words “Occupational Therapy Assistant,” “licensed Occupational Therapy Assistant,” or the professional abbreviations “O.T.A.” or “O.T.A./L.,” or use any word, title, letters, or designation that implies that the person assists in, or is authorized to assist in, the practice of occupational therapy as an Occupational Therapy Assistant.

4.02 Exemptions

This Act does not prevent or restrict the practice, service, or activities of:

(1) Any person licensed or otherwise regulated in this state by any other law from engaging in their profession or occupation as defined in the Practice Act under which they are licensed.
(2) Any person pursuing a course of study leading to a degree in occupational therapy at an accredited educational program, if that person is designated by a title that clearly indicates their status as a student and if they act under appropriate instruction and supervision.
(3) Any person fulfilling the supervised fieldwork experience requirements of Section 3.01 of this Act, if the experience constitutes a part of the experience necessary to meet the requirement of that section and they act under appropriate supervision.
(4) Any person fulfilling a supervised or mentored occupational therapy doctoral capstone experience.
(5) An Occupational Therapist or Occupational Therapy Assistant who is authorized to practice occupational therapy in any jurisdiction, if they practice occupational therapy in this state for the purpose of education, consulting, or training, for the duration of the purpose, as preapproved by the Board;

4.03 Titles and Designations

(1) A licensed Occupational Therapist may use the words “occupational therapist,” “licensed occupational therapist,” or any words, title, letters, or other appropriate designation that indicates licensure, including but not limited to OT or OT/L, MOT/L, MSOT/L, and OTD/L that identifies the person as a licensed Occupational Therapist in connection with:
    a. Their name or place of business; and
    b. Any activity, practice, or service, so long as they are at all times in conformance with the requirements of this Act when providing occupational therapy services.
(2) A licensed Occupational Therapy Assistant may use the words “occupational therapy assistant,” “licensed occupational therapy assistant,” or any word, title, letters, or other appropriate designation that indicates licensure including, but not limited to OTA or OTA/L that identifies the person as a licensed Occupational Therapy Assistant in connection with:
    a. Their name or place of business; and
    b. Any activity, practice, or service, so long as they are at all times in conformance with the requirements of this Act when providing occupational therapy services.

4.04 Grounds for Disciplinary Action

The Board may take action against a licensee as described in Section 4.08 for unprofessional conduct including:

(1) Obtaining a license by means of fraud, misrepresentation, or concealment of material facts.

(2) Being guilty of unprofessional conduct as defined by the rules established by the Board, or violating the Code of Ethics adopted and published by the Board.
(3) Being convicted of a crime in any court except for minor offenses.
(4) Violating any lawful order, rule, or regulation rendered or adopted by the Board.
(5) Violating any provision of this Act (or regulations pursuant to this Act).
(6) Practicing beyond the scope of the practice of occupational therapy.
(7) Providing substandard care as an Occupational Therapist due to a deliberate or negligent act or failure to act regardless of whether actual injury to the client is established.
(8) Providing substandard care as an Occupational Therapy Assistant, including exceeding the authority to perform components of intervention selected and delegated by the supervising Occupational Therapist regardless of whether actual injury to the client is established.
(9) Knowingly delegating responsibilities to an individual who does not have the knowledge, skills, or abilities to perform those responsibilities.
(10) Failing to provide appropriate supervision to an Occupational Therapy Assistant or Aide in accordance with this Act and Board rules.
(11) Practicing as an Occupational Therapist or Occupational Therapy Assistant when competent services to recipients may not be provided due to the practitioner's own physical or mental impairment.
(12) Having had an Occupational Therapist or Occupational Therapy Assistant license revoked or suspended, other disciplinary action taken, or an application for licensure reused, revoked, or suspended by the proper authorities of another state, territory, or country, irrespective of intervening appeals and stays.
(13) Engaging in sexual misconduct. For the purposes of this paragraph, sexual misconduct includes:
    a. Engaging in or soliciting a sexual relationship, whether consensual or non-consensual, while an Occupational Therapist or Occupational Therapy Assistant/client relationship exists with that person.
    b. Making sexual advances, requesting sexual favors, or engaging in physical contact of a sexual nature with patients or clients.
(14) Aiding or abetting a person who is not licensed as an Occupational Therapist or Occupational Therapy Assistant in this state and who directly or indirectly performs activities requiring a license.
(15) Abandoning or neglecting a patient or client under and in need of immediate professional care, without making reasonable arrangements for the continuation of such care.

<u>4.05 Complaints</u>

(1) Any individual, group, or entity may file a complaint with the Board against any licensed Occupational Therapist or licensed Occupational Therapy Assistant in the state charging that person with having violated the provisions of this Act.
(2) The complaint shall specify charges in sufficient detail so as to disclose to the accused fully and completely the alleged acts of misconduct for which they are charged.
    a. "Sufficient Detail" is defined as a complainant's full name and contact information, respondent's full name and contact information when available, alleged violations of Standards of Conduct from the Code, signature or e-signature, and supporting documentation.
(3) Upon receiving a complaint, the Board shall notify the licensee of the complaint and request a written response from the licensee.

(4) The Board shall keep an information file about each complaint filed with the Board. The information in each complaint file shall contain complete, current, and accurate information including, but not limited to:
    a. All persons contacted in relation to the complaint;
    b. A summary of findings made at each step of the complaint process;
    c. An explanation of the legal basis and reason for the complaint that is dismissed; and
    d. Other relevant information.

<u>4.06 Due Process</u>

(1) Before the Board imposes disciplinary actions, it shall give the individual against whom the action is contemplated an opportunity for a hearing before the Board.
(2) The Board shall give notice and hold a hearing in accordance with the state's Administrative Procedures Act [or other comparable statute].
(3) The individual shall be entitled to be heard in their defense, alone or with counsel, and may produce testimony and testify on their own behalf, and present witnesses, within reasonable time limits.
(4) Any person aggrieved by a final decision of the Board may appeal in accordance with the Administrative Procedures Act [or other comparable statute].

<u>4.07 Investigation</u>

To enforce this Act, the Board is authorized to:

(1) Receive complaints filed against licensees and conduct a timely investigation.
(2) Conduct an investigation at any time and on its own initiative without receipt of a written complaint if the Board has reason to believe that there may be a violation of this Act.
(3) Issue subpoenas to compel the attendance of any witness or the production of any documentation relative to a case.
(4) For good cause, take emergency action ordering the summary suspension of a license or the restriction of the licensee's practice or employment pending proceedings by the Board.
(5) Appoint hearing officers authorized to conduct hearings. Hearing officers shall prepare and submit to the Board findings of fact, conclusions of law, and an order that shall be reviewed and voted on by the Board.
(6) Require a licensee to be examined in order to determine the licensee's professional competence or resolve any other material issue arising from a proceeding.
(7) Take the following actions if the Board finds that the information received in a complaint or an investigation is not of sufficient seriousness to merit disciplinary action against a licensee:
    a. Dismiss the complaint if the Board believes the information or complaint is without merit or not within the purview of the Board. The record of the complaint shall be expunged from the licensee's record.
    b. Issue a confidential advisory letter to the licensee. An advisory letter is non-disciplinary and notifies a licensee that, while there is insufficient evidence to begin disciplinary action, the Board believes that the licensee should be aware of an issue.
(8) Take other lawful and appropriate actions within its scope of functions and implementation of this Act.

The licensee shall comply with a lawful investigation conducted by the Board.

4.08 Penalties

(1) Consistent with the Administrative Procedures Act, the Board may impose separately, or in combination, any of the following disciplinary actions on a licensee as provided in this Act:
  a. Refuse to issue or renew a license;
  b. Suspend or revoke a license;
  c. Impose probationary conditions;
  d. Issue a letter of reprimand, concern, public order, or censure;
  e. Require restitution of fees;
  f. Impose a fine not to exceed $____, which deprives the licensee of any economic advantage gained by the violation and which reimburses the Board for costs of the investigation and proceeding;
  g. Impose practice and/or supervision requirements;
  h. Require licensees to participate in continuing competence activities specified by the Board;
  i. Accept a voluntary surrendering of a license; or
  j. Take other appropriate corrective actions including advising other parties as needed to protect their legitimate interests and to protect the public.

(2) If the Board imposes suspension or revocation of license, application may be made to the Board for reinstatement, subject to the limits of section 3.06. The Board shall have the discretion to accept or reject an application for reinstatement and may require an examination or other satisfactory proof of eligibility for reinstatement.

(3) If a licensee is placed on probation, the Board may require the license holder to:
  a. Report regularly to the Board on matters that are the basis of probation;
  b. Limit practice to the areas prescribed by the Board;
  c. Continue to review continuing competence activities until the license holder attains a degree of skill satisfactory to the Board in those areas that are the basis of the probation;
  d. Provide other relevant information to the Board.

4.09 Injunction

(1) The Board is empowered to apply for relief by injunction, without bond, to restrain any person, partnership, or corporation from any threatened or actual act or practice that constitutes an offense against this Act. It shall not be necessary for the Board to allege and prove that there is no adequate remedy at law in order to obtain the relief requested. The members of the Board shall not be individually liable for applying for such relief.

(2) If a person other than a licensed Occupational Therapist or Occupational Therapy Assistant threatens to engage in or has engaged in any act or practice that constitutes an offense under this Act, a district court of any county on application of the Board may issue an injunction or other appropriate order restraining such conduct.

4.10 Duty to Refer

(1) An Occupational Therapist may evaluate, initiate, and provide occupational therapy treatment for a client without a referral from other health service providers.

(2) An Occupational Therapist shall refer recipients to other service providers or consult with other service providers when additional knowledge and expertise are required or when this would further the client’s care needs and health outcomes.

4.11 Telehealth
A licensee may provide occupational therapy services to a client utilizing a telehealth visit if the occupational therapy services are provided in accordance with all requirements of this Act.

(1) “Telehealth Visit” means the provision of occupational therapy services by a licensee to a client using technology where the licensee and client are not in the same physical location for the occupational therapy service.
(2) A licensee engaged in a telehealth visit shall utilize technology that is secure and compliant with state and federal law.
(3) A licensee engaged in a telehealth visit shall be held to the same standard of care as a licensee who provides in-person occupational therapy. A licensee shall not utilize a telehealth visit if the standard of care for the particular occupational therapy services cannot be met using technology.
(4) Occupational therapy services provided by telehealth can be synchronous or asynchronous.
    a. “Asynchronous” means using any transmission to another site for review at a later time that uses a camera or other technology to capture images or data to be recorded.
    b. “Synchronous” means real-time interactive technology.
(5) Supervision of Occupational Therapy Assistants, Aides, and students using telehealth technologies must follow existing state law and guidelines regarding supervision, regardless of the method of supervision.

Article V. Other

5.01 Severability

(1) If a part of this Act is held unconstitutional or invalid, all valid parts that are severable from the invalid or unconstitutional part shall remain in effect.
(2) If a part of this Act is held unconstitutional or invalid in one or more of its applications, the part shall remain in effect in all constitutional and valid applications that are severable from the invalid applications.

5.02 Effective Date

(1) The Act, except for Section 3.01, shall take effect ninety (90) days after enactment [unless State practice or requirements require another effective date].
(2) Section 3.01 of this Act shall take effect 180 days after enactment.

Appendix I

ConnOTA revisions to Scope of Practice Request

Draft Proposal: 8/1/2023; Revision: 11/6/2023; Revision 12/7/2023
Existing: https://www.cga.ct.gov/current/pub/chap_376a.htm
Markup: **[**Bold brackets surround proposed language to be deleted**]** Underlined text indicates proposed language to be added

CHAPTER 376a*
OCCUPATIONAL [THERAPISTS] THERAPY

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Sec 20-74a. Definitions. As used in this chapter:

[(1) "Occupational therapy" means the evaluation, planning and implementation of a program of purposeful activities to develop or maintain adaptive skills necessary to achieve the maximal physical and mental functioning of the individual in his or her daily pursuits. The practice of "occupational therapy" includes, but is not limited to, evaluation and treatment of individuals whose abilities to cope with the tasks of living are threatened or impaired by developmental disabilities, the aging process, learning disabilities, poverty and cultural differences, physical injury or disease, psychological and social disabilities, or anticipated dysfunction, using (A) such treatment techniques as task-oriented activities to prevent or correct physical or emotional disabilities or to minimize the disabling effect of these disabilities in the life of the individual, (B) such evaluation techniques as assessment of sensory motor abilities, assessment of the development of self-care activities and capacity for independence, assessment of the physical capacity for prevocational and work tasks, assessment of play and leisure performance, and appraisal of living areas for persons with disabilities, (C) specific occupational therapy techniques such as activities of daily living skills, the fabrication and application of splinting devices, sensory motor activities, the use of specifically designed manual and creative activities, guidance in the selection and use of adaptive equipment, specific exercises to enhance functional performance and treatment techniques for physical capabilities for work activities. Such techniques are applied in the treatment of individual patients or clients, in groups or through social systems. Occupational therapy also includes the establishment and modification of peer review.**]**

(1) "The practice of occupational therapy" means the therapeutic use of everyday life occupations with persons, groups, or populations (clients) to support occupational performance and participation. Occupational therapy practice includes clinical reasoning and professional judgment to evaluate, analyze, and identify occupational challenges (e.g., issues with client factors, performance patterns, performance skills) and provide interventions to address them. Occupational therapy services include habilitation, rehabilitation, the promotion of physical and mental health and wellness, and end-of life care for clients with all levels of ability-related needs. These services are provided for clients who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction. Through the provision of skilled services and engagement in everyday activities, occupational therapy promotes physical and mental health and well-being by supporting occupational performance in people with, or at risk of experiencing, a range of developmental, physical, and mental health disorders throughout the life course. The practice of occupational therapy, consistent with training and education, includes, but is not limited to, the following components:

(A) Evaluation of factors affecting participation in and performance of occupations.
(B) Activity analysis and therapeutic approaches to design and implement interventions and procedures aimed at enhancing participation in and performance of occupations.
(C) Interventions and procedures that promote safe participation in and performance of occupations that include but are not limited to

- i) Use of purposeful occupations and activities
- ii) Training in self-care, self-management, health management (e.g., medication management, health routines, reproductive health, incontinence management), home management, community/work integration, school activities, and work performance
- iii) Development, remediation, or compensation of physical, neuromusculoskeletal, sensory-perceptual, emotional regulation, visual, mental, and cognitive functions (e.g., executive function); pain tolerance and management; praxis; developmental skills; and behavioral skills, motor, psychosocial, and mental functions
- iv) Educating and training clients, family members, caregivers, groups, populations, and others about strategies to enhance performance in occupation, health, and well-being
- v) Care coordination, case management, program development, interprofessional collaboration, and transition services
- vi) Consultative services to persons, groups, populations, programs, organizations, and communities.
- vii) Use of virtual and other remote methods of service delivery, including but not limited to telehealth and e-visits, when appropriate to the client's occupational therapy needs and in accordance with accepted industry standards and other applicable state laws and regulations
- viii) Application of ergonomic principles and human factors to modify tasks, processes, and environments (e.g., home, work, school, community)
- ix) Assessment, design, fabrication, application, fitting, adaptation, and/or training in seating and positioning, assistive technology, technology (existing and evolving), durable medical equipment, adaptive devices, and orthotic devices, and training in the use of prosthetic devices
- x) Assessment, recommendation, adaptations, and training in techniques to enhance functional mobility, including wheelchair management and other mobility devices
- xi) Therapeutic exercises, including tasks and methods to increase motion, strength, and endurance for occupational participation
- xii) Remediation of and compensation for visual deficits, including low vision training and rehabilitation
- xiii) Driver rehabilitation and community mobility
- xiv) Management of feeding, eating, and swallowing to enable optimal eating and feeding performance
- xv) Methods and tasks to prepare clients for occupational performance including but not limited to physical agent modalities, mechanical modalities, and instrument assisted modalities (dry needling).
- xvi) Administration of topical drugs, at the direction of a prescriber and consistent with labeling and packaging instructions, for the purposes of therapeutic procedures. A record of dosage, form,

quantity, placement, and strength of medication administered to each client is required as well as communication with prescriber in adverse events.

xvii) Pain management, wound care management, respiratory care, and lymphedema management.

xviii) Facilitating the occupational participation of persons, groups, or populations through modification of contexts (environmental and personal) and adaptation of processes

xix) Group interventions (e.g., use of dynamics of group and social interaction to facilitate learning and skill acquisition across the life course)

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(2) "Occupational therapist" means a person licensed to practice occupational therapy as defined in this chapter and whose license is in good standing.

(3) "Occupational therapy assistant" means a person licensed to assist in the practice of occupational therapy, under the supervision of [or with the consultation of] and in partnership with a licensed occupational therapist, and whose license is in good standing.

(4) "Commissioner" means the Commissioner of Public Health, or the commissioner's designee.

(5) "Department" means the Department of Public Health.

(6) "Supervision" means the overseeing of or participation in the work of an occupational therapy assistant by a licensed occupational therapist, including, but not limited to: (A) Continuous availability of direct communication between the occupational therapy assistant and the licensed occupational therapist; (B) availability of the licensed occupational therapist on a regularly scheduled basis to (i) review the practice of the occupational therapy assistant, and (ii) support the occupational therapy assistant in the performance of the occupational therapy assistant's services; and (C) a predetermined plan for emergency situations, including the designation of an alternate licensed occupational therapist to oversee or participate in the work of the occupational therapy assistant in the absence of the regular licensed occupational therapist.

(7) "Good Standing" means the individual's license is not currently suspended or revoked by any State or other regulatory entity.

(8) Occupation" refers to various kinds of activities in which persons, groups, or populations engage to occupy time and bring meaning and purpose to life. Occupations include things people need to do, want to do, and are expected to do including but not limited to activities of daily living, instrumental activities of daily living, health management, rest and sleep, education, work, play, leisure, and social participation.

Sec. 20-74b. Licensing examination. [Any person who (1) if an applicant for licensure as an occupational therapist, has attained a bachelor's degree and has graduated from an educational program accredited by the American Occupational Therapy Association, or has completed educational preparation deemed equivalent by the commissioner, or if an applicant for licensure as an occupational therapy assistant, has attained an associate degree or its equivalent and has graduated from an educational program approved by the American Occupational Therapy Association, or has completed educational preparation deemed equivalent by the commissioner, and (2) has successfully completed not less than twenty-four weeks of supervised field work experience in the case of an occupational therapy applicant or eight weeks of such field work in the case of an occupational therapy assistant

applicant at a recognized educational institution or a training program approved by the educational institution where he met the academic requirements, and (3) has successfully completed an examination prescribed by the commissioner shall be eligible for licensure as an occupational therapist or assistant. An applicant who has practiced as an occupational therapy assistant for four years with a minimum of twenty-four weeks of supervised field experience and has earned a bachelor's degree shall be eligible for licensure as an occupational therapist, provided such applicant has successfully completed the examination for licensure not later than January 1, 1988. The department shall prescribe examinations for licensure and their passing scores.]

Any person applying for a license as an Occupational Therapist or as an Occupational Therapy Assistant shall demonstrate to the satisfaction of the commissioner that the applicant

(1) has successfully completed the academic and fieldwork requirements of an educational program for Occupational Therapists or Occupational Therapy Assistants that is accredited by the American Occupational Therapy Association Accreditation Council for Occupational Therapy Education (ACOTE) or predecessor organizations or successor organizations;

(2) has passed a national certification examination approved by the National Board for Certification in Occupational Therapy (NBCOT) or predecessor /successor organizations; and

(3) is in good standing.

Sec. 20-74c. License by endorsement. Notwithstanding the provisions of section 20-74b, the commissioner may grant a license by endorsement to an occupational therapist or occupational therapy assistant who presents evidence satisfactory to the commissioner that the applicant is licensed or certified as an occupational therapist or occupational therapy assistant, or as a person entitled to perform similar services under a different designation, in another state or jurisdiction whose requirements for practicing in such capacity are substantially similar to those of this state. No license shall be issued under this section to any applicant against whom professional disciplinary action is pending or who is the subject of an unresolved complaint.

Sec. 20-74d. Temporary permit; practice pending examination results. The department may issue a temporary permit to an applicant who is a graduate of an educational program in occupational therapy who meets the educational and [field] fieldwork experience requirements of section 20-74b and has not yet taken the [licensure] certification examination. Such temporary permit shall authorize the holder to practice occupational therapy only under the direct supervision of a licensed occupational therapist and in a public, voluntary or proprietary facility. Such temporary permit shall be valid for a period not to exceed one hundred twenty calendar days after the date of application and shall not be renewable. Such permit shall become void and shall not be reissued in the event that the applicant fails to pass such examination. The fee for a limited permit shall be fifty dollars.

Sec. 20-74e. Exempt activities. (a) Nothing in this chapter shall be construed as preventing or restricting the practice, services or activities of: (1) Any person licensed in this state by any other law from engaging in the

profession or occupation for which [he] the person is licensed; (2) any person employed as an occupational therapist or occupational therapy assistant by the government of the United States, if such person provides occupational therapy solely under the direction or control of the organization by which [he] the person is employed and limits the use of such title to such employment; (3) any person pursuing a course of study leading to a degree or certificate in occupational therapy at an accredited or approved educational program if such activities and services constitute part of a supervised course of study and if such person is designated by a title which clearly indicates [his or her] their status as a student or trainee; or (4) any person fulfilling the supervised fieldwork experience requirements of section 20-74b if such activities and services constitute a part of the experience necessary to meet the requirements of that section.

(b) Any occupational therapist who is licensed or authorized to practice in another state, United States possession or country who is either in this state for the purposes of consultation, provided such practice is limited to such consultation for less than thirty days in a three-hundred-and-sixty-five-day year, or for conducting a teaching or clinical demonstration in Connecticut with a program of basic clinical education, graduate education or postgraduate education in an approved school of occupational therapy or its affiliated clinical facility or health care agency or before a group of licensed occupational therapists, provided such teaching demonstration is for less than thirty days in a three-hundred-and-sixty-five-day year, shall not be prohibited from such consultation or teaching by this chapter.

(c) [No provision of this chapter shall be construed to prohibit physicians or qualified members of other licensed or legally recognized professions from using occupational therapy as part of or incidental to their profession, under the statutes applicable to their profession, except that such persons may not hold themselves out under the title occupational therapist or as performing occupational therapy.] This Act does not prevent or restrict the practice, service, or activities of any person licensed, certified, or regulated under the laws of this state from engaging in their profession or occupation except that such persons are prohibited from implying they are practicing occupational therapy.

Sec. 20-74f. Licensing fee. Use of title or designation. a) The department shall issue a license to any person who meets the requirements of this chapter upon payment of a license fee of two hundred dollars. Any person who is issued a license as an occupational therapist under the terms of this chapter may use the words “occupational therapist”, or “licensed occupational therapist”.-[or “occupational therapist registered” or such] Such person may use the letters [“O.T.”, “L.O.T.”, or O.T. R.] “OT”, “OT/L” ; or when also maintaining registration with the NBCOT, may use “occupational therapist registered” or “occupational therapist registered and licensed” “OTR” or “OTR/L” in connection with such person's name or place of business to denote such person's license and/or registration hereunder. Any person who is issued a license as an occupational therapy assistant under the terms of this chapter may use the words “occupational therapy assistant”, or licensed occupational therapy assistant. ~~or~~ Such person may use the letters,-[O.T.A., “L.O.T.A.”, or C. O.T.A.“OTA”], “OTA, or OTA/L”; or when also maintaining certification with the NBCOT, may use “certified occupational thearpy assistant” or “certified and licensed occupational therapy assistant”, “COTA” or “COTA/L” in connection with such person's name or place of business to denote such person's license and/or registration thereunder. No person shall practice occupational therapy or hold [himself or herself] themselves out as an occupational therapist or an occupational therapy assistant, or as being able to practice occupational therapy or to render occupational therapy services in this state unless such person is licensed in accordance with the provisions of this chapter.

(b) No person, unless [registered] licensed under this chapter as an occupational therapist or an occupational therapy assistant or whose [registration] license has been suspended or revoked, shall use, in connection with such person's name or place of business the words “occupational therapist”, “licensed occupational therapist”, [“occupational therapist registered”,] “occupational therapist registered/licensed”, or “occupational therapy

assistant", "licensed occupational therapy assistant", or "certified and licensed occupational therapy assistant", or the letters, ["O.T.","L.O.T.", "O.T.R.", "O.T.A.", "L.O.T.A.", or "C.O.T.A.", "OT", "OT/L", "OTR/L"] "OTA", "OTA/L" or "COTA/L"or any words, letters, abbreviations or insignia indicating or implying that such person is an occupational therapist or an occupational therapy assistant or in any way, orally, in writing, in print or by sign, directly or by implication, represent [himself or herself] themselves as an occupational therapist or an occupational therapy assistant. Any person who violates the provisions of this section shall be guilty of a class D felony. For the purposes of this section, each instance of patient contact or consultation which is in violation of any provision of this chapter shall constitute a separate offense. Failure to renew a license in a timely manner shall not constitute a violation for the purposes of this section.

Sec. 20-74g. Disciplinary action against a licensee. Grounds. The commissioner may refuse to renew, suspend or revoke a license, or may impose probationary conditions, where the licensee or applicant for a license has been guilty of unprofessional conduct which has endangered or is likely to endanger the health, welfare or safety of the public. Such unprofessional conduct shall include: Obtaining a license by means of fraud, misrepresentation, or concealment of material facts; being guilty of unprofessional conduct as defined by the rules established by the commissioner, or violating the code of ethics adopted and published by the commissioner; being convicted of a crime other than minor offenses defined as "infractions", "violations", or "offenses" in any court if, in accordance with the provisions of section 46a-80, the acts for which the applicant or licensee was convicted are found by the commissioner to have a direct bearing on whether he should be entrusted to serve the public in the capacity of an occupational therapist or occupational therapy assistant. The clerk of any court in this state in which a person practicing occupational therapy has been convicted of any crime as described in this section shall, immediately after such conviction, transmit a certified copy, in duplicate, of the information and judgment, without charge, to the department containing the name and address of the occupational therapist or occupational therapy assistant, the crime of which [he has] they have been convicted and the date of conviction. The hearing on such charges shall be conducted in accordance with regulations adopted by the commissioner pursuant to section 20-74i. If any [registration] license is revoked or suspended, notification of such action shall be sent to the department. Any person aggrieved by a final decision of the commissioner may appeal therefrom in accordance with the provisions of section 4-183. Such appeal shall have precedence over nonprivileged cases in respect to order of trial. The Attorney General shall act as attorney in the public interest in defending against such an appeal. One year from the date of the revocation of a license, application for reinstatement may be made to the commissioner. The commissioner may accept or reject an application for reinstatement and may, but shall not be required to, hold a hearing to consider such reinstatement.

Sec. 20-74h. License renewal. Training or education requirement. Licenses for occupational therapists and occupational therapy assistants issued under this chapter shall be subject to renewal once every two years and shall expire unless renewed in the manner prescribed by regulation upon the payment of two times the professional services fee payable to the State Treasurer for class B as defined in section 33-182*l*, plus five dollars. The department shall notify any person or entity that fails to comply with the provisions of this section that the person's or entity's license shall become void ninety days after the time for its renewal unless it is so renewed. Any such license shall become void upon the expiration of such ninety-day period. The commissioner shall establish additional requirements for licensure renewal which provide evidence of continued [competency] competence, which, on and after January 1, 2022, shall include not less than two hours of training or education, offered or approved by the Connecticut Occupational Therapy Association, a hospital or other licensed health care institution or a regionally accredited institution of higher education, on (1) screening for post-traumatic stress disorder, risk of suicide, depression and grief, and (2) suicide prevention training during the first renewal period and not less than once every six years thereafter. The requirement described in subdivision (2) of this section may

be satisfied by the completion of the evidence-based youth suicide prevention training program administered pursuant to section 17a-52a. The holder of an expired license may apply for and obtain a valid license only upon compliance with all relevant requirements for issuance of a new license. A suspended license is subject to expiration and may be renewed as provided in this section, but such renewal shall not entitle the licensee, while the license remains suspended and until it is reinstated, to engage in the licensed activity, or in any other conduct or activity in violation of the order or judgment by which the license was suspended. If a license revoked on disciplinary grounds is reinstated, the licensee, as a condition of reinstatement, shall pay the renewal fee.

Sec. 20-74i. Regulations. The Commissioner of Public Health shall adopt rules and regulations, pursuant to chapter 54, establishing application and examination procedures, standards for acceptable examination performance, waiver of the examination requirement, continued **[**competency**]** <u>competence</u> and any other procedures or standards necessary for the administration of this chapter.