AGENDA

OCCUPATIONAL THEARPY LICENSING BOARD

May 6, 2014 – 9:00 a.m.
Room 475 – 4th Floor
Heber M. Wells Building
160 E. 300 S. Salt Lake City, Utah
This agenda is subject to change up to 24 hours prior to the meeting.

ADMINISTRATIVE BUSINESS:

1. Sign Per Diem
2. Call Meeting to Order
3. Review and approve January 28, 2014 minutes

BOARD BUSINESS/DISCUSSION ITEMS:

1. Review proposed Rule change.
   - Review comments regarding proposed Rule change
2. Environmental Scan -discussion of issues and updates regarding the occupational therapy profession
3. Discussion regarding the new NBOTC requirements to sit for the examination
4. Discussion regarding July 8, 2014 meeting. The Division has a conflict with this date

2014 Meeting Schedule: July 8, 2014 (?)
October 21, 2014

Note: In compliance with the Americans with Disabilities Act, individuals needing special accommodations (including auxiliary communicative aids and services) during this meeting should notify, Dave Taylor, ADA Coordinator, at least three working days prior to the meeting. Division of Occupational & Professional Licensing, 160 East 300 South, Salt Lake City, Utah 84115, 801-530-6628 or toll-free in Utah only 866-275-3675

REVISED CHECKLIST FOR PUBLIC MEETINGS

(Fill in the blanks to correspond to each respective board, commission, or committee.)

___ I am Leslie Adler, chairperson of the Occupational Therapy Licensing Board.

___ I would like to call this meeting of the Occupational Therapy Licensing Board to order.

___ It is now (time) 9:00 am/pm on 5/6/2014.

___ This meeting is being held in 475 of Heber Wells Building, Salt Lake City UT.

✓ Notice of this meeting was provided as required under Utah's Open Meeting laws.

✓ In compliance with Utah's Open Meetings laws, this meeting is being recorded in its entirety. The recording will be posted to the Utah Public Notice Website no later than three business days following the meeting.

✓ In compliance with Utah's Open Meeting laws, written minutes will also be prepared of this meeting. Appropriately marked "*pending approval*" minutes will be available to the public no later than 30 days after the close of the meeting. "*Approved*" minutes will be posted to the Utah Public Notice Website no later than three business days after approval.

___ The following Board members are in attendance:

	YES	NO
Leslie Adler	☑	☐
Mary Gainer	☐	☑
Loriann Helgeson	☐	☑
Van A. Neilson	☑	☐
JoAnne Wright, Ph.D.	☑	☐

___ The following Board members are absent: (Refer to the above list.)

___ The following individuals representing DOPL and the Department of Commerce are in attendance:

		YES	NO
Mark B. Steinagel	Division Director	☐	☐
Debra Hobbins	Bureau Manager	☑	☐
Shirlene Kimball	Board Secretary	☑	☐
		☐	☐
		☐	☐
		☐	☐

___ We welcome any visitors and interested persons at this time. Please be sure to sign the attendance report for the meeting and identify yourself before speaking.

___ As a courtesy to everyone participating in this meeting, at this time we ask for all cell phones, pagers, and other electronic devices to be turned off or changed to silent mode.

___ Board motions and votes will be recorded in the minutes.

___ Let us now proceed with the agenda.

___ (End of the Meeting) It is now (time) 9:58 (am / pm), and this meeting is adjourned.

R156. Commerce, Occupational and Professional Licensing.
R156-42a. Occupational Therapy Practice Act Rule.
R156-42a-502. Unprofessional Conduct.

"Unprofessional conduct" includes:

(1) delegating supervision, or occupational therapy services, care or responsibilities not authorized under Title 58, Chapter 42a or this rule;

(2) engaging in or attempting to engage in the use of physical agent modalities when not competent to do so by education, training, or experience;

(3) failing to provide general supervision as set forth in Title 58, Chapter 42a and this rule; [~~and~~]

(4) failing to cosign COTA discharge documentation within 30 days pursuant to R156-42a-601; and

([~~4~~]5) violating any provision of the American Occupational Therapy Association Code of Ethics, last amended April 2005, which is hereby adopted and incorporated by reference.

R156-42a-601. Practice Standards.

A certified occupational therapist assistant (COTA), after consultation with the supervising occupational therapist (OT), may discharge an individual from on-going service only if there is no evaluation component associated with the discharge from service. The supervising OT shall co-sign the appropriate documentation within 30 days.

KEY: licensing, occupational therapy
Date of Enactment or Last Substantive Amendment: [~~December 22, 2009~~]2014
Notice of Continuation: January 21, 2014
Authorizing, and Implemented or Interpreted Law: 58-1-106(1)(a); 58-1-202(1)(a); 58-42a-101

Practice Act Proposal

Trenton <tkbrowno@hotmail.com> Thu, Apr 3, 2014 at 8:14 PM
To: "dhobbins@utah.gov" <dhobbins@utah.gov>
Cc: "kasey.mitchell@hsc.utah.edu" <kasey.mitchell@hsc.utah.edu>

Debra,

Thank you for allowing me to respond to the proposed practice act changes. I have several concerns regarding this proposal to allow Occupational Therapy Assistants (COTA) to complete discharge summaries once a client has completed skilled occupational therapy (OT) services.

Although the Rule Analysis outlines some community practice settings as being able to apply this proposed change, the practice act itself does not define these cases. There are multiple companies, clinics, school districts, etc. who will gladly make the assumption that a COTA can complete a discharge in all cases. There must be a clear definition as to which areas/practice settings a COTA will be able to complete a discharge and under what circumstances.

The rule analysis states this proposal would take place in community settings. The analysis does not clarify a "community" setting other than schools, skilled nursing facilities (SNF), and assisted living facilities (ALF). In nearly all cases SNF's are not classified as a community setting, rather an inpatient setting. Also, ALF's do not employ or hire occupational therapists. Rather, those occupational therapists (OTR) completing any type of service in an ALF would be completing a home health (employed by private home health company) service since an ALF is a place of residence for the client. The proposal also states that this new COTA privilege can be done in small business. What is the definition of a small business? Is it defined by profit generated, number of employees, or number of clients under service? There are multiple large business that are not for profit and may consider themselves "small business". By definition, these "small businesses" may look to take advantage of this proposal and relegate the need for a skilled OTR to complete the discharge by having a COTA complete the discharge in most cases. Many for profit large business' have small local management all over the state and therefore consider each clinic, contract, etc. to be "locally managed" and may define themselves as "small" to take advantage of this proposal. There must be a very clear definition of community practice and small business. I currently work for a very small business but the gross income of our company was over $16 million in 2013. We need to be careful of the unintended consequences.

The practice act proposal states that this can be done when an evaluation piece is not needed. A discharge is an evaluation. An evaluation of progress, an evaluation of the plan of care that occurred, an evaluation of whether or not the goals were accomplished, and an evaluation of occupational performance within the clients environment. The very difference between an OTR and COTA is the ability to complete and then interpret an evaluation. The extensive education and training required by an OTR beyond a COTA is partially to gain the necessary skill to complete and interpret the evaluation that should be involved in every discharge. If a COTA were to perform a discharge, the client would be missing a vital service that only an OTR can offer. No amount of experience, skill, or training by a COTA can allow them to properly complete a discharge and give the client the full right of their benefit.

In many of these "community settings" the need for an OTR to complete the discharge is actually more essential. COTA's generally have less supervision in these community settings and school districts. Hospital settings, hand clinics, inpatient settings, acute care, and skilled nursing often have daily if not hourly communication between the OTR and the COTA. Thus the need for an OTR to complete the discharge in a community setting and ensure the services rendered were appropriate is absolutely essential. In the school system, many of these students/clients have been on OT service for years. It would be very damaging to the

profession and the student/client if after many years of skilled OT, the COTA completed a quick "discharge" but did not complete an evaluation to address if the goals in the IEP were achieved. It is these rural or community settings mentioned in the proposal where the COTA has less supervision and therefore would benefit more from having an OTR complete the discharge.

Finally, the "rule analysis" discusses a financial benefit to smaller business' and community settings. If we are discussing community settings as outlined in the analysis we must look at cost verses savings for having a COTA verses an OTR discharge. The average home health OTR in Utah makes approximately $70,441 annually whereas a COTA makes $56,736 annually. The difference from OTR to COTA is approximately $19 per service/visit assuming they complete 5 services/visits per day. This in turn is approximately $19 in savings each time a COTA completes an evaluation. It would take a "small business", school district, SNF, or ALF many COTA discharges to create a financial benefit using these numbers. In addition, the OTR would be required to meet face to face with the COTA to sign the discharge documentation within 30 days. In most cases, the OTR would not be paid for this time placing a further financial burden on the OTR. This statement although somewhat true is very misleading.

If this proposal is to move forward, we must understand the unintended consequences will be many now and in the future. The level of education, skill, and evaluative interpretation between an OTR and a COTA will be lessened thus leading to a decrease in skilled service given to the OT client. Many companies, business', and districts will take advantage of this act in hopes to save a few dollars at the expense of the client and the profession. Perhaps the proposal should be for those rare cases where the client or student would not be able to be discharged by an OTR due to hardship, distance traveled, weather, etc. in a timely manner. In other words, if this proposal occurs, it must be the rare exception, not the rule.

Trent Brown, MOT, OTR/L
VP Utah Occupational Therapy Association

Occupational Therapy Practice Act Rule

Randy Curry <rscurry3@yahoo.com> Sun, Apr 6, 2014 at 11:42 AM
To: dhobbins@utah.gov

Dear Debra,

I would like to comment on the proposal mentioned below (since this is my first time commenting on anything legislative, I'm not sure what information you need so I included everything I could find). I feel that it is the occupational therapist who makes the initial evaluation for treatment and it is the occupational therapist (OT), not the certified occupational therapist assistant (COTA), who should also make the discharge evaluation to discontinue treatment in order for the plan of care to come full circle. The OT and COTA should be communicating closely enough for this to happen in a timely manner in community settings.

Thank you,

Randy Curry, MS, OTR/L

UT 38313 2014
State ID: 38313
Agency Name: Department of Commerce/Division of Occupational and Professional Licensing
Title: Occupational Therapy Practice Act Rule
Proposed: 02/26/2014
Summary:
Clarifies rules regarding discharges from service that may occur in community settings such as schools, long-term care facilities, and assisted living facilities for ease of access for certified occupational therapist assistants (COTAs) and occupational therapists (OTs).
Agency Contact:
Debra Hobbins, Dept of Commerce, Division of Occupational and Professional Licensing, Heber M Wells Bldg, 160 E 300 S, Salt Lake City, UT 84111-2316, , fax , dhobbins@utah.gov
Citation: R156-42a
Status: 02/26/2014
Proposed Rule Comment Deadline: 04/14/2014 Vol. 2014, No. 6, Utah State Bulletin 03/15/2014 pp.24-25

Jake Holm OTR/L

4753 N Pearly Ln

Enoch, UT 84721

Jake.holm@hotmail.com

12/6/2013

Utah Occupational Therapy Board,

I am a clinical occupational therapist and have been practicing since 2009. I am currently practicing in Cedar City, Utah and other rural communities here in southern Utah within multiple settings; skilled nursing facilities, home health, and rural schools.

I am writing this letter to seek approval from the board to practice in wound care. Wound's or wound care is something that I encounter on a daily basis whether it is in the skilled nursing facility or home health. As an occupational therapist we are taught to look at a patient in a holistic approach. I have seen how wounds impede patient's improvement or change the way they need to complete functional tasks in their life. As with anything that we do in healthcare, a multidisciplinary approach is best. Numerous studies have shown greater efficiency and improved clinical outcomes in facilities that have an interdisciplinary wound team.

My professional opinion is that additional education is needed in areas such as wound care to be effective, and to have the training necessary to be an advocate for my patients. Therefore, I have become wound care certified by taking the week long class from the Wound Care Education Institute (www.wcei.net) and passing the national exam in order to become wound care certified. It would be a great asset for me to have the board recognize this certification. I have looked at other state's practice acts; such as the state of Washington addresses this area and requires additional education. Being able to use this advanced knowledge would be beneficial in the skilled nursing facility setting and home health to be an advocate for my patients as well as knowing how to best help them in their road to recovery.

I hope that you can see the benefit, as I believe it would be a beneficial area of practice that occupational therapists can become involved in more.

Sincerely,

Jake Holm OTR/L

RECEIVED

JAN 22 2014

DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING

Dear Mr. Holm:

Thank you for your letter, dated 12/6/2013. I did not receive your correspondence until 1/22/2014. Unfortunately, the Board is unable to "give permission" for a licensee to perform activities that are not, by statute and rule, within the scope of practice of an occupational therapist. The Occupational Therapy Practice Act states, in pertinent part:

(7) "Occupational therapy" means the use of purposeful activity or occupational therapy interventions to develop or restore the highest possible level of independence of an individual who is limited by a physical injury or illness, a dysfunctional condition, a cognitive impairment, a psychosocial dysfunction, a mental illness, a developmental or learning disability, or an adverse environmental condition.

The Physical Therapy Practice Act notes that wound care is within the scope of practice of the physical therapist in two different sections:

58-24b-102. Definitions.
(14) "Therapeutic intervention" includes:
(a) therapeutic exercise, with or without the use of a device;
(b) functional training in self-care, as it relates to physical movement and mobility;
(c) community or work integration, as it relates to physical movement and mobility;
(d) manual therapy, including:
(i) soft tissue mobilization;
(ii) therapeutic massage; or
(iii) joint mobilization, as defined by the division, by rule;
(e) prescribing, applying, or fabricating an assistive, adaptive, orthotic, prosthetic, protective, or supportive device;
(f) airway clearance techniques, including postural drainage;
(g) integumentary protection and repair techniques;
(h) wound debridement, cleansing, and dressing;
(i) the application of a physical agent, including:
(i) light;
(ii) heat;
(iii) cold;
(iv) water;
(v) air;
(vi) sound;
(vii) compression;
(viii) electricity; and
(ix) electromagnetic radiation;

58-24b-403. Administration of a prescription drug.

(2) A licensed physical therapist may purchase, store, and administer:
(a) topically applied medicinal agents, including steroids and analgesics, for wound care and for
musculoskeletal treatment, using iontophoresis or phonorphoresis; and

Wound care is also within the scope of practice of nurses, nurse practitioners, physicians, and physician assistants, however it is not within the scope of practice as an occupational therapist. If you want the Occupational Therapy Practice Act changed to include wound care, you would need to work with your association, the other professions that include wound care in their practice acts, and a legislator. At this time, if you are performing wound care, despite your education and training, you are practicing outside your scope of practice in this state.

Please feel free to contact me if I can be of further assistance.

Regards,

Deb
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