



State Affairs Group News

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The American Occupational Therapy Association, Inc.
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Bethesda, Maryland 20824-1220

Tennessee OT Practice Act Update: Homework and Persistence Pay Off

Guest Article

By Yvette Hachtel, OTR/L
TOTA Legislative Chair

For several years there had been an awareness that the Tennessee Occupational Therapy Practice Act needed a revision. However, because our statute was a joint law that covered both the practice of occupational therapy (OT) and physical therapy (PT), TOTA OT practitioners in the state were hesitant to open the Practice Act for fear that this would provide an incentive for PTs to also look at their portion of the law and perhaps further expand their scope of practice.

In 2003 the Tennessee Occupational Therapy Association (TOTA) elected a new Board, including a new President, Sandy Fletchall. Sandy was instrumental in getting licensure for Tennessee initially in 1984 and was comfortable taking on the challenge of tackling a revision.

In 2004 the American Occupational Therapy Association (AOTA) adopted a revised *Definition of OT Practice for the AOTA Model Practice Act*, which provided TOTA with a template from which to work. In addition, the *Occupational Therapy Practice Framework* (2002) had been adopted, and provided updated terminology that could also be included in our state law.

Yvette Hachtel was appointed to serve as the Legislative Chair. Yvette had been practicing as an occupational

therapist for more than 20 years, had served on another state's licensure board for 3 years, and since 1998 had been serving as a consultant to the Tennessee OT Practice Board reviewing complaints filed against practitioners. In addition, Yvette had been an OT and an OTA program director, so she was very familiar with the ACOTE® Standards and was currently serving on the NBCOT CEDC. She had also been elected to the Representative Assembly (RA) for Tennessee. After reviewing the Model Practice Act (MPA) and its accompanying documents, Yvette arranged to meet with AOTA State Affairs Staff Chuck Willmarth and Karen Smith to discuss what portions of the MPA would be conducive to inclusion in Tennessee's statute. During that meeting, an initial draft was developed using or revising aspects of the MPA where appropriate to reflect current standards of the profession, including the definition of *occupational therapy practice*.

In Tennessee, the OT Practice Board is not permitted to be directly involved in proposing legislation to modify the statute. Therefore, TOTA was not able to get "official" guidance from the Board as to how best to draft our bill, although we did get feedback from the Board on several issues. TOTA also secured the services of lobbyist John Williams, who represents several other health care provider groups at the Tennessee legislature. Mr. Williams advised us not to attempt to adopt the MPA in its entirety

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as a “substitute” for our existing bill, but rather to look for ways to incorporate the relevant language that would serve to more accurately describe the roles, scope, and services provided by OT practitioners.

After her meeting with Chuck and Karen, Yvette drafted an initial proposal that was presented to Mr. Williams and the TOTA Board for comments. As an objective reviewer, Mr. Williams was able to provide us with the kind of questions and feedback that would likely be raised by legislators. He reminded us that the statute’s purpose was to protect the public, not to empower OTs—therefore, it was crucial that the language be clear to the layperson so that it could be understood, interpreted, and applied.

The existing statute had some language that appeared to be antiquated and no longer relevant. We were able to tap into the experience of Sandy and others who had been involved with previous versions of the law, to explain the rationale for some of the language and to determine whether it could be eliminated without any consequences to practice or consumers.

A “hot” topic of discussion was the supervision of licensed practitioners and unlicensed personnel. The current statute had very general language dealing with the issue and the Rules had adopted the then-current AOTA Model Supervision Guidelines document, which at this point was in the process of being revised. Initially our draft suggested including fairly stringent guidelines related to the type and frequency of supervision required, as well as specificity as to the ratio of therapists to supervisees. All of us acknowledged that there were concerns on both sides of the issue. There were experienced OTAs who felt that they should be given more autonomy. However, there were also OTAs who felt that the current law gave OTs the ability to provide only minimal or infrequent supervision, resulting in their being inappropriately utilized by employers. We also knew anecdotally that some facilities were using unlicensed aides in lieu of OTAs.

In informal discussions with members of the licensure board, we learned that their preference was for the statute language to remain broad and non-specific and for the Rules to handle the specifics as to how supervision should occur. Initially Mr. Williams was reluctant to draft language that would place this entirely in the hands of the Board for fear that the legislators would be uncomfortable enacting a law without being sure what they were committing to. With input from the OT community, we agreed that the statute would be written to direct the OT Board to develop Rules that would address the manner, methods, and content of supervision that would need to be provided.

Once the TOTA Board had come to consensus on the “draft,” Mr. Williams and Sandy visited each of the TOTA Districts throughout the state to present the draft to its members and to solicit comments, questions, and suggestions. In general the membership was supportive of the draft and very few revisions were necessary. The actual bill was also presented at the TOTA Annual Conference in November 2005, before the bill was introduced in the legislature in spring 2006.

Mr. Williams made recommendations and helped us secure sponsors for our bill from both the state Senate and House of Representatives. Mr. Williams also shared the bill with lobbyists for the PTs and speech-language pathologists, who asked for minor changes in its wording.

After the bill was introduced in the legislature, Sandy was approached by a representative from the Tennessee Recreation Therapy Association. This was a surprise because recreation therapists are not licensed or regulated in Tennessee. The recreation therapists’ concern was that by including the terms *recreation* and *leisure* in our bill, we could be limiting their ability to practice by virtue that their roles could be interpreted as “unlicensed practice of OT.” This concern was resolved by including an express exemption in the bill for nationally certified recreation therapists who are practicing their profession. The only other changes in the bill resulted from minor concerns of the lobbyists for the

medical association and the orthotists/prosthetists, which were easily addressed without adversely affecting the bill.

The bill was approved unanimously by the Senate and House and has been signed into law by the Governor. Because the proper groundwork had been laid, the bill never became controversial. ■



Tennessee State Capitol Building

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■

GOTA's Successful Advocacy Efforts with Medicaid

Guest Article

By Debi Hinerfeld OTR/L, BCP
GOTA President

Collaboration, team work, and being at the right place at the right time have been crucial strategies that Georgia has used to advocate for OT services within our state Medicaid system.

Successful advocacy with Medicaid became necessary for our association in 2004 when the Georgia Legislature was looking to make budget cuts in order to balance the state budget. At that time, the Georgia Occupational Therapy Association (GOTA) teamed up with the Physical Therapy Association of Georgia (PTAG) and the Georgia Speech and Hearing Association (GASHA) and the Georgia Tri-Alliance was formed. This group, made up of the association presidents and very dedicated liaisons to the board, met periodically and kept in close communication using e-mail to ensure that services for children who needed therapy would not be cut out of the budget.

Budget cuts included decreased reimbursement for therapy services and stricter criteria for Medicaid Waiver eligibility which could create severely limited access for services. Many private practice agencies located in rural and less affluent areas of Georgia would not be able to support their businesses which would have an impact on the number of available services for children with special needs.

The Tri-Alliance began to "rouse the troops" and initiated a letter writing campaign to state legislators, not only from members of the state associations but also from consumers. Testimonials were given by key members of the associations in front of the House Appropriations Committee which was charged with balancing the budget and face to face contact was made with many legislators educating them about Occupational Therapy. We also gathered support from the Governor's

Council on Developmental Disabilities and frequently relied on the expertise of our lobbyists to help us plan our strategy. The outcome of all of our efforts was very favorable due to our persistent education and advocacy for what we do and the budget was balanced without cuts to therapy services or to the Waiver program.

In the summer of 2005, the Governor of Georgia initiated a Medicaid Modernization waiver program that was intended to give the state more flexibility in running the Medicaid program, in exchange for possibly capping the amount of federal dollars the state gets for the program. This program was established due to the need to curb costs for Medicaid which were growing twice as fast as state revenues. Georgia chose to use a Care Management Organization (CMO) service model and was to implement this program in April of 2006. Care Management Organizations are organized like Health Maintenance Organizations with an emphasis on care rather than on management of health care services. A Medicaid Transformation Services Work Group, made up of various public and private health care agency stakeholders, was formed to begin planning for this change. With the helpful connections of the GOTA lobbyist, the Tri-Alliance was able to secure a seat on this committee. Again, advocacy was key and being at the right place at the right time paid off. As members of this committee, we learned of situations that could impact occupational therapy's viability in the Georgia Medicaid program. We also established a relationship with the Director of Medicaid and kept in contact with him by e-mail whenever necessary.

As the Medicaid program became more clearly defined, three agencies were selected to manage care for the entire state's Medicaid recipients. Each agency had its own network of service providers and therapists were required to apply to be in network with any or all of the three. Communications between occupational therapists in Georgia began via list serve e-mails and information was posted on the web site in regards to facilitating this process.

The Georgia Tri-Alliance also invited representatives from all three CMOs to a meeting that was very well attended by therapists from all over the state. The meeting was packed! During this meeting, it was discovered that the CMOs knew very little about therapy services and had many questions for us as well. Follow-up meetings were scheduled with the CMOs in which many other questions arose due to the lack of understanding about therapy services and how they were to be reimbursed.

It was at this time that we discovered that all three of the CMOs were planning on using Apollo and Interqual utilization guidelines to determine the need and frequency for therapy services. Members of the Tri-alliance obtained the Apollo guidelines which stated OT services for children with autism, as well as other diagnosis, are not medically necessary. This immediately alerted us that these guidelines may be incorrect and could inappropriately limit access to the types of services children were already receiving. In response, we immediately contacted AOTA for support in finding as much evidence as we could find that supports occupational therapy as a necessary treatment when working with children with various developmental disabilities. We also requested our membership's help which was very well received and as a result, we were able to put together an educational resource binder which includes research abstracts and reports which demonstrate the effectiveness of OT working with this population.

Medicaid did in fact launch its Modernization Effort June 1st and we are waiting to see what befalls this new program. Although we are waiting to see how everything comes together, we know that we cannot allow ourselves to become passive observers with all of the changes that are occurring and that we must keep a vigilant eye on daily occurrences to be sure we do not get left out. We are pleased that we have established a positive and working relationship with key personnel at the Department of Community Health as well as establishing rapport with represent-

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atives of the CMOs. The Georgia Occupational Therapy Association and the Tri-Alliance remain proactive and continue to meet regularly with the Medicaid representatives to advocate for Occupational Therapy and children in Georgia. With the support of our national organizations and all three membership groups, we will continue to stay alert and responsive to this effort to stay viable in all health care environments.

■



Georgia State Capitol Building

Membership Supports State Advocacy: Monitoring State Regulations That Affect OT

Monitoring state regulations that could affect the practice of occupational therapy is a key function of AOTA's State Affairs Group and an important benefit supported by member dues. State associations also monitor regulatory activities through their government affairs committees and lobbyists. Monitoring by both national and state organizations helps ensure that important proposed regulations that could affect our profession don't slip by without our review and input

Professions routinely monitor regulatory activity to guard against scope of

practice encroachment or limitation created by changes to regulations governing other professions. To protect the lawful scope of occupational therapy practice, we monitor proposed changes to regulations for a number of professions, including physical therapy, speech-language pathology, orthotics and prosthetics, recreation therapy, and athletic training. Changes to regulations by those professions or others could broaden their scope of practice, which may in turn encroach on a core part of our scope of practice. An example of this is recent movement by athletic trainers to expand their scope to include the rehabilitation of "industrial/occupational athletes," which affects the practice of occupational therapy and physical therapy practitioners in work settings.

Professions may also attempt to gain exclusive domain over certain aspects of their scope of practice, which may inadvertently or intentionally limit the scope of practice of occupational therapy. An example of this is optometry regulations, which might state that anyone providing vision assessments is practicing optometry. This would obviously affect occupational therapists working with clients with low vision or providing driving assessments unless an appropriate exemption for occupational therapists was also part of the regulations or law.

It is also important to monitor the regulations of our own profession. AOTA staff routinely review proposed regulations of all state occupational therapy regulatory bodies and discuss concerns and suggestions in consultation with state association leaders. When AOTA provides written comments to a state agency, the comments, which reflect AOTA policies, standards, or guidelines, are also shared with state association leaders. State associations often have a liaison from their board to the state regulatory board, which also ensures that they will be aware of anticipated regulatory activity and can have adequate time to give input, communicate with members, shape appropriate language, and support or oppose proposed changes.

Other areas and programs whose regulations may affect and define occupational therapy practice include Medicaid, home health, insurance, worker's compensation, education, and early intervention. AOTA and state associations analyze and follow these proposals and their potential impact on the inclusion, delivery, and reimbursement of occupational therapy services in their state. Because of the sheer volume of proposals and issues, many states have established government affairs committees to spread the work among OT practitioners familiar with various areas of practice. Understanding what the proposal does and how it affects OT is essential for developing strategies to address the issue at hand.

AOTA subscribes to an Internet-based monitoring service to identify proposed regulations that could affect occupational therapy. We review summaries of hundreds of proposed regulations each month and the full text of proposals that may be of concern. We share pertinent regulatory activity with state affiliates. AOTA State Affairs staff also publish a monthly electronic report of recent state legislative and regulatory activity that is sent to state association presidents, legislative chairs, and other interested parties. This report is available to all AOTA members on the Web site. The expanded use of electronic technology over the past decade has given us the ability to receive notice of proposed regulatory changes, investigate regulatory activity, monitor selected regulatory topics, mobilize grassroots response efforts, and communicate with constituent groups.

Monitoring regulations to identify changes that may affect occupational therapy practice is very important, but that's only half the job. Action may be needed in response to proposed changes that adversely affect the profession. If your state association or AOTA inform you of proposed initiatives that affect your state, please respond. For example, you may be asked to share concrete examples of how a change in regulations would affect consumers of OT services, or you may be encouraged to send your own comments to the board or agency proposing the regulations. ■

ASHA Repeals Problematic Position Statement

AOTA has consistently taken the position that evaluation and intervention for dysphagia are solidly within the occupational therapy scope of practice as supported by AOTA's own CE offerings, official documents, *Definition of Occupational Therapy for the Model State Practice Act*, and Accreditation Council of Occupational Therapy Education (ACOTE®) educational standards. Over the past few years, AOTA has reinforced the strong role occupational therapy plays with this clinical population and has refuted arbitrary claims of exclusivity in this practice arena, by the American Speech-Language-Hearing Association (ASHA).

Citing unintended consequences, ASHA's Legislative Council recently rescinded the position statement "Speech-Language Pathologists Training and Supervising Other Professionals in Delivery of Services to Individuals with Swallowing and Feeding Disorders." This statement, originally approved in November 2003, delineates ASHA's position that speech-language pathologists (SLPs) should neither train nor provide clinical supervision to professionals from other disciplines in the evaluation and treatment of clients with swallowing and feeding disorders. ASHA-approved providers of continuing education (CE) were required to sign an agreement to adhere to the statement. Because of this policy, some OTs had not been allowed to enroll in ASHA-sponsored dysphagia courses, or even some non-ASHA related courses given by SLPs. In one case, this jeopardized the ability of an OT to participate in a grant that involved both SLPs and OTs.

Although the statement was likely rescinded in response to pressure from ASHA CE providers, it does not change. AOTA's belief that it was an attempt to position SLPs as the primary and preferred providers of dysphagia services. The statement seeks to reinforce ASHA's stance against "cross-training," which they define as

"training practitioners in one discipline to perform services traditionally regarded as within the purview or scope of practice of another discipline in an attempt to more efficiently deploy the clinical workforce to meet the needs of the patient caseload as it fluctuates at any particular point in time."¹ In fact, this language reflects the position of the TriAlliance (AOTA, American Physical Therapy Association, and ASHA) in their 1996 position paper on multi-skilled personnel.² However, this is not a cross training issue; rather, it is an attempt to arbitrarily limit and control clinical interventions that are a recognized and legitimate part of the scope of practice of another discipline.

There is the potential that other ASHA documents and information will be used with administrators to carve out an exclusive role in this practice area. However, dysphagia is a well established practice area, and OTs and OTAs should make use of the many AOTA resources available to support their role and competency in providing these services; in fact, many OTs have noted that SLP colleagues looked to them for training and leadership in the area of dysphagia! Knowledge and skills related to eating, feeding, and swallowing are key areas of occupational performance and, as such, are part of the ACOTE standards and core curriculum. Further, the Occupational Therapy Practice Framework: Domain and Process³ identifies these skills as areas within the domain of OT.

The Occupational Therapy Code of Ethics (2005), Principle 4, requires that "occupational therapy personnel shall achieve and continually maintain high standards of competence" (p. 640).⁴ Accordingly, an increased level of training and continuing education are required for more complex and specialized dysphagia-related interventions. AOTA recently created the voluntary Eating, Feeding and Swallowing Specialty Certification to assist practitioners to continually build their capacity for meeting identified competencies. Occupational therapy practitioners who wish to practice in this area should be assertive and utilize their solid foundation and continuing education resources

to provide dysphagia services at a variety of levels, both individually and as part of a multidisciplinary team.

References

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2. Trialliance of Health and Rehabilitation Professionals. (1996). Use of multi-skilled personnel. OT Week, 10(8), 17.
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4. American Occupational Therapy Association. (2005). Occupational therapy code of ethics (2005). American Journal of Occupational Therapy, 59, 639–642. ■



Is CarFit a Fit for Your Advocacy Efforts?

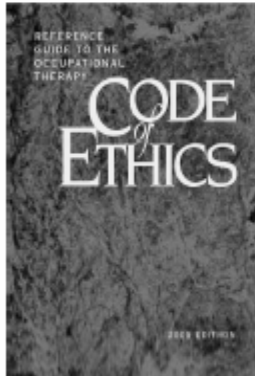
Occupational therapy can optimize and prolong an older driver's ability to drive safely, and ease the transition to other forms of transportation if cessation of driving becomes necessary. Occupational therapists identify driving as an instrumental activity of daily living and have been recognized for the role they play with older drivers by the National Highway Traffic Safety Administration (NHTSA), AAA, AARP and others.

AOTA is encouraging occupational therapists, occupational therapy assistants and occupational therapy students to participate in the AARP Driver Safety Program – CarFit. In many communities across the United States, AAA clubs, AARP volunteers and occupational therapists are working together to

conduct a quick but comprehensive

CarFit check of how well a driver and car work together.

These CarFit demonstrations will offer occupational therapists, occupational therapy assistants, and occupational therapy students the opportunity to explain the role of occupational therapy with the older driver to consumers, caregivers, policy makers and all interested participants. Visit <http://www.aota.org/olderdriver/> to view the resources on AOTA's microsite. Occupational therapists and occupational therapy assistants who wish to learn more about CarFit or volunteer to be one of the experts at these events should contact Elin Schold-Davis, escholddavis@aota.org. ■



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Reference Guide to the Occupational Therapy Code of Ethics, 2006 Edition

Edited by Deborah Yarett Slater, MS, OT/L, FAOTA

Provides context for developing and implementing ethical philosophy and practices and gives helpful information for resolving ethics issues in today's health care environment; identifying appropriate jurisdictions for ethics complaints; understanding the role of the Ethics Commission; and more. Ideal for students, educators, practitioners, administrators, and scientists. Included CD-ROM contains entire book for ease-of-use in the classroom.

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State Occupational Therapy Association 2006 Conference Calendar

State Association	Start Date	End Date	City
Alabama	9/15/2006	9/17/2006	Orange Beach
Alaska	TBD	TBD	TBD
Arizona	9/15/2006	9/16/2006	Phoenix
Arkansas	N/A	N/A	N/A
California	10/6/2006	10/8/2006	Costa Mesa
Colorado	10/13/2006	10/14/2006	TBD
Connecticut	3/18/2006	3/18/2006	Hamden
Delaware	5/21/2006	5/21/2006	Wilmington
District of Columbia	N/A	N/A	N/A
Florida	8/24/2006	8/27/2006	Carnival Cruise
Georgia	10/13/2006	10/15/2006	Atlanta
Hawaii	6/14/2006	6/14/2006	Honolulu
Idaho	9/22/2006	9/23/2006	Boise
Illinois	9/21/2006	9/23/2006	Springfield
Indiana	11/4/06	11/4/06	Indianapolis
Iowa	10/28/2006	10/28/2006	Des Moines
Kansas	Feb. 2007	Feb. 2007	Overland Park
Kansas	Oct. 2007	Oct. 2007	Junction City
Kentucky	9/29/2006	9/30/2006	Louisville
Louisiana	4/22/2006	4/23/2006	New Orleans
Maine	TBD	TBD	TBD
Maryland	11/3/2006	11/4/2006	Catonsville
Massachusetts	10/27/2006	10/27/2006	Westford
Michigan	10/13/2006	10/14/2006	Macomb
Minnesota	11/3/2006	11/4/2006	Minneapolis
Mississippi	4/8/2006	4/9/2006	TBD
Missouri	N/A	N/A	N/A
Montana	8/25/2006	8/27/2006	Fairmont Hot Springs
Nebraska	8/25/2006	8/26/2006	Ashland
Nevada	N/A	N/A	N/A
New Hampshire	9/22/2006	9/22/2006	N/A
New Jersey	10/15/2006	10/15/2006	Edison
New Mexico	TBD	TBD	Las Cruces
New York	8/28/2006	8/30/2006	New York City
North Carolina	TBD	TBD	TBD
North Dakota	TBD	TBD	TBD
Ohio	9/28/2006	9/29/2006	Cincinnati
Oklahoma	9/29/2006	9/30/2006	TBD
Oregon	6/2/2006	6/3/2006	Bend
Pennsylvania	10/6/2006	10/7/2006	Pittsburgh
Puerto Rico	No web Site	No web site	
Rhode Island	9/21/06	9/21/06	
South Carolina	TBD	TBD	TBD
South Dakota	4/7/2006	4/7/2006	Sioux Falls
Tennessee	11/10/2006	11/11/2006	Nashville
Texas	11/17/2006	11/19/2006	Irving
Utah	N/A	N/A	
Vermont	11/4/2006	11/4/2006	Killington
Virginia	9/23/2006	9/24/2006	Winchester
Washington	10/6/2006	10/8/2006	Jantzen Beach
West Virginia	10/20/2006	10/21/2006	Morgantown
Wisconsin	11/9/2006	11/11/2006	Madison
Wyoming	8/2/2006	8/5/2006	Rock Springs

Washington State Advocacy Efforts

Guest Article

By Rose Racicot, OTR/L
WOTA GLAC Chair

When the 2006 Washington State Legislative Session came to a close this spring, the work of the Government and Legal Affairs Committee (GLAC) of Washington Occupational Therapy Association (WOTA) had just begun. The two major state legislative issues currently affecting occupational therapy practice in Washington State include: (1) the Athletic Trainer's Licensure Bill; and (2) the Years of Service Bill which would grant credit on the Washington state teacher's salary schedule for non-school professional experience in their respective fields to all Educational Staff Associate groups including OT. Throughout this year and into 2007, GLAC will continue to lobby for the benefit of Washington's occupational therapy practitioners on these two important issues. WOTA's lobbyist, Mark Gjurasic, works closely with GLAC Chair, Rose Racicot, and her committee to strategize and set up meetings to facilitate progress on our legislative objectives. The purpose of this article is to briefly describe the political advocacy efforts by some key OTs working year round to protect our scope of practice in the area of industrial rehabilitation and to advocate for occupational therapists working in public schools.

Athletic Trainer's Licensure Bill Each year during the legislative session, the WOTA lobbyist and GLAC members carefully monitor any state legislation that may impact the practice of occupational therapy. When the athletic trainers (AT) introduced a bill (SB 6378) to become licensed in Washington State, GLAC reviewed the language of the bill and testified in the State Senate, voicing concern with the proposed expansion of AT into the area of industrial rehabilitation. The bill did not pass in 2006, but it will be re-introduced in 2007. Following testimony to the Senate Health and Long Term Care Committee last January against SB 6378, WOTA GLAC created a "position paper" outlining our concerns with this

newly introduced Athletic Trainer licensure bill. This paper was a collaborative effort between AOTA, our WOTA Executive Board and local OT experts in industrial rehabilitation. Following is an excerpt from this document: "WOTA created this position paper to state our concerns about SB 6378, Licensing of Athletic Trainers (AT) and to clarify the role of occupational therapy in industrial rehabilitation. Based on AT's educational background and traditional practice settings, ATs are specifically trained to provide services to the injured athlete. However, in SB 6378 the scope of practice of ATs in Washington State is expanded to include the evaluation and treatment of the "injured athlete" in industrial organizations. Based on occupational therapists' knowledge and skills in addressing the unique issues of injured workers in industrial rehabilitation programs, WOTA would like to express concerns regarding the language of SB 6378 related to "industrial organization." Under the Definition of Athlete in section 1 of the AT bill, WOTA proposes the words "industrial organization" (and all other references to the words "industrial") be struck from the bill language. WOTA does not believe that Athletic Trainers have the extensive training and background to meet the complex rehabilitation needs of injured clients in industrial organizations. The vagueness of the term "industrial organizations" leaves the door open for Athletic Trainers to perform roles and functions beyond their training and educational background, and thus possibly mislead consumers and jeopardize the health care of Washington State citizens.

WOTA believes that it is not appropriate for Athletic Trainer's to expand their scope of practice to include the industrial setting with injured workers and to compare these individuals to "injured athletes." There are specialized knowledge and skills that occupational therapists bring to the "industrial rehabilitation and ergonomics" area that make them uniquely qualified to carry out this role. Athletic Trainer's education does not prepare them for the same level of expertise that clients need in industrial rehabilitation since the role of AT is focused primarily on prevention,

evaluation and rehabilitation of "athletic injuries" with otherwise healthy individuals." For more information on Athletic Trainers' educational background, please see <http://www.nata.org/publicinformation/educationfactsheet05.pdf>" Our position paper goes on to specify what makes OT's uniquely qualified to provide industrial rehabilitation and ergonomics.

Years of Service Bill In addition to the Athletic Trainer's licensure bill, WOTA GLAC has also been collaborating with many groups to lobby for passage of HB 2830, the Years of Service bill. Starting last June 2005, GLAC members met with legislators, representatives from the Office of Superintendent of Public Instruction, the Governor's Washington Learns Committee, the Washington Education Association, Washington Special Education Coalition and our Washington ESA group. GLAC Chair, Rose Racicot, brought powerful school assistant superintendents with her to testify on this issue to the House Education Committee in February and to the Governor's Washington Learns Committee in April. These meetings and collaborative efforts led to the creation and implementation of a statewide ESA survey to gather financial information on the costs to school districts of hiring contracted versus direct hire staff to fill ESA positions. We plan to have the results of this survey by late summer 2006 and then present this information to key legislators and advocacy groups this fall for consideration.

In summary, advocacy for occupational therapy practice in Washington State is a year round collaborative effort between WOTA's lobbyist, the WOTA Executive Board, GLAC, and various political groups to achieve our goals. We have found that good communication with other stakeholder groups, good relationships with our legislators, and diligent efforts to educate others on our viewpoints and professional role, have all contributed to a very successful year. We are now preparing for the 2007 Legislative Session during which time we will continue to protect our scope of practice related to the Athletic Trainers' bill and advocate for fair salaries for our school OTs. ■

2006 Chart of Licensed OT and OTAs

State	OT 2006	OTA 2006	Totals 2006
Alabama	932	413	1345
Alaska	239	15	254
Arizona	1392	463	1855
Arkansas	919	124	1043
California	8791	1550	10341
Colorado	2020	152	2172
Connecticut	1725	512	2237
Delaware	259	102	361
Dist. of Columbia	452	12	464
Florida	6244	1761	8005
Georgia	2236	464	2700
Hawaii	432	56	488
Idaho	371	110	481
Illinois	4447	1676	6123
Indiana	2479	831	3310
Iowa	828	323	1151
Kansas	1176	311	1487
Kentucky	1458	364	1822
Louisiana	1463	361	1824
Maine	904	178	1082
Maryland	2161	429	2590
Massachusetts	4502	1664	6166
Michigan	4309	1033	5342
Minnesota	2619	804	3423
Mississippi	714	249	963
Missouri	2551	756	3307
Montana	258	65	323
Nebraska	680	135	815
Nevada	435	137	572
New Hampshire	1029	256	1285
New Jersey	4185	641	4826
New Mexico	723	244	967
New York	9137	3592	12729
North Carolina	2264	965	3229
North Dakota	359	134	493
Ohio	4103	2414	6517
Oklahoma	694	494	1188
Oregon	1214	255	1469
Pennsylvania	5492	2294	7786
Puerto Rico	N/A	N/A	N/A
Rhode Island	608	239	847
South Carolina	1125	422	1547
South Dakota	325	120	445
Tennessee	1579	772	2351
Texas	5595	1957	7552
Utah	425	164	589
Vermont	291	93	384
Virginia	2370	416	2786
Washington	2371	546	2917
West Virginia	468	279	747
Wisconsin	3143	1142	4285
Wyoming	246	69	315
TOTAL	104742	32558	137300

Italicized numbers are based on estimates that 20% of "licensees" are members of AOTA for unregulated states.

Data is taken from AOTA survey of state regulatory boards and rosters of licensees.

N/A=Not Available

About the State Affairs Group

Purpose

The State Affairs Group is responsible for all of the Association's state legislative and regulatory activities. This department monitors and provides analysis of proposed legislation and regulations affecting OT in the states, conducts outreach and provides assistance to state OT associations on key state issues such as professional regulation/scope of practice. The department also provides day-to-day liaison with state OT regulatory boards on professional trends and issues such as supervision and continuing competence requirements.

Resources

Department staff provide research, technical assistance and consultation on a wide range of state legislative and regulatory issues, and function as a clearinghouse for information useful to state regulatory boards. Staff members work with the state regulatory boards, analyze proposed legislation and regulations on key issues, provide testimony and recommend appropriate strategies for handling issues that affect the profession.

Staff and Contact Information

Please contact us if there are any issues that you would like to learn more about or require technical assistance. The department also invites suggestions for future newsletter articles.

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ADDRESS CORRECTION
REQUESTED