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Virginia Occupational Therapy Association

Efforts to Revise the VA OT Defined Scope of Practice

Amanda Leo, MOT, OTR/L

wo recent items of significant influence on the Virginia Occupational Therapy Association (VOTA) have been the recently approved Revised Definition of Occupational Therapy Practice for the AOTA Model Practice Act adopted by AOTA's Representative Assembly, along with discussion on the perceived value of state association membership. These two items go hand in hand for VOTA as many individuals perceive one important value of membership to be the legal representation offered and the lobbying done on behalf of its constituents to protect and promote the OT scope of practice.

On the heels of the newly revised Model Practice Act, and in conjunction with forward thinking by VOTA's lobbyists, Alexander Macaulay and Hunter Jamerson, VOTA launched a Special Review Committee in June to provide input on the current VA OT Defined Scope of Practice language and to draft proposed revisions. Participants for the committee were solicited from the membership at large in an effort to encourage leadership opportunities within the Association and promote a cohesive panel of practice area representatives. The committee was ultimately formed of 11 OT professionals, including four VOTA Board facilitators, and encompassed representatives from practice areas including, but not limited to health and wellness, children and youth, productive aging, and rehab, physical disability and wellness. The primary goal of the committee was to contribute to crafting a revision to the way that OT is defined in Virginia law to more accurately reflect current practice.

A very aggressive yet manageable timeline was established for this project, resulting in multiple conference calls supported by electronic communication for feedback and review. This method proved to be efficient and effective in meeting the needs of the Committee. Both Mr. Macaulay & Mr. Jamerson were readily available and provided legal guidance throughout the entire process. Multiple revisions have now been made following electronic presentation to the VOTA Board of Directors, telephone consultation with Chuck Willmarth and Marcy Buckner at AOTA, and face to face presentation with the Virginia Department of Health Professions' and Board of Medicine's leadership team for their preliminary assessment. Our lobbyists have also consulted with other stakeholders such as the Virginia Physical Therapy Association.

These combined efforts have resulted in a document that incorporates language that is inspired by the Revised Definition of Occupational Therapy Practice for the AOTA Model Practice Act and more accurately reflects the current practice of occupational therapy in the state of Virginia. A few key highlights of the proposed definition include use of the phrases "therapeutic use of occupations", "habilitation and rehabilitation", "basic and instrumental activities of daily living", "design, selection and use of adaptive equipment and assistive technologies" as well as inclusion of occupational therapy's role in adaptation of "physical, sensory and social environments."

The newest revisions reflect concise yet inclusive language that is ready to be presented by our lobbyists in the process of soliciting patrons. VOTA remains cautiously optimistic as we approach the upcoming months and the next steps in this journey. We look forward to sharing either the successes of our legislative efforts or our "lessons learned" with all of the other state associations in the near future.

Amanda Leo, MOT, OTR/L is the President of the Virginia Occupational Therapy Association.



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CDC Recognizes Importance of Occupational Therapy in Falls Prevention

Stephanie Yamkovenko

ne in every three adults older than 65 falls each year, but less than half talk to a health professional about the fall. Despite being a prevalent issue with older adults, falls are preventable, and occupational therapy plays a prominent role in helping to achieve this.

The Centers for Disease Control and Prevention (CDC) recognizes the importance of occupational therapy in falls prevention and began a relationship with the American Occupational Therapy Association (AOTA) in 2009. Since then, AOTA has participated in CDC national falls prevention meetings and developed a report for the CDC that examined Medicare payment for falls prevention services. (http://www.aota.org/falls)

"We're promoting the Centennial Vision goal of wide recognition, as well as power, by being at the table with the CDC," says Christina Metzler, AOTA's chief public affairs officer. "Our profile in the falls community has increased and we have enhanced our participation in the Falls Free Coalition with the National Council on Aging."

Occupational therapy practitioners provide assessment, training, and support to help older adults remain injury free. Practitioners work with a client to minimize falls risks in their environments and enable participation in community-based falls prevention programs, which are becoming increasingly available in the United States.²

AOTA attended a CDC meeting in mid-September that focused on community-based programs that the CDC believes are effective, based on the evidence. One of the programs discussed in the meeting was developed by an occupational therapist in Australia, Lindy Clemson, PhD, an associate professor at the University of Sydney Australia. The program, Stepping On, has been adapted for use in the U.S. Read more about Stepping On and other commu-

nity-based falls prevention programs in this *OT Practice* article. (http://aota.org/Pubs/OTP/2011-OTP/OTP-091211.aspx?FT=.pdf)

"Having the CDC bring in leading occupational therapists to participate in their meetings has really increased the recognition of occupational therapy in falls prevention," says Metzler.

Occupational therapy practitioners work in a variety of settings to address falls prevention in older adults such as outpatient clinics, acute care hospitals, rehabilitation centers, home health services and community centers such as Area Agencies on Aging. Working in a client's home, occupational therapy practitioners can help prevent future falls by evaluating the client's situation and environment to identify risks, and then use interventions to help the client prevent falls. They can also encourage activities to build strength and balance, promote safe habits while in the community, and help sustain these activities for long term prevention of falls.

"AOTA members can raise the profile of occupational therapy on a daily basis with their employers by making sure that falls prevention is an integral part of their occupational therapy approach where they are working," says Metzler. "It doesn't have to be a full fledged program; it can just be highlighting what you are able to do with your clients with falls prevention. Falls are preventable and occupational therapy is a critical component of alleviating this prevalent public health problem."

Occupational therapy practitioners participated in National Fall Prevention Awareness Day on September 23 either through falls coalitions or with their communities.

What are you doing to promote falls prevention in your community? Go to the OT Connections forum on Falls Prevention at http://otconnections.aota.org/forums/t/10819.aspx to share your plans and successes.

Resources on Falls Prevention:

- Information on National Falls Prevention Awareness Day (http://www.aota.org/News/AOTANews/Falls-Prevention.aspx)
- OT Connections forum on Falls Prevention http://otconnections.aota.org/forums/t/10819.aspx
- Fact sheet on Occupational Therapy and Prevention of Falls (http://www. aota.org/Practitioners/PracticeAreas/ Aging/Tools/38513.aspx?FT=.pdf)
- Web article on prevention falls with occupational therapy (http://www. aota.org/Consumers/Professionals/ WhatIsOT/PA/Articles/41100.aspx)
- Podcast on falls prevention (http:// www.aota.org/Archive/Archived-Podcasts/2009/Falls-Prevention.aspx)
- AOTA/CDC falls prevention project (http://www.aota.org/falls)
- Online Course: Falls Among Community-Dwelling Older Adults: Overview, Evaluation, and Assessments (http://myaota.aota.org/shop_aota/prodview.aspx?Type=D&SKU=OL34)
- Online Course: Falls Sustained Among Older Adults in the Hospital Setting (http://myaota.aota.org/shop_aota/ prodview.aspx?Type=D&SKU=OL35)

References

- 1 Centers for Disease Control and Prevention (2011). Falls among older adults: An overview. Retrieved September 22, 2011, from http://www.cdc.gov/HomeandRecreationalSafety/Falls/adultfalls.html
- 2 Peterson, L. (2011, September 12). Reducing fall risk: A guide to community-based programs. *OT Practice* 16(16), 15–20.

Stephanie Yamkovenko is staff writer at AOTA.

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AOTA and POTA Advocacy Victory

OTAs Are Now a High Priority Occupation in Pennsylvania

Marcy M. Buckner

n December 2010, Christina Peppard, a student member in Pennsylvania, contacted the American Occupational Therapy Association (AOTA) about an educational grants program through Pennsylvania Career Link that denied occupational therapy assistant (OTA) students because OTAs were not on the Pennsylvania Department of Labor and Industry (L&I) list of high priority occupations.

AOTA contacted the Pennsylvania agency in charge of the list, the Center for Workforce Information and Analysis, and discovered that OTAs have not been on the state or regional lists of high priority occupations for the past 3 years. The 2010 list was issued in the spring of 2010 and was well past the 60 day appeal deadline. To get OTAs on the list, AOTA was advised to wait until the 2011 list was posted the following spring, and then submit an appeal to add OTAs. The appeal would have to show evidence from employers that across the state there are at least 75 openings per year for 5 years for OTAs.

AOTA contacted the Pennsylvania Occupational Therapy Association (POTA) and they agreed that they did not want to wait to appeal after the 2011 list was posted. Instead, AOTA worked with POTA and the state OTA program directors to gather data to send supportive documentation for OTAs to be added to the 2011 list of high priority occupations before the list was posted in the spring.

In January 2011, AOTA sent a letter to L&I to raise the concern that OTAs were not included on the list of high priority occupations despite supporting documents that OTAs meet the requirements to be included on the list. AOTA also suggested that L&I take a closer look at their data and projections before they created the 2011 list. For example, the United States Bureau of Labor Statistics (BLS) projects that total employment for OTAs will increase by 30% between 2008 and 2018, which is much faster than the average for all other occupations.¹

There are currently seven accredited occupational therapy assistant programs offered in Pennsylvania. The state OTA program directors were able to provide information about the number of OTAs graduating from PA OTA programs (134 in 2009) and that OTAs are able to find jobs fairly quickly after graduation. Further, AOTA provided documentation that there are currently 2,746 licensed occupational therapy

assistants practicing in the state of Pennsylvania this is an increase of 312 practitioners since 2007. These numbers supported the findings of BLS that there continues to be a strong demand for occupational therapy assistants not only across the country, but also in Pennsylvania.

After receiving the letter from AOTA, L&I finalized their 2011 list of high priority occupations in August 2011 and OTAs were added to the list, allowing OTA students access to educational grants. AOTA celebrates this success along with OTA students in Pennsylvania who have received educational grants for the fall 2011 semester because of the addition of OTAs to the list of high priority occupations.

When AOTA informed Peppard that OTAs were added to the list of high priority occupations for the fall of 2011, she said, "If there is just one thing that I can say to students and those working in the occupational therapy field it would be that AOTA and POTA truly support this profession. For any organization to be successful, it relies on the numbers in their membership. I would urge everyone to make sure they are a part of such incredible organizations and add their name to the member-

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The American

Occupational Therapy Association's

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 occupational therapy 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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New York State Revises OT Practice Act

Marcy M. Buckner

egislation to amend the New York occupational therapy practice act was signed into law by Governor Andrew Cuomo on August 17, 2011. This marked the end of a nearly 10-year quest by the New York State Occupational Therapy Association (NYSOTA) to revise the practice act. The bills (NY-S.B. 2911 and NY-A.B. 4296), which were supported by NYSOTA, revise the definition of practice of occupational therapy, amend referral requirements, and strengthen regulatory provisions for occupational therapy assistants (OTAs).

NYSOTA Legislative Chair Jeffrey Tomlinson, MSW, OTR, FAOTA, reflecting on his experience advocating for these changes, said:

This was a long, arduous process that took us nearly 10 years. It took us over a year of committee work and talking to members and other stakeholders just to draft the bill. Another 3 years to secure legislative sponsors and get the bill even looked at by legislative committees. And then at least 5 years of negotiating changes in bill language with other parties of interest who were opposed to the bill. This effort took many, many hours of lobbying and hundreds of therapists and students traveling to Albany year after year to advocate for the bill. We had to compromise on some issues that we are not happy with, so we will be right back at it next year with more legislation.

Definition of OT

NYSOTA referenced the Definition of Occupational Therapy for the AOTA Model Practice Act¹ when determining the amendments that needed to be made to the definition in the New York occupational therapy practice act. NYSOTA was not able to incorporate all of AOTA's definition, but the legislation passed with the definition amended in order to specifically include "activities of daily living" and to focus on services occupational therapy practitioners provide for restoring function.

Referral Requirements

The amended definition also broadens referral requirements. Previously, occupational therapy could be provided only upon prescription or referral from a physician or nurse practitioner. This requirement was very restrictive and created barriers to access occupational therapy services. NYSOTA sought to omit the referral language from the

The legislation authorizes the commissioner to set standards for OTAs, including those "relating to education, experience, examination, and character." Currently, OTAs are not required to pass the National Board for Certification in Occupational Therapy exam in order to be certified to practice in the state of New York. This legislation is expected to prompt the New York

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practice act in order to reflect AOTA's position that a referral should not be required for occupational therapy. After many negotiations with legislators, NYSOTA compromised, and the result was to expand the referral requirements so that all professions with the ability to prescribe in New York, including optometrists, may refer clients for occupational therapy. The revised language requires a referral for a "treatment plan designed to restore function." Although this compromise did not result in full access for occupational therapy, the new referral requirements will break down some of the barriers in place that restrict access to occupational therapy.

Regulation of OTAs

Currently, OTAs are certified, not licensed, by the state of New York. NYSOTA sought to amend the occupational therapy practice act to require licensure for OTAs; however, NYSOTA met resistance from legislators who were reluctant to add another health care professional to the list of practitioners already regulated by licensure. Although the legislation does not provide for the licensure of OTAs, it does trigger rulemaking by the New York State Education Commissioner to define practice by OTAs, including clearer supervision requirements.

State Education Commissioner to consider requiring passage of the entry-level examination as a requirement for OTAs in the future. Occupational therapy assistants that are certified by the commissioner by the effective date of the legislation would not be subject to any examination requirement.

Future Efforts

The legislation signed by Cuomo in August is a legislative victory for occupational therapy. AOTA and NYSOTA collaborated throughout the legislative session to provide the support needed to achieve this success, and AOTA will continue to support NYSOTA as the state association pursues changes to the occupational therapy scope of practice and the regulation of OTAs during future legislation sessions.

Reference

1. American Occupational Therapy Association. (2011). *Definition of occupational therapy for the AOTA Model Practice Act*. Retrieved September 16, 2011, from http://www.aota.org/Practitioners/Advocacy/State/Resources/PracticeAct/36437.aspx?FT=.pdf

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Connecticut Succeeds in Countering Athletic Trainer Legislation

Marcy M. Buckner

onths before the beginning of Connecticut's 2011 legislative session, the Connecticut Occupational Therapy Association (ConnOTA) faced a unique challenge: ConnOTA's lobbying firm said it was representing a health care–related client, the Connecticut Athletic Trainers' Association (CATA). ConnOTA consulted with AOTA and decided that this was a conflict of interest because athletic trainers supported legislation to expand their scope of practice to cover areas of concern for occupational therapy practitioners.

As a result, ConnOTA dissolved its relationship with the lobbying firm. But, unable to find alternative representation for the 2011 legislative session on such short notice, ConnOTA entered the session without a lobbyist. Seven weeks into the session, the athletic trainers, represented by ConnOTA's former lobbyist, helped introduce legislation (CT SB 1051) that would have more broadly defined the scope of practice of athletic training to include rehabilitation and allowed athletic trainers to treat a wider variety of patients.

ConnOTA President Sue Goszewski, MSM, OTR, worked closely with AOTA to develop a strategy for ConnOTA to engage effectively in the legislative process and advocate for occupational therapy. ConnOTA also worked with the Connecticut Physical Therapy Association (CPTA) to oppose the bill.

On March 2, 2011, Goszewski and two physical therapists testified in a public hearing against the language of concern in the bill, while four athletic trainers testified in favor of the legislation. In addition, CATA had recruited trainers from every college athletic training program in Connecticut to submit testimony in favor of the legislation, passage of which they argued would help create more jobs for trainers. At a critical point in the legislative process, ConnOTA launched a grassroots ini-

tiative to recruit occupational therapy practitioners and students in opposition to the bill. Within 24 hours, they had sent more than 400 e-mails to state legislators, who, recognizing the dissent among the professions, passed the bill out of committee, with a recommendation that the professions work together to amend the proposed bill to include language more agreeable to everyone.

its concerns in a letter to the co-chairs of the Public Health Committee and representatives of CPTA and CATA. The letter acknowledged the compromises the athletic trainers were offering but defended the reasoning for ConnOTA's persistence in insisting that more favorable language for the occupational therapy profession be used. Ultimately, through prolonged negotia-

ConnOTA continued to work with AOTA to suggest amendments to the bill that would ensure that athletic trainers could not provide interventions within the domain of occupational therapy.

The professions held negotiations over the language for several weeks but reached no agreement. ConnOTA continued to work with AOTA to suggest amendments to the bill that would ensure that athletic trainers could not provide interventions within the domain of occupational therapy. Goszewski worked tirelessly on this effort, even consulting with AOTA staff in April during AOTA's Annual Conference & Expo in Philadelphia while the bill was under consideration in Connecticut.

In May, the athletic trainers suggested a revised draft of the bill that still did not remove the language regarding rehabilitation and the variety of patients that athletic trainers would be able to treat. Also of concern was language regarding treatment of patients in the workplace. To help refute the athletic trainers' claims about what should be included in their scope of practice, Goszewski also consulted with Paul Fontana, OTR, FAOTA, secretary of AOTA's Board of Directors and keynote speaker at ConnOTA's 2010 state conference, who provided documentation supporting occupational therapy's role in work rehabilitation, injury prevention, and return-to-work interventions.

Persevering in its effort to counter CATA's revisions, ConnOTA described

tions, Connecticut's 2011 legislative session adjourned on June 8 without the athletic trainer bill being heard, and the legislation died.

"Membership both in the national and state associations is so critical," Goszewski insists. "I wonder how state [occupational therapy practitioners] could have endured this process and threat to the scope of practice without the skill, expertise, and knowledge that the AOTA staff provided in this effort and the resolve of so many therapists in the state of Connecticut. ConnOTA is working very hard to increase membership statewide as well as stress the importance of membership in AOTA. We can only be as strong as our membership!"

To ensure the growth of your profession and the protection of your scope of practice, membership in your state association and AOTA is crucial to providing adequate resources for advocating against issues like these on your behalf.

Marcy M. Buckner, JD, is a state policy analyst at AOTA. She can be reached at mbuckner@aota.org.

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AOTA and POTA Advocacy Victory: OTAs Are Now a High Priority Occupation in Pennsylvania

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ship list. It will be the best investment of their careers and they can count on AOTA and POTA to help and support them. I am so glad and proud to be a member." As a result of OTAs being added to the list of high priority occupations, Peppard was awarded an educational grant for the fall 2011 semester.

Reference

1. United States Bureau of Labor Statistics (2009). Occupational therapist assistants and aides: Job Outlook. Retrieved October 6, 2011, from http://www.bls.gov/oco/ocos166.htm#outlook

Marcy Buckner, JD, is the state policy analyst at AOTA. She can be reached at mbuckner@aota.org.

Call for Comment on Draft ACOTE Standards Invited by October 21, 2011

he Accreditation Council for Occupational Therapy Education (ACOTE®) is inviting comment from all communities of interest regarding the second draft of the ACOTE Accreditation Standards for a Doctoral-Degree-Level Educational Program for the Occupational Therapist, Accreditation Standards for a Master's-Degree-Level Educational Program for the Occupational Therapist, and Accreditation Standards for an Associate-Degree-Level Educational Program for the Occupational Therapy Assistant. Feedback on the draft Standards will determine whether the revised Standards are adopted by ACOTE in December 2011 or whether a third draft will be developed and a call for comment repeated. If adopted at the December 2011 meeting, the Standards would become effective July 1, 2013. The draft Standards are available on AOTA Web page at http://www.aota.org/Educate/Accredit/Draft-Standards/47685.aspx?FT=.pdf

To submit comment, please click on the link below to our Web-based survey: http://www.zoomerang.com/Survey/WEB22D4XHAFC3Y/

Comment may also be provided in writing via e-mail to accred@aota.org or addressed to the Accreditation Department, AOTA, PO Box 31220, Bethesda, MD 20824-1220. Hard copies of the survey are available upon request from the AOTA Accreditation Department at accred@aota.org.

ALL SURVEYS MUST BE SUBMITTED ON OR BEFORE OCTOBER 21, 2011.



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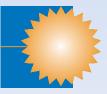
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