



Hello, my name is Karen Sames. I am a volunteer with the Minnesota Occupational Therapy Association, testifying in support of SF1572. I would like to express my appreciation for your consideration of the Occupational Therapy Licensure Compact, the OT Compact. This measure is a joint initiative of the American Occupational Therapy Association and the National Board for Certification in Occupational Therapy.

The American Occupational Therapy Association (AOTA) is the national professional association established in 1917 to represent the interests and concerns of occupational therapy practitioners and students, and to improve the quality of occupational therapy services. The National Board for Certification in Occupational Therapy, Inc. (NBCOT®), is a national not-for-profit organization that provides certification for occupational therapy professionals. NBCOT develops, administers, and continually reviews its certification process based on current and valid standards that provide reliable indicators of competence of occupational therapy practice. Above all else, NBCOT's mission is to serve the public interest.

The OT Compact utilizes a “mutual recognition” model of interstate practice, whereby Compact member states agree to “recognize” valid licenses issued by other member states. This approach is made possible by the fact that core licensure requirements for Occupational Therapists and Occupational Therapy Assistants are virtually the same across all 50 states. To utilize the Compact, an occupational therapist or occupational therapy assistant must have a license in good standing in their home state—their primary state of residence—and the home state must be a member of the OT Compact. When a licensee wants to work in another member state (known as a “remote state”), the licensee obtains a “compact privilege” from the OT Compact Commission, the interstate body composed of member state officials tasked with administering the Compact. A compact privilege is equivalent to a license to practice occupational therapy in the remote member state. Twenty-eight states are already members of the OT Compact.

The OT Compact preserves the regulatory authority of each compact member state to protect public health and safety through the existing state regulatory structure. Unlike



national licensure initiatives that supersede state regulatory authority, interstate occupational licensure compacts allow a member state to continue to determine the requirements for licensure in that state, as well as to maintain that state's unique scope of practice for all members of a profession practicing in that state, whether through a state-issued license or through a compact privilege.

The OT Compact has many benefits for Minnesota:

- Improves continuity of care for the citizens of MN;
- Improves licensure portability for occupational therapists and occupational therapy assistants;
- Improves access to occupational therapy providers;
- Increases choice of occupational therapy providers;
- Preserves the existing state-based licensure system;
- Improves communication between states:
 - Mandates full participation in a licensing and disciplinary data system
 - Ensures that all adverse actions and disciplinary sanctions are reported regularly to Commission and shared with member states;
 - Facilitates sharing of investigatory information.
- Requires criminal background checks;
- Ensures the understanding that practice of occupational therapy occurs in the state where the client is located at the time.
- Requires continuing education for all who practice under the Compact;

Overall, the OT Compact will, improve access to and continuity of care for Minnesota residents, and increase license portability for occupational therapy professionals based in Minnesota, while maintaining the current system of state licensure. Additionally, by ensuring the sharing of investigative and disciplinary information among member states, the OT Compact will allow member state regulatory entities to better protect the public. I urge you to pass SF1572 with one small change. On line 2.24, please change or to and. Practitioners must complete, not just participate in continuing education and continuing competence.