

Proposal Summary/ Overview

To be completed by proposal sponsor. (500 Word Count Limit for this page)

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Is this proposal regarding:

- *New or increased regulation of an existing profession/occupation? If so, complete this form, Questionnaire A.*
- *Increased scope of practice or decreased regulation of an existing profession? If so, complete Questionnaire B.*
- *Any other change to regulation or scope of practice? If so, please contact the Committee Administrator to discuss how to proceed.*

1) State the profession/occupation that is the subject of the proposal.

Occupational Therapy (OT)

2) Briefly describe the proposed change.

We are not proposing any changes to our existing licensure law. We are proposing to introduce new legislation to allow Minnesota to join the national OT Licensure Compact.

3) If the proposal has been introduced, provide the bill number and names of House and Senate sponsors. If the proposal has not been introduced, indicate whether legislative sponsors have been identified. If the bill has been proposed in previous sessions, please list previous bill numbers and years of introduction.

2023: HF2117; Rep. Amanda Hemmingsen-Jaeger, Rep. Kristin Bahner, Rep. Debra Kiel, Rep. Joe Schomacker, Rep. Brion Curran, Rep. Larry Kraft

2023: SF 1572; Sen. Jim Abeler, Sen. John Hoffman, Sen. Robert Kupec, Sen. Paul Utke, Sen. Jim Carlson

4) Given the press of business in the 2023 legislative session it is unlikely that health licensing and scope of practice bills will be taken up this year. If there is an urgent need that this bill be heard this year, please explain the urgency.

To date, 28 states have enacted the OT Licensure Compact. Of those 28 states, eight states passed the OT Licensure Compact in 2023, with more states expected to join the compact in 2024. The OT Licensure Compact increases access to occupational therapy for Minnesotans, especially in rural areas. The OT Licensure Compact promotes continuity of care for individuals who travel to Minnesota for healthcare. With the OT Licensure Compact, individuals can continue to receive telehealth care from the same OT who they worked with during their care in Minnesota. The OT Licensure Compact also supports Minnesota's occupational therapy practitioners and aids in filling occupational therapy healthcare gaps as occupational therapy practitioners from across the nation can better support Minnesotans. The OT Licensure Compact can fill needed occupational therapy positions in schools, hospitals, mental health settings, skilled nursing facilities, and more. It is critical that we pass this legislation to meet the occupational therapy needs of our Minnesotan communities.

Questionnaire A: New or increased regulation (adapted from Mn Stat 214.002 subd 2 and MDH Scope of Practice Tools)

This questionnaire is intended to help legislative committees decide which proposals for new or increased regulation of health professions should receive a hearing and advance through the legislative process. It is also intended to alert the public to these proposals and to narrow the issues for hearing.

This form must be completed by the sponsor of the legislative proposal. The completed form will be posted on the committee's public web page. At any time before the bill is heard in committee, opponents may respond in writing with concerns, questions, or opposition to the information stated and these documents will also be posted. The Chair may request that the sponsor respond in writing to any concerns raised before a hearing will be scheduled.

A response is not required for questions which do not pertain to the profession/occupation (indicate "not applicable"). Please be concise. Refer to supporting evidence and provide citation to the source of the information where appropriate.

New or increased regulation of health professions is governed by Mn State 214. Please read and be familiar with those provisions before submitting this form.

While it is often impossible to reach complete agreement with all interested parties, sponsors are advised to try to understand and to address the concerns of any opponents before submitting the form.

1) Who does the proposal impact?

- a. Define the occupations, practices, or practitioners who are the subject of this proposal.

Occupational Therapy (OT) is a profession which supports individuals in doing their everyday tasks, otherwise known as occupations.

- b. List any associations or other groups representing the occupation seeking regulation and the approximate number of members of each in Minnesota

Minnesota Occupational Therapy Association, 400 members

- c. Describe the work settings, and conditions for practitioners of the occupation, including any special geographic areas or populations frequently served.

Occupational therapy practitioners work in hospitals, skilled nursing facilities, outpatient settings, schools, mental health settings, and more. Occupational therapy practitioners provide services for individuals of all ages with a variety of conditions. Occupational therapy practitioners provide services for neonatal and pediatric populations with autism spectrum disorders, down syndrome, ADHD, Cerebral Palsy, developmental delays, feeding disorders, and more. Occupational therapy practitioners provide services for adult populations with strokes, brain injuries, hand injuries, Parkinson's Disorder, Dementia, chronic pain, Multiple Sclerosis, mental illness, to name a few.

- d. Describe the work duties or functions typically performed by members of this occupational group and whether they are the same or similar to those performed by any other occupational groups.

Occupational therapy practitioners perform evaluations, provide interventions for treatment, and assess outcomes of therapeutic interventions. Occupational therapy is different from other professions as occupational therapy practitioners focus on occupations, otherwise known as everyday tasks, and their occupational therapy process revolves around these occupations.

2) Specialized training, education, or experience (“preparation”) required to engage in the occupation

- a. What preparation is required to engage in the occupation? How have current practitioners acquired that preparation?

Occupational therapists have either a master’s or doctoral degree in occupational therapy from an Accreditation Council for Occupational Therapy Education (ACOTE) accredited program/university. Occupational therapy assistants have either an associate’s or bachelor’s degree from an Accreditation Council for Occupational Therapy Education (ACOTE) accredited program/university.

- b. Would the proposed regulation change the way practitioners become prepared? If so, why and how? Include any change in the cost of entry to the occupation. Who would bear these costs?

The OT Licensure Compact does not change educational requirements.

- c. Is there an existing model of this change being implemented in another state? Please list state, originating bill and year of passage?

Alabama, SB 167, 2002
 Arizona, SB 1468, 2002
 Arkansas, HB 1082, 2023
 Colorado, HB21 1279, 2023
 Delaware, SB 247, 2022
 Georgia, HB 268, 2021
 Indiana, SB 73, 2023
 Iowa, HB 201, 2021
 Kentucky, HB 213, 2022
 Louisiana, SB 186, 2023
 Maine, LD 31/SP 39, 2021
 Maryland, HB 540, SB 139, 2023
 Mississippi, HB 259 2023
 Missouri, HB 476 2021
 Montana, SB 155, 2023
 Nebraska, LB 752, 2022
 New Hampshire, SB 133, 2021
 North Carolina, HB 224, 2021
 Ohio, SB 7, 2021
 South Carolina, HB 3599, 2021
 South Dakota, HB 1183, 2023
 Tennessee, SB 1848, HB 2561, 2022
 Utah, HB 154, 2022

Virginia, SB 1189, 2021
Washington, SB 5518, 2022
West Virginia, SB 221, 2022
Wisconsin, Wisconsin Act 123, 2021
Wyoming, HB 117, 2022

- d. If current practitioners in Minnesota lack any training, education, experience, or credential that would be required under the new regulation, how does the proposal address that lack?

Current occupational therapy practitioners have the necessary education and credentials as the OT Licensure Compact's requirements mirror Minnesota's current OT Licensure laws.

- e. Would new entrants into the occupation be required to provide evidence of preparation or be required to pass an examination? If not, please explain why not. Would current practitioners be required to provide such evidence? If not, why not?

All occupational therapy practitioners applying to the OT Licensure Compact will need to provide proof of OT licensure in home state.

3) Supervision of practitioners

- a. How are practitioners of the occupation currently supervised, including any supervision within regulated institution or by a regulated health professional? How would the proposal change the provision of supervision?

Supervision is provided during fieldwork rotations required to graduate from occupational therapy master's or doctorate program. The OT Licensure Compact does not change supervision.

- b. Does a regulatory entity currently exist or does the proposal create a regulatory entity? What is the proposed scope of authority of the entity? (For example, will it have authority to develop rules, determine standards for education and training, assess practitioners' competence levels?) Has the proposed change been discussed with the current regulatory authority? If so, please list participants and date.

The Occupational Therapy Compact Commission (OTCC) is the interstate administrative body created by the Compact. The OTCC is composed of one Commissioner from each of the Compact states, along with non-voting representatives from AOTA and NBCOT. The OTCC is tasked with implementing the Compact's provisions for interstate practice of occupational therapy.

- c. Do provisions exist to ensure that practitioners maintain competency? Describe any proposed change.

The OT Licensure Compact requires the same competency requirements to maintain OT licensure in Minnesota.

4) Level of regulation (See Mn Stat 214.001, subd. 2, declaring that "no regulations shall be imposed upon any occupation unless required for the safety and well-being of the citizens of the state." The harm must be "recognizable, and not remote." Ibid.)

- a. Describe the harm to the public posed by the unregulated practice of the occupation or by the continued practice at its current degree of regulation.

Not applicable

- b. Explain why existing civil or criminal laws or procedures are inadequate to prevent or remedy any harm to the public.

Not applicable

- c. Explain why the proposed level of regulation has been selected and why a lower level of regulation was not selected.

Not applicable

5) Implications for Health Care Access, Cost, Quality, and Transformation

- a. Describe how the proposal will affect the availability, accessibility, cost, delivery, and quality of health care, including the impact on unmet health care needs and underserved populations. How does the proposal contribute to meeting these needs?

The OT Licensure Compact increases availability and accessibility to occupational therapy services by increasing the number of occupational therapy practitioners available to fill vacant occupational therapy positions, especially in rural and underserved areas.

- b. Describe the expected impact of the proposal on the supply of practitioners and on the cost of services or goods provided by the occupation. If possible, include the geographic availability of proposed providers/services. Cite any sources used.

The OT Licensure Compact will increase the supply of occupational therapy practitioners by streamlining the process for occupational therapy practitioners licensed in other states across the nation to obtain occupational therapy licensure in Minnesota.

- c. Does the proposal change how and by whom the services are compensated? What costs and what savings would accrue to patients, insurers, providers, and employers?

No.

- d. Describe any impact of the proposal on an evolving health care delivery and payment system (e.g., collaborative practice, innovations in technology, ensuring cultural competency, value-based payments)?

Not applicable

- e. What is the expected regulatory cost to state government? Is there an up-to-date fiscal note for the proposal? How are the costs covered under the proposal?

There will be a cost for the MN Board of Occupational Therapy Practice to utilize the database used by the national OT Compact Commission; however, this cost has not yet been established. There is not a current up to date fiscal note, the MN Board of Occupational Therapy Practice is

working on costs of integration for the compact and will create a fiscal note. The MN Board of Occupational Therapy Practice does intend to charge a fee to OT Compact applicants to cover the costs of utilizing the national OT compact database.

6) Evaluation/Reports

Describe any plans to evaluate and report on the impact of the proposal if it becomes law, including focus and timeline. List the evaluating agency and frequency of reviews.

No plans to evaluate or report impact of the proposal if it becomes law.

7) Support for and opposition to the proposal

- a. What organizations are sponsoring the proposal? How many members do these organizations represent in Minnesota?

Minnesota Occupational Therapy Association, 400

- b. List organizations, including professional, regulatory boards, consumer advocacy groups, and others, who support the proposal.

Minnesota Occupational Therapy Association, Minnesota Board of Occupational Therapy Practice

- c. List any organizations, including professional, regulatory boards, consumer advocacy groups, and others, who have indicated concerns/opposition to the proposal or who are likely to have concerns/opposition. Explain the concerns/opposition of each, as the sponsor understands it.

No known opposition to the OT Licensure Compact at this time.

- d. What actions has the sponsor taken to minimize or resolve disagreement with those opposing or likely to oppose the proposal?

Not applicable