

We are pleased to introduce you to our new Practice Act. It passed both the House and the Senate unanimously and was signed by the Governor in July. It will go into effect January 1, 2024. The Bill is SB 2057 and we will post the revised Act when it is in the official format.

- **Here are some of the significant changes, they are underlined:**
- **Direct Access-NO MD order required to eval and treat.**

A licensed occupational therapist or licensed occupational therapy assistant may evaluate, initiate, and provide occupational therapy services and consult with, educate , evaluate, and monitor services for individuals, groups, and populations concerning occupational therapy needs without a referral.

(c) Referral from a physician or other health care provider is not required for evaluation or intervention for children and youths if an occupational therapist or occupational therapy assistant provides services in a school-based or educational environment, including the child's home.

(d) An occupational therapist shall refer a patient to the patient's treating health care professional of record, or to a health care professional of the patient's choosing if there is no health care professional of record, if:

(1) the patient does not demonstrate measurable or functional improvement after 10 visits or 15 business days, whichever occurs first, and continued improvement thereafter;

(2) the patient was under the care of an occupational therapist without a diagnosis established by a health care professional of a chronic disease that may benefit from occupational therapy and returns for services for the same or similar condition 30 calendar days after being discharged by the occupational therapist; or

(3) the patient's medical condition, at the time of evaluation or services, is determined to be beyond the scope of practice of the occupational therapist.

- **Gender neutral language throughout**
- **Definitions included for care-partners and recipient.**

(12) "Care-partner" or "caregiver" means someone, in a paid or unpaid capacity, who, by mutual agreement with the individual living with a temporary or chronic condition or disability, assists that individual with the individual's

physical, mental, emotional, or spiritual care in either habilitative or rehabilitative capacity.

- **The word recipient may be used instead of patient or client**

(10) "Recipient" means a person, group, or population who receives occupational therapy services.

- **Expands definition for an OTA to include the concept of partnership with an OT**

The occupational therapy assistant shall work under appropriate supervision of and in partnership with a licensed occupational therapist.

- **New definition of occupational therapy**

(6) "Occupational therapy" means the therapeutic use of everyday life occupations and activities with recipients, groups, or populations to support occupational performance and participation. "Occupational therapy practice" includes clinical reasoning and professional judgment to evaluate, analyze, and address occupational challenges, including issues with client factors, performance patterns, and performance skills and provide occupation-based interventions to address the challenges. Through the provision of skilled services and engagement in everyday activities, occupational therapy promotes physical and mental health and well-being by supporting occupational performance in people with, or are at risk of experiencing, a range of developmental, physical, and mental health disorders. Occupational therapy may be provided via technology or telecommunication methods, also known as telehealth, however the standard of care shall be the same whether a patient or recipient is seen in person, through telehealth, or other method of electronically enabled health care. Occupational therapy practice may include any of the following components:

- (A) evaluation of factors affecting activities of daily living, instrumental activities of daily living, health management, rest and sleep, education, work, play, leisure, and social participation;
- (B) methods or approaches to identify and select interventions; and
- (C) interventions and procedures including:

- (i) remediation or restoration of performance abilities that are limited due to impairment in biological, physiological, psychological, or neurological processes;
- (ii) modification or adaptation of task, process, or the environment or the teaching of compensatory techniques in order to enhance performance;
- (iii) disability prevention methods and techniques that facilitate the development or safe application of performance skills; and
- (iv) health and wellness promotion strategies, including self-management strategies, and practices that enhance performance abilities.

The licensed occupational therapist or licensed occupational therapy assistant may assume a variety of roles in the licensee's career including, but not limited to, practitioner, supervisor of professional students and volunteers, researcher, scholar, consultant, administrator, faculty, clinical instructor, fieldwork educator, and educator of consumers, peers, and family members, and care-partners.

(7) "Occupational therapy services" means services that may be provided to individuals, groups, and populations, when provided to treat an occupational therapy need, including the following:

(a) evaluating, developing, improving, sustaining, or restoring skills in self-care, self-management, health management, including medication-management, health routines, rest and sleep, home management, community and work integration, school activities, work performance, and play and leisure activities;

(b) identification, development, and remediation or compensation for deficits in physical, neuromusculoskeletal, sensory-perceptual, emotional regulation, visual, mental, and cognitive functions; pain tolerance and management; praxis; developmental skills; and behavioral skills or psychosocial components of performance with considerations for cultural context and activity demands that affect performance;

(c) assessing, designing, fabricating, applying, or training in the use of assistive technology, adaptive devices, seating and positioning, orthoses and training in the use of prostheses;

(d) modification of contexts in settings, such as home, school, work, and community, and adaptation of processes, including the application of ergonomic principles, to enhance performance and safety in daily life roles;

(e) for the occupational therapist or occupational therapy assistant possessing advanced training, skill, and competency as demonstrated through criteria that shall be determined by the Department, applying physical agent modalities, including dry needling, as an adjunct to or in preparation for engagement in occupations;

(f) evaluating and providing intervention in collaboration with the recipient, family, caregiver, or others;

(g) educating the recipient, family, caregiver, groups, populations, or others in carrying out appropriate nonskilled interventions;

(h) consulting with groups, programs, organizations, communities to provide population-based services;

(i) assessing, recommending, and training in techniques to enhance functional mobility, including wheelchair fitting and management and other mobility devices;

(j) driver rehabilitation and community mobility;

(k) management of feeding, eating, and swallowing to enable or enhance performance of these tasks;

(l) low vision rehabilitation;

(m) lymphedema and wound care management;

(n) pain management;

(o) care coordination, case management, and transition services;

.

(p) exercises, including tasks and methods to increase motion, strength, and endurance for occupational participation;

(q) virtual interventions, including simulated, real-time, and near-time technologies, consisting of telehealth and mobile technology;

(r) evaluating and treating problems of rest and sleep;

(s) group interventions, including the use of dynamics of group and social interaction to facilitate learning and skill acquisition across the life course; and

(t) habilitation, rehabilitation, and the promotion of physical and mental health and wellness for clients with all levels of ability-related needs and for clients who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, and activity limitation or participation restriction.

In addition to these changes the Department added language concerning the licensee's duty to keep the Department informed of address changes, as follows.

**(2) inform the Department of any change of address of record or email address of record within 14 days after such change either through the Department's website or by contacting the Department's licensure maintenance unit.**