

Public Health Committee

March 14, 2007

SB 1220 AAC The Birth to Three Program

Recommendation: Delete Section 2 from the Bill.

Senator Handley, Representative Sayers, and other members on the Public Health Committee, my name is Heather Miller Kuhaneck, MS OTR/L and I am representing the Connecticut Occupational Therapy Association as both a board member and a faculty member of an occupational therapy educational program. I have practiced in pediatrics for over 15 years and have been involved in teaching and research in pediatrics for over 5 years. I am writing to urge you to oppose SB 1220 An Act Concerning the Birth to Three Program. We are opposed to Section 2 of the bill that states that providers of Birth to Three Services may be required to meet additional standards. We believe that occupational therapists should not be required to meet any additional standards in order to provide therapy services to the young children of Connecticut. We are adequately prepared and trained in our educational programs to meet the therapy needs of children in the Birth to Three System. In addition, we already must meet a variety of national and local standards in order to provide occupational therapy services to any clients at all.

As occupational therapists, we have completed an educational program approved by a national regulating body, have completed 6 months of supervised internship, and have passed a national exam documenting our initial competence. In the state of Connecticut, we are then licensed as well and must meet continuing education requirements to document our continuing competence as occupational therapists for both the state and our national credentialing body. Every occupational therapist graduates with the ability to provide occupational therapy services to clients across the lifespan. Our education is sufficient to enable therapists to provide Birth to Three services without any additional standards being imposed.

In our entry level curriculum occupational therapy students learn about the typical psychosocial and motor development of children and the impact that disability can have on family occupations. They also learn atypical development of children, as well as neuroscience, kinesiology and biomechanics, and a variety of diagnoses that they may be exposed to while

working with infants and young children. They learn about client centered practice and the importance of collaborating with families. They also learn all about the laws that guide their practice and the implications of different environmental contexts on their service provision. Lastly, they are well versed in the process of occupational therapy; the evaluation, collaboration on goal setting, service provision and documentation of services. They learn to evaluate their effectiveness and change treatment plans as needed and they learn how and when to discharge children and families from service or refer to other professionals when necessary. In summary, there is no need for any additional standards to be imposed upon occupational therapists in order to provide services to the Birth to Three population of Connecticut and I strongly urge you to delete Section 2 of Senate Bill 1220.

Sincerely,

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