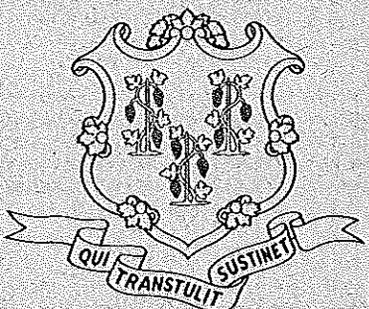


Regulation Of Occupational Therapists

Connecticut
General Assembly



LEGISLATIVE
PROGRAM REVIEW
AND
INVESTIGATIONS
COMMITTEE

SUNSET 1983

Volume IV - 22
January 1983

CONNECTICUT GENERAL ASSEMBLY

LEGISLATIVE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE

The Legislative Program Review and Investigations Committee is a joint, bipartisan, statutory committee of the Connecticut General Assembly. It was established in 1972 as the Legislative Program Review Committee to evaluate the efficiency and effectiveness of selected state programs and to recommend improvements where indicated. In 1975 the General Assembly expanded the Committee's function to include investigations and changed its name to the Legislative Program Review and Investigations Committee. During the 1977 session, the Committee's mandate was again expanded by the Executive Reorganization Act to include "Sunset" performance reviews of nearly 100 agencies, boards, and commissions, commencing on January 1, 1979.

The Committee is composed of twelve members, three each appointed by the Senate President Pro Tempore and Minority Leader, and the Speaker of the House and Minority Leader.

1981-82 Committee Members

Senate

Carl A. Zinsser, Cochairperson
M. Adela Eads
John C. Daniels
Nancy L. Johnson
Margaret E. Morton
Amelia P. Mustone

House

Joseph H. Harper, Jr., Cochairperson
William J. Cibes, Jr.
J. Peter Fusscas
Carol A. Herskowitz
Dorothy K. Osler
William J. Scully, Jr.

Committee Staff

Michael L. Nauer, Ph.D., Director
Anne E. McAloon, Program Review Coordinator
George W. McKee, Sunset Review Coordinator
Carrie E. Vibert, Staff Attorney
L. Spencer Cain, Program Analyst
Catherine McNeill Conlin, Program Analyst
Debra S. Eyges, Program Analyst
Jill E. Jensen, Program Analyst
Michael O'Malley, Program Analyst
Gary J. Reardon, Program Analyst
Lillian B. Crovo, Administrative Assistant
Mary Lou Gilchrist, Administrative Assistant

Staff on this Project

Gary J. Reardon, Principal Analyst

Legislative Office Building, 18 Trinity St., Hartford, CT 06115 (203)566-8480

SUNSET REVIEW 1983
REGULATION OF OCCUPATIONAL THERAPISTS

VOL IV - 22

JANUARY 1983

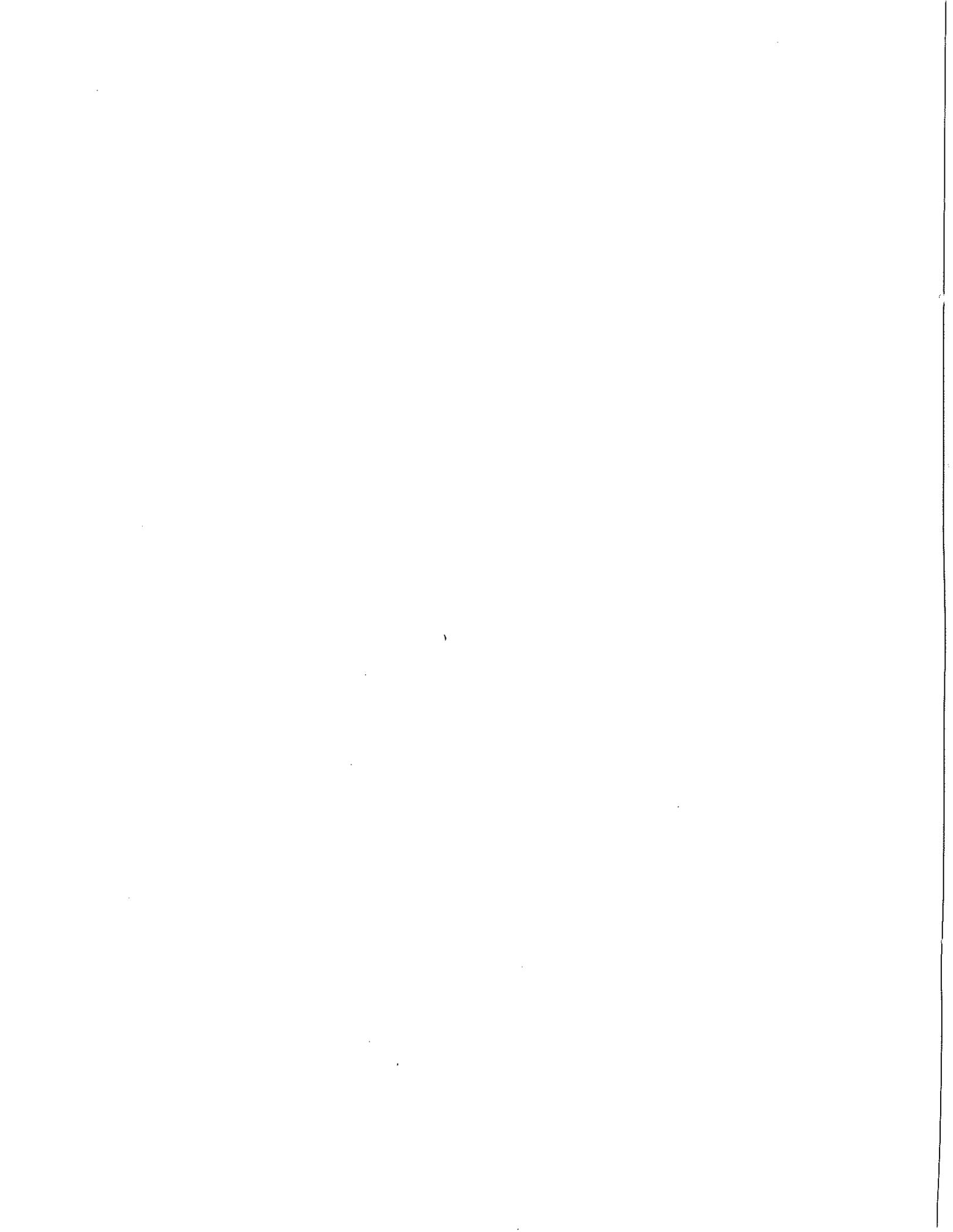
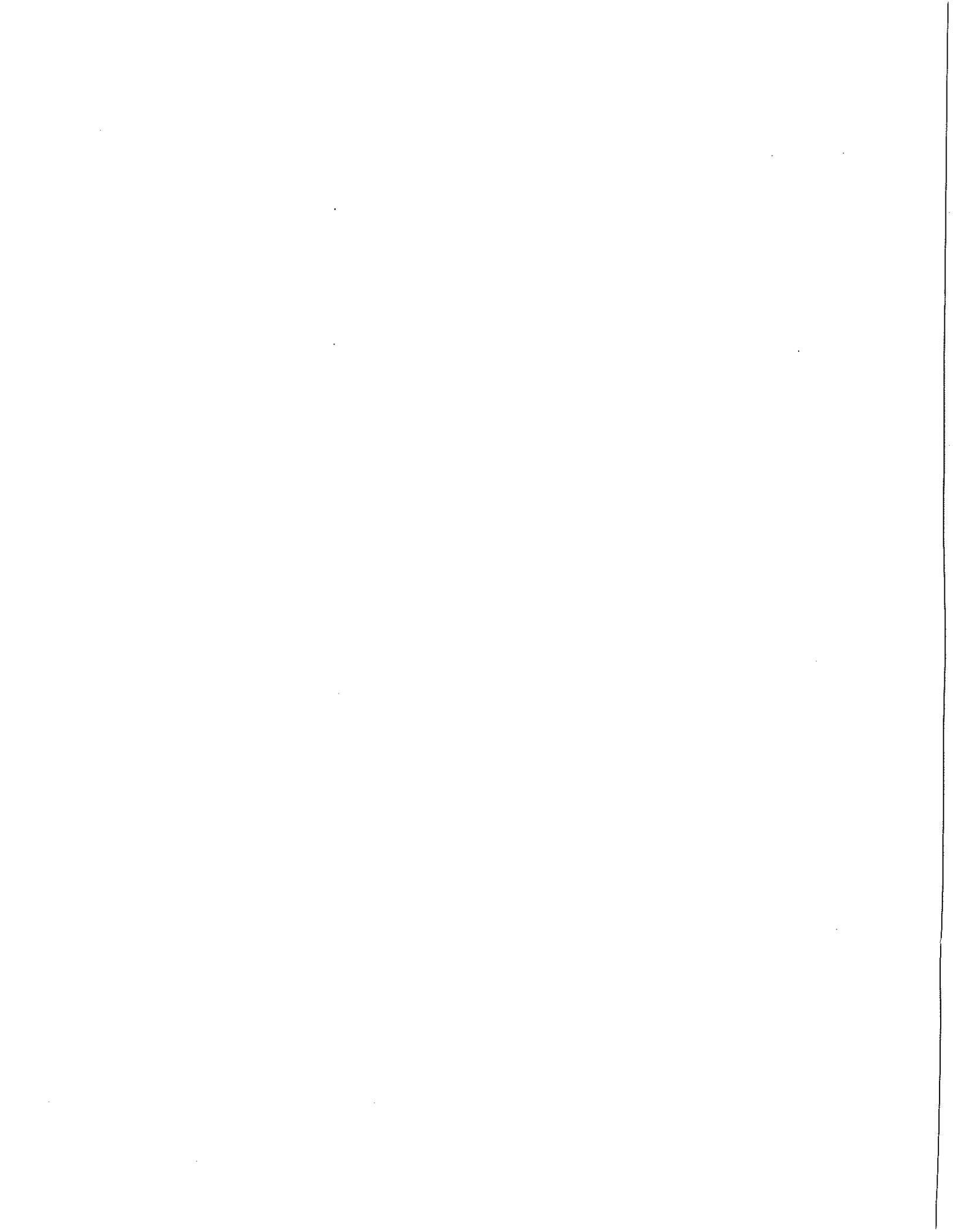


TABLE OF CONTENTS

SUMMARY.....	iii
I. INTRODUCTION.....	1
Purpose and Authority for Sunset Review....	1
Methodology.....	2
II. BACKGROUND.....	3
Legislative History.....	3
Nature of the Profession.....	3
Licensure Requirement.....	4
Purpose, Powers and Duties.....	5
Fiscal Information.....	5
III. ACTIVITIES.....	7
IV. ANALYSIS AND RECOMMENDATIONS.....	9
APPENDICES.....	11
A. Summary Sheet.....	13
B. Legislative Changes.....	15



OCCUPATIONAL THERAPISTS

SUMMARY

Occupational therapy is a health care profession concerned with restoring useful physical and mental function following disabling accidents and illnesses, developmental delays, psychological or social crises, birth defects or the aging process. Occupational therapists work in general hospitals, rehabilitation centers, psychiatric hospitals, skilled nursing facilities, mental retardation centers, school systems, mental health centers and home health agencies.

Prior to 1978 the practice of occupational therapy was not regulated in Connecticut. Public Act 78-253 established a system of licensure for occupational therapists and occupational therapy assistants and designated the Department of Health Services as the state agency responsible for operating the regulatory program. In 1982 Public Act 148 was enacted, and required that all individual and group hospital or medical expense policies offering coverage for physical therapy also offer coverage for occupational therapy administered by a licensed occupational therapist.

There are approximately 350 licensed occupational therapists and occupational therapy assistants in the state. In applying for licensure to the Department of Health Services, an occupational therapist or occupational therapy assistant must present proof of being certified by the American Occupational Therapy Association. The license fee for an occupational therapist or occupational therapy assistant is \$25 and valid for two years.

Continuation of the Licensure Program

The major issue considered by the Legislative Program Review and Investigations Committee was whether occupational therapists and occupational therapy assistants should be licensed, certified or not regulated at all. The committee found that before the licensure of occupational therapists and occupational therapy assistants began in 1979, there was no evidence of any consumer complaints about this profession. Since the licensure program began, the Department of Health Services has never received a complaint against a therapist. The committee concluded that a licensure program was not needed for occupational therapists and occupational therapy assistants, but some form of regulation was needed to help citizens identify therapists who have special qualifications. *Therefore, the Legislative Program Review and Investigations Committee recommends replacing licensure of occupational*

therapists and occupational therapy assistants with a certification system and amending Section 19-4t of the Connecticut General Statutes to allow certified occupational therapists to continue to receive third-party payments.

Title Restriction

The committee was concerned that only certified occupational therapists be able to use the title occupational therapist. *Therefore, the Legislative Program Review and Investigations Committee recommends that the title occupational therapist should be restricted so that no individual who is not certified may use the title in practicing the occupation.* The committee believes that this restriction on the use of the title will prevent persons not having received special training from misleading the public.

INTRODUCTION

Purpose and Authority

Chapter 28 of the Connecticut General Statutes provides for the periodic review of certain governmental entities and programs and for the termination or modification of those which do not significantly benefit the public health, safety, or welfare. This law was enacted in response to a legislative finding that a proliferation of governmental entities and programs had occurred without sufficient legislative oversight.

The authority for undertaking the initial review in this oversight process is vested in the Legislative Program Review and Investigations Committee. The committee is charged, under the provisions of Section 2c-3 of Chapter 28, with conducting a performance audit of each entity or program scheduled for termination. This audit must take into consideration, but is not limited to, the four criteria set forth in Section 2c-7. These criteria include: (1) whether termination of the entity or program would significantly endanger the public health, safety, or welfare; (2) whether the public could be adequately protected by another statute, entity, or program or by a less restrictive method of regulation; (3) whether the governmental entity or program produces any direct or indirect increase in the cost of goods or services and, if it does, whether the public benefits attributable to the entity or program outweigh the public burden of the increase in cost; and (4) whether the effective operation of the governmental entity or program is impeded by existing statutes, regulations or policies, including budgetary and personnel policies.

In addition to the criteria contained in Section 2c-7, the Legislative Program Review and Investigations Committee is required, when reviewing regulatory entities or programs, to consider, among other things: (1) the extent to which qualified applicants have been permitted to engage in any profession, occupation, trade, or activity regulated by the entity or program; (2) the extent to which the governmental entity involved has complied with federal and state affirmative action requirements; (3) the extent to which the governmental entity involved has recommended statutory changes which would benefit the public as opposed to the persons regulated; (4) the extent to which the governmental entity involved has encouraged public participation in the formulation of its regulations and policies; and (5) the manner in which the governmental entity involved has processed and resolved public complaints concerning persons subject to review.

Methodology

The Legislative Program Review and Investigations Committee's sunset review process is divided into three phases. The initial phase focuses on collecting quantitative and qualitative data related to each entity's background, purpose, powers, duties, costs and accomplishments. Several methods are used by committee members and staff to obtain this information. These include: (1) a review of statutes, transcripts of legislative hearings, entity records (e.g., minutes, complaint files, administrative reports, etc.), and data and statutes of other states; (2) staff observation of meetings held by each entity during the review period; (3) surveys of selected persons and groups associated with each entity; (4) formal and informal interviews of selected individuals serving on, staffing, affected by or knowledgeable about each entity; and (5) testimony received at public hearings.

During the second phase, the staff organizes the information into descriptive packages and presents it to the committee. The presentations take place in public sessions designed to prepare committee members for the hearings, identify options for exploration and alert entity officials to the issues the committee will pursue at the hearings.

The final step of the review involves committee members and staff following up on and clarifying issues raised at briefings and public hearings. During this period, the staff prepares decision papers and presents recommendations to the committee. The committee, in public sessions, then debates and votes upon recommendations for the continuation, termination or modification of each entity.

BACKGROUND

Legislative History

Prior to 1978 the practice of occupational therapy was not regulated in Connecticut. Public Act 78-253 established a system of licensure for occupational therapists and occupational therapy assistants. The act designated the Department of Health Services as the state agency responsible for operating the regulatory program.

Public Act 82-148 requires that all individual and group hospital or medical expense policies that offer coverage for physical therapy also offer coverage for occupational therapy that is administered by a licensed occupational therapist. Under P.A. 148 occupational therapy is reimbursable if provided in a hospital, outpatient clinic, rehabilitative agency, or skilled or intermediate nursing facility.

Nature of the Profession

Occupational therapy is a health care profession concerned with restoring useful physical and mental function following disabling accidents and illnesses, developmental delays, psychological or social crises, birth defects or the aging process. Occupational therapists collaborate with other health professionals to ensure coordination of treatment.

Occupational therapy is frequently confused with physical therapy. In testimony before the Legislative Program Review and Investigations Committee the president of the Connecticut Occupational Therapy Association said that:

the difference between occupational therapy and physical therapy, with whom we are frequently identified, lies in the modalities used and the focus of treatment. Physical therapy uses modalities of heat, water, massage and exercise to improve neuromuscular function. Occupational therapy uses active involvement of the patient, specifically designed and/or adapted tasks and activities which improve functions, teach substitute

skills and motivate the patient to apply these abilities and meet the demands of everyday living.¹

Occupational therapists work in general hospitals, rehabilitation centers, psychiatric hospitals, skilled nursing facilities, mental retardation centers, school systems, mental health centers and home health agencies. In addition, a very small percentage are in private practice.

Licensure Requirement

An applicant for an occupational therapist or occupational therapy assistant license must present proof of certification by the American Occupational Therapy Association before being licensed in Connecticut. The American Occupational Therapy Association requires all occupational therapist and occupational therapy assistant applicants to pass a national exam before being certified. The Department of Health Services has not established its own exam and instead relies on the national exam. The only additional requirement in Connecticut is that once licensed an occupational therapist or occupational therapy assistant must maintain continued competency, although the Department of Health Services has never promulgated regulations and no continued competency program is in place.

The specific requirements for being a licensed occupational therapist and occupational therapy assistant are as follows:

Occupational Therapist

- has attained a bachelor's degree and has graduated from an educational program accredited by the American Occupational Therapy Association;
- has successfully completed six months of supervised field work experience at a recognized educational institution or a training program approved by the educational institution where the academic requirements were met; and
- has received certification from the American Occupational Therapy Association.

¹ Brenda Smaga, president, Connecticut Occupational Therapists Association, LPR&IC public hearing on Sunset 1983, May 27, 1982, p. 2.

Occupational Therapy Assistant

- has attained an associates degree or its equivalent and has graduated from an educational program approved by the American Occupational Therapy Association;
- has successfully completed not less than two months of supervised field work experience at a recognized educational institution or a training program approved by the educational institution where the academic requirements were met; and
- has received certification from the American Occupational Therapy Association.

Purpose, Powers and Duties

The purpose of P.A. 253 was to establish acceptable standards for admission to the profession of occupational therapy and to maintain standards for licensed occupational therapists and occupational therapy assistants. Under P.A. 253, the Department of Health Services was given responsibility for establishing a system for licensing occupational therapists and occupational therapy assistants and establishing a procedure for renewing, suspending and revoking licenses.

Fiscal Information

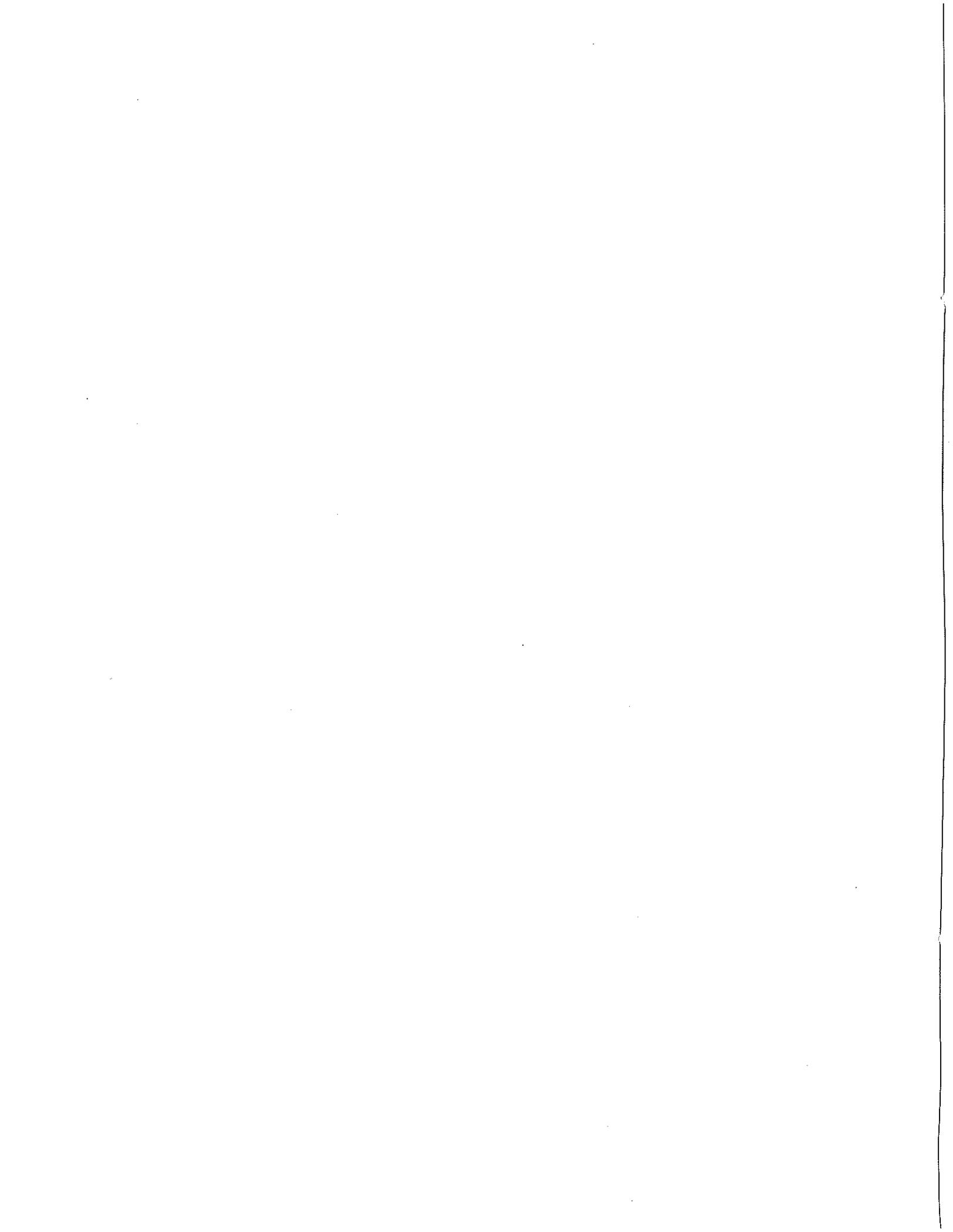
The Department of Health Services spent \$10,000 in FY 1981-82 for administering the occupational therapy licensure program. Figure II-1 gives a breakdown of the expenditures.

Figure II-1. Occupational Therapy Licensure Costs.¹

	<u>FY 1981-82</u>
Clerical	\$ 4,770
Professional	500
Indirect expenses	1,960
Fringe benefits	1,800
Other	970
Total	<u>\$10,000</u>

¹ The indirect expenses are figured on the basis of 37.18 percent of base pay.

Source: Department of Health Services



ACTIVITIES

There are approximately 350 licensed occupational therapists and occupational therapy assistants in the state. Figure III-1 shows the number of persons licensed as occupational therapists and therapy assistants by the Department of Health Services since enactment of the program.

Figure III-1. Licensure activities.

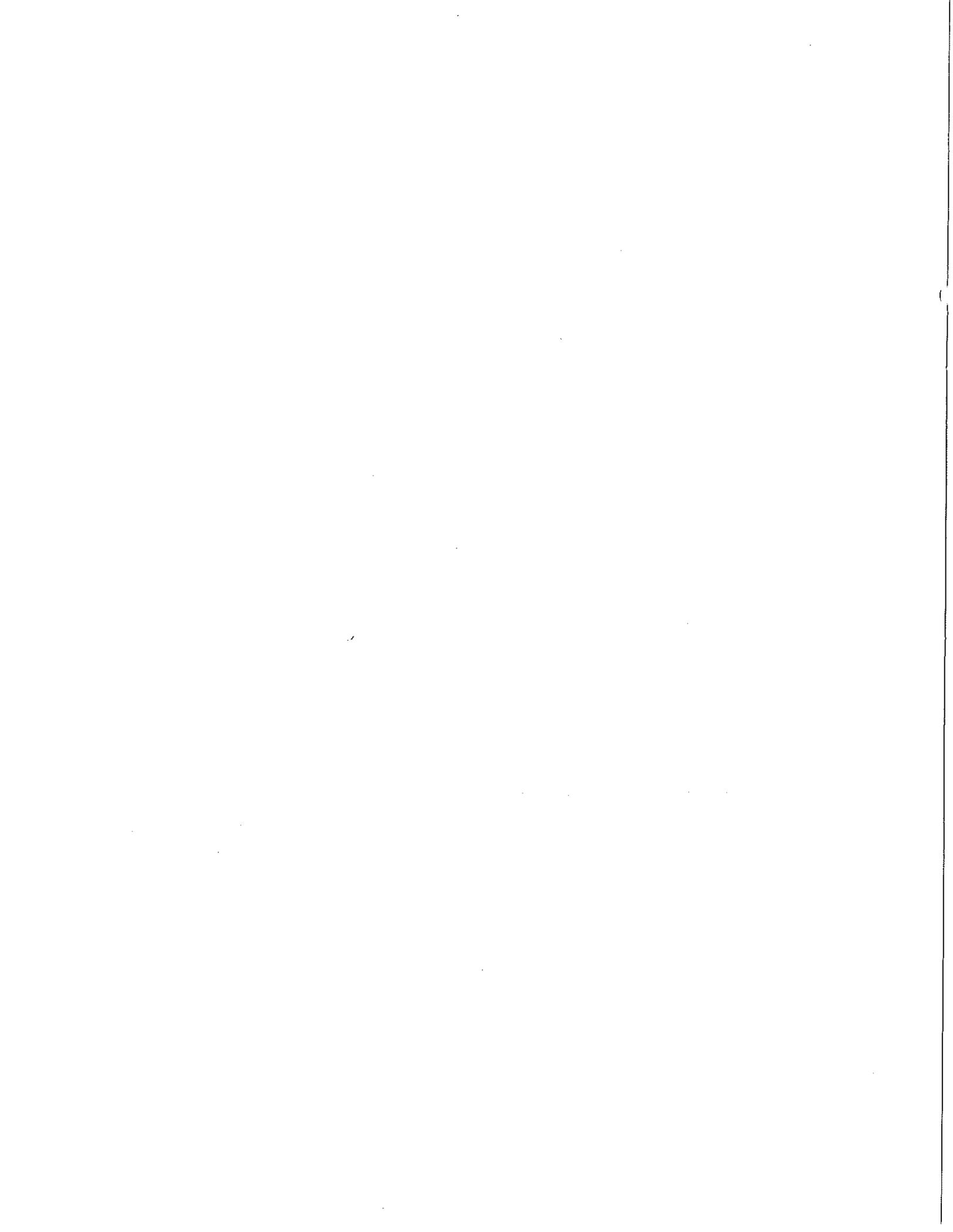
	<u>1979-80</u>	<u>1980-81</u>	<u>1981-82*</u>
Occupational therapists	209	100	64
Occupational therapy assistants	21	13	18

* As of 6/82.

Source: Department of Health Services, Division of Medical Quality Assurance.

Since passage of P.A. 78-253 the Department of Health Services has never received a formal complaint against an occupational therapist or occupational therapy assistant. The activities of the department are limited to processing licensure renewals and issuing new licenses to occupational therapists who are already certified by the American Occupational Therapy Association.

An applicant for licensure as an occupational therapist or occupational therapy assistant must submit an application to the Department of Health Services. Before the department will issue a license, the applicant must present proof of being certified by the American Occupational Therapy Association. Occupational therapist and occupational therapy assistant licenses cost \$25 and are valid for two years. A license must be renewed every two years at a cost of \$25.



ANALYSIS AND RECOMMENDATIONS

The major issue considered by the Legislative Program Review and Investigations Committee was whether occupational therapists and occupational therapy assistants should continue to be licensed, be certified or not be regulated at all.

Before the licensure of occupational therapists and occupational therapy assistants began in 1979, there was no evidence of any consumer complaints about this profession. Since the licensure program began, the Division of Medical Quality Assurance in the Department of Health Services has not received a complaint against a therapist.

In testimony before the program review committee, the director of the Division of Medical Quality Assurance said, "If the protection of the public, health, welfare and safety is our sole concern, the Department of Health Services believes that a licensing program is not necessary."²

The committee learned that 15 other states license occupational therapists and occupational therapy assistants while 34 states do not regulate this profession at all. Additional public hearing testimony by the director of the Division of Medical Quality Assurance pointed out:

the requirements for licensure as an occupational therapist or occupational therapy assistant are identical to those required for certification by the American Occupational Therapy Association. In fact, the Department of Health Services administers no examinations and relies solely on the national association's credentialing and examination process.³

The committee concluded that a licensure program was not needed for occupational therapists and occupational therapy assistants, but some form of regulation was needed to help citizens identify therapists who have special qualifications.

² Stephen Harriman, Director, Division of Medical Quality Assurance, Department of Health Services, LPR&IC public hearing on Sunset 1983, May 27, 1982, p. 16.

³ Ibid.

The committee discussed changing the level of regulation from licensure to certification. Certification is a mechanism that: (a) authorizes practice of the profession by certified persons but does not prohibit the practice of the profession by others not certified; (b) prohibits a person from falsely representing that he is certified to practice the profession unless the person holds a certificate issued by the state; and (c) requires as a condition to certification that a person submit specified credentials to the department that attest to qualifications to practice the profession. The committee concluded that certification is an appropriate level of regulation for this profession because improper treatment would not result in irreversible harm and the consumer is in a position to evaluate the benefits he or she is receiving. *Therefore, the Legislative Program Review and Investigations Committee recommends replacing licensure of occupational therapists and occupational therapy assistants with a certification system and amending Section 19-4t of the Connecticut General Statutes to allow certified occupational therapists to continue to receive third-party payments.*

The committee believes that the consumer should be given the choice of picking a state certified therapist or a non-certified therapist. A certification system would be similar to the present system because the Department of Health Services currently does not test applicants, but issues a license to occupational therapists and occupational therapy assistants who have obtained certification from the American Occupational Therapy Association. This recommendation would continue to allow all consumers the opportunity to receive insurance reimbursement provided they went to a certified occupational therapist.

The committee was concerned that only certified occupational therapists be able to use the title occupational therapists. *Therefore, the Legislative Program Review and Investigations Committee recommends that the title occupational therapist should be restricted so that no individual who is not certified may use the title in practicing the occupation.* The committee believes this recommendation will forbid a non-certified occupational therapist from misleading the public by using a title implying he or she has special qualifications.

APPENDICES



APPENDIX A

OCCUPATIONAL THERAPISTS

STATUTORY REF: C.G.S. Sec. 20-74a to 20-74i

ESTABLISHED: 1978 (P.A. 253)

ORGANIZATIONAL LOCATION: Department of Health Services

PURPOSE: To establish acceptable standards for admission to the profession and maintain standards in the practice of the profession.

POWERS AND DUTIES:

- Establish a procedure for licensing occupational therapists
- Establish a procedure for renewing, suspending or revoking licenses

BOARD: None

LEVEL OF REGULATION: Licensure

TERM OF LICENSE: Two years

REQUIREMENTS FOR LICENSURE¹

Occupational Therapist

- Has attained a bachelor's degree and has graduated from an educational program accredited by the American Occupational Therapy Association
- Completion of six months supervised field work
- Certification by the American Occupational Therapy Association

¹ No Connecticut licensure exam is given. An applicant must present proof of certification by the American Occupational Therapy Association before being licensed as an occupational therapist or an occupational therapy assistant in Connecticut.

Occupational Therapy Assistant

- Has attained an associates degree or its equivalent and has graduated from an educational program approved by the American Occupational Therapy Association
- Completion of two months supervised field work
- Certification by the American Occupational Therapy Association

EXPENDITURES AND REVENUES

	<u>FY</u> <u>1979-80</u>	<u>FY</u> <u>1980-81</u>	<u>FY</u> <u>1981-82</u>
Expenditures	N/A	N/A	\$10,000 ¹
Revenues	\$5,750	\$2,825	1,850 ²

¹ Budget for entire fiscal year

² Up to March of 1982

<u>FEE</u>	<u>Licensure</u> ¹
Occupational therapist	\$25.00
Occupational therapy assistant	\$25.00

¹ For two years

COMPLAINTS

None

OTHER STATES

	<u>License</u> ¹	<u>Don't regulate</u>
Occupational therapists	15	34
Occupational therapy assistants	15	34

¹ New Hampshire is the only New England state besides Connecticut that regulates occupational therapists or occupational therapy assistants.

APPENDIX B

Legislative Changes

- Amend Sections 20-74a through 20-74i of the Connecticut General Statutes to reflect the change from licensure to certification of occupational therapists and occupational therapy assistants.
- Amend Section 20-74f of the Connecticut General Statutes to prohibit any non-certified occupational therapist or occupational therapy assistant from using the title occupational therapist when practicing the occupation.
- Amend Section 19-4t of the Connecticut General Statutes to include certified occupational therapists as being eligible for reimbursement under individual or group hospital and medical contracts. (Public Act 82-148 made licensed occupational therapists eligible for third party reimbursement.)

