AGENDA ITEM 6

DISCUSSION AND POSSIBLE ACTION ON AD HOC COMMITTEE'S REPORT AND RECOMMENDATION(S) REGARDING THE DEFINITION OF "OCCUPATIONAL THERAPY" AS SET FORTH IN BUSINESS AND PROFESSIONS CODE SECTION 2570.2.

The materials the ad hoc committee reviewed at their July 20th and August 8th meetings are attached for review.

CBOT Ad Hoc Committee –Scope of Practice, definition of occupational therapy
Meeting: August 8, 2016

Background

The Ad Hoc Committee previously met on December 16, 2015, and July 20, 2016. At its July 20, 2016, meeting the Ad Hoc Committee developed points why the broadness of existing language regarding the scope of practice will suffice. The Committee was advised that any changes to the scope of practice cannot be done through regulation but could be pursued legislatively. Committee members needed more time to develop potential recommendations regarding changes to the scope of practice to pursue legislatively and agreed to hold another meeting in early August.

MEETING HIGHLIGHTS

Committee members in attendance	Committee members absent
Jeff Ferro	Donna Breger Stanton
Richard Bookwalter	Bryant Edwards
Ada Boone Hoerl	
Tracey Airth Edblom	
Sarah Bream	

Discussion/Action taken at August 8, 2016 Ad Hoc Committee Meeting:

- Finalize conclusion statement

  The Committee Members reviewed the statement drafted at the July 20, 2016, meeting. Committee Chairman Jeff Ferro reminded committee members that public protection is the highest priority of the Board. Thus, he advised that any proposed legislative amendments should take public protection and access to services into consideration. Legal Counsel Ileana Butu advised the Committee Members of the provision in Business and Professions Code Section 4996.13, which relates to Social Workers. This provision states that, while qualified members of other professional groups are not prevented from doing work of a psychosocial nature consistent with the standards and ethics of their professions, they are not permitted to "hold themselves out to the public by any title or description of services incorporating the words psychosocial […]."

  In response to the Board's direction, the Committee developed a 'conclusion statement' and recommends the following:
  The current Occupational Therapy Practice Act is sufficiently broad to include, but is not limited to, occupational therapy evaluation and treatment with:
  1. Persons of all ages and developmental stages;
  2. Individuals, groups, and populations;
  3. Physical, cognitive, and mental health;
  4. A wide variety of treatment modalities; and
  5. Habilitation, rehabilitation, and wellness.

- Identify potential legislative changes to the definition of the scope of practice.

  Tracey Airth Edbloom and Ada Boone Hoerl each drafted and provided suggested text changes to Business and Professions Code Section 2570.2(k) the definition of 'Occupational Therapy Practice.' Both documents were incorporated into the meeting materials. Committee Members decided to forward both drafts to the Board for consideration.

- Solicit Ad Hoc Committee Members to serve on the Board's Practice Committee.

  Ada Boone Hoerl indicated she would not be able to serve on a standing Committee, but she would willing to serve on Ad Hoc Committees and expressed an interest in the Sunset Review Ad Hoc Committee. Sarah Bream indicated she would be willing to serve on the Practice Committee and would follow up with the Board's Executive Officer to confirm.

COMMITTEE MEETING MATERIALS
AUGUST 8, 2016

DEVELOPED - JULY 20, 2016

The current occupational therapy practice act is sufficiently broad to include, but is not limited to, allow for work with

- Persons of all ages and developmental stages;
- Individuals, groups, and institutions;
- Physical, cognitive, and mental health;
- A wide variety of treatment modalities;
- Habilitation, rehabilitation, and wellness.

Business and Professions Code section 2570.2

(k) "Practice of occupational therapy" means the therapeutic use of purposeful and meaningful goal-directed activities (occupations) which engage the individual's body and mind in meaningful, organized, and self-directed actions that maximize independence, prevent or minimize disability, and maintain health. Occupational therapy services encompass occupational therapy assessment, treatment, education of, and consultation with, individuals who have been referred for occupational therapy services subsequent to diagnosis of disease or disorder (or who are receiving occupational therapy services as part of an Individualized Education Plan (IEP) pursuant to the federal Individuals with Disabilities Education Act (IDEA)). Occupational therapy assessment identifies performance abilities and limitations that are necessary for self-maintenance, learning, work, and other similar meaningful activities. Occupational therapy treatment is focused on developing, improving, or restoring functional daily living skills, compensating for and preventing dysfunction, or minimizing disability. Occupational therapy techniques that are used for treatment involve teaching activities of daily living (excluding speech-language skills); designing or fabricating selective temporary orthotic devices, and applying or training in the use of assistive technology or orthotic and prosthetic devices (excluding gait training). Occupational therapy consultation provides expert advice to enhance function and quality of life. Consultation or treatment may involve modification of tasks or environments to allow an individual to achieve maximum independence. Services are provided individually, in groups, or through social groups.

BOARD MEETING MINUTES AGENDA ITEM #10
REPORT ON AD HOC COMMITTEE (SCOPE OF PRACTICE) MEETING
FEBRARY 18, 2016 BOARD MEETING

10. Discussion and possible action on Ad Hoc Committee's report and recommendation(s) on amending the definition of "occupational therapy" as set forth in Business and Professions Code (BPC) Section 2570.2.

Executive Officer Heather Martin reported that the Ad Hoc committee was tasked with looking at the definition of occupational therapy and making a recommendation to the Board whether or not to proceed with seeking a legislative amendment to BPC Section 2570.2.

Ad Hoc committee member Jeff Ferro stated that a concern was raised at the November Board meeting regarding practitioners losing the ability to treat certain types of patients (e.g., hands and behavioral health) and how the tasks mentioned fall within OT care but are being delegated to other health care providers.

Mr. Ferro said that it was the recommendation of the Ad Hoc committee not to pursue any legislative changes at this time but that the committee should continue its efforts to identify future legislative and regulatory amendments.

Public Comment
There was no public comment.

- Beata Morcos moved to accept the Ad Hoc committee's recommendations not to pursue legislative changes at this time, but to continue working to identify specific legislative amendments and explore additional opportunities for regulatory amendments on the definition of occupational therapy.
- Laura Hayth seconded the motion.

Roll Call Vote

Denise Miller	Aye
Richard Bookwalter	Aye
Sharon Pavlovich	Aye
Teresa Davies	Aye
Jeff Ferro	Aye
Laura Hayth	Aye
Beata Morcos	Aye

President Miller asked the Ad Hoc committee to meet again and develop a conclusionary statement utilizing the committee's recommendations and address the strengths of the language in the Board's Practice Act. Ms. Miller also asked that the Ad Hoc committee members consider their availability to serve on the Practice committee.

Public Comment

There was no public comment.

- Teresa Davies moved to have the Ad Hoc committee reconvene and develop a conclusion statement and solicit the committee members' participation in the Practice committee.
- Laura Hayth seconded the motion.

Public Comment
There was no public comment.

Roll Call Vote

Denise Miller	Aye
Richard Bookwalter	Aye
Sharon Pavlovich	Aye
Teresa Davies	Aye
Jeff Ferro	Aye
Laura Hayth	Aye
Beata Morcos	Aye

Scope of Practice

Statement of Purpose

The purpose of this document is to

A. Define the scope of practice in occupational therapy by

   1. Delineating the domain of occupational therapy practice and services provided by occupational therapists and occupational therapy assistants;
   2. Delineating the dynamic process of occupational therapy evaluation and intervention services used to achieve outcomes that support the participation of clients in everyday life activities (occupations); and
   3. Describing the education and certification requirements needed to practice as an occupational therapist and occupational therapy assistant;

B. Inform consumers, health care providers, educators, the community, funding agencies, payers, referral sources, and policymakers regarding the scope of occupational therapy.

Introduction

The occupational therapy scope of practice is based on the American Occupational Therapy Association (AOTA) documents *Occupational Therapy Practice Framework: Domain and Process* (AOTA, 2014b) and *Philosophical Base of Occupational Therapy* (AOTA, 2011b), which states that "the use of occupation to promote individual, community, and population health is the core of occupational therapy practice, education, research, and advocacy" (p. S65). Occupational therapy is a dynamic and evolving profession that is responsive to consumer and societal needs, to system changes, and to emerging knowledge and research.

This document is designed to support and be used in conjunction with the *Definition of Occupational Therapy Practice for the AOTA Model Practice Act* (AOTA, 2011a). Although this document may be a resource to augment state statutes and regulations that govern the practice of occupational therapy, it does not supersede existing laws and other regulatory requirements. Occupational therapists and occupational therapy assistants are required to abide by relevant statutes and regulations when providing occupational therapy services. State statutes and other regulatory requirements typically include statements about educational requirements to practice occupational therapy, procedures to practice occupational therapy legally within the defined area of jurisdiction, the definition and scope of occupational therapy practice, and supervision requirements for occupational therapy assistants.

It is the position of AOTA that a referral is not required for the provision of occupational therapy services, but referrals for such services are generally affected by laws and payment policy. AOTA's position is also that "an occupational therapist accepts and responds to referrals in compliance with state or federal laws, other regulatory and payer requirements, and AOTA documents" (AOTA 2010b, Standard II.2, p. S108). State laws and other regulatory requirements should be viewed as minimum criteria to practice occupa-

tional therapy. Ethical guidelines that ensure safe and effective delivery of occupational therapy services to clients always guide occupational therapy practice (AOTA, 2010a). Policies of payers such as insurance companies also must be followed.

Occupational therapy services may be provided by two levels of practitioners: (1) the occupational therapist and (2) the occupational therapy assistant, as well as by occupational therapy students under appropriate supervision (AOTA, 2012). Occupational therapists function as autonomous practitioners, are responsible for all aspects of occupational therapy service delivery, and are accountable for the safety and effectiveness of the occupational therapy service delivery process.

The occupational therapy assistant delivers occupational therapy services only under the supervision of and in partnership with the occupational therapist (AOTA, 2014a). When the term *occupational therapy practitioner* is used in this document, it refers to both occupational therapists and occupational therapy assistants (AOTA, 2011c).

Definition of Occupational Therapy

The *Occupational Therapy Practice Framework* (AOTA, 2014b) defines *occupational therapy* as

> the therapeutic use of everyday life activities (occupations) with individuals or groups for the purpose of enhancing or enabling participation in roles, habits, and routines in home, school, workplace, community, and other settings. Occupational therapy practitioners use their knowledge of the transactional relationship among the person, his or her engagement in valuable occupations, and the context to design occupation-based intervention plans that facilitate change or growth in client factors (body functions, body structures, values, beliefs, and spirituality) and skills (motor, process, and social interaction) needed for successful participation. Occupational therapy practitioners are concerned with the end result of participation and thus enable engagement through adaptations and modifications to the environment or objects within the environment when needed. Occupational therapy services are provided for habilitation, rehabilitation, and promotion of health and wellness for clients with disability- and non-disability-related needs. These services include acquisition and preservation of occupational identity for those who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction. (p. S1)

Occupational Therapy Practice

Occupational therapists and occupational therapy assistants are experts at analyzing the client factors, performance skills, performance patterns, and contexts and environments necessary for people to engage in their everyday activities and occupations. The practice of occupational therapy includes

A. Evaluation of factors affecting activities of daily living (ADLs), instrumental activities of daily living (IADLs), rest and sleep, education, work, play, leisure, and social participation, including
    1. Client factors, including body functions (e.g., neuromuscular, sensory, visual, perceptual, cognitive) and body structures (e.g., cardiovascular, digestive, integumentary, genitourinary systems)
    2. Habits, routines, roles, and rituals
    3. Physical and social environments and cultural, personal, temporal, and virtual contexts and activity demands that affect performance
    4. Performance skills, including motor, process, and social interaction skills
B. Approaches to identify and select interventions, such as
    1. Establishment, remediation, or restoration of a skill or ability that has not yet developed or is impaired

2. Compensation, modification, or adaptation of activity or environment to enhance performance
3. Maintenance and enhancement of capabilities without which performance in everyday life activities would decline
4. Health promotion and wellness to enable or enhance performance in everyday life activities
5. Prevention of barriers to performance.

C. Interventions and procedures to promote or enhance safety and performance in ADLs, IADLs, rest and sleep, education, work, play, leisure, and social participation, for example,

1. Occupations and activities
   a. Completing morning dressing and hygiene routine using adaptive devices
   b. Playing on a playground with children and adults
   c. Engaging in driver rehabilitation and community mobility program
   d. Managing feeding, eating, and swallowing to enable eating and feeding performance.
2. Preparatory methods and tasks
   a. Exercises, including tasks and methods to increase motion, strength, and endurance for occupational participation
   b. Assessment, design, fabrication, application, fitting, and training in assistive technology and adaptive devices
   c. Design and fabrication of splints and orthotic devices and training in the use of prosthetic devices
   d. Modification of environments (e.g., home, work, school, community) and adaptation of processes, including the application of ergonomic principles
   e. Application of physical agent modalities and use of a range of specific therapeutic procedures (e.g., wound care management; techniques to enhance sensory, perceptual, and cognitive processing; manual therapy techniques) to enhance performance skills
   f. Assessment, recommendation, and training in techniques to enhance functional mobility, including wheelchair management
   g. Explore and identify effective tools for regulating nervous system arousal levels in order to participate in therapy and/or in valued daily activities.
3. Education and training
   a. Training in self-care, self-management, home management, and community or work reintegration
   b. Education and training of individuals, including family members, caregivers, and others.
4. Advocacy
   a. Efforts directed toward promoting occupational justice and empowering clients to seek and obtain resources to fully participate in their daily life occupations.
5. Group interventions
   a. Facilitate learning and skill acquisition through the dynamics of group or social interaction across the life span.

6. Care coordination, case management, and transition services
7. Consultative services to groups, programs, organizations, or communities.

Scope of Practice: Domain and Process

The scope of practice includes the domain and process of occupational therapy services. These two concepts are intertwined, with the *domain* defining the focus of occupational therapy, and the *process* defining the delivery of occupational therapy.

The *domain* of occupational therapy is the everyday life activities (occupations) that people find meaningful and purposeful. Within this domain, occupational therapy services enable clients to participate in their everyday life activities in their desired roles, contexts and environments, and life situations.

Clients may be individuals or persons, groups, or populations. The occupations in which clients engage occur throughout the life span and include

- ADLs (self-care activities);
- IADLs (activities to support daily life within the home and community that often require complex interactions, e.g., household management, financial management, child care);
- Rest and sleep (activities relating to obtaining rest and sleep, including identifying need for rest and sleep, preparing for sleep, and participating in rest and sleep);
- Education (activities to participate as a learner in a learning environment);
- Work (activities for engaging in remunerative employment or volunteer activities);
- Play (activities pursued for enjoyment and diversion);
- Leisure (nonobligatory, discretionary, and intrinsically rewarding activities); and
- Social participation (the ability to exhibit behaviors and characteristics expected during interaction with others within a social system).

Within their domain of practice, occupational therapists and occupational therapy assistants consider the repertoire of occupations in which the client engages, the performance skills and patterns the client uses, the contexts and environments influencing engagement, the features and demands of the activity, and the client's body functions and structures. Occupational therapists and occupational therapy assistants use their knowledge and skills to help clients conduct or resume daily life activities that support function and health throughout the life span. Participation in activities and occupations that are meaningful to the client involves emotional, psychosocial, cognitive, and physical aspects of performance. Participation in meaningful activities and occupations enhances health, well-being, and life satisfaction.

The domain of occupational therapy practice complements the World Health Organization's (WHO's) conceptualization of *participation and health* articulated in the *International Classification of Functioning, Disability and Health* (*ICF*; WHO, 2001). Occupational therapy incorporates the basic constructs of *ICF*, including environment, participation, activities, and body structures and functions, when providing interventions to enable full participation in occupations and maximize occupational engagement.

The *process* of occupational therapy refers to the delivery of services and includes evaluating, intervening, and targeting of outcomes. Occupation remains central to the occupational therapy process, which is client centered, involving collaboration with the client throughout each aspect of service delivery. During the evaluation, the therapist develops an occupational profile; analyzes the client's ability to carry out everyday life activities; and determines the client's occupational needs, strengths, barriers to participation, and priorities for intervention.

OCCUPATIONS	CLIENT FACTORS	PERFORMANCE SKILLS	PERFORMANCE PATTERNS	CONTEXTS AND ENVIRONMENTS
Activities of daily living (ADLs)*	Values, beliefs, and spirituality	Motor skills	Habits	Cultural
Instrumental activities of daily living (IADLs)	Body functions	Process skills	Routines	Personal
Rest and sleep	Body structures	Social interaction skills	Rituals	Physical
Education			Roles	Social
Work				Temporal
Play				Virtual
Leisure				
Social participation				

*Also referred to as *basic activities of daily living (BADLs)* or *personal activities of daily living (PADLs)*.

Exhibit 1. Aspects of the domain of occupational therapy.
All aspects of the domain transact to support engagement, participation, and health. This exhibit does not imply a hierarchy.

Source. From "Occupational Therapy Practice Framework: Domain and Process," by the American Occupational Therapy Association, 2014, *American Journal of Occupational Therapy, 68,* S4. Copyright © 2014 by the American Occupational Therapy Association. Used with permission.

Evaluation and intervention may address one or more aspects of the domain (Exhibit 1) that influence occupational performance. Intervention includes planning and implementing occupational therapy services and involves activities and occupations, preparatory methods and tasks, education and training, and advocacy. The occupational therapist and occupational therapy assistant in partnership with the occupational therapist utilize occupation-based theories, frames of reference, evidence, and clinical reasoning to guide the intervention (AOTA, 2014b).

The outcome of occupational therapy intervention is directed toward "achieving health, well-being, and participation in life through engagement in occupations" (AOTA, 2014b, p. S4). Outcomes of the intervention determine future actions with the client and include occupational performance, prevention (of risk factors, disease, and disability), health and wellness, quality of life, participation, role competence, well-being, and occupational justice (AOTA, 2014b).

Sites of Intervention and Areas of Focus

Occupational therapy services are provided to persons, groups, and populations. People served come from all age groups. Practitioners work with individuals one to one, in groups, or at the population level to address occupational needs and issues, for example, in mental health; work and industry; rehabilitation, disability, and participation; productive aging; and health and wellness.

Along the continuum of service, occupational therapy services may be provided to clients throughout the life span in a variety of settings. The settings may include, but are not limited to, the following:

- Institutional settings (inpatient; e.g., acute care, rehabilitation facilities, psychiatric hospitals, community and specialty-focused hospitals, nursing facilities, prisons),
- Outpatient settings (e.g., hospitals, clinics, medical and therapy offices),
- Home and community settings (e.g., residences, group homes, assisted living, schools, early intervention centers, day care centers, industry and business, hospice, sheltered workshops, transitional-living facilities, wellness and fitness centers, community mental health facilities), and
- Research facilities.

Education and Certification Requirements

To practice as an occupational therapist, the individual trained in the United States

- Has graduated from an occupational therapy program accredited by the Accreditation Council for Occupational Therapy Education (ACOTE®; 2012) or predecessor organizations;
- Has successfully completed a period of supervised fieldwork experience required by the recognized educational institution where the applicant met the academic requirements of an educational program for occupational therapists that is accredited by ACOTE or predecessor organizations;
- Has passed a nationally recognized entry-level examination for occupational therapists; and
- Fulfills state requirements for licensure, certification, or registration.

To practice as an occupational therapy assistant, the individual trained in the United States

- Has graduated from an occupational therapy assistant program accredited by ACOTE or predecessor organizations;
- Has successfully completed a period of supervised fieldwork experience required by the recognized educational institution where the applicant met the academic requirements of an educational program for occupational therapy assistants that is accredited by ACOTE or predecessor organizations;
- Has passed a nationally recognized entry-level examination for occupational therapy assistants; and
- Fulfills state requirements for licensure, certification, or registration.

AOTA supports licensure of qualified occupational therapists and occupational therapy assistants (AOTA, 2009). State and other legislative or regulatory agencies may impose additional requirements to practice as occupational therapists and occupational therapy assistants in their area of jurisdiction.

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Adopted by the Representative Assembly Coordinating Council (RACC) for the Representative Assembly, 2014

Note. This document replaces the 2010 document *Scope of Practice*, previously published and copyrighted in 2010 by the American Occupational Therapy Association in the *American Journal of Occupational Therapy, 64*(6, Suppl.), S70–S77. http://dx.doi.org/10.5014/ajot.2010.64S70

Definition of Occupational Therapy Practice for the AOTA Model Practice Act

The practice of occupational therapy means the therapeutic use of occupations, including everyday life activities with individuals, groups, populations, or organizations to support participation, performance, and function in roles and situations in home, school, workplace, community, and other settings. Occupational therapy services are provided for habilitation, rehabilitation, and the promotion of health and wellness to those who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction. Occupational therapy addresses the physical, cognitive, psychosocial, sensory-perceptual, and other aspects of performance in a variety of contexts and environments to support engagement in occupations that affect physical and mental health, well-being, and quality of life.

The practice of occupational therapy includes:

A. Evaluation of factors affecting activities of daily living (ADL), instrumental activities of daily living (IADL), rest and sleep, education, work, play, leisure, and social participation, including:
   1. Client factors, including body functions (such as neuromusculoskeletal, sensory-perceptual, visual, mental, cognitive, and pain factors) and body structures (such as cardiovascular, digestive, nervous, integumentary, genitourinary systems, and structures related to movement), values, beliefs, and spirituality.
   2. Habits, routines, roles, rituals, and behavior patterns.
   3. Physical and social environments, cultural, personal, temporal, and virtual contexts and activity demands that affect performance.
   4. Performance skills, including motor and praxis, sensory-perceptual, emotional regulation, cognitive, communication and social skills.

B. Methods or approaches selected to direct the process of interventions such as:
   1. Establishment, remediation, or restoration of a skill or ability that has not yet developed, is impaired, or is in decline.
   2. Compensation, modification, or adaptation of activity or environment to enhance performance, or to prevent injuries, disorders, or other conditions.
   3. Retention and enhancement of skills or abilities without which performance in everyday life activities would decline.
   4. Promotion of health and wellness, including the use of self-management strategies, to enable or enhance performance in everyday life activities.
   5. Prevention of barriers to performance and participation, including injury and disability prevention.

C. Interventions and procedures to promote or enhance safety and performance in activities of daily living (ADL), instrumental activities of daily living (IADL), rest and sleep, education, work, play, leisure, and social participation, including:
   1. Therapeutic use of occupations, exercises, and activities.
   2. Training in self-care, self-management, health management and maintenance, home management, community/work reintegration, and school activities and work performance.
   3. Development, remediation, or compensation of neuromusculoskeletal, sensory-perceptual, visual, mental, and cognitive functions, pain tolerance and management, and behavioral skills.
   4. Therapeutic use of self, including one's personality, insights, perceptions, and judgments, as part of the therapeutic process.
   5. Education and training of individuals, including family members, caregivers, groups, populations, and others.
   6. Care coordination, case management, and transition services.
   7. Consultative services to groups, programs, organizations, or communities.
   8. Modification of environments (home, work, school, or community) and adaptation of processes, including the application of ergonomic principles.
   9. Assessment, design, fabrication, application, fitting, and training in seating and positioning, assistive technology, adaptive devices, and orthotic devices, and training in the use of prosthetic devices.
   10. Assessment, recommendation, and training in techniques to enhance functional mobility, including management of wheelchairs and other mobility devices.
   11. Low vision rehabilitation.

12. Driver rehabilitation and community mobility.
13. Management of feeding, eating, and swallowing to enable eating and feeding performance.
14. Application of physical agent modalities, and use of a range of specific therapeutic procedures (such as wound care management; interventions to enhance sensory-perceptual, and cognitive processing; and manual therapy) to enhance performance skills.
15. Facilitating the occupational performance of groups, populations, or organizations through the modification of environments and the adaptation of processes.

Adopted by the Representative Assembly 4/14/11 (Agenda A13, Charge 18)

(k) "Practice of occupational therapy" means the therapeutic use of purposeful and meaningful goal-directed activities (occupations) which engage the individual's body and mind in meaningful, organized, and self-directed actions that maximize independence, prevent or minimize disability, and maintain health. Appreciate that "body and mind" are included in this statement and that it ends with "maintain health", which is broad enough to address even "wellness" as added by ACA (Kocher, et al., 2010).
Needs to change "purposeful and meaningful goal-directed activities" to "occupations" (AOTA, 2014, p. S2).

Occupational therapy services encompass occupational therapy assessment, treatment, education of, and consultation with, individuals who have been referred for occupational therapy services subsequent to diagnosis of disease or disorder (or who are receiving occupational therapy services as part of an Individualized Education Plan (IEP) pursuant to the federal Individuals with Disabilities Education Act (IDEA)).
Dislike the emphasis on IEP and IDEA wording. It sounds like only people already receiving care may continue to do so under an existing IEP or IDEA. Check with paeds or school-based OTs re: how to change that.

Suggest that the "treatment, education of, and consultation with, individuals who…" be changed to "individuals, groups, or populations" (AOTA, 2014, p. S2)

Occupational therapy assessment identifies performance abilities and limitations that are necessary for self-maintenance, learning, work, and other similar meaningful activities.
Could we add "promotion of health and wellness"(AOTA, 2014, p. S1) after learning and work instead of similar meaningful activities?

Occupational therapy treatment is focused on developing, improving, or restoring functional daily living skills, compensating for and preventing dysfunction, or minimizing disability.
Appreciate the use of the word "developing" as it addresses habilitation, again supporting ACA (Kocher, et al., 2010) expansion.

Occupational therapy techniques that are used for treatment involve teaching activities of daily living (excluding speech-language skills); designing or fabricating selective temporary orthotic devices; and applying or training in the use of assistive technology or orthotic and prosthetic devices (excluding gait training).
Change to: Occupational therapy treatment techniques aim to promote or enhance participation in I/ADLs, rest/sleep, education, work, play, leisure, and social participation utilizing occupations, preparatory methods and tasks, education and training, advocacy, group interventions, care coordination, and consultation services (AOTA, 2014).
Also recommend changing the orthosis statement from "designing or fabricating" to "design, selection, fitting, fabrication, and training for orthotic devices; application and training in use of UE prosthetic devise, and/or the use of assistive technology (although I'm not too sure the assistive technology belongs here)(Dimick, et al., 2009, exhibit 2).

Occupational therapy consultation provides expert advice to enhance function and quality of life. Consultation or treatment may involve modification of tasks or environments to allow an individual to achieve maximum independence. Services are provided individually, in groups, or through social groups.

Tracey Airth-Edblom, OTD, OTR/L, CHT~
8/2/16

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(k) "Practice of occupational therapy" means the therapeutic use of purposeful, valuable, and necessary ~~and meaningful~~ goal-directed activities (occupations)which engage the individual's body and mind in meaningful, organized,and self-directed actions that maximize independence,and/or self-reliance, minimize or prevent ~~prevent or minimize~~ disability, and maintain health. Occupational therapy services encompass occupational therapy assessment, treatment, education of, and consultation with, individuals who have been referred for occupational therapy services subsequent to diagnosis of disease,~~or~~ disorder, or impairment (or who are receiving occupational therapy services as part of an Individualized Education Plan (IEP) pursuant to the federal Individuals with Disabilities Education Act (IDEA)). Occupational therapy assessment identifies performance abilities and limitations that are necessary for self-maintenance, learning, work, and other similar meaningful activities. Occupational therapy treatment is focused on developing, improving, or restoring functional daily living skills, compensatory skills to enable performance in occupation, and prevent or minimize disability and/or impairments in daily life functioning. ~~compensating for and preventing dysfunction, or minimizing disability.~~ Occupational therapy techniques that are used for treatment involve teaching activities of daily living (excluding speech-language skills); designing or fabricating selective temporary orthotic devices, and applying or training in the use of assistive technology or orthotic and prosthetic devices (excluding gait training). Occupational therapy consultation provides expert advice to enhance function and quality of life. Consultation or treatment may involve modification of tasks or environments to allow an individual to achieve maximum independence. Therapeutic s~~S~~ervices are provided individually or in groups, or through special populations or social groups~~., in groups, or through social groups.~~

CBOT Ad Hoc Committee –Scope of Practice, definition of occupational therapy
Meeting: July 20, 2016

Background

The Ad Hoc Committee first met on December 16, 2015. As a result of the meeting the Ad Hoc Committee formulated two recommendations for the Board: (1) Not pursue any legislative changes at this time but have the Committee continue efforts to identify specific legislative amendments, (2) Broaden the Committee's scope to explore additional opportunities for regulatory amendments to effect 'practice' changes.

The Board accepted the Ad Hoc Committee's recommendations at its February 18, 2016, meeting and asked the Committee to continue its efforts to identify legislative or regulatory changes to the scope of practice, solicit Committee Members if they would be willing to serve on a Practice Committee, and develop a conclusion statement on the strength of the existing language in the Practice Act.

MEETING HIGHLIGHTS

Committee members in attendance
Jeff Ferro
Tracey Airth Edblom
Donna Breger Stanton
Richard Bookwalter
Ada Boone Hoerl

Committee members absent
Sarah Bream
Bryant Edwards

Discussion/Action taken at July 20, 2016 Ad Hoc Committee Meeting:

- Develop conclusion statement
  The Committee drafted a tentative statement: The current Occupational Therapy Practice Act is sufficiently broad to include, but is not limited to, allow for work with:
  1. Persons of all ages and development stages;
  2. Individuals, groups, and institutions;
  3. Physical, cognitive, and mental health;
  4. A wide variety of treatment modalities; and
  5. Habilitation, rehabilitation, and wellness

- Identify legislative or regulatory changes to the definition of the scope of practice.
  Ad Hoc Committee Members were advised by Legal Counsel that any proposed changes related to the Scope of Practice in Business and Professions Code cannot be accomplished through regulations. Any changes the Committee recommends to the scope of practice would need to done legislatively. An Ad Hoc Committee Member expressed the existing scope of practice does not feel like Occupational Therapy and it does not adequately describe all the types of services therapists provide. Due to time constraints the Committee Members determined they would need another meeting to identify or propose specific legislative changes.

- Solicit Ad Hoc Committee Members to serve on the Board's Practice Committee.

  Donna Breger Stanton and Tracy Airth Edblom indicated they would not be able to serve on the Board's Practice Committee. Ada Boone Hoerl indicated she would consider it but she would need more information.

COMMITTEE MEETING MATERIALS
July 20, 2016

ANNOUNCEMENT OF SOLICITATION OF AD HOC COMMITTEE MEMBERS AND OTHER LICENSEES FOR PARTICIPATION ON BOARD'S PRACTICE COMMITTEE; DISCUSSION OF POTENTIAL RECOMMENDATIONS OF PARTICIPANTS THAT WILL BE CONSIDERED AT SUBSEQUENT BOARD MEETING

The following is attached for review:

- Practice Committee Composition, Role, and Minimum Qualifications

Practice Committee Composition & Role

The Practice Committee shall consist of no less than five members, one of whom shall be a Board member. The members shall include a diverse representation for a variety of work settings.

The purpose of the Practice Committee is to review and provide recommended responses to the Board on various practice issues/questions submitted by licensees and consumers; provide guidance to staff on continuing competency audits; review and provide recommendations to the Board on practice-related proposed regulatory amendments; and review and provide recommendations to Board staff on revisions to various applications and forms used by the Board.

Minimum Qualifications

The minimum qualifications for a licensed member of a standing advisory committee are:

- Five years of professional experience,
- Current California licensure as an occupational therapist or occupational therapy assistant, without restriction,
- No pending or prior disciplinary action.