

AGENDA ITEM 4

EXPLORATION OF ALTERNATIVE APPROACHES TO INCREASING THE AVAILABILITY OF FIELDWORK SITES IN CALIFORNIA FOR STUDENTS COMPLETING ACADEMIC REQUIREMENTS FOR LICENSURE.

The following are attached for review:

- Occupational therapy Fieldwork Education: Value and Purpose (AOTA, 2009)
- AOTA Ad hoc committee report fieldwork (2017)
- Background paper on apprenticeships; related legislation and funding info

Occupational Therapy Fieldwork Education: Value and Purpose

The purpose of fieldwork education is to propel each generation of occupational therapy practitioners from the role of student to that of practitioner. Through the fieldwork experience, future practitioners achieve competence in applying the occupational therapy process and using evidence-based interventions to meet the occupational needs of a diverse client population. Fieldwork assignments may occur in a variety of practice settings, including medical, educational, and community-based programs. Moreover, fieldwork placements also present the opportunity to introduce occupational therapy services to new and emerging practice environments.

Fieldwork assignments constitute an integral part of the occupational therapy and occupational therapy assistant education curricula. Through fieldwork, students learn to apply theoretical and scientific principles learned from their academic programs to address actual client needs within the context of authentic practice environments. While on fieldwork, each student develops competency to ascertain client occupational performance needs to identify supports or barriers affecting health and participation and document interventions provided. Fieldwork also provides opportunities for the student to develop advocacy, leadership, and managerial skills in a variety of practice settings. Finally, the student develops a professional identity as an occupational therapy practitioner, aligning his or her professional judgments and decisions with the American Occupational Therapy Association (AOTA) *Standards of Practice* (AOTA, 2005b) and the *Occupational Therapy Code of Ethics* (AOTA, 2005a).

As students proceed through their fieldwork assignments, performance expectations become progressively more challenging. *Level I fieldwork* experiences occur concurrently with academic coursework and are “designed to enrich didactic coursework through directed observation and participation in selected aspects of the occupational therapy process” (Accreditation Council for Occupational Therapy Education [ACOTE], 2007a, 2007b, 2007c). *Level II fieldwork* experiences occur at or near the conclusion of the didactic phase of occupational therapy curricula and are designed to develop competent, entry-level, generalist practitioners (ACOTE, 2007a, 2007b, 2007c). Level II fieldwork assignments feature in-depth experience(s) in delivering occupational therapy services to clients, focusing on the application of purposeful and meaningful occupation and evidence-based practice through exposure to a “variety of clients across the life span and to a variety of settings” (ACOTE, 2007a, 2007b, 2007c).

The value of fieldwork transcends the obvious benefits directed toward the student. Supervising students enhances fieldwork educators’ own professional development by providing exposure to current practice trends, evidence-based practice, and research. Moreover, the experience of fieldwork supervision is recognized by the National Board for Certification in Occupational Therapy (NBCOT) and many state regulatory boards as a legitimate venue for achieving continuing competency requirements for occupational therapy practitioners.

Another benefit to the fieldwork site for sponsoring a fieldwork education program is with the recruitment of qualified occupational therapy personnel. Through the responsibilities expected during Level II fieldwork, occupational therapy staff and administration are given opportunity for an in-depth view of a student’s potential as a future employee. In turn, an active fieldwork program allows the student, as a

potential employee, to view first-hand the agency's commitment to the professional growth of its occupational therapy personnel and to determine the "fit" of his or her professional goals with agency goals. The fieldwork program also creates a progressive, state-of-the-art image to the professional community, consumers, and other external audiences through its partnership with the academic programs.

In summary, fieldwork education is an essential bridge between academic education and authentic occupational therapy practice. Through the collaboration between academic faculty and fieldwork educators, students are given the opportunity to achieve the competencies necessary to meet the present and future occupational needs of individuals, groups, and indeed, society as a whole.

References

Accreditation Council for Occupational Therapy Education. (2007a). Accreditation standards for a doctoral-degree level educational program for the occupational therapist. *American Journal of Occupational Therapy*, 61, 641-651.

Accreditation Council for Occupational Therapy Education (2007b) Accreditation standards for a master's-degree level educational program for the occupational therapist. *American Journal of Occupational Therapy*, 61, 662-671.

Accreditation Council for Occupational Therapy Education. (2007c) Accreditation standards for an educational program for the occupational therapy assistant. *American Journal of Occupational Therapy*, 61, 652-661.

American Occupational Therapy Association. (2005a). Occupational therapy code of ethics (2005). *American Journal of Occupational Therapy*, 59, 639-642.

American Occupational Therapy Association. (2005b). Standards of practice for occupational therapy. *American Journal of Occupational Therapy*, 59, 663-665.

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Adopted by the Representative Assembly 2009FebCS115

This document replaces the document *The Purpose and Value of Occupational Therapy Fieldwork Education* 2003M41.

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Introduction

At its **November 4–5, 2016**, meeting, the **AOTA Board of Directors** reviewed the many complex challenges facing the viability of the existing fieldwork and other experiential components of occupational therapy education programs for occupational therapists and occupational therapy assistants. The Board voted to establish an Ad Hoc Committee to explore current experiential requirements in occupational therapy education and alternative models that would best ensure future entry-level practitioners are prepared to meet occupational needs of society.

AOTA convened an Ad Hoc Committee for a 2-day, face-to-face meeting in Bethesda, MD, on **February 6–7, 2017**.

At its **February 17–18, 2017**, meeting, the **AOTA Board of Directors** reviewed the report of the Ad Hoc Committee. After considerable discussion and questions, the Board of Directors voted to take the following actions:

1. Moved to accept the Fieldwork (Experiential) Ad Hoc Committee’s report to the AOTA Board of Directors as written.
2. Charged the AOTA President to write to the ACOTE Education Standards Review Committee (ESRC) endorsing the Ad Hoc Committee’s recommendation to change the current Level I Fieldwork Standards to reflect the Ad Hoc Committee’s recommendations for the “Initial Experiential Learning Requirement” in the 2017 Standards as outlined in the report.
3. Charged the AOTA Executive Director to develop a report for the AOTA Board of Directors’ October 2017 meeting detailing the potential impact and costs of implementing the proposed model for experiential learning that includes a post-graduate residency for graduates of entry-level programs for occupational therapists. The report should include, but not be limited to,
 1. Costs and timeline for advocating to state regulatory agencies for a provisional license model;
 2. Residency program requirements, competencies, and development costs;
 3. Design, costs, and timeline for a feasibility and pilot study for the proposed model.

Note. There was a considerable discussion regarding the recommendation for a post-graduate residency requirement for occupational therapy assistant graduates. Ultimately, the AOTA Board of Directors voted not to pursue this recommendation at this time. Consensus was reached that the model for occupational therapists and occupational therapy assistants do not need to be the same due to the different levels of educational preparation and scopes of practice. The following report includes the full findings and recommendation of the Ad Hoc Committee. The recommendations that will not be pursued have been marked by ~~strikethrough~~ in the text of the report.

Fieldwork (Experiential Learning) Ad Hoc Committee Report and Recommendations to the AOTA Board of Directors

Executive Summary

At its November 2016 meeting, the AOTA Board of Directors reviewed the many complex challenges facing the viability of the existing fieldwork and other experiential components of occupational therapy education programs for occupational therapists and occupational therapy assistants. The Board voted to establish an Ad Hoc Committee to explore current experiential requirements in occupational therapy education and alternative models that would best ensure future entry-level practitioners are prepared to meet the occupational needs of society.

AOTA convened an Ad Hoc Committee for a 2-day, face-to-face meeting in Bethesda, MD, on February 6–7, 2017. The Committee was charged by the Board to *“Explore current experiential requirements in occupational therapy education and alternative models that would best ensure future entry-level practitioners are prepared to meet occupational needs of society.”* The meeting addressed the following 4 primary objectives:

- **Objective 1:** Identify the strengths and weaknesses of the current experiential requirements (including fieldwork) for occupational therapy education.
- **Objective 2:** Identify the requirements of alternative models used in other health professions and, where applicable, the history of the development of these requirements.
- **Objective 3:** Understand the implications of changing the experiential requirements for occupational therapy education (e.g., impact, if any, on accreditation, certification, and licensure).
- **Objective 4:** Articulate a model for experiential requirements for occupational therapy education that ensures future entry-level practitioners are prepared to meet the current and future occupational needs of society.

Recommendations

The committee is proposing a NEW MODEL of experiential education for occupational therapists and occupational therapy assistants that includes the following key elements:

- **Experiential Education Within the Academic Program:** Reduce the number of hours in mentored practice settings (Levels I and II fieldwork), and increase the amount of experiential instruction utilizing simulation, standardized patient encounters, and faculty-led practice experiences. The primary objective of experiential education within the academic program is to transition the student to practitioner, ensuring translation of knowledge, skills, and attitudes in the application of purposeful, occupation-based interventions.

- **First-Year Practitioner (Residency):** Creation of a post-graduate first-year practitioner (resident) program within the practice community for occupational therapy and occupational therapy assistant graduates. Graduates would have completed the certification exam and be practicing under a limited license until completion of the residency. The primary objective of the first-year practitioner (resident) program is to transition the graduate from resident to independent novice practitioner.

This reports details the deliberations of the Ad Hoc Committee and rationale for the recommendations.

Academic Program

<p>Initial experiential learning:</p> <ul style="list-style-type: none"> • Simulation • Standardized patients • Faculty practice • Faculty-led site visits • Consumer instruction 	<p>Mentored experiential (FW) experience:</p> <ul style="list-style-type: none"> • 16 weeks (OT) • 12 Weeks (OTA) • 1–2 settings • Must be at least 2 practice areas. <p>Doctoral experiential component: 14 weeks</p>
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Post-Graduation

First-year practitioner (resident):

- Limited license
- Mentored practice
- Reflective component
- Competency evaluation

Objective 1: Identify the strengths and challenges of the current experiential requirements (including fieldwork) for occupational therapy education.

Staff and content experts presented information to the committee members on the following:

- Overview of the current education requirements for experiential learning at OTA (Associate's/Bachelor's) and OT (Master's and Doctorate) programs;
- Trend data on occupational therapy education; and
- Higher education policy issues impacting occupational therapy education.

Key Findings

- Rapid growth has occurred in academic programs and in the numbers of OT and OTA students.
- There were 21,431 **Level II** fieldwork placements in 2015.
- A limited number of qualified faculty and practitioners are available to support experiential learning requirements.
- Health care delivery systems and models are changing.

Identified Strengths

- The faculty and practitioner community are committed to education and preparation of entry-level practitioners.
- The current fieldwork Level II enables students to be mentored by experienced practitioners in current practice.

Identified Challenges

- Number of qualified fieldwork sites:
 - A limited number of sites and practitioners are available to meet the growing needs of students.
 - A limited number of practitioners are qualified and prepared to be fieldwork educators.
 - Current fieldwork sites are located primarily in traditional medical and residential facilities (e.g., hospitals, long-term care facilities).
 - The current focus of fieldwork placements is on disease management.
- Cost/benefit of fieldwork:
 - Pressures exist to meet productivity and other practice demands.
 - Reimbursement policies do not allow for reimbursement of services delivered by students in all settings.
- Disconnect between education and practice:
 - Many faculty members are disconnected from current practice demands.
 - Many practitioners are not familiar with current education priorities (e.g., interprofessional education [IPE]).
 - Employers note that new graduates need extensive mentoring for first 6–9 months.

- Lack of outcomes on the current experiential learning model:
 - No evidence exists to demonstrate if the current 24/16-week model adequately prepares entry-level practitioners.
 - Entry-level expectations for practitioners can vary between academia versus employers.
- Not addressing the lack of diversity in the profession:
 - Few fieldwork placements occur in settings addressing the needs of underserved populations.
 - A lack of diversity exists in faculty and practitioners.

Objective 2: Identify the requirements of alternative models used in other health professions and, where applicable, the history of the development of these requirements.

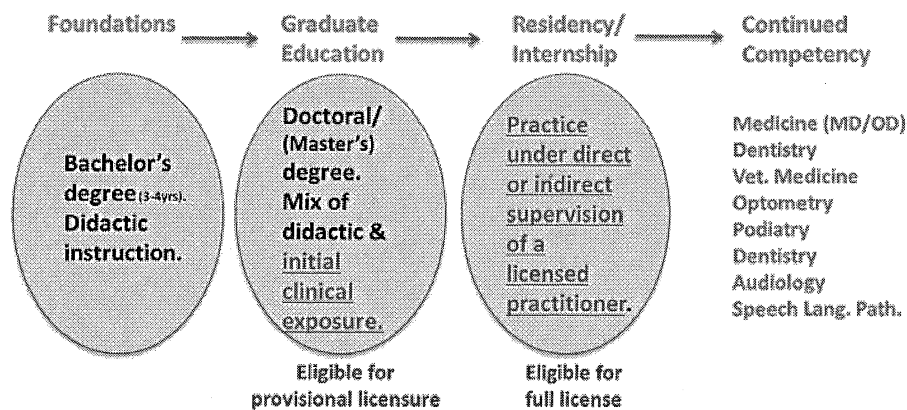
Staff and content experts presented information to the committee members on the following:

- History of experiential learning in other health professions and alternative models
- Current discussions in physical therapy and nursing
- Role of simulation and standardized patients.

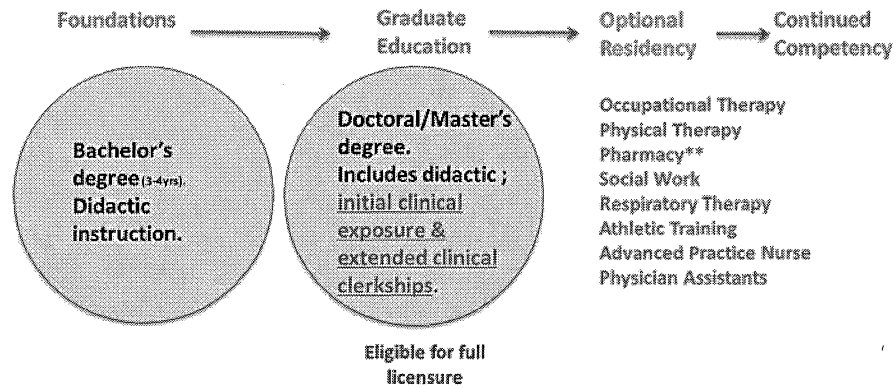
Key Findings

- Graduate models of health care education

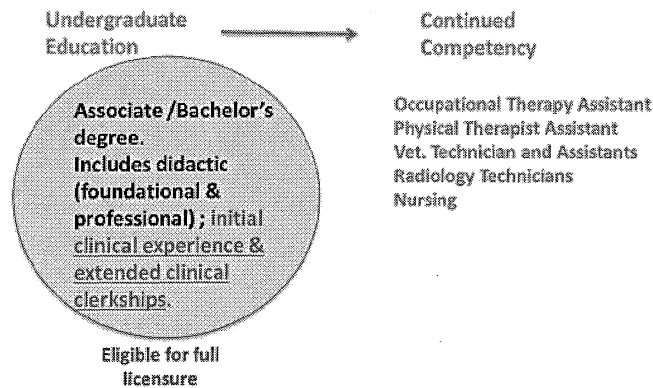
Model A



Model B



- Undergraduate model of health care education



- Simulation:
 - The simulation delivery models are consistent with learning theories used in the OT program curriculum designs.
 - There is a growing role for simulation and standardized patient experiences in the experiential learning model.
 - Outcome data indicates no statistical difference in outcomes for students in several health professions when simulation was used to replace clinical hours.
- Other models:
 - Faculty-led clinical experiences (nursing)
 - Faculty practices
 - Consumer instruction.

What can we learn from other professions that could address our biggest challenges faced by the profession in meeting the experiential requirements for occupational therapy entry-level education?

- Progressive experiential learning:

- Support for the concept that each stage of the experiential learning model should build on the competencies developed in the previous stage.
- Simulation:
 - Evidence clearly supports the use simulation and standardized patients in the development of foundational practice competencies (currently Level I fieldwork).
- Faculty-led experiential learning activities:
 - Ideally, these activities are included as part of the development of foundational practice competencies (currently known as Level I fieldwork).
 - Opportunities are created for faculty to spend more time in and obtain exposure to the current practice environment.
 - Opportunities are created for practitioners to interact with faculty and learn about current educational trends (e.g., evidence-based practice, knowledge translation, IPE).
 - There would be a decreased demand on fieldwork sites to develop activities.
- Post-graduate residency (first-year practitioner):
 - This model has been successful in several of other professions (e.g., audiology, medicine, optometry, podiatry).
 - Pressure is reduced on both academic and practice environments for fieldwork placements.
- Training needs:
 - More web-based learning opportunities for fieldwork educators are needed.

Objective 3: Understand the implications of changing the experiential requirements for occupational therapy education (e.g., impact, if any, on accreditation, certification, and licensure).

Staff and content experts presented information to the committee members on the following:

- Implications for accreditation
- Implications for certification
- Implications for licensure
- Implications for the practice community (fieldwork sites)
- Implications for the education community
- OTA vs. OT.

Key Findings

- Accreditation:
 - Any alternative model mandated across all educational programs would require changes in the ACOTE standards.
- Certification:
 - No impact on the NBCOT certification exam is foreseen with any alternative model.
- Licensure:

- Significant potential impacts could occur depending on each state’s practice act; many states require only graduation from an ACOTE-accredited school and NBCOT certification, but some also stipulate experiential requirements.
- A post-graduate/certification requirement would require a “provisional license,” which would mean potentially revising many of the states’ practice acts.
- Practice community:
 - Changes in the experiential requirements would impact the demands on the practice community. The exact impact is dependent on the model finally adopted by the profession. For example, a post-graduate residency would require practices to develop “resident” positions.
 - A post-professional requirement (residency) would require enough placements being available and developing additional opportunities for placements.
- Education community:
 - A post-professional requirement may require changes in credit load, just when many professions are trying to decrease costs through decreasing credit load.
 - The question remains whether a residency program requires an education program to limit the number of students.
- OTA vs. OT:
 - Consensus was reached that the model for both OTs and OTAs do not need to be the same due to the different levels of educational preparation and scopes of practice.

Objective 4: Articulate a model for experiential requirements for occupational therapy education that ensures future entry-level practitioners are prepared to meet the current and future occupational needs of society.

Ad hoc committee members divided into small groups to work on the following 2 questions:

- What would be the key elements in a new model for experiential learning in entry-level education for OTs? OTAs?

Recommendations

- Move to a model of experiential learning for **OCCUPATIONAL THERAPISTS** that includes a post-graduate residency:

Academic Program

Initial experiential learning:

- Simulation
- Standardized patients
- Faculty practice
- Faculty-led site visits
- Consumer instruction.

Mentored experiential (FW) experience:

- 16 weeks (OT)
- 1–2 settings
- Must be at least 2 practice areas.

Doctoral experiential component = 14 weeks

Post-Graduation

First-year practitioner (resident):

- Provisional license
- Mentored practice
- Reflective component
- Competency evaluation.

Experiential education within the academic program:

Transition the student to practitioner, ensuring translation of knowledge, skills, and attitudes in the application of purposeful, occupation-based interventions. The graduate will demonstrate competency in

- Evaluation and formulation and implementation of the therapeutic intervention plan to facilitate occupational performance and participation that is culturally relevant; reflective of current occupational therapy practice; based on available evidence; and based on theoretical perspectives, models of practice, and frames of reference
- Safety in direct care encounters
- Documentation demonstrating the distinct value of OT
- Ethical and professional behaviors
- Therapeutic use of self
- Communication of OT's role with clients and stakeholders
- Self-reflection of professional skills and development.

First-year practitioner: Transition

the graduate from resident to independent novice practitioner.

The practitioner will demonstrate basic competencies to fulfill the following roles in a rapidly changing and dynamic nature of contemporary health and human services delivery systems:

- Direct care provider
- Consultant
- Educator
- Leader/manager
- Researcher/scientist
- Advocate for the profession and the consumer.

- Move to a model of experiential learning for **OCCUPATIONAL THERAPY ASSISTANTS**. that includes a post-graduate residency

Academic Program

Initial experiential learning:

- Simulation
- Standardized patients
- Faculty practice
- Faculty -led site visits
- Consumer instruction.

Mentored experiential (FW) experience:

- 12 weeks
- 1-2 settings
- Must be at least 2 practice areas.

Post-Graduation

First-year practitioner (resident):

- Provisional license
- Mentored practice
- Reflective component.

Experiential education within the academic program:

Transition the student to practitioner, ensuring translation of knowledge, skills, and attitudes in the application of purposeful, occupation-based interventions. The graduate will demonstrate competency in

- Under the supervision of and in cooperation with the occupational therapist, implementation of the therapeutic intervention plan to facilitate occupational performance and participation that is culturally relevant; reflective of current occupational therapy practice; based on available evidence; and based on theoretical perspectives, models of practice, and frames of reference
- Safety in direct care encounters
- Documentation demonstrating the distinct value of OT
- Ethical and professional behaviors
- Therapeutic use of self
- Communicate OT's role with clients and stakeholders
- Self-reflection of professional skills and development.

First-year practitioner Transition

the graduate from resident to novice practitioner. The practitioner will demonstrate basic competencies to fulfill the following roles in a rapidly changing and dynamic nature of contemporary health and human services delivery systems:

- Direct care provider
- Educator
- Advocate for the profession and the consumer.

Ad hoc committee members divided into small groups to work on the following questions:

- Who would be the key stakeholders in a new model for experiential learning?
- What are the implications for each stakeholder?
- What are the potential timelines?

Findings

- **Stakeholders and implications:**
 - Students:
 - Ensures ALL graduates receive mentoring in the first year of practice
 - Empowers graduates to be a generalist and develops pathways to specialist
 - Is there an impact on tuition? Is the starting salary potentially less?
 - AOTA:
 - Guidelines for first-year practitioner (residency) program
 - Recognition program
 - System for developing and matching graduates to first-year practitioner (residency) program
 - Regulatory/reimbursement/policy implications: Lobbying state legislatures.
 - ACOTE:
 - Support change to entry-level standards.
 - State associations:
 - Guidelines for limited practice statutes
 - Resources for regulation change.
 - State regulatory agencies:
 - Support the model through limited license provisions.
 - NBCOT:
 - Possible changes to foreign graduate review process.
 - Academic programs:
 - Training faculty on simulation
 - Decrease in fieldwork tuition
 - Potential increase in faculty hours currently devoted to fieldwork
 - Greater involvement of faculty in practice environments.
 - Providers:
 - Change in staffing patterns
 - Possible title, salary, and electronic medical records changes
 - Implications for increased quality through improved link between academic programs and school environments.
 - Payers
 - Implications of a limited practice license for CMS, school systems, etc.
- **Timelines:**
 - Short term:

- Recommend removal of current Level I fieldwork requirements from the proposed 2017 ACOTE standards (implementation date July 1, 2019), and substitute the recommended “Initial Experiential Learning Requirements” with examples of how these may occur (e.g., simulation, faculty practice).
- Implement a pilot program for 8 OT programs & OTA programs under the **proposed model** starting in academic year 2018–2019. Data will be utilized to support the new model. Pilot programs will reflect diversity in geographical location, host institutional mission, and degree level.
- Long term:
 - Recommend changes in the experiential requirements in the 2023 ACOTE standards (implementation date July 1, 2025) to reflect the proposed model.
 - Implementation of the **proposed model** across all programs in academic year 2025–2026.

Ad Hoc Committee Participants:

Hazel Breland	PhD, OTR/L, FAOTA	Education/AFWC	SC
Regina Doherty	OTD, OTR/L, FAOTA, FNAP	Education	MA
Kathleen T. Foley	PhD, OTR/L	Education	GA
Gloria Frolek Clark	PhD, OTR/L, BCP, SCSS, FAOTA	Practice	IA
Donna Heinle	OTD, OTR/L, BCPR	Practice	MN
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Chuck Willmarth		AOTA Staff	MD



Purpose:

Consider whether to establish a pilot apprenticeship program for occupational therapy assistants to complete their fieldwork as part of an educational program at a California community college.

Background:

Occupational therapy education programs nationwide are finding it increasingly difficult to place their students in their required fieldwork. In Southern California in particular the addition of new education programs has further saturated an area already experiencing challenges in placing their students, often requiring students to complete fieldwork far from their school or even out of state.

Further complicating the situation is the emerging business model of educational programs having to 'pay for placement' of their students at fieldwork sites. The community colleges cannot participate in the 'pay for placement' fieldwork model, effectively further reducing the pool of fieldwork sites for community colleges.

The California Occupational Guide issued by the California Employment Development Department's (EDD) Labor Market Information Division in 2014 projected California would need 2,500 occupational therapy assistants (OTAs) by 2024. However, it appears that California's need for OTAs has exceeded EDD's projections since there are 2,978 active OTAs as of November 2017 yet employers still report a need for more OTAs.

In 2005, there were three community colleges offering OTA programs in California. There are currently seven OTA educational programs and another one being developed; this makes the need for available fieldwork site placements critical.

The AOTA Board of Directors voted to move forward in their proposal of the "Initial Experiential Learning Requirement" for ACOTE to consider in hopes that it would address challenges facing the viability of the existing fieldwork and other experiential components of occupational therapy education programs. The proposal would only pertain to educational programs for occupational therapists (OTs) and not address OTA programs.

Recommendation:

Establishing apprenticeship programs could offer California an innovative and proactive way in which to address fieldwork sites availability for OTAs. Fieldwork locations participating in an apprenticeship program could receive state and federal funds for the (supervision) efforts of

students completing their fieldwork. The employers would receive funds to pay the students who are completing their fieldwork, a fundamental component of earn/learn programs. Funding the employers will alleviate/offset the financial burden of the participating work site and make the 'donation of time' on students completing their fieldwork less of a financial burden.

Attachments:

Related Legislation:

Assembly Bill (AB) 2105 (Rodriguez). Workforce development: allied health professions. (Chaptered by Secretary of State - Chapter 410, Statutes of 2016.)

This bill requires the Department of Consumer Affairs, by January 1, 2020, to engage in a stakeholder process to update policies and remove barriers to facilitate the development of earn and learn training programs in the allied health professions, including barriers identified in the report described above, as specified.

AB 387 (Thurmond). Minimum wage: health professionals: interns. (2-year bill)

This bill requires minimum wage payment for health professionals students/interns and expands the definition of "employer" for purposes of these provisions to include a person who directly or indirectly, or through an agent or any other person, employs or exercises control over the wages, hours, or working conditions of a person engaged in a period of *supervised work experience longer than 100 hours* to satisfy requirements for licensure, registration, or certification as an allied health professional, as defined.

Funding Examples:

- State Funding Sources
- 2006 Nursing Program Funding



AB-2105 Workforce development: allied health professions. (2015-2016)

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Assembly Bill No. 2105

CHAPTER 410

An act to amend Section 14017 of the Unemployment Insurance Code, relating to workforce development.

[Approved by Governor September 21, 2016. Filed with Secretary of State September 21, 2016.]

LEGISLATIVE COUNSEL'S DIGEST

AB 2105, Rodriguez. Workforce development: allied health professions.

Existing law establishes the California Workforce Development Board as the body responsible for assisting the Governor in the development, oversight, and continuous improvement of California's workforce investment system and the alignment of the education and workforce investment systems to the needs of the 21st century economy and workforce. Existing law requires the board, among other things, to prepare and submit to the appropriate policy committees of the Legislature a report on the board's findings and recommendations regarding expanding job training and employment for allied health professions.

This bill would require the Department of Consumer Affairs, by January 1, 2020, to engage in a stakeholder process to update policies and remove barriers to facilitate the development of earn and learn training programs in the allied health professions, including barriers identified in the report described above, as specified.

Vote: majority Appropriation: no Fiscal Committee: yes Local Program: no

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. Section 14017 of the Unemployment Insurance Code is amended to read:

14017. (a) In efforts to expand job training and employment for allied health professions, the California Workforce Development Board, in consultation with the Division of Apprenticeship Standards, shall do the following:

(1) Identify opportunities for "earn and learn" job training opportunities that meet the industry's workforce demands and that are in high-wage, high-demand jobs.

(2) Identify and develop specific requirements and qualifications for entry into "earn and learn" job training models.

(3) Establish standards for "earn and learn" job training programs that are outcome oriented and accountable. The standards shall measure the results from program participation, including a measurement of how many complete the program with an industry-recognized credential that certifies that the individual is ready to enter the specific allied health profession for which he or she has been trained.

(4) Develop means to identify, assess, and prepare a pool of qualified candidates seeking to enter "earn and learn" job training models.

(b) (1) The board, on or before December 1, 2015, shall prepare and submit to the appropriate policy committees of the Legislature a report on the findings and recommendations of the board.

(2) The requirement for submitting a report imposed pursuant to this subdivision is inoperative on January 1, 2019, pursuant to Section 10231.5 of the Government Code.

(c) (1) The Department of Consumer Affairs shall engage in a stakeholder process to update policies and remove barriers to facilitate the development of earn and learn training programs in the allied health professions, including barriers identified in the report prepared by the board pursuant to subdivision (b), entitled Expanding Earn and Learn Models in the California Health Care Industry. The stakeholder process shall include all of the following:

(A) The department convening allied health workforce stakeholders, which shall include, but are not limited to, the department's relevant licensure boards, the Division of Apprenticeship Standards, representatives appointed by the board of governors from the California community college system, the California Workforce Development Board, and the State Department of Public Health, and which may include other relevant entities such as the Office of Statewide Health Planning and Development, employer and worker representatives, and community-based organizations.

(B) Addressing issues that include, but are not limited to, prelicensure classifications in allied health occupations that would allow students, in a supervised setting, to gain experience in their chosen field before obtaining licensure, and the payment of wages while in a workplace-based training program.

(C) The department ensuring that existing standards of consumer protection are maintained.

(D) Sharing any statutory barriers identified through this process with the relevant committees of the Legislature.

(2) The process described in paragraph (1) shall be completed by, and this subdivision shall be inoperative on, January 1, 2020.



AB-387 Minimum wage: health professionals: interns. (2017-2018)

SHARE THIS:



Date Published: 05/30/2017 02:00 PM

AMENDED IN ASSEMBLY MAY 30, 2017

CALIFORNIA LEGISLATURE— 2017–2018 REGULAR SESSION

ASSEMBLY BILL

No. 387

Introduced by Assembly Member Thurmond

February 09, 2017

An act to amend Section 1182.12 of *add Section 1182.14* to the Labor Code, relating to wages.

LEGISLATIVE COUNSEL'S DIGEST

AB 387, as amended, Thurmond. Minimum wage: health professionals: interns.

Existing law requires the minimum wage for all industries to not be less than specified amounts to be increased from January 1, 2017, to January 1, 2022, inclusive, for employers employing 26 or more employees and from January 1, 2018, to January 1, 2023, inclusive, for employers employing 25 or fewer employees, except when the scheduled increases are temporarily suspended by the Governor, based on certain determinations. Existing law defines an employer for purposes of those provisions to mean a person who directly or indirectly, or through an agent or any other person, employs or exercises control over the wages, hours, or working conditions of another person. Payment of less than the established minimum wage is a misdemeanor.

This bill would expand the definition of "employer" for purposes of these provisions to include a person who directly or indirectly, or through an agent or any other person, employs or exercises control over the wages, hours, or working conditions of a person engaged in a period of supervised work experience *longer than 100 hours* to satisfy requirements for licensure, registration, or certification as an allied health professional, as defined.

Because this bill would expand the definition of a crime, it would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority Appropriation: no Fiscal Committee: yes Local Program: yes

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. Section 1182.12 of the Labor Code is amended to read:

~~1182.12.(a) Notwithstanding any other provision of this part, on and after July 1, 2014, the minimum wage for all industries shall be not less than nine dollars (\$9) per hour, and on and after January 1, 2016, the minimum wage for all industries shall be not less than ten dollars (\$10) per hour.~~

~~(b) Notwithstanding subdivision (a), the minimum wage for all industries shall not be less than the amounts set forth in this subdivision, except when the scheduled increases in paragraphs (1) and (2) are temporarily suspended under subdivision (d).~~

~~(1) For any employer who employs 26 or more employees, the minimum wage shall be as follows:~~

~~(A) From January 1, 2017, to December 31, 2017, inclusive, ten dollars and fifty cents (\$10.50) per hour.~~

~~(B) From January 1, 2018, to December 31, 2018, inclusive, eleven dollars (\$11) per hour.~~

~~(C) From January 1, 2019, to December 31, 2019, inclusive, twelve dollars (\$12) per hour.~~

~~(D) From January 1, 2020, to December 31, 2020, inclusive, thirteen dollars (\$13) per hour.~~

~~(E) From January 1, 2021, to December 31, 2021, inclusive, fourteen dollars (\$14) per hour.~~

~~(F) From January 1, 2022, and until adjusted by subdivision (c) fifteen dollars (\$15) per hour.~~

~~(2) For any employer who employs 25 or fewer employees, the minimum wage shall be as follows:~~

~~(A) From January 1, 2018, to December 31, 2018, inclusive, ten dollars and fifty cents (\$10.50) per hour.~~

~~(B) From January 1, 2019, to December 31, 2019, inclusive, eleven dollars (\$11) per hour.~~

~~(C) From January 1, 2020, to December 31, 2020, inclusive, twelve dollars (\$12) per hour.~~

~~(D) From January 1, 2021, to December 31, 2021, inclusive, thirteen dollars (\$13) per hour.~~

~~(E) From January 1, 2022, to December 31, 2022, inclusive, fourteen dollars (\$14) per hour.~~

~~(F) From January 1, 2023, and until adjusted by subdivision (c) fifteen dollars (\$15) per hour.~~

~~(3) For purposes of this subdivision, "employer" means any person who directly or indirectly, or through an agent or any other person, employs or exercises control over the wages, hours, or working conditions of any person, including any person engaged in a period of supervised work experience to satisfy requirements for licensure, registration, or certification as an allied health professional. For purposes of this subdivision, "employer" includes the state, political subdivisions of the state, and municipalities.~~

~~(4) For purposes of this subdivision, "allied health professional" has the same meaning as in Section 295p of Part F of Subchapter V of Chapter 6A of Title 42 of the United States Code.~~

~~(5) Employees who are treated as employed by a single qualified taxpayer under subdivision (h) of Section 23626 of the Revenue and Taxation Code, as it read on the effective date of this section, shall be considered employees of that taxpayer for purposes of this subdivision.~~

~~(c)(1) Following the implementation of the minimum wage increase specified in subparagraph (F) of paragraph (2) of subdivision (b), on or before August 1 of that year, and on or before each August 1 thereafter, the Director of Finance shall calculate an adjusted minimum wage. The calculation shall increase the minimum wage by the lesser of 3.5 percent and the rate of change in the averages of the most recent July 1 to June 30, inclusive, period over the preceding July 1 to June 30, inclusive, period for the United States Bureau of Labor Statistics nonseasonally adjusted United States Consumer Price Index for Urban Wage Earners and Clerical Workers (U.S. CPI-W). The result shall be rounded to the nearest ten cents (\$0.10). Each adjusted minimum wage increase calculated under this subdivision shall take effect on the following January 1.~~

~~(2) If the rate of change in the averages of the most recent July 1 to June 30, inclusive, period over the preceding July 1 to June 30, inclusive, period for the United States Bureau of Labor Statistics nonseasonally adjusted U.S. CPI-W is negative, there shall be no increase or decrease in the minimum wage pursuant to this subdivision on the following January 1.~~

~~(3)(A) Notwithstanding the implementation timing described in paragraph (1) of this subdivision, if the rate of change in the averages of the most recent July 1 to June 30, inclusive, period over the preceding July 1 to June 30, inclusive, period for the United States Bureau of Labor Statistics nonseasonally adjusted U.S. CPI-W exceeds 7 percent in the first year that the minimum wage specified in subparagraph (F) of paragraph (1) of subdivision (b) is implemented, the indexing provisions described in paragraph (1) of this subdivision shall be implemented immediately, such that the indexing will be effective on the following January 1.~~

~~(B) If the rate of change in the averages of the most recent July 1 to June 30, inclusive, period over the preceding July 1 to June 30, inclusive, period for the United States Bureau of Labor Statistics nonseasonally adjusted U.S. CPI-W exceeds 7 percent in the first year that the minimum wage specified in subparagraph (F) of paragraph (1) of subdivision (b) is implemented, notwithstanding any other law, for employers with 25 or fewer employees the minimum wage shall be set equal to the minimum wage for employers with 26 or more employees, effective on the following January 1, and the minimum wage increase specified in subparagraph (F) of paragraph (2) of subdivision (b) shall be considered to have been implemented for purposes of this subdivision.~~

~~(d)(1) On or before July 28, 2017, and on or before every July 28 thereafter until the minimum wage is fifteen dollars (\$15) per hour pursuant to paragraph (1) of subdivision (b), to ensure that economic conditions can support a minimum wage increase, the Director of Finance shall annually make a determination and certify to the Governor and the Legislature whether each of the following conditions is met:~~

~~(A) Total nonfarm employment for California, seasonally adjusted, decreased over the three-month period from April to June, inclusive, prior to the July 28 determination. This calculation shall compare seasonally adjusted total nonfarm employment in June to seasonally adjusted total nonfarm employment in March, as reported by the Employment Development Department.~~

~~(B) Total nonfarm employment for California, seasonally adjusted, decreased over the six-month period from January to June, inclusive, prior to the July 28 determination. This calculation shall compare seasonally adjusted total nonfarm employment in June to seasonally adjusted total nonfarm employment in December, as reported by the Employment Development Department.~~

~~(C) Retail sales and use tax cash receipts from a 3.9375 percent tax rate for the July 1 to June 30, inclusive, period ending one month prior to the July 28 determination is less than retail sales and use tax cash receipts from a 3.9375 percent tax rate for the July 1 to June 30, inclusive, period ending 13 months prior to the July 28 determination. The calculation for the condition specified in this subparagraph shall be made as follows:~~

~~(i) The State Board of Equalization shall publish by the 10th of each month on its Internet Web site the total retail sales (sales before adjustments) for the prior month derived from their daily retail sales and use tax reports.~~

~~(ii) The State Board of Equalization shall publish by the 10th of each month on its Internet Web site the monthly factor required to convert the prior month's retail sales and use tax total from all tax rates to a retail sales and use tax total from a 3.9375 percent tax rate.~~

~~(iii) The Department of Finance shall multiply the monthly total from clause (i) by the monthly factor from clause (ii) for each month.~~

~~(iv) The Department of Finance shall sum the monthly totals calculated in clause (iii) to calculate the 12-month July 1 to June 30, inclusive, totals needed for the comparison in this subparagraph.~~

~~(2)(A) On or before July 28, 2017, and on or before every July 28 thereafter until the minimum wage is fifteen dollars (\$15) per hour pursuant to paragraph (1) of subdivision (b), to ensure that the state General Fund fiscal condition can support the next scheduled minimum wage increase, the Director of Finance shall annually make a determination and certify to the Governor and the Legislature whether the state General Fund would be in a deficit in the current fiscal year, or in either of the following two fiscal years:~~

~~(B) For purposes of this subdivision, deficit is defined as a negative balance in the Special Fund for Economic Uncertainties, as provided for in Section 16418 of the Government Code, that exceeds, in absolute value, 1 percent of total state General Fund revenue and transfers, based on the most recent Department of Finance estimates required by Section 12.5 of Article IV of the California Constitution. For purposes of this subdivision, the estimates shall include the assumption that only the minimum wage increases scheduled for the following calendar year pursuant to subdivision (b) will be implemented.~~

~~(3)(A)(i) If, for any year, the condition in either subparagraph (A) or (B) of paragraph (1) is met, and if the condition in subparagraph (C) of paragraph (1) is met, the Governor may, on or before August 1 of that year, notify the Legislature of an initial determination to temporarily suspend the minimum wage increases scheduled pursuant to subdivision (b) for the following year.~~

~~(ii) If the Director of Finance certifies under paragraph (2) that the state General Fund would be in a deficit in the current fiscal year, or in either of the following two fiscal years, the Governor may, on or before August 1 of that fiscal year, notify the Legislature of an initial determination to temporarily suspend the minimum wage increases scheduled pursuant to subdivision (b) for the following year.~~

~~(B) If the Governor provides notice to the Legislature pursuant to subparagraph (A), the Governor shall, on September 1 of any such year, make a final determination whether to temporarily suspend the minimum wage increases scheduled pursuant to subdivision (b) for the following year. The determination to temporarily suspend the minimum wage increases scheduled pursuant to subdivision (b) for the following year shall be made by proclamation.~~

~~(C) The Governor may temporarily suspend scheduled minimum wage increases pursuant to clause (ii) of subparagraph (A) no more than two times.~~

~~(D) If the Governor makes a final determination to temporarily suspend the scheduled minimum wage increases pursuant to subdivision (b) for the following year, all dates specified in subdivision (b) that are subsequent to the September 1 final determination date shall be postponed by an additional year.~~

SECTION 1. *Section 1182.14 is added to the Labor Code, to read:*

1182.14. *(a) For purposes of Section 1182.12, an "employer" as defined in paragraph (3) of subdivision (b) of Section 1182.12, also means any person who directly or indirectly, or through an agent or any other person, employs or exercises control over the wages, hours, or working conditions of any person engaged in a period of supervised work experience of longer than 100 hours to satisfy hourly requirements for licensure, registration, or certification as an allied health professional.*

(b) For purposes of subdivision (a), "allied health professional" has the same meaning as in Section 295p of Part F of Subchapter V of Chapter 6A of Title 42 of the United States Code.

(c) The definitions contained in subdivisions (a) and (b) do not apply to either of the following:

(1) An employer offering supervised work experience if the employer employs 25 or fewer allied health professionals.

(2) A primary care clinic that is licensed under subparagraph (A) of paragraph (1) of subdivision (a) of Section 1204 of the Health and Safety Code, and meets the definition of a health center pursuant to Section 330 of the Public Health Service Act (42 U.S.C. Sec. 254b(a)).

(d) This section shall not be construed to apply to the educational institution at which a person is enrolled to fulfill the educational requirements for licensure, registration, or certification as an allied health professional. Nothing in this subdivision shall relieve hospitals or clinics or other medical facilities licensed under Section 1250 of the Health and Safety Code that are affiliated with or operated by educational institutions from application of this section.

SEC. 2. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.



Funding Sources

Apprenticeship Related and Supplemental Instruction (RSI) Funding for Classroom Instruction

Since 1970 California has funded related classroom instruction for state-registered apprenticeship programs known as Related and Supplemental Instruction (RSI) or Montoya Funds. The passage of Assembly Bill 86 (2013–14), the California Community College Chancellor's Office (CCCCO) was authorized with the oversight, validation and disbursement of RSI funding for California Community College Districts (CCD) as well as California Department of Education (CDE)—Local Educational Agencies (LEAs) that partner with apprenticeship program sponsors.

Apprentices attend classes on the practices and theory of their trade and then apply that knowledge to the workplace, generally under the supervision of an experienced supervisor or journeymen until the apprentice masters the particular area of training. Employers are an integral part of apprenticeship programs and pay the majority of the training costs incurred to develop apprentices and make them proficient in their trade or craft. Apprentices' placement in a trade typically takes three to five years. For more information, visit <http://extranet.cccco.edu/Divisions/WorkforceandEconDev/PolicyAlignmentandOutreach/ApprenticeshipCalifornia.aspx>

California Apprenticeship Initiative (CAI) Grant Program

The California Budget Act of 2017–18 proposes \$54.9 million in Proposition 98 (General Fund), of which \$17.7 million is allocated directly to CCDs to reimburse apprentices' RSI, \$22.1 million to reimburse CDE LEAs for RSI, and \$15 million to support the development of new and innovative apprenticeship programs through the California Apprenticeship Initiative. The California Community Colleges Chancellor's Office oversees distribution of these funds. For more information, or to complete a Request for Application (RFA), visit <http://extranet.cccco.edu/Divisions/WorkforceandEconDev/PolicyAlignmentandOutreach/ApprenticeshipCalifornia.aspx>

California Employment Training Panel (ETP) Investments in Apprenticeship

In March 2012, the ETP took action to initiate an "Apprenticeship Training Program" (ATP). ATPs aid individuals who are completing the rigorous training requirements of pre-apprentice, apprentice, and journey training programs approved by DAS. The program provides apprenticeship program sponsors with funding to supplement limited RSI funds. Since its inception, the program has funded 117 contracts worth over \$53 million to train approximately 32,000 workers. The ETP expects to invest several million dollars annually to support new, nontraditional apprenticeship programs while maintaining funding levels for traditional apprenticeships. For more information, visit www.etp.ca.gov.

California Workforce Development Board (CWDB)

The California Workforce Development Board (CWDB) is responsible for helping the Governor to perform the duties and responsibilities required by the federal Workforce Innovation and Opportunity Act of 2014 (WIOA). The overarching goal of California's Strategic Workforce Development Plan is the reorientation and realignment of California's workforce programs and institutions to support a dynamic and globally successful state economy that offers all residents—including the most vulnerable—an opportunity for a higher quality of life.

Priorities in California's Strategic Workforce Development Plan include the expansion of state-registered apprenticeship and other earn-and-learn models. In 2016, the CWDB disbursed nearly \$5 million in Proposition 39 Clean Energy Job Creation funds to build on the success of the first group of construction pre-apprenticeship pilot projects to implement and advance energy efficiency-focused job-training and placement programs targeting disadvantaged Californians in 11 projects.

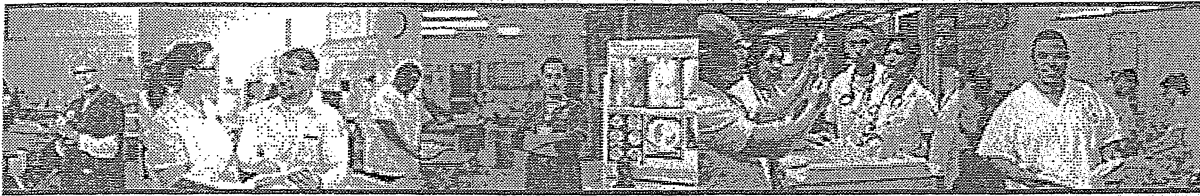
In addition, the CWDB has invested more than \$10 million in 71 "Workforce Accelerator Fund" projects, including apprenticeships such as a "medical coder" program with Kaiser Permanente and the Service Employees International Union (SEIU). For more information, visit www.cwdb.ca.gov

April 2017

Division of Apprenticeship Standards (DAS)

Quick Links

- How to become an apprentice
- How to set up an apprenticeship program
- DAS Laws and Regulations
- Program Sponsors
- Publications, reports, and forms



Nursing and Allied Health

Overview | [RFA FY 16-18](#) | [Annual Reports](#) | [Online Fiscal Reporting](#) | [Webinars](#) | [Other Documents](#)

In response to the projected nursing shortage, the Chancellor's Office allocates funds to California community colleges with the intent of increasing the capacity of their nursing programs and, ultimately, increasing the number of licensed nurses. These funds are intended to address student attrition rates and support student retention by increasing the growth and capacity of California Community College Associate Degree Nursing (ADN) programs. Over the last ten years, these funds have supported the expansion of nursing program enrollments and student success efforts by increasing from 600 to nearly 2000 additional enrollments annually.

The state budget allocated \$13.3 million in funding for community college nursing programs. Of these funds, \$8.4 million is allocated to expand nursing program enrollments, and \$4.9 million is allocated to reduce student attrition rates. Senate Bill 1309 (Stats. 2006, Ch. 837) provided specific criteria to address the reduction of attrition in community college nursing programs.

The purpose of these grants is to:

1. Increase enrollment capacity in the Associate Degree Nursing – Registered Nursing (AND-RN) programs;
2. Determine, through diagnostic assessment, those students who are ready to enter the nursing program and who are most likely to succeed;
3. Provide pre-entry preparation for students who do not achieve the diagnostic assessment cut score;
4. Provide support to students enrolled in the nursing program to increase the program retention and completion rate to 85 percent or more; and
5. Increase the number of students who complete the college program and pass the national licensure exam.

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