AGENDA ITEM 6

CONSIDERATION AND REVIEW OF PREVIOUS POLICY ISSUES IDENTIFIED IN 2012 SUNSET REPORT THAT HAVE NOT BEEN ADDRESSED AND POSSIBLE RECOMMENDATION TO BOARD REGARDING PRIORITIZATION AND RESPONSE ON THE STATUS OF THOSE PREVIOUS ISSUES IN THE BOARD'S 2016 SUNSET REPORT.

An extract of policy issues submitted in the 2012 Sunset Report is attached for review.

Section 11 – New Issues

This is the opportunity for the board to inform the Committees of solutions to issues identified by the board and by the Committees. Provide a short discussion of each of the outstanding issues, and the board's recommendation for action that could be taken by the board, by DCA or by the Legislature to resolve these issues (i.e., policy direction, budget changes, legislative changes) for each of the following:

1. Issues that were raised under prior Sunset Review that have not been addressed.

ISSUE # 1: Webcasting meetings.

Staff Recommendation: ***The Board should inform the Committee of the reason that they have been unsuccessful in webcasting meetings. The Committee recommends that the Board utilize webcasting at future meetings in order to allow the public the best access to meeting content, activities of the Board and trends in the profession.***

ISSUE # 2: What is contributing to low customer satisfaction ratings?

Background: In order to ensure that licensees and other members of the public have a venue to report satisfaction or dissatisfaction with the Board, the Board includes a Customer Satisfaction Survey on its website. In its recent report to the Legislature, the Board included data from the survey spanning July of 2010 to June of 2012.

The Committee notes that over 50% of the respondents indicated they did not receive the assistance they needed after contacting the Board. Further, they rated their interactions with the Board in the "needs improvement" and "poor/unsatisfactory" categories.

Question: Did you receive service/assistance you needed as result of your contact?		
	Response Count	Response %
Yes	14	43.8
No	18	56.3
Skipped question	4	

Question: If you answered YES to "Have you interacted with any other state licensing/regulatory Board/agency" please rate our Board:		
	Response Count	**Response %**
Excellent	3	23.1%
Good	2	15.4%
Neutral	1	7.7%

Needs Improvement	4	30.8%
Poor/ Unsatisfactory	3	23.1%
Skipped question	23	

Staff Recommendation: ***Due to the high percentage of dissatisfaction with the Board's assistance, the Committee requests that the Board provide additional training to its staff regarding customer relations and complaint resolution techniques.***

ISSUE # 3: Publishing Citations.

Staff Recommendation: ***The Committee recommends that the Board provide citation information on the licensee's record in WLL and/or post the citation information on the Board's Disciplinary Action section of its website.***

ISSUE # 4: Continuous Query.

Background:
In its recent report to the Committee, the Board requested they be able to charge each applicant for licensure a fee to cover the cost of the query. The Board indicated: "...While this bill died in committee, the Board hopes that this issue will be addressed in a future bill by the Joint Legislative Sunset Review Committee."

The Committee is curious about the Board's plan to continue purchasing the continuous query for each applicant considering the financial constraints and failed passage of SB 544.

Staff Recommendation: ***The Committee recommends that the Board create a plan for purchasing the continuous query service which may include sponsoring legislation to address how the cost should be covered.***

"Continuous Query" is a for-service service provided by the National Practitioner Data Bank that monitors enrolled licensees for adverse actions and medical malpractice payment history 24 hours a day/365 days per year for a one time enrollment fee which is then subject to annual renewal. Previously the Board utilized this important tool by facilitating the review of applicants (holding a license(s) issued by another state) past disciplinary actions as well as ensuring the Board is notified of any future disciplinary actions taken against the licensee by another reporting entity.

The Board utilized the Continuous Query function for applicants as well as licensees placed on probation during the period <<<<< >>>>>. When initially enrolled, the Board receives a comprehensive history of disciplinary actions taken against the applicant or licensee and then continues to receive e-mail notifications within 24 hours of either databank receiving a report from a reporting entity, subject to continued enrollment or annual renewal.

ISSUE # 5: Should the Board require a jurisprudence and/or ethics course requirement for licensees?

Background: According to the Board's recent report to the Committee, the majority of the complaints received by the Board involve ethical issues, documentation, supervision (or lack thereof), aiding and abetting unlicensed practice, and failing to follow the requirements of a licensee, such as failing to complete the continuing education required for license renewal or providing a timely address change.

Some boards require completion of a jurisprudence examination and others require completion of continuing education in ethics. The Board would like to examine a combination of requiring a jurisprudence examination and completion of an ethics continuing education requirement(s). The Board believes that requiring completion of ethics course(s) and requiring applicants and/or licensees to demonstrate an understanding of California statutory and regulatory requirements may minimize enforcement activity involving ethical violations.

The Committee is concerned about the high number of complaints relating to practice issues.

Staff Recommendation: ***The Committee recommends that the Board outline a plan to include a jurisprudence and/or ethics course as a required continuing education course for its licensees.***

ISSUE # 6: Why does the Board have such a high percentage of stipulated settlements?

In its recent report to the Committee, the Board indicated that 24 of the 44 (54%) disciplinary actions have been resolved through stipulated settlement.

Enforcement Statistics			
	FY 2009/10	**FY 2010/11**	**FY 2011/12**
DISCIPLINE			
Disciplinary Actions			
Proposed/Default Decisions	7	5	8
Stipulations	12	6	6
Average Days to Complete	746	740	637
AG Cases Initiated	16	18	11
AG Cases Pending (close of FY)	14	18	8
Disciplinary Outcomes			
Revocation	4	4	3
Voluntary Surrender	0	0	0
Suspension	0	0	0

Probation with Suspension	2	0	1
Probation	8	6	11
Probationary License Issued	6	1	3
Other	4	2	3

Staff Recommendation: ***The Committee believes that a licensing board should critically examine its practices to ensure that it is acting in the public's interest when they enter into a stipulated settlement. The Committee recommends that the Board provide an explanation for their high percentage of stipulated settlements. Additionally, the Board should indicate if any of the cases that were resolved via stipulated settlements settled for lower standards than the Board's disciplinary guidelines require.***

The disciplinary guidelines are established with the expectation that Administrative Law Judges hearing a disciplinary case, or proposed settlements submitted to the board for adoption will conform to the guidelines. If there are mitigating factors, such as a clear admission of responsibility by the licensee early on in the process, clear willingness to conform to board-ordered discipline, or other legal factors, a decision or settlement might vary from the guidelines. However, when there are factors that cause the discipline to vary from the guidelines, they should be clearly identified.

ISSUE # 7: Budgetary constraints.

Background: The Occupational Therapy Act provides authority for the Board to regulate the profession of occupational therapy. Included in the Board's basic authority is the ability for the Board to conduct administrative duties including the collection of data regarding the workforce, and to maintain relationships with professional associations in order that the Board stays abreast of developments in the profession.

In its recent report to the Committee, the Board indicated that there have been various constraints that have affected its ability to perform certain tasks. Specifically, the following were noted:

a) No memberships with professional associations

b) No travel to or presentation at conferences

c) Little to no consumer outreach or education activities

d) No actions in terms of workforce development have been taken

e) No data has been collected regarding the OT practitioner workforce supply and demand in California

f) Inability to fill authorized positions due to the necessity of redirecting funds to offset enforcement-related over-expenditures

The Board reported that these deficiencies are directly related to budget constraints.

Staff Recommendation: ***The Committee recommends that the Board detail what enforcement related over expenditures have led to the redirection of funds. In addition, the Committee is aware that the DCA allows travel for certain Board activities. As such, the Committee recommends that the Board consult with DCA to clarify what type of travel is permitted.***

ISSUE #8: License portability for military personnel and their spouses.

Staff Recommendation: ***The Board should make every attempt to comply with BPC § 115.5 in order to expedite licensure for military spouses. The Board should also consider waiving the fees for reinstating the license of an active duty military licensee. Consistent with the ACOTE and NBCOT policy for OTAs, the Board should also examine the possibility of accepting military training and experience towards licensure for OTs.***

The DCA provided a list of Boards that accept military experience and those who do not. The Occupational Therapy Board was included in the list of Boards that do not have specific statutes or regulations authorizing the acceptance of military experience towards licensure despite the fact that the current military requirements for OTs appear to be similar to those outlined in statute. However, the Accreditation Council for Occupational Therapy (ACOTE) and the National Board for Certification in Occupational Therapy (NBCOT) recognize military education and training as a qualifying educational program for OTAs.

The Occupational Therapy Act does not include specific standards for addressing military personnel who are licensed OTs or OTAs. However, the Act includes information on inactive license status (BPC § 2570.11). According to the Act, upon written request, the Board may grant inactive status to an OT or OTA who is in good standing. During inactive status, the licensee is exempt from CE requirements and pays a reduced licensing fee. Upon restoration of active status, the licensee must complete all CE requirements.

PRACTICE ISSUES

ISSUE #9: Defining Occupational Therapy.

Staff Recommendation: ***The Board should draft language and submit it to the Committee in order that the Committee can understand specifically how the Board desires to expand the definition.***

ISSUE #10: Are the minimum education requirements equal to the advanced practice requirements?

Background: When the Board was first established, there were no national minimum education standards required by occupational therapy education programs relating to the areas of swallowing assessment, evaluation, or intervention, the use of physical agent modalities, or hand therapy. Thus, these practice areas were identified as "advanced practice" since the practice areas were considered beyond the skills of a new graduate. Therefore, additional post-graduate requirements were established. Additionally, according to the Board, stakeholders who supported the advent of advanced practice guidelines believed "…these areas of practice would be high-risk with potential for harm."

In its 2005 report to the JCBCCP, the Board stated that the educational standards were dependent upon interpretation by individual degree programs which diluted consistency in OT education and the ability to argue that OT education is consistent and that each entry level practitioner is equally prepared to deliver quality and safe OT services. The Board advocated that requiring minimum hours of instruction in all areas of occupational therapy services, such as hand therapy, swallowing and the use of physical agent modalities, would ensure entry level competency and consumer protection.

The Board also indicated in its 2005 report that the OTAC and the Board had participated in discussions at the national level regarding the need for accreditation standards for OT and OTA programs to be consistent. Testimony focused on making OT education more consistent from program to program, and from state to state. The Board noted that focusing just on the programs in California was not enough because a majority of the practitioners had been trained outside of California. The Board stated that while advanced practice certifications were being used to meet the need, in the long term it seems that if the profession is working in these specific areas, the education should be reflective of this practice to assure competence in the entry-level practitioner.

In its recent report to the legislature, the Board noted that all entry-level occupational therapy programs nationwide are required to meet standards in the occupational therapy curriculum including minimum education in the areas of swallowing assessment, evaluation, or intervention, and the use of physical agent modalities. Additionally, students complete courses in anatomy, physiology, kinesiology, tissue healing and how systems are altered by pathology and injury to provide hand therapy.

Staff Recommendation: ***The Committee requests that the Board provide them with additional information, e.g. data from the Accreditation Council for Occupational Therapy Education (ACOTE), about the advanced practice requirements and the minimum education standards.***

The Committee understands the Board's current rationale, but requires additional information from the Board regarding the advanced practice requirements and minimum education standards. Is there new data that is influencing the Board's position? Do the minimum education standards correspond with the advanced practice requirements? Are the advanced practice supervised training requirements comparable to those students receive during their OT programs?

2. New issues that are identified by the board in this report.

3. New issues not previously discussed in this report.

AGENDA ITEM 8

CONSIDERATION AND POSSIBLE RECOMMENDATION TO BOARD OF LEGISLATIVE PROPOSALS TO INCLUDE IN THE BOARD'S 2016 SUNSET REPORT.

Suggested legislative amendments and additions are attached for review.

GOVERNMENT CODE - GOV

TITLE 2. GOVERNMENT OF THE STATE OF CALIFORNIA [8000 - 22980]

(Title 2 enacted by Stats. 1943, Ch. 134.)

DIVISION 1. GENERAL [8000 - 8899.24]

(Division 1 enacted by Stats. 1943, Ch. 134.)

CHAPTER 7. California Emergency Services Act [8550 - 8668]

(Chapter 7 added by Stats. 1970, Ch. 1454.)

ARTICLE 17. Privileges and Immunities [8655 - 8660]

(Article 17 added by Stats. 1970, Ch. 1454.)

8659.

(a) Any physician or surgeon (whether licensed in this state or any other state), hospital, pharmacist, respiratory care practitioner, nurse, occupational therapist, or dentist who renders services during any state of war emergency, a state of emergency, or a local emergency at the express or implied request of any responsible state or local official or agency shall have no liability for any injury sustained by any person by reason of those services, regardless of how or under what circumstances or by what cause those injuries are sustained; provided, however, that the immunity herein granted shall not apply in the event of a willful act or omission.

(b) Any veterinarian or registered veterinary technician who renders services during any state of war emergency, a state of emergency, or a local emergency at the express or implied request of any responsible state or local official or agency shall have no liability for any injury sustained by any animal by reason of those services, regardless of how or under what circumstances or by what cause those injuries are sustained; provided, however, that the immunity herein granted shall not apply in the event of a willful act or omission.

(Amended by Stats. 2010, Ch. 538, Sec. 21. Effective January 1, 2011.)

Add a new BPC Section (no number)

This proposal would grant occupational therapy practitioners immunity from civil damages for services provided during a state of war, state of emergency, or during a disaster, except in a case of a willful act or omission or when the practitioner is grossly negligent.

Amend Business and Professions Code Section 2570.16.

146. (a) Notwithstanding any other provision of law, a violation of any code section listed in subdivision (c) is an infraction subject to the procedures described in Sections 19.6 and 19.7 of the Penal Code when either of the following applies:

(1) A complaint or a written notice to appear in court pursuant to Chapter 5c (commencing with Section 853.5) of Title 3 of Part 2 of the Penal Code is filed in court charging the offense as an infraction unless the defendant, at the time he or she is arraigned, after being advised of his or her rights, elects to have the case proceed as a misdemeanor.

(2) The court, with the consent of the defendant and the prosecution, determines that the offense is an infraction in which event the case shall proceed as if the defendant has been arraigned on an infraction complaint.

(b) Subdivision (a) does not apply to a violation of the code sections listed in subdivision (c) if the defendant has had his or her license, registration, or certificate previously revoked or suspended.

(c) The following sections require registration, licensure, certification, or other authorization in order to engage in certain businesses or professions regulated by this code:

(1) Sections 2052 and 2054.
(2) Section 2630.
(3) Section 2903.
(4) Section 3660.
(5) Sections 3760 and 3761.
(6) Section 4080.
(7) Section 4825.
(8) Section 4935.
(9) Section 4980.
(10) Section 4996.
(11) Section 5536.
(12) Section 6704.
(13) Section 6980.10.
(14) Section 7317.
(15) Section 7502 or 7592.
(16) Section 7520.
(17) Section 7617 or 7641.
(18) Subdivision (a) of Section 7872.
(19) Section 8016.
(20) Section 8505.
(21) Section 8725.
(22) Section 9681.
(23) Section 9840.
(24) Subdivision (c) of Section 9891.24.
(25) Section 19049.
<u>(26) Section 2570.3.</u>

(d) Notwithstanding any other provision of law, a violation of any of the sections listed in subdivision (c), which is an infraction, is punishable by a fine of not less than two hundred fifty dollars ($250) and not more than one thousand dollars ($1,000). No portion of the minimum fine may be suspended by the court unless as a condition of that suspension the defendant is required to submit proof of a current valid license, registration, or certificate for the profession or vocation which was the basis for his or her conviction.

Amend Business & Professions Code Section 2570.3(k)

(l) The board may approve a provider of post-professional education courses, that on or after January 1, 2018, submits an application to the Board and pays the fee set forth in section 2570.16. Each approved provider shall expire on June 30, 2020, and biennially thereafter.

(m) On or after January 1, 2018, the board may approve a post-professional education course, when the provider submits a post-professional education course application to the Board and pays the fee set forth in section 2570.16.

Amend Business and Professions Code Section 2570.16.

Initial license and renewal fees shall be established by the board in an amount that does not exceed a ceiling of one hundred fifty dollars ($150) per year. The board shall establish the following additional fees:

(a) An application fee not to exceed fifty dollars ($50).
(b) A late renewal fee as provided for in Section 2570.10.
(c) A limited permit fee.
(d) A fee to collect fingerprints for criminal history record checks.
(e) A fee to query the National Practitioner Data Bank and the Healthcare Integrity Protection Data Bank.

(f) An initial application fee for providers of post-professional education courses shall be a non-refundable fee of three hundred dollars ($300).

(g) A biennial renewal fee for an approved post-professional education course provider shall be established in regulation, but no more than five hundred-fifty dollars ($550) per renewal cycle.

(h) A one-time, non-refundable fee for review of each post-professional educational course shall be established in regulation, but no more than ninety dollars ($90) per course.

Proposed Amendment to Business & Professions Code Section 2570.18.

(a) ~~On and after January 1, 2003, a~~ A person shall not represent to the public by title, education, or background, by description of services, methods, or procedures, or otherwise, that the person is authorized to practice occupational therapy in this state, unless authorized to practice occupational therapy under this chapter.
(b) Unless licensed to practice as an occupational therapist under this chapter, a person may not use the professional abbreviations "O.T.," "O.T.R.," or "O.T.R./L.," or "Occupational Therapist," or "Occupational Therapist Registered," or any other words, letters, or symbols with the intent to represent that the person practices or is authorized to practice occupational therapy.
(c) A licensed occupational therapist who has received a doctoral degree in occupational therapy (OTD) or, after adoption of the regulations described in subdivision (d), a doctoral degree in a related area of practice or study may do the following:
(1) In a written communication, use the initials DPT, DPH, PhD, or EdD, as applicable, following the licensee's name.
(2) In a written communication, use the title "Doctor" or the abbreviation "Dr." preceding the licensee's name, if the licensee's name is immediately followed by an unabbreviated specification of the applicable doctoral degree held by the licensee.
(3) In a spoken communication while engaged in the practice of occupational therapy, use the title "doctor" preceding the person's name, if the speaker specifies that he or she is an occupational therapist.
(d) A doctoral degree described in subdivision (c) shall be granted by an institution accredited by the Western Association of Schools and Colleges, the Accreditation Council on Occupational Therapy Education, or by an accrediting agency recognized by the National Commission on Accrediting or the United States Department of Education that the board determines is equivalent to the Western Association of Schools and Colleges.
(d) The board shall define, by regulation, the doctoral degrees that are in a related area of practice or study for purposes of subdivision (c).
~~(c)~~(e) Unless certified to assist in the practice of occupational therapy as an occupational therapy assistant under this chapter, a person may not use the professional abbreviations "O.T.A.," "C.O.T.A.," "C.O.T.A./C." or "Occupational Therapy Assistant," or "Certified Occupational Therapy Assistant," or any other words, letters, or symbols, with the intent to represent that the person assists in, or is authorized to assist in, the practice of occupational therapy as an occupational therapy assistant.
~~(d)~~ (f) The unauthorized practice or representation as an occupational therapist or as an occupational therapy assistant constitutes an unfair business practice under Section 17200 and false and misleading advertising under Section 17500.

Proposed Amendment to Business & Professions Code Section 2570.27.

2570.27. (a) The board may discipline a licensee by any or a combination of the following methods:

(1) Placing the license on probation with terms and conditions.

(a) An administrative disciplinary decision imposing terms of probation may include, among other things, a requirement that the licensee-probationer pay the monetary costs associated with monitoring the probation.

(b) The board shall not renew or reinstate the license of any licensee who has failed to pay all of the costs ordered under this section once a licensee has served his or her term of probation.

(2) Suspending the license and the right to practice occupational therapy for a period not to exceed one year.

(3) Revoking the license.

(4) Suspending or staying the disciplinary order, or portions of it, with or without conditions.

(5) Taking other action as the board, in its discretion, deems proper.

(b) The board may issue an initial license on probation, with specific terms and conditions, to any applicant who has violated any provision of this chapter or the regulations adopted pursuant to it, but who has met all other requirements for licensure.

Proposed Amendment to Business & Professions Code Section 2570.28

2570.28. The board may deny or discipline a licensee for any of the following:

(a) Unprofessional conduct, including, but not limited to, the following:

(1) Incompetence or gross negligence in carrying out usual occupational therapy functions.

(2) Repeated similar negligent acts in carrying out usual occupational therapy functions.

(3) A conviction of practicing medicine without a license in violation of Chapter 5 (commencing with Section 2000), in which event a certified copy of the record of conviction shall be conclusive evidence thereof.

(4) The use of advertising relating to occupational therapy which violates Section 17500.

(5) Denial of licensure, revocation, suspension, restriction, or any other disciplinary action against a licensee by another state or territory of the United States, by any other government agency, or by another California health care professional licensing board. A certified copy of the decision, order, or judgment shall be conclusive evidence thereof.

(b) Procuring a license by fraud, misrepresentation, or mistake.

(c) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provision or term of this chapter or any regulation adopted pursuant to this chapter.

(d) Making or giving any false statement or information in connection with the application for issuance or renewal of a license.

(e) Conviction of a crime or of any offense substantially related to the qualifications, functions, or duties of a licensee, in which event the record of the conviction shall be conclusive evidence thereof.

(f) Impersonating an applicant or acting as proxy for an applicant in any examination required under this chapter for the issuance of a license.

(g) Impersonating a licensed practitioner, or permitting or allowing another unlicensed person to use a license.

(h) Committing any fraudulent, dishonest, or corrupt act that is substantially related to the qualifications, functions, or duties of a licensee.

(i) Committing any act punishable as a sexually related crime, if that act is substantially related to the qualifications, functions, or duties of a licensee, in which event a certified copy of the record of conviction shall be conclusive evidence thereof.

(j) Using excessive force upon or mistreating or abusing any patient. For the purposes of this subdivision, "excessive force" means force clearly in excess of that which would normally be applied in similar clinical circumstances.

(k) Falsifying or making grossly incorrect, grossly inconsistent, or unintelligible entries in a patient or hospital record or any other record.

(l) Changing the prescription of a physician and surgeon or falsifying verbal or written orders for treatment or a diagnostic regime received, whether or not that action resulted in actual patient harm.

(m) Failing to maintain confidentiality of patient medical information, except as disclosure is otherwise permitted or required by law.

(n) Delegating to an unlicensed employee or person a service that requires the knowledge, skills, abilities, or judgment of a licensee.

(o) Committing any act that would be grounds for denial of a license under Section 480.

(p) Except for good cause, the knowing failure to protect patients by failing to follow infection control guidelines of the board, thereby risking transmission of ~~blood-borne~~ infectious diseases from licensee to patient, from patient to patient, or from patient to licensee.

(1) In administering this subdivision, the board shall consider referencing the standards, regulations, and guidelines of the State Department of Health Services developed pursuant to Section 1250.11 of the Health and Safety Code and the standards, guidelines, and regulations

pursuant to the California Occupational Safety and Health Act of 1973 (Part 1 (commencing with Section 63001) of Division 5 of the Labor Code) for preventing the transmission of HIV, hepatitis B, and other blood-borne pathogens in health care settings. As necessary to encourage appropriate consistency in the implementation of this subdivision, the board shall consult with the Medical Board of California, the Board of Podiatric Medicine, the Dental Board of California, the Board of Registered Nursing, and the Board of Vocational Nursing and Psychiatric Technicians.

(2) The board shall seek to ensure that licensees are informed of their responsibility to minimize the risk of transmission of blood-borne infectious diseases from health care provider to patient, from patient to patient, and from patient to health care provider, and are informed of the most recent scientifically recognized safeguards for minimizing the risks of transmission.

Proposed new language:

(a) Any employer of an occupational therapy practitioner shall report to the California Board of Occupational Therapy the suspension or termination for cause of any practitioner in their employ. The reporting required herein shall not act as a waiver of confidentiality of medical records. The information reported or disclosed shall be kept confidential except as provided in subdivision (c) of Section 800, and shall not be subject to discovery in civil cases.

(b) For purposes of the section, "suspension of termination for cause" is defined to mean suspension or termination from employment for any of the following reasons:
(1) Use of controlled substances or alcohol to such an extent that it impairs the ability to safely practice occupational therapy.
(2) Unlawful sale of controlled substances or other prescription items.
(3) Patient neglect, physical harm to a patient, or sexual contact with a patient.
(4) Falsification of medical records.
(5) Gross incompetence or negligence.
(6) Theft from patients, other employees, or the employer.

(c) The first failure of an employer to make a report required by this section, shall result in a letter educating the employer of their reporting responsibilities. The second failure to make a report by this section shall be punishable by an administrative fine not to exceed one thousand dollars ($1,000). The third and any subsequent violations shall be punishable by an administrative fine not to exceed five thousand dollars ($5,000) per violation.

Proposed new language:

Each member of the board, or any licensed occupational therapist appointed by the board, may inspect, or require reports from, a general or specialized hospital or any other facility providing occupational therapy treatment or services and the occupational therapy staff thereof, with respect to the occupational therapy treatment, services, or facilities provided therein, and may inspect occupational therapy patient records with respect to the care, treatment, services, or facilities. The authority to make inspections and to require reports as provided by this section shall not be delegated by a member of the board to any person other than a occupational therapist and *shall be subject to the restrictions against disclosure described in Section 2263.*

BPC 2263: The willful, unauthorized violation of professional confidence constitutes unprofessional conduct.