Approved: March 5, 2001
Date

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES.

The meeting was called to order by Chairperson Garry Boston at 1:30 p.m. on February 13, 2001 in Room 210 Memorial Hall

All members were present except: Representative Geraldine Flaharty, Excused
Representative Brenda Landwehr, Excused
Representative Gwen Welshimer, Excused

Committee staff present: Dr. Bill Wolff, Kansas Legislative Research Department
Norman Furse, Revisor of Statute's Office
June Evans, Secretary

Conferees appearing before the committee: Mary Lou Davis, Executive Director, Board of Cosmetology
R. E. "Tuck" Duncan, Kansas Occupational Therapy Assn.
Chris Collins, Kansas Medical Society
Lesa Roberts, Director, Health Occupations Credentialing, KDHE

Others attending: See Attached Sheet

The Chairperson stated that Representative Showalter had an announcement.

Representative Showalter stated that Representative Flaharty became ill this morning and Representative Welshimer drove her to Wichita.

Representative Morrison stated the Sub-Committee on licensing met February 12 and would meet again today after the full committee meeting. Information on credentialing was distributed (Attachment 1).

The Chairperson stated the Fiscal Note on **HB 2170** that had a hearing yesterday was distributed. The Fiscal Note on **HB 2315** was just received after coming over here; therefore, that will be copied and distributed tomorrow. A letter was received from Elizabeth Jesse stating the Dietary Managers Association would pursue their request thru regulation rather than **HB 2117** (Attachment 2).

The Chairperson opened the hearing on **HB 2275 - Board of cosmetology, regulation of permanent color technology and body piercing.**

Norman Furse, Revisor of Statutes, gave a briefing on **HB 2275**, stating these were technical changes and also some new material.

Mary Lou Davis, Executive Director, Kansas Board of Cosmetology, a proponent to **HB 2275**, stated body art services are becoming more prevalent and accepted. The Board believes that revisions of these statutes will facilitate our efforts to ensure the health and safety of the public while maintaining high standards of practice. The Board has licensed 96 body art practitioners and 69 facilities. During calendar year 2000 approximately 28 individuals were issued temporary permits which allows out-of-state individuals to practice at concerts, festivals and etc (Attachment 3).

Representative Showalter asked if there was a program for rehabilitation for alcohol or drug abusers?

Ms. Davis stated they had not encountered a problem but, no, there was not a program designed for this.

Representative Showalter asked about practicing permanent color technology, tattooing or body piercing with a mental or physical illness that affects ability to perform or endangers the public?

Ms. Davis said this is loose and needs to be tightened up.

Representative DeCastro questioned the temporary licenses.

Ms. Davis stated these are for mobile facilities that travel to functions in a van and these people must take exams.

Representative Palmer asked why change authority from Health and Environment?

Ms. Davis said the Board of Cosmetology can go with the discretion of the committee on that.

The Chairperson closed the hearing on **HB 2275**.

The Chairperson opened the hearing on **HB 2315 - Licensure of Occupational Therapists.**

Dr. Bill Wolff gave a briefing stating this expands the definition and now comes under the licensing act. This protects the public and scope of practice and has to define what that is.

R. E. "Tuck" Duncan, Kansas Occupational Therapy Assn., a proponent to **HB 2315** stated the profession of occupational therapy should be licensed in all states to protect consumers from unqualified practitioners and to provide a legal framework to ensure qualified practitioners rights to provide occupational therapy services. There are over 65,000 occupational therapy practitioners in the United States. The majority of states require licensure–44 states license occupational therapists and 41 states license occupational therapy assistants. The remainder of states employ some form of state certification, registration or trademark requirement. Unlike certification, registration and trademark laws generally, licensure laws define a lawful scope of practice for occupational therapy practitioners. Defining a scope of practice legally articulates the parameters of OT practice and provides important guidance to facilities, providers, consumers and major public and private health and education systems on the appropriate use of OT services and practitioners (Attachment 4).

Chris Collins, Director of Government Affairs, Kansas Medical Society, testified as an opponent to **HB 2315** which would elevate the status of occupational therapists from registrants to licensees of the Kansas Board of Healing Arts. The bill also significantly expands the scope of practice of occupational therapists and eliminates the requirement that occupational therapists be supervised by a physician (Attachment 5).

Lesa Roberts, Director, Health Occupations Credentialing, testified as an opponent to **HB 2315** stating this bill amends and adds language to create a licensing law from the current statutes on the registration of occupational therapists and occupational therapy assistants. Primarily the bill substitutes terms of licensing in place of registering throughout the law. A critical change is the definition of "occupational therapy" which is amended to read "practice of occupational therapy" and "occupational therapy services." By doing so, this bill creates an independent practitioner where previously it was a profession under the supervision of a physician or within the school system. There are no changes in the level or type of education, training or examination. Therefore, this is simply a move to license rather than register occupational therapists without benefit of reviewing the request of the occupational group to change level of credentialing (Attachment 6).

Charles L. Wheelen, Kansas Association of Osteopathic Medicine, provided written testimony opposing **HB 2315** because it would repeal the requirement that occupational therapists be employed under the supervision of a physician (Page 1, lines 21-22) (Attachment 7).

The Chairperson closed the hearing on **HB 2315.**

The Chairperson announced the Sub-Committee on Licensing would meet upon adjournment and the full committee adjourned at 2:50 p.m. and the next meeting will be February 14.

HEALTH AND HUMAN SERVICES

DATE February 13,

NAME	REPRESENTING
Ken Bahr	Hern/Weir Chtd.
Tuck Duncan	Ks. Occupational Therapy Assn.
Sandy McElroy	Occupational Therapist
Donna McElroy	Consumer
Betty Lewis	Cosmetology
Mary Lou Davis	Cosmetology
[illegible]	Cosmetology
LARRY BUENING	KS BD OF HEALING ARTS
KEITH R. LANDIS	CHRISTIAN SCIENCE COMMITTEE ON PUBLICATION FOR KANSAS
GARY Robbins	
J. Christian Lampe	intern Rep. Palmer
PHILIP A. HURLEY	PAT HURLEY & CO.
Susan Bechard	KPTA
Paul [illegible]	KPTA
Ron Gaches	KDHA
Rich Guthrie	HealthMidwest

HEALTH & HUMAN SERVICES SUB-COMMITTEE LICENSING

CHARGE: The purpose of the sub-committee is to develop expertise in the area of licensing, certification and registration. Formulating recommendations to the standing committee regarding the recommended avenue to pursue lICENSING. The sub-committee will make recommendations regarding a future coarse for those wishing to obtain lICENSING. Previous credentialing, or lack of same, shall be considered in making the recommendation to the full standing committee.

The sub-committee will consist of seven legislators:

Chair: Jim Morrison
Vice Chair: Patricia Lightner
Sue Storm
Gwen Welshimer
Nancy Kirk
Lana Gordon
Ray Merrick

on Credentialing

The committee should return a recommendation for each request for LICENSING. The Chairman (or designee) shall make the majority report for the sub-committee. A minority report may be authorized by the Health & Human Services Chair provided time and circumstances permit. Should two committee reports (majority and minority) be issued each will be included in the minutes of that day. The majority report will be the only report used to determine future action of the standing committee. The sub-committee report will be voted upon by the entire standing committee present on the day the vote is called. Only one majority (and minority) report will be accepted.

H&HS
2-13-01
Atch #1

JIM MORRISON
REPRESENTATIVE, 121ST DISTRICT
P.O. Box 366
COLBY, KANSAS 67701
(785) 462-3264

STATE CAPITOL Rm 174-W
TOPEKA, KANSAS 66612-1504
(785) 296-7676
jmorriso@ink.org
www.ink.org/public/legislators/jmorriso

STATE OF KANSAS

TOPEKA

HOUSE OF REPRESENTATIVES

COMMITTEE ASSIGNMENTS
Chairman:
JOINT COMMITTEE ON INFORMATON TECHNOLOGY
Chairman:
SELECT COMMITTEE ON INFORMATION MANAGEMENT
MEMBER:
HEALTH & HUMAN SERVICES
Member:
EDUCATION

Credentialing Sub-Committee

Chair	**Jim Morrison**
Vice-Chair	**Tricia Lightner**
Members	**Sue Storm**
	Gwen Welshimer
	Nancy Kirk
	Lana Gordon
	Ray Merrick

Each issue requires a written majority report prior to being voted on by the full committee. It allows for a minority report as well. Reports must be submitted to the committee members in a reasonable time to enable members to consider and read the report(s).

1st Issue "Decision Tree"

2nd Issue Consider and hear testimony on **HB 2117**

We have only until February 20th. That is our last day of committee meetings before turnaround.

applicant occupational or professional group of health care personnel should be credentialed. Further, if all criteria established in statute and rules and regulations are met, and credentialing by the state is appropriate, the secretary also recommends: (1) the level or levels of credentialing, (2) an agency to be responsible for the credentialing process, and (3) such matters as the secretary deems appropriate to include in legislation relating to the recommendation for credentialing.

Legislation

No group of health care personnel can be credentialed by the state except as an act of the legislature. The entire credentialing review process constitutes recommendations to the legislature and is not binding upon it. Should the applicant group be recommended for credentialing, it is the responsibility of the applicant group to draft a bill to be introduced to the legislature.

Credentialing Criteria

The technical committee and the secretary are bound by statute (KSA 65-5003) to make findings in an objective, unbiased manner based upon criteria found under KSA 65-5006 (a). It is the burden of the applicant to bring forth ***clear and convincing evidence*** that the health care occupation or profession should be credentialed. Evidence must be ***more than hypothetical or testimonial*** in nature. ***All*** of the following criteria must be met in order for the recommendation from the committee or the secretary to support credentialing:

(1) The unregulated practice of the occupation or profession ***can harm or endanger*** the health, safety or welfare of the public and the potential for such harm is ***recognizable and not remote***;

(2) the practice of the occupation or profession requires an ***identifiable body of knowledge or proficiency*** in procedures, or both, acquired through ***a formal*** period of advanced study or training, and the public needs and will benefit by assurances of ***initial*** and ***continuing occupational or professional ability***;

(3) if the practice of the occupation or profession is performed, for the most part, under the direction of other health care personnel or inpatient facilities providing health care services, such arrangement is ***not adequate*** to protect the public from persons performing non-credentialed functions and procedures;

(4) the public is ***not effectively protected*** from harm by ***certification*** of members of the occupation or profession or by ***means other than credentialing***;

(5) the effect of credentialing of the occupation or profession on the ***cost of health care*** to the public is ***minimal***;

(6) the effect of credentialing of the occupation or profession on the ***availability of health care personnel*** providing services provided by such occupation or profession is ***minimal***;

(7) the ***scope of practice*** of the occupation or profession is ***identifiable***;

(8) the ***effect*** of credentialing of the occupation or profession on the scope of practice of ***other health care personnel***, whether or not credentialed under state law, is ***minimal***; and

(9) ***nationally*** recognized ***standards*** of education or training ***exist*** for the practice of the occupation or profession and are identifiable.

If ***all*** of the preceding criteria are affirmed after consideration of evidence and testimony, the recommendation shall be in support of credentialing. Reports from the committee or the secretary must contain specific findings on the preceding criteria. Any recommendation for credentialing must follow the philosophy that the ***least regulatory means of protecting the public is preferred***, with consideration of the following alternatives, from least to most regulatory:

(1) ***Statutory regulation***, other than registration or licensure, by the creation or extension of statutory causes of ***civil action***, the creation or extension of ***criminal*** prohibitions or the creation or extension of ***injunctive remedies*** is the appropriate level when this level will adequately protect the public's health, safety or welfare.

(2) ***Registration*** is the appropriate level when statutory regulation under paragraph (a)(1) is not adequate to protect the public's health, safety or welfare and when registration will adequately protect the public health, safety or welfare by ***identifying practitioners*** who possess certain ***minimum occupational or professional skills*** so that members of the public may have a substantial basis for relying on the services of such practitioners.

(3) ***Licensure*** is the appropriate level when statutory regulation under paragraph (a)(1) and registration under paragraph (a)(2) is ***not adequate*** to protect the public's health, safety or welfare and when the occupational or professional groups of health care personnel to be licensed ***perform functions not ordinarily performed by persons in other occupations or professions***.

Who May Submit a Credentialing Application

Any organization or organizations may submit a credentialing application. The application must request that a specific health care profession or occupation be credentialed (KAR 28-60-1). The organizations submitting an application are referred to as the "applicant." The applicant organizations do not have to consist of members of the profession or occupation that they are seeking to credential (KAR 28-60-1). However, usually the applicant organizations are comprised of members of the profession or occupation that is the subject of the application.

Matters to Consider Prior to Submitting an Application

Any organization planning to develop a credentialing application should have a clear understanding of the depth of information and data required throughout the process. This manual is the instrument for acquiring the necessary understanding.

Please read it carefully.

Approaching a legislative change, whether creating or modifying, requires the applicant group to consider whether it has the following:

Commitment. Members of the applicant group must have resolve regarding what is being requested of the state (i.e., requirements for education, training, definition of scope of practice, assessing initial and continued competency, disciplinary measures, ethics, etc.).

Time. The process requires considerable preparation and substantiation of information, written and in person. Applicant members must be able to develop a thorough application and have designated leaders participating in the technical committee meetings and the legislative process.

Network. Much information and data is required in order to compare, contrast and evaluate the profession or occupation in determining answers to the statutory and regulatory criteria. Local, regional and national (perhaps multi-national) data regarding the proposed health occupation or profession is needed. In order to proceed quickly, access to reliable data is essential.

Financial resources. An initial application fee of $1,000 must be paid in full before the review process may be started. Other services may be required throughout the process in response to inquiries or questions regarding the application. Communication expenses, written application and response costs, and telecommunications costs may be required. In addition, applicant groups may find it to their benefit to retain consultative services (such as legal or legislative services).

Contact Person

Any questions regarding the credentialing review program and all inquiries or correspondence with the technical committee should be directed to:

Director
Health Occupations Credentialing Program
Bureau of Health Facilities
Kansas Department of Health and Environment
900 SW Jackson, Suite 1051 S
Topeka, Kansas 66612-1290
(785) 296-1281 or 296-6647

STATE OF KANSAS

JIM MORRISON
REPRESENTATIVE, 121ST DISTRICT
(Sherman, Thomas, Sheridan and Graham Counties)
P.O. Box 366
COLBY, KANSAS 67701
(785) 462-3264
STATE CAPITOL BUILDING
300 SW 10th
Room 174-West
TOPEKA, KS. 66612-1504
(785) 296-7676
jmorriso@ink.org
www.ink.org/public/legislators/jmorriso

TOPEKA

HOUSE OF REPRESENTATIVES

COMMITTEE ASSIGNMENTS

Chairman:
JOINT COMMITTEE ON
INFORMATION TECHNOLOGY
Vice-Chairman
HEALTH AND HUMAN SERVICES
Member
EDUCATION
Member
E-GOVERNMENT TECHNOLOGY
MEMBER
ETHICS AND ELECTIONS

February 12, 2001

Agenda for Health and Human Services Sub-Committee 2/12/01

1. Chairman Morrison remarks and introductions
2. Comments from Ranking Minority Sue Storm
3. Comments from Vice-Chair Tricia Lightner
4. Discussion of committee rules and how to approach issues brought to our committee.
5. Presentation of possible item we will soon consider and **homework** (please read HB 2315 regarding Occupational Therapists and check with your districts ASAP.
6. Next meeting possible time and place.
7. Adjourn

Chairman thoughts:

- I really want us to individually and collectively fully understand the issues brought before us. "There is no pancake so thin it does not have two sides." It is our job to make sure both sides of that pancake are carefully looked at.
- We need to govern ourselves by a set of rules. The Chair may always reserve the right to be the FINAL authority in the event of it being necessary. If that has to happen then I believe that whatever we may be, discussing just might be a bit too controversial for the full committee or our understanding of the issue may not be complete.
- Agreement or compromise on just about anything is possible. It is our job to make that happen and to be responsible enough to make sure we have checked with all the parties that may be affected in the issue we are discussing.
- THERE IS NO RUSH. I do not believe we are in any emergencies here. Many that lobby us say "gee this has to happen now!" Nothing worth having happens quickly. Great things take time and I want us to do great things.
- **WARNING TO ALL** If members of this sub-committee are "pushed" or "threatened" the chair will not take that as being friendly to whatever the issue was that generated the "push." The pusher will find himself or herself on the outside looking in. This is a great group of people and I intend that the committee will be treated with respect and discussions will be in the open. If

your issue is worthwhile then it can be pursued in the open and not behind closed doors.

- There is no such thing as an excused absence. If you cannot be at the meeting you will be excused and not recorded otherwise. I would hope there is enough interest to be in attendance and that you would want to be there.
- Assuming time permits the committee may ask questions of the conferee during the presentation by the conferee. The chair may limit that at any time.
- Conferees reading testimony will be cut off and asked to explain in summary what they desire.
- All written testimony must be provided to the sub-committee in advance of the sub-committee meeting when that is possible. Testimony held for several days and then presented to the committee to consider just during the hearing is not appropriate. If a group really wants our attention then getting information to ALL members quickly and at the same time is recommended. If the Chair hears testimony was withheld the chair may not be very kind to the conferee.

Credentialing Definitions
KSA 65-5001

Credentialing –"the formal recognition of professional or technical competence through the process of registration, licensure, or other statutory regulation."

Certification – "the process by which a nongovernmental agency or association or the federal government grants recognition to an individual who has met certain predetermined qualifications specified by the nongovernmental agency or association or the federal government."

Registration – "the process by which the state identifies and lists on an official roster those persons who meet predetermined qualifications and who will be the only persons permitted to use a designated title."

Licensure – "a method of regulation by which the state grants permission to persons who meet predetermined qualifications to engage in an occupation or profession, and that to engage in such occupation or profession without a license is unlawful."

February 7, 2001

Health and Human Services Committee
300 SW 10th Ave.
Topeka, Kansas 6612-1504

Dear Representative Boston,

I am writing in regards to House Bill #2117. The Kansas Dietary Managers Association has elected to forgo legislation and pursue our request through regulation with the Kansas Department of Health and Environment. We have spoken to Joseph Kroll, Director of Health Care Facilities, Kansas Department of Health and Environment who has stated this is a request that they can most likely meet within the next six months. Myself and the association feel this is the direction to proceed.

We appreciate the time and effort the committee provided in hearing our request.

Sincerely,

Elizabeth Jesse

Elizabeth Jesse
Spokesperson, Kansas Dietary Managers Association
601 N. Chestnut
Iola, Kansas 66749

H&HS
2-13-01
Atch #2

STATE OF KANSAS
BILL GRAVES, *Governor*

KANSAS BOARD OF COSMETOLOGY
714 SW Jackson, Suite 100
Topeka, KS 66603-3714
Phone: (785) 296-3155
Fax: (785) 296-3002
e-mail: kboc@ink.org

House Committee on Health and Human Services
House Bill 2275

Tuesday, February 13, 2001
Testimony presented by Mary Lou Davis, Executive Director

Mr. Chairman and Members of the Committee:

In 1997 the legislature enacted regulatory oversight for tattoo artists, body piercers and permanent cosmetic technicians **and** the facilities in which they provide these services. As you know, these body art services are becoming more prevalent and accepted. Therefore, the Board believes that revisions of these statutes will facilitate our efforts to ensure the health and safety of the public while maintaining high standards of practice.

Several provisions of the law are only in need of "clean-up" corrections/revisions. With the implementation of the statutes and through the knowledge gained in the past four years, the Board believes that several other revisions are necessary.

To date the Board currently has licensed 96 body art practitioners and 69 facilities. During calendar year 2000 approximately 28 individuals were issued temporary permits which allows out-of-state individuals to practice at concerts, festivals and etc.

The technical changes include:

- Consistency and uniformity in the language of the statute;
- Clarifies that an inspection confirm compliance with the health and sanitation rules and regulations prior to granting a facility license; and,
- Clarifies the practitioner application process.

More significant provisions include:

- Licensure for a mobile facility;
- All facility licenses will annually expire on December 31 and have a 60 day grace period for renewal with the appropriate late fee;
- Individuals who allow their practitioner license to expire for more than six months must make application as for initial licensure and "satisfactorily complete" the continuing education requirement;
- Piercing the ear lobe is excluded from the body piercing definition;
- Provision for issuing and establishing a licensure fee for an apprentice and trainer; and
- The Board will have enforcement responsibility for violation of licensure statutes or rules and regulations.

Should these revisions be enacted the Board's responsibility would not significantly change. Likewise, the number of practitioner's impacted by this proposed legislation is minimal.

The Kansas Board of Cosmetology requests your favorable action on House Bill 2275.

H & HS
2-13-01
Atch # 3

KANSAS OCCUPATIONAL THERAPY ASSN.

Commonwealth Building
Suite 310
720 SW Jackson
Topeka, Kansas 66603

February 13, 2001

To: House Health and Human Services Committee

From: R.E. "Tuck" Duncan

RE: HB 2315

For the reasons set forth in the attached materials we respectfully request your support of HB 2315.

The Kansas Occupational Therapy Association has over 800 Occupational Therapists, OT Assistants and students as members.

We look forward to working with the committee on this issue.

Skills for the Job of Living
Occupational Therapy

H&HS
2-13-01
Atch# 4

Licensure for
Occupational Therapy Practitioners

Issue: The profession of occupational therapy should be licensed in all states to protect consumers from unqualified practitioners and to provide a legal framework to ensure qualified practitioners' rights to provide occupational therapy services.

Discussion: There are over 65,000 occupational therapy practitioners in the United States. The majority of states require licensure---44 states license occupational therapists and 41 states license occupational therapy assistants. The remainder of states employ some form of state certification, registration or trademark requirement. Unlike certification, registration and trademark laws generally, licensure laws define a lawful scope of practice for occupational therapy practitioners. Defining a scope of practice legally articulates the parameters of OT practice and provides important guidance to facilities, providers, consumers and major public and private health and education systems on the appropriate use of OT services and practitioners.

With managed care companies and Medicare and Medicaid more stringently controlling health care costs, providers and facilities have stronger incentives to more aggressively manage clinical resources. Many health care professions are advocating for state policies that will clearly define their area of practice to better position them to compete in an increasingly competitive market. Licensure laws create a regulatory framework and provide an important mechanism of an appointed licensure board, the Board of Healing Arts, who establish requirements for education, training, competency, practice, supervision and disciplinary action.

Defining the OT scope of practice can offer guidance on appropriate care in the investigation and resolution of consumer complaints involving delivery of care.

Occupational therapy practitioners provide important health and rehabilitation services to people of all ages who, because of illness, injury, developmental or psychological impairment, need specialized intervention to regain, develop, or build skills necessary for independent functioning. Their services are broadly covered under public insurance programs such as Medicare, Medicaid, FEHBP, CHAMPUS, and workers compensation programs, as well as by private insurers and managed care organizations (MCOs). They also provide extensive early intervention and school-based services to children under the federal Individuals with Disabilities Education Act (IDEA). Because occupational therapy practitioners work extensively with extremely vulnerable and frail populations, it is especially important to regulate members of this profession in a manner that assures the highest level of consumer protection.

Hawaii, Kansas and Indiana are seeking legislation to upgrade their law to licensure during the 2001 legislative session. Minnesota, Wisconsin and California enacted licensure legislation (certification for occupational therapy assistants in California) in 2000.

House Bill 2315 meets these goals in order to protect consumers from unqualified practitioners and to provide an ongoing legal framework to ensure qualified practitioners' rights to provide occupational therapy services.

Kansas Occupational Therapy Association
Suite 310, 720 Jackson St., Topeka, KS 66603

10 Ways to Define OT in 15 Words or Less

"What is occupational therapy?"

This list is not all-inclusive. It is simply a foundation to help clarify how occupational therapy can help individuals regain function and independence in every day activities.

1. Occupational therapy is working collaboratively with people to facilitate independence and wellness in an individual's life.

2. Occupational therapy is a "client centered" approach to achieve everyday health through functional activities.

3. Occupational therapy assists people of all ages with disabilities to become independent in their daily activities.

4. Occupational therapy promotes health and well being of individuals in society through participation in meaningful occupation.

5. Occupational therapy is the promotion of life long health and well being to facilitate productive living.

6. Occupational therapy means improving the quality of life through impacting everyday activities.

7. Occupational therapy practitioners help individuals develop skills necessary to perform daily activities.

8. Occupational therapy provides the tools to break down barriers to an individual's independence.

9. Occupational therapy provides you with a balance of independence at home, at work, and at play.

10. Occupational Therapy is...
"Skills for the Job of Living."

The Facts about Occupational Therapy

Occupational therapy is skilled treatment that helps individuals achieve independence in all facets of their lives. Occupational Therapy gives people the "Skills for the Job of Living" they need to live satisfying lives. Services typically include:

- Customized treatment programs aimed at improving abilities to carry out the activities of daily living
- Comprehensive evaluation of home and job environments and recommendations on necessary adaptation
- Assessments and treatment for performance skills
- Recommendations and training in the use of adaptive equipment to replace lost function
- Guidance to family members and attendants in safe and effective methods of caring for individuals

Occupational therapy practitioners are skilled professionals whose education includes the study of human growth and development with specific emphasis on the social, emotional, and physiological effects of illness and injury. The occupational therapist enters the field with a bachelor's, master's, or doctoral degree. The occupational therapy assistant generally earns an associate's degree. Practitioners must complete supervised clinical internships in a variety of health care settings, and pass a national examination. All states also regulate occupational therapy practice.

Who Benefits from Occupational Therapy?

A wide variety of people can benefit from occupational therapy, including those with

- work related injuries such as low back problems or repetitive stress injuries
- limitations following a stroke or heart attack
- arthritis, multiple sclerosis, or other serious chronic conditions
- birth injuries, learning problems, or developmental disabilities
- mental health or behavioral problems including Alzheimer's, schizophrenia, and post-traumatic stress disorder

- vision or cognitive problems
- substance abuse problems or eating disorders
- burns, spinal cord injuries, or amputations
- broken bones or other injuries from falls, sports injuries, or accidents

How OT Works

Every day, countless people of all ages experience problems that significantly affect their ability to manage their daily lives. With the help of occupational therapy, many of these individuals can achieve or regain a high level of independence. From the infant with a birth defect or injury to the person affected by aging, occupational therapy helps people make the most of their abilities. When skill and strength cannot be developed or improved, occupational therapy offers creative solutions and resources for carrying out the person's daily activities. *See Attached examples.*

FISCAL IMPACT OF HB 2315

As Occupational Therapy is already regulated by the Board of Healing Arts, a fee funded agency, there is no fiscal impact to the State of Kansas.

OCCUPATIONAL THERAPY HAS BEEN THROUGH THE CREDENTIALING PROCESS

Occupational Therapy was originally recommended to be a licensed profession as a result of the credentialing process. HB2315 does that which was initially recommended.

THANK YOU FOR YOUR KIND ATTENTION TO AND CONSIDERATION OF THESE MATTERS.

R.E. "Tuck" Duncan
Kansas Occupational
Therapy Association

The American Occupational Therapy Association, Inc.

PARENTS ASK ABOUT OCCUPATIONAL THERAPY SERVICES IN SCHOOLS

My Child was Recently Referred for an OT Evaluation. Exactly What is OT and What Will It Do For My Child?
School-based occupational therapy is designed to enhance the student's ability to fully access and be successful in the learning environment.

This might include working on handwriting or fine motor skills so the child can complete written assignments, helping the child organize himself or herself in the environment (including work space in and around the desk), working with the teacher to modify the classroom and/or adapt learning materials to facilitate successful participation.

How Do I Get OT for My Child?
Occupational therapy (OT) is a related service under Part B of the Individuals With Disabilities Education Act (IDEA), and is provided to help a student with a disability to benefit from special education. As such, OT is a supportive service. If your child has a disability, as defined by IDEA, and needs special education and related services to meet unique learning needs, then he/she might be eligible for OT services. Your child must be eligible for special education before being considered for OT services in the schools under IDEA. Eligibility for special education does not mean automatic eligibility for related services, including OT. The final determination is made by the multidisciplinary team in concert with the OT evaluation.

My Child Needs OT. The District Wants to Use An Adapted Physical Education (APE) Teacher, Certified Occupational Therapy Assistant, or Classroom Aide to Provide the Therapy. Is This Legal?
According to the IDEA, occupational therapy is to be provided by qualified and trained practitioners. Occupational therapy practice is regulated in 51 jurisdictions, including the District of Columbia and Puerto Rico, and each jurisdiction defines who can legally provide OT services. In many cases, OT can only be provided by an OT practitioner (as defined by state law). Certified occupational therapy assistants (COTAs)

Related Links

Consumer Area
OT in the Workplace
State OT Associations
Consumer Organizations

Consumer Fact Sheets

AOTA's Fact Sheets for Consumers for Consumers offer information and tips to help you cope with specific situations.

Want more information?

Email us at praota@aota.org, or call 800-SAY-AOTA (members), 301-652-AOTA (local callers and nonmembers), or 800-377-8555 (TDD).

are qualified occupational therapy practitioners who work under the supervision of occupational therapists.

In certain circumstances, an aide can perform specific tasks as delegated by and under the direction of and with intense, close supervision by an OT practitioner.

My Child Was Recently Evaluated by an OT, and I Have Some Concerns About the Test Used. Are There Particular Tests That Should Be Used?
Occupational therapists are responsible for determining the need for OT services. This is done via the data collection (evaluation) process, of which administering a particular test is only one part.

The therapist may use screening, standardized or non-standardized tests, depending on the need and type of information sought, which in this case should be directly related to your child's ability to function and be successful in school.

While there is not one particular assessment tool that "should be used," the therapist should be familiar with a variety of methods to gather the necessary information and to make an informed decision.

We Live in A Rural Area and Have to Travel Great Distances to Have Our Child Receive OT in the Nearest Hospital Because the District Does Not Have Therapists. How Can We Get More OTs in Rural Areas?
Your situation is not unusual. Many rural communities have had difficulty recruiting and retaining OT practitioners. Because of this districts often have to contract with therapists or other agencies which are located some distance away.

Rural and other communities might consider highlighting the attractiveness of their areas when trying to recruit OTs and other needed staff. Contact the OT association in your state to find out what you can do to help make sure OTs know about job opportunities available in your area.

I Have Asked The District To Provide Sensory Integration Therapy for My Child. The School OT Seems Unwilling to Do This. What Can I Do?
Sensory integration is one frame of reference or perspective which might

be used in the occupational therapy intervention process. The service or therapy that school districts are mandated to deliver is occupational therapy.

In the schools, the focus of OT is on the child's ability to function in the educational environment.

As long as the child's educational needs are being appropriately met, the school-based OT is operating within his/her scope of practice and training.

Each occupational therapist, using professional judgment, evaluation data, and expected outcomes, selects a particular frame of reference which will guide the intervention. You are encouraged to discuss your concerns with the school therapist to help you understand the reasoning used to guide the intervention.

Where Can I Find More Information About Occupational Therapy for My Child?

- the principal of your child's school
- the special education director or coordinator for your child's school district
- the occupational therapy association in your state

The American Occupational Therapy Association
4720 Montgomery Lane
P.O. Box 31220
Bethesda, MD 20824-1220
Consumer Line: 1-800-668-8255

AOTA The American Occupational Therapy Association, Inc.

HEALTHY TRAVEL TIPS

Whether you're hitting the road or flying the friendly skies, travel can take its toll on your body. But a little awareness of "body mechanics" can help assure that you'll reach your destination without strain or pain.

The number one rule to remember, according to occupational therapists, is to lift with the legs, and not the back. Whether loading that luggage into the trunk of the car or grabbing it off the carousel at the airport, get balanced and poised to make use of the larger leg muscles so as not to put undue stress on the back, neck, shoulders, arms and hands.

The long hours spent sitting while traveling can also predispose a person backaches and stiffness. Here the key is frequent stretching and changes in position. In the car, use cruise control because it takes the pressure off the right side of your body--your accelerator and brake pedal side. Pull over and change the position of your seat frequently to reduce prolonged pressure points, especially to hips and knees. Also change the angle of the steering wheel--again to alter your fixed position.

On a plane, think about using something as a footrest to bring your legs and knees to a comfortable height--about a 90 degree angle. Once the plane is airborne, use your backpack or carry-on bag for that purpose. It's especially important for shorter passengers not to let their legs dangle.

And do get up and move about the cabin as soon as you're given permission, or at least every hour. While you're standing, try to do some back, leg and arm stretches.

Related Links

Consumer Area

OT in the Workplace

State OT Associations

Consumer Organizations

Consumer Fact Sheets

AOTA's Fact Sheets for Consumers for Consumers offer information and tips to help you cope with specific situations.

Want more information?

Email us at praota@aota.org, or call 800-SAY-AOTA (members), 301-652-AOTA (local callers and nonmembers), or 800-377-8555 (TDD).

AOTA The American Occupational Therapy Association, Inc.

OCCUPATIONAL THERAPY SERVICES IN WORK REHABILITATION: WORK HARDENING/WORK CONDITIONING

Work rehabilitation is a structured program of graded physical conditioning/strengthening exercises and functional tasks in conjunction with real or simulated job activities. Treatment is designed to improve the individual's cardiopulmonary, neuromusculoskeletal (strength, endurance, movement, flexibility, stability, and motor control) functions, bioemechanical/human performance levels, and psychosocial aspects as they relate to the demands of work.

Occupational therapists use work-related activities in the assessment, treatment, and management of individuals whose ability to function in a work environment has been impaired by physical, emotional, or developmental illness or injury.

Work rehabilitation provides a transition between acute care and return to work while addressing the issues of safety, physical tolerances, work behaviors, and functional abilities.

What Are the Benefits of Work Rehabilitation?

- Injured individuals return more quickly and safely to employment with greater physical endurance/human performance levels and ability to meet and perform the job requirements.
- Injured individuals gain a clear knowledge of their capabilities and prepare them for reentry into the community and work force.
- Employers receive assurance that the employee is physically competent to perform the essential functions of the job and has the necessary work readiness skills. The employer may realize a reduction in lost work days, lost productivity, workers' compensation claims and associated costs.
- Insurance carriers receive rapid case resolution and a decrease in the administrative costs of case management.
- Physicians receive objective documentation of physical abilities on

Related Links

Consumer Area

OT in the Workplace

State OT Associations

Consumer Organizations

Consumer Fact Sheets

AOTA's Fact Sheets for Consumers for Consumers offer information and tips to help you cope with specific situations.

Want more information?

Email us at praota@aota.org, or call 800-SAY-AOTA (members), 301-652-AOTA (local callers and nonmembers), or 800-377-8555 (TDD).

which to base return to work clearance, impairment rating or disability determination.
- Rehabilitation case managers gain a clearer picture of the individual's physical capacities, which aids in focused program planning and vocational exploration.

Who Should Be Referred for Work Rehabilitation?

- Individuals whose physical or behavioral tolerances interfere in return to work.
- Individuals who require modifications and/or reasonable accommodations to maximize safe and functional return to work following an illness or injury.
- Individuals who seek to re-enter the job market but require assistance in overcoming physical or behavioral barriers.
- Individuals who need to document their physical capabilities to perform specific job demands.

What Are the Goals of Work Rehabilitation?

- To insure a smooth, rapid, safe transition into the work force
- To develop physical tolerance for work, including flexibility, strength, and endurance
- To develop safe job performance to prevent re-injury
- To develop and reinforce appropriate work behaviors
- To provide data concerning a worker's physical and psychological tolerances that are essential to the vocational planning process
- To determine if tool or job site modifications, ergonomics, or assistive technology will remove barriers to return to work
- To promote patient responsibility and self-management

Where is Work Rehabilitation Provided?

- Industry (at the job-site)
- Community based health centers
- Outpatient rehabilitation facilities
- Individual or group practices
- Hospital based programs

Who Pays for Work Rehabilitation?

- Workers' compensation insurance plans

- Self-insured employers
- Individual insurance plans
- State and/or local agencies
- Managed care plans

What Specialized Education and Experience Do Occupational Therapy Practitioners Bring to Work Rehabilitation?

- Occupational therapists hold bachelor's or master's degrees and occupational therapy assistants have associate degrees. Occupational therapy practitioners must complete supervised clinical internships in a variety of health care settings and are required to pass a national certification examination. Individual states also regulate occupational therapy practice. Occupational therapy education includes the study of human growth and development with specific emphasis on the social, emotional, and physiological implications of illness and injury.
- Occupational therapy practitioners are also skilled in developing and guiding a job-specific program of graded activity for the individual, job task analysis, and job station and tool modification, and in identifying and remediating behaviors inappropriate to the work environment.
- Occupational therapy practitioners use their knowledge of the structure and function of the human body, the effects of illness and injury, and the components of activity to increase the individual's involvement in productive activity and safe practices.

Revised by the Work Programs Special Interest Section Standing Committee
May 1998

Updated 11/9/98

4-14

AOTA The American Occupational Therapy Association, Inc.

BACKPACKS & KIDS:

DON'T MAKE YOUR KID A BACKPACK BEAST OF BURDEN!

The top of the shoulder, where the straps of a backpack distribute the weight of the load, is an area rich in nerves and blood vessels that serve much of the rest of the body—arms and hands, neck, back, and head. Carrying excessive weight in a backpack can lead to a number of health problems for your child.

Occupational therapists recommend that, when it comes to kids and backpacks, comfort, fit, and weight make a big difference. A child should wear both straps of the backpack to equalize the weight and prevent shoulder, neck and back problems. The straps should be padded.

It is also very important that the weight of the backpack not exceed 10% of the child's body weight (a 50 pound child should carry backpack weighing no more than 5 pounds).

Tips for Wearing Backpacks

- If the backpack is too heavy, remove some books and carry them cradled in the arms or against the stomach.
- Wear both straps of the backpack.
- Wear backpacks with padded shoulder straps and a waist belt; fasten the waist belt.
- Adjust the straps so the backpack sits on the hips and pelvic area, not at the top of the back or at the buttocks.
- Keep the weight in the backpack close to the body. Arrange the heaviest items closest to the back.
- Use a backpack with wheels or place the backpack on a luggage cart.
- If your child already has back problems, ask the school to issue a second set of books that can stay at home.

Related Links

Consumer Area

OT in the Workplace

State OT Associations

Consumer Organizations

Consumer Fact Sheets

AOTA's Fact Sheets for Consumers for Consumers offer information and tips to help you cope with specific situations.

Want more information?

Email us at praota@aota.org, or call 800-SAY-AOTA (members), 301-652-AOTA (local callers and nonmembers), or 800-377-8555 (TDD).

Alarm Signals

- Aching in the shoulders, neck, or back
- Pain or tingling in the arms, wrists and hands, especially at night
- Muscle weakness
- Red marks and creases on the shoulder
- Struggling to get the backpack on and off
- Noticeable imbalances in the child's posture, including tilting the head and neck to one side and an uneven gait

Ask An Occupational Therapist

Occupational therapists work in most school systems throughout the United States, helping children with a range of health problems that affect their school performance. "OTs" are trained in activity analysis and basic ergonomic issues, and can advise you on a wide range of issues including fitting your child with an appropriate backpack.

KMS
KANSAS MEDICAL SOCIETY

TO: House Committee on Health and Human Services

FROM: Chris Collins *Chris Collins*
Director of Government Affairs

DATE: February 13, 2001

RE: HB 2315: Licensure of Occupational Therapists

Chairman Boston and Ladies and Gentlemen of the Committee:

Thank you for the opportunity to testify before you today in opposition to HB 2351, which would elevate the status of occupational therapists from registrants to licensees of the Kansas Board of Healing Arts. The bill also significantly expands the scope of practice of occupational therapists and eliminates the requirement that occupational therapists be supervised by a physician.

KMS is not opposed to the concept of licensure for occupational therapists. However, the bill creates rather substantial changes to the practice of occupational therapy. HB 2315 appears to expand the parameters of what occupational therapists are statutorily permitted to do. The members of KMS respect the specialized skills and expertise that occupational therapists bring to the health care team. However, eliminating the requirement that physicians supervise occupational therapists does nothing to improve patient care. It has the potential to diminish communication between health care professionals who should be working in concert, not independently, for the good of the patient.

For the foregoing reasons, KMS opposes HB 2315. Thank you for the opportunity to comment. I would be pleased to respond to any questions.

623 SW 10th Ave. • Topeka KS 66612-1627 • 785.235.2383 • 800.332.0156 • FAX 785.235.5114
Western Kansas office • 108 E 12th St. • Hays KS 67601 • 785.625.8215 • 800.293.2363 • FAX 785.625.8234

H & HS
2-13-01
Atch #5

KANSAS
DEPARTMENT OF HEALTH & ENVIRONMENT
BILL GRAVES, GOVERNOR
Clyde D. Graeber, Secretary

Testimony Presented

to the
House Committee on Health and Human Services
by

Lesa Roberts, Director, Health Occupations Credentialing

House Bill No. 2315

Tuesday, February 13, 2001

Chairperson Boston, I am pleased to appear before the House Committee on Health and Human Services to discuss House Bill 2315. This bill amends and adds language to create a licensing law from the current statutes on the registration of occupational therapists and occupational therapy assistants. Primarily the bill substitutes terms of licensing in place of registering throughout the law. A critical change is the definition of "occupational therapy" which is amended to read "practice of occupational therapy" and "occupational therapy services." By doing so, this bill creates an independent practitioner where previously it was a profession under the supervision of a physician or within the school system. The additional language is more detailed in the description of the practice identifying more specifically the body of work. Notably, there are no changes in the level or type of education, training or examination. Therefore, this is simply a move to license rather than register occupational therapists without benefit of reviewing the request of the occupational group to change level of credentialing.

HB 2315 is very similar to 2000 HB 2886, which died in committee. The primary difference is that HB 2315 creates "occupational therapy aide," "occupational therapy tech" and "occupational therapy paraprofessional" to provide supportive services under supervision of occupational therapists and occupational therapy assistants. There has been no study on the impact to taxpayers, which is one of ten criteria in the technical review process in the Kansas Act on Credentialing. Circumventing the Kansas Act on Credentialing eliminates the examination of critical public and taxpayer impact

Capitol Tower
400 S.W. 8th Avenue, Suite 200
(785) 296-0461

Topeka, KS 66603-3930
FAX (785) 368-6368

H & HS
2-13-01
Atch # 6

data. Completing a credentialing review is specific to data from the applicant as well as testimony from opponents and proponents. This data is presented during the technical review process which identifies such topics as: the relative harm or endangering of *public health, safety or welfare*, *public needs* which are satisfied or *benefit achieved* by credentialing at this level, the effect of credentialing of this group upon health care and other health care personnel, and whether it is the *"least regulatory means of assuring the protection of the public"* which is the preferred policy established by the credentialing.

We respectfully request that House Bill 2315 not be passed. Thank you again for the opportunity to comment on House Bill 2315. I would gladly respond to any questions you may have.

Kansas Association of Osteopathic Medicine

1260 SW Topeka Boulevard
Topeka, Kansas 66612

Phone (785) 234 5563
Fax (785) 234 5564

Statement to the
House Committee on Health and Human Services
Regarding House Bill 2315
By Charles L. Wheelen
February 13, 2001

The Kansas Association of Osteopathic Medicine is opposed to HB2315 because it would repeal the requirement that occupational therapists be employed under the supervision of a physician (page one, lines 21-22). Furthermore, we are not aware of any evidence that licensing of occupational therapists would improve quality of care.

We believe that before any patient undergoes treatment or therapy for any medical condition or physical disability, he or she deserves the benefit of a medical evaluation and diagnosis. If needed, an appropriate medical regimen should precede or be administered in conjunction with occupational therapy.

House Bill 2315 would allow the occupational therapist to "evaluate and treat referred individuals who have a disease or disorder" (page one, lines 42-43). The bill fails to elaborate as to what constitutes a referral nor does it impose any kind of a requirement for a physician's order. This would constitute unrestricted independent practice.

We respectfully recommend that any request for legislation upgrading a health care provider group be subjected to a basic test. Can it be demonstrated that changing the status of the occupation will improve the quality of care that your constituents receive from the health care delivery system? If not, there is no need to further consider the request.

I am sorry that I could not be present for the public hearing. Thank you for considering our comments.

H&HS
2-13-01
Atch #7