

Proposed Draft: 8/1/2023

Submitted by: Judith Sheehan josotr@aol.com Joyce Rioux jrioux88@gmail.com

Elaine Adams elaine.adams@powerbackrehab.com

On behalf of: Connecticut Occupational Therapy Association

Draft

Substitute House Bill No. 6549

Public Act No. 11-209

AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S OVERSIGHT RESPONSIBILITIES RELATING TO SCOPE OF PRACTICE DETERMINATIONS FOR HEALTH CARE PROFESSIONS.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. (NEW) (*Effective July 1, 2011*) (a) Any person or entity, acting on behalf of a health care profession that seeks to establish a new scope of practice or change a profession's scope of practice, may submit a written scope of practice request to the Department of Public Health not later than August fifteenth of the year preceding the commencement of the next regular session of the General Assembly.

(b) (1) Any written scope of practice request submitted to the Department of Public Health pursuant to subsection (a) of this section shall include the following information:

(A) A plain language description of the request;

Request

We request an update to the *CT General Statutes Chapter 376a Occupational Therapists*, initially enacted in 1978, to bring the practice act into alignment with evolved definitions and practices as endorsed by the American Occupational Therapy Association (AOTA) and the National Board for Certification in Occupational Therapy (NBCOT). Highlights of proposed updates are listed below. Please refer to the draft for proposed updates starting on page 9 of this document.

Title

- a. Revise Title: Change from *Occupational Therapists* (i.e., one of the professionals under this practice act) to *Occupational Therapy* (i.e., the profession) to lessen confusion and articulate that the practice act applies to occupational therapists and occupational therapy assistants in the practice of occupational therapy

Sec. 20-74a. Definitions.

- b. Update Definition of Occupational Therapy: Define the *Practice of Occupational Therapy* to incorporate advancements in the profession, enhance public protection, ensure professionals are practicing with current knowledge and best practice, and better stand the test of time. The current Practice Act provides a broad definition of occupational therapy that has resulted in questioning what occupational therapy practitioners can and cannot do.
- c. Update Definition of Occupational Therapy Assistant: Change wording to reflect current practice from “under the supervision of *or with consultation of* a licensed occupational therapist” to “under the supervision of *and in partnership with* a licensed occupational therapist”.
- d. Add *Good Standing* definition: This term *good standing* is used in the definitions of occupational therapist and occupational therapy assistant yet not defined. This term is used in other associations that occupational therapy practitioners might be members of. Having a definition that applies to licensure will lessen confusion.

- e. Add *Occupation* definition: Occupation is central to the practice of occupational therapy, yet the term is frequently misconstrued by those outside the profession. Having a definition will help mitigate confusion.

Sec. 20-74b. Licensing examination.

- f. Update Licensing Examination: With advancements in pre-service education and accreditation bodies, updates are recommended to lessen confusion and align with current standards and potential changes in the future.

Sec. 20-74c. License by endorsement.

- g. No proposed changes

Sec. 20-74d. Temporary permit; practice pending examination results.

- h. Change Terminology: Change *field* to *fieldwork* to align with the common term used in occupational therapy education. Change *licensure examination* to *certification examination* to clarify that occupational therapy practitioners must take and pass a national certification exam to earn their board certification.

Sec. 20-74e. Exempt activities.

- i. Update Terminology: Change he, himself, or herself to *the person* or *their* to promote gender neutrality.
- j. Update Terminology: “*performing* occupational therapy” to “*practicing* occupational therapy”.
- k. Add Occupational Therapy Assistant: “under the title occupational therapist, *occupational therapy assistant*, or *practicing* occupational therapy”

Sec. 20-74f. Licensing fee. Use of title or designation.

- l. Update Designations: Credential designations in the current practice act grant use of registration and certification (i.e., R as in OTR; C as in COTA) that is outside the purview of state licensure. Registration and certification can only be granted and renewed by the National Board for Certification in Occupational Therapy.
- m. Change Terminology: Change registration to *License* or *Licensure* to clarify that the Department of Public Health Practitioner Licensing & Investigations Section grants state licensure. The National Board for Certification of Occupational Therapy grants registration or certification.
- n. Update Terminology: *Himself or herself* to *themselves* to promote gender neutrality.

Sec. 20-74g. Disciplinary action against a licensee. Grounds.

- o. Add Occupational Therapy Assistant: “department containing the name and address of the occupational therapist *or occupational therapy assistant*”
- p. Update Terminology: Change he to *they* to promote gender neutrality.
- q. Change registration to *license* to clarify that the Department of Public Health Practitioner Licensing & Investigations Section grants state licensure. The National Board for Certification of Occupational Therapy grants registration or certification.

Sec. 20-74h. License renewal. Training or education requirement &

Sec. 20-74i. Regulations.

- r. Change Terminology: Change competency to *competence* to support the capacity to practice occupational therapy (i.e., competence) versus only observable actions and behaviors that would be measured (i.e., competency). Continuing competence and lifelong learning of the practitioner benefits the consumer.

Sec. 20-74i. Regulations.

- s. No proposed changes

(B) Public health and safety benefits that the requestor believes will be achieved should the request be implemented and, if applicable, a description of any harm to public health and safety should the request not be implemented;

Response

This update will provide clarification on the role of occupational therapy services across settings including health care, education, community, work, and more. Harm to public health exists in that without inclusionary language to the full scope of practice, readers interpret that areas of practice are excluded.

(C) The impact that the request will have on public access to health care;

Response

These updates will increase clients' access to services by providing the public, referral sources, and healthcare partners with a broader and distinct definition of the practice of occupational therapy. In turn, clients seeking occupational therapy services will have greater outcomes for engaging in meaningful and desired occupations (i.e., purposeful activities for health, well-being, and participation). These proposed updates also articulate occupational therapists' and occupational therapy assistants' scope of practice in current and new interventions, telehealth services, and in various traditional health care and education settings, as well as alternative work settings; thereby increasing availability and convenience for clients.

(D) A brief summary of state or federal laws that govern the health care profession making the request;

Response

Common State and Federal laws that govern the practice of occupational therapy include the following:

- CT Occupational Therapy Practice Act (1978)
- CT Telehealth Laws (2023)
- CT Medical Assistance Program
- State-Federal Medicaid Regulations
- Federal Education Laws
 - Individuals with Disabilities Education Act (2005)
 - Section 504 of the Rehabilitation Act (2008)
 - Every Student Succeeds Act (2015)
- Federal Privacy Laws
 - Health Insurance Portability and Accountability Act (1996)
 - Family Educational Rights and Privacy Act (1996)
- Code of Federal Regulations, Title 42 - Public Health, Chapter IV - Centers for Medicare & Medicaid Services, Department of Health and Human Services
- Social Security Act
- Americans with Disabilities Act
- Insurance laws (e.g., coverage of services)

(E) The state's current regulatory oversight of the health care profession making the request;

Response

CT Department of Public Health

(F) All current education, training and examination requirements and any relevant certification requirements applicable to the health care profession making the request;

Response

To practice as an Occupational Therapist or an Occupational Therapy Assistant, the person must successfully complete the academic and fieldwork requirements of an educational program for Occupational Therapists or Occupational Therapy Assistants that is accredited by the American Occupational Therapy Association Accreditation Council for Occupational Therapy Education (ACOTE) or predecessor organizations or successor organizations; and passed a national certification examination approved by the National Board for Certification in Occupational Therapy (NBCOT) or predecessor /successor organizations; and be in good standing.

Pre-service Education: Accreditation Council for Occupational Therapy Education (ACOTE; <https://acoteonline.org/download/3751/>)

Initial and Renewal Board Certification: National Board for Certification in Occupational Therapy (NBCOT; <https://www.nbcot.org/>)

(G) A summary of known scope of practice changes either requested or enacted concerning the health care profession in the five-year period preceding the date of the request;

Response

In the past 5 years, updates in AOTA's Occupational Therapy Practice Framework: Domain and Process have been published (currently in 4th edition). This document is up for renewal every 5 years to reflect evolving practice and articulate occupational therapy's distinct perspective and contribution to promoting the health and participation of persons, groups, and populations through engagement in occupation.

(H) The extent to which the request directly impacts existing relationships within the health care delivery system;

Response

Existing relationships within the health care delivery system are anticipated to strengthen and better define roles in interprofessional teams. Supervisors of occupational therapy personnel will have a clearer understanding of the full scope of practice. Healthcare systems will have inclusionary language to support reimbursement of occupational therapy services (e.g., dry needling services under CMAP: <https://rb.gy/u9bsx>). Professional development providers will have greater direction when developing continuing education content for occupational therapists and occupational therapy assistants.

(I) The anticipated economic impact of the request on the health care delivery system;

Response

It is expected that revisions will result in increased access to occupational therapy services that support the Triple Aim (i.e., improving clients' experience of care, improving health of populations, and reducing per capita cost of healthcare) across the continuum of care through health promotion, prevention-focused care, and intervention.

(J) Regional and national trends concerning licensure of the health care profession making the request and a summary of relevant scope of practice provisions enacted in other states;

Response

Given the trend of states establishing an OT Compact to facilitate interstate practice of occupational therapy, the proposed draft was proactively reviewed by representatives from AOTA's State Affairs and NBCOT's External and Regulatory Affairs who are actively involved with the OT Compact Project and active members of the Executive Committee of the OT Compact Commission.

Much of the wording in our proposed draft was drawn from the Model Practice Act (2023) developed and vetted by the American Occupational Therapy Association.

(K) Identification of any health care professions that can reasonably be anticipated to be directly impacted by the request, the nature of the impact and efforts made by the requestor to discuss the request with such health care professions; and

Response

State licensure of occupational therapy practitioners already exists so impact of other professions should be minimal. The following activities have occurred to gather feedback and ensure that proposed practice act changes do not infringe on other professions' scope of practice and do articulate the distinct practice of occupational therapy.

- 2018: Initial discussions with CT OT practitioners to examine pros and cons for revising the CT Occupational Therapy Practice Act
- 2018-2021: Reviewed different states' Practice Acts, AOTA's Model Practice Act, and definitions of occupational therapy
- 2018-2021: Gained input from ConnOTA led Scope of Practice committee that included CT OTs, OTAs, OT intern, and OT program professors
- 2021: Gained input from AOTA State Affairs staff on culmination of work
- 2018-present date: Apprised ConnOTA Government Affairs of progress along the way
- 2021: Held 2 Town Halls with CT OT practitioners to review status and gain input
- 2022: Requested review and obtained input from the National Board for Certification in Occupational Therapy (NBCOT) Senior Director, External & Regulatory Affairs
- 2022: Presented at ConnOTA Spring conference to gain input on the proposed draft
- 2022: Met with CT APTA representatives on 2 occasions to review proposed draft, engage in dialogue, and gain input on content. Feedback centered on the potential need to define the term occupation, clarification on the use of prescribed non-pharmacological

and pharmacological therapeutic procedures, and clarification on manual therapy techniques distinct to the core focus of occupational therapy services. Iterative changes made to articulate occupational therapy's distinct role.

- 2023: Emailed professional association groups to schedule a meeting for the purposes of soliciting their input and addressing any concerns with the proposed draft. Contacts included Social Workers, School Psychologists, Speech Therapists, Behavior Analysis, Athletic Trainers, and Art Therapists.
- 2023: Met with Athletic Trainers. No expressed concerns regarding infringement on practice.
- 2023: Met with Social Workers. No expressed concerns regarding infringement on practice.
- 2023: Met with Music Therapists. No expressed concerns regarding infringement on practice.
- 2023: Virtual Town Hall Meeting on 07/11/2023 with Connecticut OT practitioners reviewing the history of the Practice Act revision project, providing an update on the project and the next steps, presenting the latest draft, and soliciting feedback on the proposed updates.

(L) A description of how the request relates to the health care profession's ability to practice to the full extent of the profession's education and training.

Response

This proposed update better defines the current and evolved practice of occupational therapy and recognizes potential for evolving practice trends, changes, and updates in continuing education and in the domain and process of occupational therapy.

(2) In lieu of submitting a scope of practice request as described in subdivision (1) of this subsection, any person or entity acting on behalf of a health care profession may submit a request for an exemption from the processes described in this section and section 2 of this act. A request for exemption shall include a plain language description of the request and the reasons for the request for exemption, including, but not limited to: (A) Exigent circumstances which necessitate an immediate response to the scope of practice request, (B) the lack of any dispute concerning the scope of practice request, or (C) any outstanding issues among health care professions concerning the scope of practice request can easily be resolved. Such request for exemption shall be submitted to the Department of Public Health not later than August fifteenth of the year preceding the commencement of the next regular session of the General Assembly.

Response

Not requesting an exemption.

Due diligence has been conducted across the past 5 years including the following: town hall meetings with CT occupational therapists and occupational therapy assistants, drafting proposed recommendations, outreaching to other state professional associations, gathering input from AOTA Governance Affairs and the National Board for Certification in Occupational Therapy, following trends that present barriers to occupational therapy services, and reviewing AOTA Official Documents.

(c) In any year in which a scope of practice request is received pursuant to this section, not later than September fifteenth of the year preceding the commencement of the next regular session of the General Assembly, the Department of Public Health, within available appropriations, shall:

- (1) Provide written notification to the joint standing committee of the General Assembly having cognizance of matters relating to public health of any health care profession that has submitted a scope of practice request, including any request for exemption, to the department pursuant to this section; and
- (2) post any such request, including any request for exemption, and the name and address of the requestor on the department's web site.

(d) Any person or entity, acting on behalf of a health care profession that may be directly impacted by a scope of practice request submitted pursuant to this section, may submit to the department a written statement identifying the nature of the impact not later than October first of the year preceding the next regular session of the General Assembly. Any such person or entity directly impacted by a scope of practice request shall indicate the nature of the impact taking into consideration the criteria set forth in subsection (b) of this section and shall provide a copy of the written impact statement to the requestor. Not later than October fifteenth of such year, the requestor shall submit a written response to the department and any person or entity that has provided a written impact statement. The requestor's written response shall include, but not be limited to, a description of areas of agreement and disagreement between the respective health care professions.

Sec. 2. (NEW) (*Effective July 1, 2011*) (a) On or before November first of the year preceding the commencement of the next regular session of the General Assembly, the Commissioner of Public Health shall, within available appropriations allocated to the department, establish and appoint members to a scope of practice review committee for each timely scope of practice request submitted to the department pursuant to section 1 of this act. Committees established pursuant to this section shall consist of the following members: (1) Two members recommended by the requestor to represent the health care profession making the scope of practice request; (2) two members recommended by each person or entity that has submitted a written impact statement pursuant to subsection (d) of section 1 of this act, to represent the health care professions directly impacted by the scope of practice request; and (3) the Commissioner of Public Health or the commissioner's designee, who shall serve as an ex-officio, nonvoting member of the committee. The Commissioner of Public Health or the commissioner's designee shall serve as the chairperson of any such committee. The Commissioner of Public Health may appoint additional members to any committee established pursuant to this section to include representatives from health care professions having a proximate relationship to the underlying request if the commissioner or the commissioner's designee determines that such expansion would be beneficial to a resolution of the issues presented. Any member of such committee shall serve without compensation.

(b) Any committee established pursuant to this section shall review and evaluate the scope of practice request, subsequent written responses to the request and any other information the committee deems relevant to the scope of practice request. Such review and evaluation shall include, but not be limited to, an assessment of any public health and safety risks that may be associated with the request, whether the request may enhance access to quality and affordable health care and whether the request enhances the ability of the profession to practice to the full

extent of the profession's education and training. The committee, when carrying out the duties prescribed in this section, may seek input on the scope of practice request from the Department of Public Health and such other entities as the committee determines necessary in order to provide its written findings as described in subsection (c) of this section.

(c) The committee, upon concluding its review and evaluation of the scope of practice request, shall provide its findings to the joint standing committee of the General Assembly having cognizance of matters relating to public health. The committee shall provide the written findings to said joint standing committee not later than the February first following the date of the committee's establishment. The committee shall include with its written findings all materials that were presented to the committee for review and consideration during the review process. The committee shall terminate on the date that it submits its written findings to said joint standing committee.

Sec. 3. (NEW) (*Effective July 1, 2011*) On or before January 1, 2013, the Commissioner of Public Health shall evaluate the processes implemented pursuant to sections 1 and 2 of this act and report to the joint standing committee of the General Assembly having cognizance of matters relating to public health, in accordance with the provisions of section 11-4a of the general statutes, on the effectiveness of such processes in addressing scope of practice requests. Such report may also include recommendations from the committee concerning measures that could be implemented to improve the scope of practice review process.

Approved July 13, 2011

Draft Proposal: 8/1/2023

Existing: https://www.cga.ct.gov/current/pub/chap_376a.htm

Markup: [Bold brackets surround proposed language to be deleted] Underlined text indicates proposed language to be added

CHAPTER 376a* **OCCUPATIONAL [THERAPISTS] THERAPY**

Table of Contents

- Sec. 20-74a. Definitions.
- Sec. 20-74b. Licensing examination.
- Sec. 20-74c. License by endorsement.
- Sec. 20-74d. Temporary permit; practice pending examination results.
- Sec. 20-74e. Exempt activities.
- Sec. 20-74f. Licensing fee. Use of title or designation.
- Sec. 20-74g. Disciplinary action against a licensee. Grounds.
- Sec. 20-74h. License renewal. Training or education requirement.
- Sec. 20-74i. Regulations.
- Secs. 20-74j to 20-74n. Reserved

Sec 20-74a. Definitions. As used in this chapter:

[(1) “Occupational therapy” means the evaluation, planning and implementation of a program of purposeful activities to develop or maintain adaptive skills necessary to achieve the maximal physical and mental functioning of the individual in his or her daily pursuits. The practice of “occupational therapy” includes, but is not limited to, evaluation and treatment of individuals whose abilities to cope with the tasks of living are threatened or impaired by developmental disabilities, the aging process, learning disabilities, poverty and cultural differences, physical injury or disease, psychological and social disabilities, or anticipated dysfunction, using (A) such treatment techniques as task-oriented activities to prevent or correct physical or emotional disabilities or to minimize the disabling effect of these disabilities in the life of the individual, (B) such evaluation techniques as assessment of sensory motor abilities, assessment of the development of self-care activities and capacity for independence, assessment of the physical capacity for prevocational and work tasks, assessment of play and leisure performance, and appraisal of living areas for persons with disabilities, (C) specific occupational therapy techniques such as activities of daily living skills, the fabrication and application of splinting devices, sensory motor activities, the use of specifically designed manual and creative activities, guidance in the

selection and use of adaptive equipment, specific exercises to enhance functional performance and treatment techniques for physical capabilities for work activities. Such techniques are applied in the treatment of individual patients or clients, in groups or through social systems. Occupational therapy also includes the establishment and modification of peer review.]

(1) “The practice of occupational therapy” means the therapeutic use of everyday life occupations with persons, groups, or populations (clients) to support occupational performance and participation. Occupational therapy practice includes clinical reasoning and professional judgment to evaluate, analyze, and identify occupational challenges (e.g., issues with client factors, performance patterns, performance skills) and provide interventions to address them.

Occupational therapy services include habilitation, rehabilitation, the promotion of physical and mental health and wellness, and end-of life care for clients with all levels of ability-related needs. These services are provided for clients who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction. Through the provision of skilled services and engagement in everyday activities, occupational therapy promotes physical and mental health and well-being by supporting occupational performance in people with, or at risk of experiencing, a range of developmental, physical, and mental health disorders throughout the life course.

The practice of occupational therapy includes but is not limited to:

- 1) Evaluation of factors affecting participation in and performance of occupations.
- 2) Activity analysis and therapeutic approaches to design and implement interventions and procedures aimed at enhancing participation in and performance of occupations.
- 3) Interventions and procedures that promote safe participation in and performance of occupations that include but are not limited to
 - i) Use of purposeful occupations and activities
 - ii) Training in self-care, self-management, health management (e.g., medication management, health routines, reproductive health, incontinence management), home management, community/work integration, school activities, and work performance
 - iii) Development, remediation, or compensation of physical, neuromusculoskeletal, sensory-perceptual, emotional regulation, visual, mental, and cognitive functions (e.g., executive function); pain tolerance and management; praxis; developmental skills; and behavioral skills, motor, psychosocial, and mental functions
 - iv) Educating and training clients, family members, caregivers, groups, populations, and others about strategies to enhance performance in occupation, health, and well-being
 - v) Care coordination, case management, program development, interprofessional collaboration, and transition services
 - vi) Consultative services to persons, groups, populations, programs, organizations, and communities.
 - vii) Use of virtual and other remote methods of service delivery, including but not limited to telehealth and e-visits, when appropriate to the client’s occupational therapy needs and in accordance with accepted industry standards and other applicable state laws and regulations

- viii) Application of ergonomic principles and human factors to modify tasks, processes, and environments (e.g., home, work, school, community)
 - ix) Assessment, design, fabrication, application, fitting, adaptation, and/or training in seating and positioning, assistive technology, technology (existing and evolving), durable medical equipment, adaptive devices, and orthotic devices, and training in the use of prosthetic devices
 - x) Assessment, recommendation, adaptations, and training in techniques to enhance functional mobility, including wheelchair management and other mobility devices
 - xi) Therapeutic exercises, including tasks and methods to increase motion, strength, and endurance for occupational participation
 - xii) Remediation of and compensation for visual deficits, including low vision training and rehabilitation
 - xiii) Driver rehabilitation and community mobility
 - xiv) Management of feeding, eating, and swallowing to enable optimal eating and feeding performance
 - xv) Methods and tasks to prepare clients for occupational performance including but not limited to physical agent modalities, mechanical modalities, and instrument assisted modalities (dry needling).
 - xvi) Use of non-pharmacological and prescribed pharmacological (e.g., topical medications including aerosol medications with a valid order or prescription) therapeutic procedures such as those used for, but not limited to the following: pain management, wound care management, respiratory care, and lymphedema
 - xvii) Facilitating the occupational participation of persons, groups, or populations through modification of contexts (environmental and personal) and adaptation of processes
 - xviii) Group interventions (e.g., use of dynamics of group and social interaction to facilitate learning and skill acquisition across the life course)
 - xix) Emerging practices, supported in the professional literature and research and accepted as a standard of practice by the professional association
-

(2) “Occupational therapist” means a person licensed to practice occupational therapy as defined in this chapter and whose license is in good standing.

(3) “Occupational therapy assistant” means a person licensed to assist in the practice of occupational therapy, under the supervision of [or with the consultation of] and in partnership with a licensed occupational therapist, and whose license is in good standing.

(4) “Commissioner” means the Commissioner of Public Health, or the commissioner's designee.

(5) “Department” means the Department of Public Health.

(6) “Supervision” means the overseeing of or participation in the work of an occupational therapy assistant by a licensed occupational therapist, including, but not limited to: (A) Continuous

availability of direct communication between the occupational therapy assistant and the licensed occupational therapist; (B) availability of the licensed occupational therapist on a regularly scheduled basis to (i) review the practice of the occupational therapy assistant, and (ii) support the occupational therapy assistant in the performance of the occupational therapy assistant's services; and (C) a predetermined plan for emergency situations, including the designation of an alternate licensed occupational therapist to oversee or participate in the work of the occupational therapy assistant in the absence of the regular licensed occupational therapist.

(7) "Good Standing" means the individual's license is not currently suspended or revoked by any State or other regulatory entity.

(8) Occupation" refers to various kinds of activities in which persons, groups, or populations engage to occupy time and bring meaning and purpose to life. Occupations include things people need to do, want to do, and are expected to do including but not limited to activities of daily living, instrumental activities of daily living, health management, rest and sleep, education, work, play, leisure, and social participation.

Sec. 20-74b. Licensing examination. [Any person who (1) if an applicant for licensure as an occupational therapist, has attained a bachelor's degree and has graduated from an educational program accredited by the American Occupational Therapy Association, or has completed educational preparation deemed equivalent by the commissioner, or if an applicant for licensure as an occupational therapy assistant, has attained an associate degree or its equivalent and has graduated from an educational program approved by the American Occupational Therapy Association, or has completed educational preparation deemed equivalent by the commissioner, and (2) has successfully completed not less than twenty-four weeks of supervised field work experience in the case of an occupational therapy applicant or eight weeks of such field work in the case of an occupational therapy assistant applicant at a recognized educational institution or a training program approved by the educational institution where he met the academic requirements, and (3) has successfully completed an examination prescribed by the commissioner shall be eligible for licensure as an occupational therapist or assistant. An applicant who has practiced as an occupational therapy assistant for four years with a minimum of twenty-four weeks of supervised field experience and has earned a bachelor's degree shall be eligible for licensure as an occupational therapist, provided such applicant has successfully completed the examination for licensure not later than January 1, 1988. The department shall prescribe examinations for licensure and their passing scores.]

Any person applying for a license as an Occupational Therapist or as an Occupational Therapy Assistant shall demonstrate to the satisfaction of the commissioner that the applicant

(1) has successfully completed the academic and fieldwork requirements of an educational program for Occupational Therapists or Occupational Therapy Assistants that

is accredited by the American Occupational Therapy Association Accreditation Council for Occupational Therapy Education (ACOTE) or predecessor organizations or successor organizations;

(2) has passed a national certification examination approved by the National Board for Certification in Occupational Therapy (NBCOT) or predecessor /successor organizations; and

(3) is in good standing.

Sec. 20-74c. License by endorsement. Notwithstanding the provisions of section 20-74b, the commissioner may grant a license by endorsement to an occupational therapist or occupational therapy assistant who presents evidence satisfactory to the commissioner that the applicant is licensed or certified as an occupational therapist or occupational therapy assistant, or as a person entitled to perform similar services under a different designation, in another state or jurisdiction whose requirements for practicing in such capacity are substantially similar to those of this state. No license shall be issued under this section to any applicant against whom professional disciplinary action is pending or who is the subject of an unresolved complaint.

Sec. 20-74d. Temporary permit; practice pending examination results. The department may issue a temporary permit to an applicant who is a graduate of an educational program in occupational therapy who meets the educational and [field] fieldwork experience requirements of section 20-74b and has not yet taken the [licensure] certification examination. Such temporary permit shall authorize the holder to practice occupational therapy only under the direct supervision of a licensed occupational therapist and in a public, voluntary or proprietary facility. Such temporary permit shall be valid for a period not to exceed one hundred twenty calendar days after the date of application and shall not be renewable. Such permit shall become void and shall not be reissued in the event that the applicant fails to pass such examination. The fee for a limited permit shall be fifty dollars.

Sec. 20-74e. Exempt activities. (a) Nothing in this chapter shall be construed as preventing or restricting the practice, services or activities of: (1) Any person licensed in this state by any other law from engaging in the profession or occupation for which [he] the person is licensed; (2) any person employed as an occupational therapist or occupational therapy assistant by the government of the United States, if such person provides occupational therapy solely under the direction or control of the organization by which [he] the person is employed and limits the use of such title to such employment; (3) any person pursuing a course of study leading to a degree

or certificate in occupational therapy at an accredited or approved educational program if such activities and services constitute part of a supervised course of study and if such person is designated by a title which clearly indicates [his or her] their status as a student or trainee; or (4) any person fulfilling the supervised fieldwork experience requirements of section 20-74b if such activities and services constitute a part of the experience necessary to meet the requirements of that section.

(b) Any occupational therapist who is licensed or authorized to practice in another state, United States possession or country who is either in this state for the purposes of consultation, provided such practice is limited to such consultation for less than thirty days in a three-hundred-and-sixty-five-day year, or for conducting a teaching or clinical demonstration in Connecticut with a program of basic clinical education, graduate education or postgraduate education in an approved school of occupational therapy or its affiliated clinical facility or health care agency or before a group of licensed occupational therapists, provided such teaching demonstration is for less than thirty days in a three-hundred-and-sixty-five-day year, shall not be prohibited from such consultation or teaching by this chapter.

(c) No provision of this chapter shall be construed to prohibit physicians or qualified members of other licensed or legally recognized professions from using occupational therapy as part of or incidental to their profession, under the statutes applicable to their profession, except that such persons may not hold themselves out under the title occupational therapist, occupational therapy assistant, or as [performing] practicing occupational therapy.

Sec. 20-74f. Licensing fee. Use of title or designation. a) The department shall issue a license to any person who meets the requirements of this chapter upon payment of a license fee of two hundred dollars. Any person who is issued a license as an occupational therapist under the terms of this chapter may use the words “occupational therapist”, or “licensed occupational therapist”. [or “occupational therapist registered” or such] Such person may use the letters [“O.T.”, “L.O.T.”, or O.T. R.] “OT”, “OT/L” ; or when also maintaining registration with the NBCOT, may use “occupational therapist registered” or “occupational therapist registered and licensed” “OTR” or “OTR/L” in connection with such person's name or place of business to denote such person's license and/or registration hereunder. Any person who is issued a license as an occupational therapy assistant under the terms of this chapter may use the words “occupational therapy assistant”, or licensed occupational therapy assistant. ~~or~~ Such person may use the letters ; [O.T.A., “L.O.T.A.”, or C. O.T.A. “OTA”], “OTA, or OTA/L” ; or when also maintaining certification with the NBCOT, may use “certified occupational therapy assistant” or “certified and licensed occupational therapy assistant”, “COTA” or “COTA/L” in connection with such person's name or place of business to denote such person's license and/or registration thereunder. No person shall practice occupational therapy or hold [himself or herself] themselves out as an occupational therapist or an occupational therapy assistant, or as being able to practice occupational therapy or to render occupational therapy services in this state unless such person is licensed in accordance with the provisions of this chapter.

(b) No person, unless [registered] licensed under this chapter as an occupational therapist or an occupational therapy assistant or whose [registration] license has been suspended or revoked, shall use, in connection with such person's name or place of business the words "occupational therapist", "licensed occupational therapist", ["occupational therapist registered",] "occupational therapist registered/licensed", or "occupational therapy assistant", "licensed occupational therapy assistant", or "certified and licensed occupational therapy assistant", or the letters, ["O.T.", "L.O.T.", "O.T.R.", "O.T.A.", "L.O.T.A.", or "C.O.T.A.", "OT", "OT/L", "OTR/L"] "OTA", "OTA/L" or "COTA/L" or any words, letters, abbreviations or insignia indicating or implying that such person is an occupational therapist or an occupational therapy assistant or in any way, orally, in writing, in print or by sign, directly or by implication, represent [himself or herself] themselves as an occupational therapist or an occupational therapy assistant. Any person who violates the provisions of this section shall be guilty of a class D felony. For the purposes of this section, each instance of patient contact or consultation which is in violation of any provision of this chapter shall constitute a separate offense. Failure to renew a license in a timely manner shall not constitute a violation for the purposes of this section.

Sec. 20-74g. Disciplinary action against a licensee. Grounds. The commissioner may refuse to renew, suspend or revoke a license, or may impose probationary conditions, where the licensee or applicant for a license has been guilty of unprofessional conduct which has endangered or is likely to endanger the health, welfare or safety of the public. Such unprofessional conduct shall include: Obtaining a license by means of fraud, misrepresentation, or concealment of material facts; being guilty of unprofessional conduct as defined by the rules established by the commissioner, or violating the code of ethics adopted and published by the commissioner; being convicted of a crime other than minor offenses defined as "infractions", "violations", or "offenses" in any court if, in accordance with the provisions of section 46a-80, the acts for which the applicant or licensee was convicted are found by the commissioner to have a direct bearing on whether he should be entrusted to serve the public in the capacity of an occupational therapist or occupational therapy assistant. The clerk of any court in this state in which a person practicing occupational therapy has been convicted of any crime as described in this section shall, immediately after such conviction, transmit a certified copy, in duplicate, of the information and judgment, without charge, to the department containing the name and address of the occupational therapist or occupational therapy assistant, the crime of which [he has] they have been convicted and the date of conviction. The hearing on such charges shall be conducted in accordance with regulations adopted by the commissioner pursuant to section 20-74i. If any [registration] license is revoked or suspended, notification of such action shall be sent to the department. Any person aggrieved by a final decision of the commissioner may appeal therefrom in accordance with the provisions of section 4-183. Such appeal shall have precedence over nonprivileged cases in respect to order of trial. The Attorney General shall act as attorney in the public interest in defending against such an appeal. One year from the date of the revocation of a license, application for reinstatement may be made to the commissioner. The commissioner may accept or reject an application for reinstatement and may, but shall not be required to, hold a hearing to consider such reinstatement.

Sec. 20-74h. License renewal. Training or education requirement. Licenses for occupational therapists and occupational therapy assistants issued under this chapter shall be subject to renewal once every two years and shall expire unless renewed in the manner prescribed by regulation upon the payment of two times the professional services fee payable to the State Treasurer for class B as defined in section 33-182l, plus five dollars. The department shall notify any person or entity that fails to comply with the provisions of this section that the person's or entity's license shall become void ninety days after the time for its renewal unless it is so renewed. Any such license shall become void upon the expiration of such ninety-day period. The commissioner shall establish additional requirements for licensure renewal which provide evidence of continued [competency] competence, which, on and after January 1, 2022, shall include not less than two hours of training or education, offered or approved by the Connecticut Occupational Therapy Association, a hospital or other licensed health care institution or a regionally accredited institution of higher education, on (1) screening for post-traumatic stress disorder, risk of suicide, depression and grief, and (2) suicide prevention training during the first renewal period and not less than once every six years thereafter. The requirement described in subdivision (2) of this section may be satisfied by the completion of the evidence-based youth suicide prevention training program administered pursuant to section 17a-52a. The holder of an expired license may apply for and obtain a valid license only upon compliance with all relevant requirements for issuance of a new license. A suspended license is subject to expiration and may be renewed as provided in this section, but such renewal shall not entitle the licensee, while the license remains suspended and until it is reinstated, to engage in the licensed activity, or in any other conduct or activity in violation of the order or judgment by which the license was suspended. If a license revoked on disciplinary grounds is reinstated, the licensee, as a condition of reinstatement, shall pay the renewal fee.

Sec. 20-74i. Regulations. The Commissioner of Public Health shall adopt rules and regulations, pursuant to chapter 54, establishing application and examination procedures, standards for acceptable examination performance, waiver of the examination requirement, continued [competency] competence and any other procedures or standards necessary for the administration of this chapter.
