



Massachusetts Association for Occupational Therapy, Inc.

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June 29, 2015

Peter M. Kelly, Esq.  
Board Counsel  
Board of Registration in Allied Health Professionals  
1000 Washington Street, Suite 710  
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Dear Mr. Kelly and Board members:

The comments below are submitted on behalf of the Massachusetts Association for Occupational Therapy, Inc. (MAOT) and its members, regarding the revision of regulations governing the practice of occupational therapy.

We recognize that the Board of Registration in Allied Health Professionals establishes rules and regulations to ensure the integrity and competence of licensees and is responsible for their enforcement. It fulfills this function for the ultimate purpose of preventing harm to consumers and protecting the public. In the past few years, members of MAOT have been actively involved in reviewing the statute and regulations for occupational therapy (OT). These regulations have not been revised since the implementation of licensure in 1984. They are outdated and no longer reflect current practice or terminology. The occupational therapy profession has undergone tremendous growth and change as a result of evolving health care systems, research, and advances within health care education and practice.

Therefore, as you engage in the process of reviewing proposed changes and making revisions, we request that the Board recognize that the scope of occupational therapy practice reaches beyond the traditional "medical model". As a result, it is important to realize that current practice models for many occupational therapy practitioners include delivery of services such as early intervention, school-based and after school programs, mental health day treatment/behavioral health programs and homeless shelters to children and adults in community-based settings. Practitioners are also engaged in health promotion and prevention activities, for example, aging in place initiatives, home modification, ergonomics, etc. Above all, during the review and revision process, it is critical to ensure that each discipline represented within the Allied Health Board, (OT, PT and AT) is defined as a separate and distinct profession, reflecting its own individual needs and practice patterns.

Specific to Occupational Therapy, the following points in the existing regulations need to be addressed and are of particular importance to public (consumer) health, safety and welfare as well as to practitioner competence:

1. Overall language within the existing regulations needs to be updated to reflect current professional terminology and the "most current versions of official professional documents".
  - a. Organizational Name Changes
    - i. American Occupational Therapy Association (AOTA)
    - ii. Accreditation Council for Occupational Therapy Education (ACOTE)
    - iii. National Board for Certification in Occupational Therapy (NBCOT) no longer AOTCB

- b. Reference documents should include:
- i. *Occupational Therapy Practice Framework: Domain and Process*
  - ii. *Scope of Practice Document*
  - iii. *Standards of Practice for Occupational Therapy*
  - iv. *Occupational Therapy Code of Ethics and Ethics Standards*
  - v. *Guidelines for Supervision Roles, and Responsibilities During the Delivery of Occupational Therapy Services*
  - vi. ACOTE Standards
2. Addition of continuing education/professional development requirements for occupational therapists and occupational therapy assistants for licensure renewal. This is a critical component to maintaining competent practitioners within evolving health care service delivery systems and is in line with requirements of virtually all other states. Professional development activities must be related to primary practice area(s). In addition, a minimum of one credit hour should include continuing education/ training in "Ethics" with each licensure renewal cycle to ensure protection of consumers and practitioners.
- \* It is of note that of the fifty states, forty-four have continuing education requirements for license renewal and six do not (Hawaii, Maine, Michigan, New Jersey, Utah, and Massachusetts). It is also of concern that within the Division of Professional Licensure, there are thirty boards. Of these thirty boards, twenty-three have continuing education requirements, three are under development, and four do NOT have any requirements (Barbers, Cosmetologists, Landscape Architects, and Allied Health Professionals). It is much more critical, given the services that OT provides, that there be continuing education/professional development requirements in place to protect the consumer.
3. The regulations relative to the role of the Occupational Therapy Assistant (OTA) need to support their appropriate role in the delivery of OT services. The OTA works under the supervision, and in collaboration, with an occupational therapist. The document *Guidelines for Supervision Roles, and Responsibilities during the Delivery of Occupational Therapy Services* articulates the OTA's role within the OT service delivery process. One area that is within the scope of the OTA skills and knowledge, but has been prohibited in Massachusetts, is the ability to participate in the screening process. A screening is a hands off, non-billable data collection process that is used to determine if a full occupational therapy evaluation is indicated. Currently, non-licensed personnel conduct screens for referral to occupational therapy as in kindergarten screenings for example. Given that many OTAs provide services beyond the traditional medical model, in the community, regulations should not restrict the ability of the OTA to effectively fulfill their role to meet the needs of the clients they serve.
4. The role of Occupational Therapy "Aides" should be clearly differentiated from that of the Occupational Therapy Assistant (OTA) and should never be included in the same statement or paragraph delineating roles within the regulations. OT "Aides" provide supportive services to the occupational therapist and the occupational therapy Assistant. They are not primary service providers of skilled occupational therapy in any practice setting. Again, the AOTA official document *Guidelines for Supervision, Roles and Responsibilities during the Delivery of Occupational Therapy Services* provides guidance for the limited, appropriate use of aides.
5. There are a variety of types and methods of supervision. Appropriate supervision requirements should be consistent with official professional documents, *The Guidelines for Supervision Roles, and Responsibilities during the Delivery of Occupational Therapy Services* and *the Occupational Therapy Code of Ethics and Standards*, are designed to safeguard consumers and promote ethical and legal practice.

- a. Occupational therapy "aides" should receive direct supervision from an occupational therapist or occupational therapy assistant.
  - b. The occupational therapy assistant works in partnership with and under the occupational therapist: collaboratively, they are responsible for developing a plan of supervision based on required service competency for the setting, the diagnostic case mix, the expertise and competence of the OTA, etc. The occupational therapist should meet with the OTA on a regular basis to ensure opportunity for timely review and feedback to direct the delivery of appropriate occupational therapy services provided by the occupational therapy assistant. Supervision can occur in person or through virtual/technological methods.
6. Current regulations require that there be an "OT on-site" for OT/OTA students to participate in their required Level 2 fieldwork placements, a mandatory requirement for completion of their academic programs. This regulation has prohibited full-time Level 2 placement opportunities in settings where there may be only part-time OT practitioners, or in settings that are community based or emerging (non-traditional) practice areas where an OT practitioner may not be regularly employed. The ACOTE standards that address Level 2 fieldwork supervision place a high value on the protection of clients. For example, the following two standards address the supervision requirements of the Level 2 Fieldwork experience:
- a. C.1.16 Ensure that supervision provides protection of consumers and opportunities for appropriate role modeling of occupational therapy practice. Initially, supervision should be direct and then decrease to less direct supervision as appropriate for the setting, the severity of the client's condition and the ability of the student.
  - b. C.1.17 Ensure that supervision provided in a setting where no occupational therapy exist includes a documented plan for the provision of occupational therapy services and supervision by a currently licensed otherwise regulated occupational therapist with at least 3 years full time or its equivalent of professional experience. Supervision must include a minimum of 8 hours of direct supervision each week of the fieldwork experience. An occupational therapy supervisor must be available, via a variety of contact measures, to the student during all working hours. An On-site supervisor designee of another profession must be assigned while the occupational therapy supervisor is off site.

In addition to the above academic standards which explicitly articulate the need for supervisory requirements for protection of the client, the OT students who participate in community based settings have more training, competency and supervisory support than some of the hired employees who are unskilled/under trained which poses a potential for harm to consumers.

It is our understanding that updated regulations for OT were voted on and approved by the Board of Registration in Allied Health Professionals on May 28, 2014, well before Executive Order 562 was issued on March 31, 2015. It is unclear as to why the approved/updated regulations were not acted upon in a timely manner.

We appreciate this opportunity to provide information that we hope will assist you in your deliberations and look forward to further input until the process is complete. We recognize this is only a preliminary step to the promulgation process, however given that the current regulations are significantly outdated; it is in the best interest

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of both consumer safety and professional standards that the revision process is expedited. We look forward to working with the Board of Registration in this collaborative effort.

Sincerely,

*Michelle Savrann*

Michelle Savrann, President, MAOT

*Karen J. Hefler*

Karen Hefler, Government Relations Representative, MAOT

cc:

Nancy Lowenstein, OTR/L, Secretary

Chrys Peralta, OTR/L, Member

Thomas Darisse, COTA/L, Member