

## OCCUPATIONAL THERAPIST LICENSURE

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### Senate Bill 921

**Sponsor: Sen. Roger Kahn, M.D.**

**House Committee: Health Policy**

**Senate Committee: Health Policy**

**Complete to 9-24-08**

### A SUMMARY OF SENATE BILL 921 AS PASSED BY THE SENATE 9-11-08

The bill would amend Part 183 (Occupational Therapists) of the Public Health Code (MCL 333.16345 et al.) to provide for the licensure of occupational therapists, rather than the registration of certified occupational therapists. The bill would do the following:

- Prohibit an individual from engaging in the practice of occupational therapy or practicing as an OT assistant without being licensed or otherwise authorized, after rules for licensure were promulgated.
- Require the Michigan Board of Occupational Therapists to establish minimum standards for licensure as an occupational therapist or OT assistant.
- Require a licensee to meet continuing education or continuing competence requirements for license renewal, and allow the board to promulgate rules requiring a licensee to provide evidence of completion.
- Require one board member to be a physician.
- Replace the \$60 annual registration fee with a \$75 annual license fee.

#### Practice of Occupational Therapy

Part 183 defines "certified occupational therapist" as an individual who diminishes or corrects pathology in order to promote and maintain health through application of the art and science of directing purposeful activity designed to restore, reinforce, and enhance the performance of individuals, and who is registered in accordance with Article 15 of the code (which governs health occupations). The bill would delete this definition.

Instead, the bill would define "occupational therapist" as an individual licensed under Article 15 to engage in the practice of occupational therapy. "Practice as an occupational therapy assistant" would mean the practice of occupational therapy under the supervision of a licensed occupational therapist.

The bill would define "practice of occupational therapy" as the therapeutic use of everyday life occupations and occupational therapy services to aid individuals or groups to participate in meaningful roles and situations in the home, school, workplace, community, and other settings, to promote health and wellness through research and practice, and to serve those individuals or groups who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction. The bill states that the practice of occupational therapy

addresses the physical, cognitive, psychosocial, sensory, and other aspects of performance in a variety of contexts to support engagement in everyday life activities that affect a person's health, well-being, and quality of life throughout his or her life span.

The practice of occupational therapy would not include the practice of medicine or osteopathic medicine and surgery or medical diagnosis or treatment; the practice of physical therapy; or the practice of optometry.

"Occupational therapy services" would mean those services provided to promote health and wellness, prevent disability, preserve functional capabilities, prevent barriers, and enable or improve performance in everyday activities, including the following:

- Establishment, remediation, or restoration of a skill or ability that is impaired or not yet developed.
- Compensation, modification, or adaptation of a person, activity, or environment.
- Evaluation of factors that affect activities of daily living, instrumental activities of daily living, and other activities relating to education, work, play, leisure, and social participation.

These factors would include body functions, body structure, habits, routines, role performance, behavior patterns, sensory motor skills, and cultural, physical, psychosocial, spiritual, developmental, environmental, and socioeconomic contexts and activities that affect performance.

Occupational therapy services also would include interventions and procedures, including any of the following:

- Task analysis and therapeutic use of occupations, exercises, and activities.
- Training in self-care, self-management, home management, and community or work reintegration.
- Development remediation or compensation of client factors such as body functions and body structure.
- Education and training.
- Care coordination, case management, transition, and consultative services.
- Modification of environments and adaptation processes such as the application of ergonomic and safety principles.
- Assessment, design, fabrication, application, fitting, and training in rehabilitative and assistive technology, adaptive devices, and low-temperature orthotic devices, and training in the use of prosthetic devices.
- Assessment, recommendation, and training in techniques to enhance safety, functional mobility, and community mobility such as wheelchair management and mobility.
- Management of feeding, eating, and swallowing.
- Application of physical agent modalities and use of a range of specific therapeutic procedures, including techniques to enhance sensory-motor, perceptual, and cognitive processing, manual therapy techniques, and adjunctive and preparatory activities.

### Protected Titles

Part 183 prohibits an individual from using the following titles or similar words that indicate that he or she is a certified occupational therapist or a certified OT assistant unless the person is registered in accordance with Article 15: occupational therapist, o.t., occupational therapist registered, o.t.r., certified occupational therapist, c.o.t., certified occupational therapy assistant, c.o.t.a., or occupational therapy assistant.

The bill, instead, would prohibit an individual, after rules for licensure were promulgated, from using the following titles or similar words that indicated that he or she was licensed as an occupational therapist or OT assistant unless the individual were licensed under Article 15: occupational therapist, o.t., occupational therapist licensed, o.t.l., occupational therapist registered, o.t.r., occupational therapist registered licensed, o.t.r.l., certified occupational therapy assistant, c.o.t.a., certified occupational therapy assistant licensed, c.o.t.a.l., occupational therapy assistant, o.t.a., occupational therapy assistant licensed, or o.t.a.l.

### License Requirement

Currently, the Michigan Board of Occupational Therapists, in consultation with the Department of Community Health (DCH), must promulgate rules setting forth minimum standards for registration as a certified occupational therapist, and for registration as an occupational therapy assistant. The bill instead would require the board, in consultation with the DCH, to promulgate rules setting forth minimum standards for licensure as an occupational therapist and for licensure as an OT assistant.

After the rules were promulgated, an individual could not engage in the practice of occupational therapy or the practice as an occupational therapy assistant unless licensed or otherwise authorized by Article 15.

### Exemptions

The license requirement would not prohibit self-care by a patient or uncompensated care by a friend or family member who did not represent or hold himself or herself out to be a licensed occupational therapist or OT assistant.

The license requirement also would not prevent an individual licensed or registered under any other part or act from performing activities that were considered OT services, if those activities were within the individual's scope of practice and if the individual did not use the protected titles described above.

In addition, the licensure requirement would not prohibit an orthotist or prosthetist from providing services consistent with his or her training in orthotics or prosthetics if he or she were certified by the American Board for Certification in orthotics, prosthetics, and pedorthics, and did not represent or hold himself or herself out to be a licensed occupational therapist or OT assistant.

### License Renewal

Beginning the license renewal cycle after the effective date of rules promulgated under Part 183, an individual licensed under Article 15 would have to meet the bill's continuing education or competence requirements when renewing his or her license.

In consultation with the DCH, the board could promulgate rules to require a licensee seeking renewal to furnish evidence that, during the licensing period immediately preceding the renewal application, he or she completed an appropriate number of hours of continuing education courses or continuing competence activities related to the practice of occupational therapy and designed to educate further and maintain competence.

### Board Members

The Michigan Board of Occupational Therapists currently must consist of five certified occupational therapists and four public members. Under the bill, the board would have to consist of five licensed occupational therapists and four public members, including one licensed physician.

### License Fees

The Code sets a \$20 application processing fee and a \$60 annual registration fee for a person registered or seeking registration as a certified occupational therapist or a certified OT assistant.

The bill would retain the \$20 application fee and establish a \$75 annual license fee for an individual licensed or seeking licensure to engage in the practice of occupational therapy, or to engage in practice as an OT assistant.

### Reimbursement for Services

The bill specifies that Part 183 would not require new or additional third party reimbursement or mandated workers' compensation benefits for services rendered by an individual licensed as an occupational therapist or an occupational therapy assistant under Article 15.

The bill is tie-barred to Senate Bill 493, which would establish a framework of licensure for speech-language pathologists.

## **FISCAL IMPACT:**

A fiscal analysis is in process.

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■ This analysis was prepared by nonpartisan House staff for use by House members in their deliberations, and does not constitute an official statement of legislative intent.