

SUBJECT: "Please support HB 2736 (Occupational Therapy Licensure Compact)

Message: To Whom It May Concern

As a constituent and an occupational therapist, I am asking you to support HB 2736, which would establish the Occupational Therapy Licensure Compact (OT Compact) and HB 2618, the work study bill.

I have been an occupational therapist in Portland Public Schools for over 28 years. As an OT working in Portland, I am not able to work in nearby Vancouver unless I apply for a license and pay to maintain licenses for two states. Over the years the caseload/workload has become much higher and the students have become more impacted, resulting in a job that is nearly impossible. Children today are struggling with school skills, mental health and learning and it is imperative that OT's have manageable caseloads/workloads so that we can support students with challenges.

Much like the existing licensure compact for physical therapists that has been enacted in the state, the OT compact will increase licensure portability for practitioners while also allowing member state regulatory boards to better protect consumers through enhanced sharing of licensure information. Existing interstate licensure compacts have been successful in reducing barriers for practitioners who wish to provide services in other states.

HB 2618, the Workload Study Bill, would require the Oregon Department of Education (ODE) to conduct a study to identify the best methodology for determining the appropriate workload for school-based health practitioners. It is important to differentiate between *workload* and *caseload*. *Caseload* is simply the number of students with Individualized Education Programs (IEPs), Individualized Family Service Plans (IFSPs), and 504 Plans served by school-based professionals through direct and/or indirect service delivery options. In contrast, *workload* refers to *all* activities required and performed by school-based professionals in the school setting. These school-based health professionals have requirements for collaborating & consulting with school staff & parents as well as community-based professionals, facilitating access and participation in the general education curriculum, providing direct, indirect services, and response to intervention services (RTI) within the student contact day at school. Workload also includes non-therapeutic activities which include, but are not limited to, development and maintenance of adaptive equipment and visual aids, drive time between sites, time-spent in special education meetings, provision of professional development, research on low-incidence disorders and evidence based practices, etcetera. Additionally, they have an increased burden of billing and documentation requirements on top of the Individuals with Disability Education Act (IDEA) mandates.

There are currently no guidelines or requirements for how school-based agencies (birth-21 years of age) determine the workload assigned to occupational therapy practitioners (OTs), physical therapy practitioners (PTs), and speech-language pathology practitioners (SLPs) in Oregon schools. The lack of workload requirements for school-based health practitioners has many potential negative impacts:

1) affect student outcomes and program quality; 2) potentially violate state & federal mandates, including Every Student Succeeds Act (ESSA), IDEA, and Free & Appropriate Public Education

(FAPE); 3) may violate professionals' codes of ethics; 4) professionals become overburdened, have less job satisfaction leading to potential burn out. Many school-based health practitioners end up leaving the schools to seek employment in medical-based settings such as hospitals, out-patient clinics, and private practices. These settings typically have measures in place to control workload and offer significantly better compensation than schools provide.

Establishing a methodology, such as a workload calculator, would help school administration understand appropriate workload for school-based practitioners. Appropriate workloads for school-based health practitioners will ensure that these federally mandated services (occupational therapy, physical therapy, speech & language therapy continue to be provided in Oregon schools in an efficacious manner while upholding the professional code of ethics. OTA, APTA Oregon, and OSHA are eager to work with and support the ODE in their establishment of a workload methodology. Inclusion of our voices in establishing the methodology is pivotal to ensure all aspects are taken into consideration.

I urge you to support HB 2618 and HB 2736 during this legislative session. Thank you for your consideration.

Sincerely,
Helen Clarke, OTR