

Dear Members of the House Committee on Behavioral Health and Healthcare,

The Occupational Therapy Association of Oregon Board appreciates the committee's consideration of HB 2357 and is writing to advocate for its passage.

This legislation is crucial for enhancing the accessibility and quality of occupational therapy services across Oregon and beyond. Occupational therapy is one of the oldest allied health professions. In the 1880s, a group started using occupation or activity to address mental health treatment. The treatment method expanded to working with people with disabilities in the early 1900s, and in 1917, the profession was officially founded (Jonas, 2023).

Occupational therapy practitioners use activities people need or want to do to promote health, well-being, independence, and community participation. OTs also strive to reduce occupational deprivation and promote occupational justice. We serve patients from birth to death and work in all healthcare and community environments. Some examples of settings OTPs work in are schools, outpatient clinics, carceral systems, homelessness, mental health, addiction and recovery treatment, ergonomics, skilled nursing facilities, and palliative and hospice care (American Occupational Therapy Association [AOTA], n.d.).

The Bureau of Labor Statistics forecasts the demand for occupational therapy services will continue to grow. There are various reasons for this. First, as our population ages, more individuals seek rehabilitation services for different conditions and to support aging in place. Secondly, improvements in care in the Neonatal Intensive Care Units mean that more infants survive preterm birth; many of these infants require occupational therapy services to support their ability to eat, grow, and develop. Many of these infants require these services for several years, if not on and off for life. Third, occupational therapists help people with chronic conditions, life-long developmental disabilities, mental health disorders, and neurodivergence participate in daily activities. Fourth, occupational therapy practitioners play a role in preventative care and reducing hospital readmission rates. Finally, occupational therapy practitioners are essential education team members who help ensure students with disabilities can access their right to a Free and Appropriate Public Education.

The impetus for this bill comes from an initiative of the American Occupational Therapy Association (AOTA) and the National Board for Certification in Occupational Therapy, Inc. (NBCOT®). AOTA is the national professional association established in 1917 to represent occupational therapy practitioners' and students' interests and concerns and improve the quality of occupational therapy services. NBCOT is a national not-for-profit organization that provides certification for occupational therapy professionals. NBCOT

develops, administers, and continually reviews its certification process based on current and valid standards that provide reliable indicators of occupational therapy practice competence. Above all else, NBCOT's mission is to serve the public interest.

The Occupational Therapy Licensure Compact uses a "mutual recognition" model of interstate practice, whereby compact member states agree to "recognize" valid licenses issued by other member states. This mutual recognition model is possible because core licensure requirements for Occupational Therapy Practitioners are virtually the same across all 50 states (Occupational Therapy Licensure Compact, n.d.). To utilize the Compact, an occupational therapy practitioner must have a license in good standing in their home state—their primary State of residence—and the home state must be a member of the Occupational Therapy Licensure Compact. When an occupational therapy licensee wants to work in another member state, the licensee must obtain a "compact privilege" from the Compact Commission, which will be the equivalent of a license in the other member state.

There are several aspects of the Occupational Therapy Licensure Compact that the Occupational Therapy Association of Oregon Board feels are essential to highlight:

- The Compact preserves each compact member state's regulatory authority to protect public health and safety through the existing state regulatory structure. Oregon will maintain the ability to determine licensure requirements and the scope of practice for all occupational therapy practitioners practicing in Oregon (either licensed through Oregon directly or through a compact privilege).
- The costs for participation in the Compact are expected to be minimal. Potential costs include purchasing software required to connect to the Compact's interstate licensure data system and the attendance of Oregon's chosen commissioner at the annual in-person Compact Commission meeting once the Compact is enacted later this year.
- Regarding revenue, there is a potential loss of revenue from practitioners currently licensed in Oregon who may opt to obtain a compact privilege instead. However, the Compact allows member states to charge a fee for issuing compact privileges to offset any loss of revenue.
- Oregon will benefit from the Compact, which is expected to improve access to OTPs and preserve the state licensure system.
- Improved communication between states will increase public protection. The OT licensure compact mandates participation in a licensing and disciplinary data system, reporting all disciplinary actions to the Commission, sharing information with member states, sharing information about investigations, and requiring criminal background checks.
- The Compact is expected to improve the continuity of care for occupational therapy service users in Oregon and facilitate alternative delivery methods, such as telehealth, that require the practitioner to be licensed in the State where the client is located.

- The Compact ensures license portability for occupational therapy practitioners, including military spouses. According to the Department of Defense, Military families move on average every three years. The Compact helps military spouses relocate and begin work without delay, decreasing the time and effort required to apply for licensure in other states.
- Finally, Oregon may become a more attractive option for those who need to call Oregon their "home state." These could be military spouses, those who provide travel therapy, or those who have other personal reasons for needing to practice in different states.

HB 2357 is a vital step towards addressing current workforce shortages and ensuring that individuals across Oregon can access timely and effective care, regardless of geographic location.

We ask you to support HB 2357, help advance Oregon's occupational therapy practice, ensure our communities receive the quality care they deserve, and support our occupational therapists in seamlessly delivering that care.

Thank you for your attention to this critical matter.

Sincerely,

Julia R. Farrell, OTD, OTR/L, IBCLC

Legislative and Advocacy Co-Chair on behalf of the Occupational Therapy Association of Oregon.

References:

American Occupational Therapy Association. (2020). Occupational therapy practice framework: Domain and process (4th ed.). American Journal of Occupational Therapy, 74(Suppl. 2), 7412410010p1–7412410010p87. <https://doi.org/10.5014/ajot.2020.74S2001>

Bureau of Labor Statistics, U.S. Department of Labor, Occupational Outlook Handbook, Occupational Therapists, at <https://www.bls.gov/ooh/healthcare/occupational-therapists.htm> (visited December 15, 2024).

Jonas, J. (2023, April 28). *Celebrating the roots of "Occupation" in occupational therapy*. Occupational Therapy Services. <https://otservices.wustl.edu/celebrating-the-roots-of-occupation-in-occupational-therapy/>

Occupational Therapy Licensure Compact. (n.d.). About – otcompact.gov. <https://otcompact.gov/about/>