



AB 2221 (Bloom) – Occupational Therapy Practice Act

The Occupational Therapy Practice Act was passed by the California Legislature in 2000 and has not been updated since becoming law. Since that time, the practice of occupational therapy has matured, patient needs have become more diverse, and healthcare reform has changed and broadened services provided. The evolution in healthcare and occupational therapy services has resulted in the need to update the Occupational Therapy Practice Act. To address this need, the Occupational Therapy Association of California (OTAC) and the American Occupational Therapy Association (AOTA) are sponsoring amendments to the Practice Act, which updates definitions, clarifies provisions related to advance practice, defines continuing competence and allowable coursework requirements, and clarifies the role occupational therapy provides as part of mental health services.

OTs and OTAs are among the broad range of qualified practitioners who provide therapy services to individuals with physical conditions and mental illnesses to help them carry out necessary tasks important in their daily lives. The statutory changes outlined below will ensure OTs and OTAs are able to practice to the full extent of their education and training, which is especially critical as the state works to increase access to healthcare for those in need.

1. Add “Rehabilitation and Habilitation” as services provided and clarify OT’s role in providing therapy in mental and behavioral health settings

AB 2221 updates the definition of occupational therapy, adding concepts like rehabilitation and habilitation, which is mandated by the Affordable Care Act (ACA) as covered services for patients. Occupational therapy practitioners are an essential provider for patients in need of rehabilitation and habilitation services, which should be reflected in their Practice Act.

Included in the ACA is also coverage by health plans for behavioral health services, which is meant to encompass both services to persons with developmental disabilities such as autism and persons with a mental illness. To address the importance occupational therapy plays in providing these services, AB 2221 adds language to clarify that occupational therapy has a critical role in mental health and behavioral health settings, which is reflected by the services they are currently providing to patients in California.

2. Clarify language regarding orthotics

The Occupational Therapy Practice Act currently defines occupational therapy as being able to “design or fabricate selective temporary orthotic devices.” This phrase should be updated, deleting “temporary” and authorizing the general utilization of orthotics where needed, which more accurately reflects the modern practice of occupational therapy and the nature of orthotics used by occupational therapy practitioners.

3. Use the term “Populations” rather than “Social Groups”

Current statute specifies that “services are provided individually, in groups, or through social groups.” Contemporary language would use the term “population(s)” to refer to larger groups, rather than “social groups.” When working with a group or population, occupational therapy practitioners consider the collective occupational performance abilities of the members. As the modern practice of occupational therapy is evolving to meet the changing needs of society, viewing groups of individuals as **populations** more accurately reflects the broader spectrum of needs to be served, inclusive of wellness, prevention and healthy interaction.

4. Adopt revisions recommended by the California Board of Occupational Therapy

During the 2017 California Board of Occupational Therapy sunset review, recommendations were made by the Board to update the Occupational Therapy Practice Act. The first recommendations included in AB 2221 is to amend B&P Code Section 2570.20 (a) to add that the Board “may” approve examinations for licensure. This more accurately reflects the Board’s reliance on B&P Code Section 2570.2 (e), which defines the current examination needed to pass for licensure, while retaining the Board’s authority to approve any future change in exams. Another recommendation addressed by AB 2221 is to amend B&P Code Section 2570.20 (b) to clarify the authority granted the Board to make regulatory changes that could effectuate the chapter governing the practice of occupational therapy. This clarification is modeled after other professional licensure practice acts in current statute.

5. “Advance Practice” certification and coursework

Replace the current process for reviewing and approving advance practice requirements with an attestation requirement under penalty of perjury that is subject to CBOT compliance audits, as well as, allow college level course content and training to count towards advance practice qualifications. Many college level occupational therapy courses and experience requirements meet the core content necessary for hand therapy, physical agent modalities and swallowing interventions. By clarifying that required coursework, which meets the educational standards for advance practice, may occur as part of a student’s college coursework as well as “post-professionally”, this change would acknowledge the content of the educational training rather than the timing of when it takes place, as well as providing occupational therapy practitioners with more flexibility to obtain their “advance practice” designations.

6. Licensure renewal and continuing competence requirements

Add a definition of “continuing competence” to mean: “a dynamic and multidimensional process in which the occupational therapist and occupational therapy assistant develop and maintain the knowledge, performance skills, interpersonal abilities, critical reasoning, and ethical reasoning skills necessary to perform current and future roles and responsibilities within the profession.” In addition, AB 2221 would direct CBOT to adopt limits on self-assessment competency hours allowed to meet the continuing education requirements for licensure.

Currently CBOT may by rule establish and require the satisfactory completion of continuing competence requirements as a condition of licensure renewal. We believe this definition and limits on self-assessment will help guide refinement of current rules within the context of a broader professional development plan.

End