

Report From Agency

**STATE OF WISCONSIN
OCCUPATIONAL THERAPISTS AFFILIATED CREDENTIALING BOARD**

**IN THE MATTER OF RULEMAKING :
PROCEEDINGS BEFORE THE : REPORT TO THE LEGISLATURE
OCCUPATIONAL THERAPISTS : CR 15-053
AFFILIATED CREDENTIALING :
BOARD :
:**

I. THE PROPOSED RULE:

The proposed rule, including the analysis and text, is attached.

II. REFERENCE TO APPLICABLE FORMS:

N/A

III. FISCAL ESTIMATE AND EIA:

The Fiscal Estimate and EIA document is attached.

IV. DETAILED STATEMENT EXPLAINING THE BASIS AND PURPOSE OF THE PROPOSED RULE, INCLUDING HOW THE PROPOSED RULE ADVANCES RELEVANT STATUTORY GOALS OR PURPOSES:

Under the current administrative rules, an occupational therapist may receive an order or a referral to perform occupational therapy services for a patient. Orders identify the need for occupational therapy evaluation and intervention while a referral is the act of requesting occupational therapy services. Currently, physicians, dentists, or podiatrists may order occupational therapy evaluation. However, occupational therapists may accept referrals from a variety of health care professionals including advanced practice nurses, chiropractors, optometrists, physical therapists, and physician assistants (Wisconsin Administrative Code OT 4.03 (2) (b)). Furthermore, there are some services that occupational therapists can perform without the need of a referral such as consultation, habilitation, screening, client education, wellness, prevention, environmental assessments, and work-related ergonomic services. According to Wisconsin Administrative Code OT 4.03 (2) (e), neither an order nor a referral from a physician is required for evaluation or intervention if the occupational therapy services are provided in an educational environment, including in a child's home if the child has disabilities.

The proposed rule seeks to clarify that occupational therapists are able to self-refer occupational therapy services along with the host of other health care professionals that are listed above. Currently, the rule allows other health care professionals to refer

occupational therapy services. However, the current rule does not specifically state that occupational therapists are allowed to self-refer. The self-referral of occupational therapy services would allow patients greater access to health care and would alleviate the burden on occupational therapists of relying on receiving orders and referrals from other health care professionals in order to provide health care services. The proposed rule will also remove all references to orders received by health care professionals as this is outdated terminology that no longer reflects current practices.

The proposed rule will also provide clarity to the process of renewing a license after 5 years by updating provisions regarding late renewal and reinstatement. The term reinstatement will be defined as the process by which a licensee whose license has been surrendered or revoked or who holds a license with unmet disciplinary requirements that has not been renewed within five years of the renewal date may apply to have that license reinstated with or without conditions.

V. SUMMARY OF PUBLIC COMMENTS AND THE BOARD’S RESPONSES, EXPLANATION OF MODIFICATIONS TO PROPOSED RULES PROMPTED BY PUBLIC COMMENTS:

The Occupational Therapists Affiliated Credentialing Board held a public hearing on December 2, 2015. No testimony was provided at the hearing.

Written comments were submitted by the Wisconsin Occupational Therapy Association (WOTA). Although generally supportive of the proposed rules, WOTA expressed concern that the proposed language of s. OT 4.03 (3) (a) and (f) would still require an occupational therapist to have a referral to do evaluations. Suggested remedial language was provided as part of the comments.

Section OT 4.03 (3) (a) and (f) were revised to address the concern raised by WOTA.

VI. RESPONSE TO LEGISLATIVE COUNCIL STAFF RECOMMENDATIONS:

All of the recommendations suggested in the Clearinghouse Report have been accepted in whole.

VII. REPORT FROM THE SBRRB AND FINAL REGULATORY FLEXIBILITY ANALYSIS:

N/A