

ADMINISTRATIVE RULES Fiscal Estimate & Economic Impact Analysis

1. Type of Estimate and Analysis

Original Updated Corrected

2. Administrative Rule Chapter, Title and Number

OT 1, 3, 4

3. Subject

Self-Referral of Occupational Therapy Services

4. Fund Sources Affected

GPR FED PRO PRS SEG SEG-S

5. Chapter 20, Stats. Appropriations Affected

6. Fiscal Effect of Implementing the Rule

No Fiscal Effect Increase Existing Revenues Increase Costs
 Indeterminate Decrease Existing Revenues Could Absorb Within Agency's Budget
 Decrease Cost

7. The Rule Will Impact the Following (Check All That Apply)

State's Economy Specific Businesses/Sectors
 Local Government Units Public Utility Rate Payers
 Small Businesses **(if checked, complete Attachment A)**

8. Would Implementation and Compliance Costs Be Greater Than \$20 million?

Yes No

9. Policy Problem Addressed by the Rule

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 advance practice nurses, chiropractors, optometrists, physical therapists and physician assistants (Wisconsin Administrative Code OT 4.03 (2) (b)). Furthermore there are some services occupational therapist 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 or a referral from a physician is required for evaluation or intervention if OT 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 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 a process by which a licensee whose license has been surrendered or revoked or has a license with unmet disciplinary requirements which has not been renewed within five years of the renewal date may apply to have their license reinstated with or without conditions.

10. Summary of the businesses, business sectors, associations representing business, local governmental units, and individuals that may be affected by the proposed rule that were contacted for comments.

This rule was posted for 14 days for economic impact comments and none were received.

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11. Identify the local governmental units that participated in the development of this EIA.

None. This rule does not affect local government units.

12. Summary of Rule's Economic and Fiscal Impact on Specific Businesses, Business Sectors, Public Utility Rate Payers, Local Governmental Units and the State's Economy as a Whole (Include Implementation and Compliance Costs Expected to be Incurred)

This rule will not have an economic or fiscal impact on specific businesses, business sectors, public utility rate payers, local government units or the state's economy as a whole.

13. Benefits of Implementing the Rule and Alternative(s) to Implementing the Rule

Occupational therapists self-referring would allow patients greater access to health care and would alleviate occupational therapists from relying solely 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.

14. Long Range Implications of Implementing the Rule

Greater access to health care.

15. Compare With Approaches Being Used by Federal Government

None

16. Compare With Approaches Being Used by Neighboring States (Illinois, Iowa, Michigan and Minnesota)

Illinois: Illinois state statute provides that the implementation of direct occupational therapy treatment to individuals for their specific health care conditions shall be based upon a referral from a licensed physician, dentist, podiatric physician, or advanced practice nurse who has a written collaborative agreement with a collaborating physician to provide or accept referrals from licensed occupational therapists, physician assistant who has been delegated authority to provide or accept referrals from or to licensed occupational therapists, or optometrist (225 ILCS 75/3.1). An occupational therapist may consult with, educate, evaluate, and monitor services for individuals groups, and populations concerning occupational therapy needs without referral. A referral is not required for providing consultation, habilitation, screening, education, wellness, prevention, environmental assessments, and work-related ergonomic services to individuals, groups, or populations. Referral from a physician or other health care provider is not required for evaluation or intervention for children and youths if an occupational therapist or occupational therapy assistant provides services in a school-based or educational environment, including the child's home (225 ILCS 75/3.1).

Illinois administrative code provides that an occupational therapist seeking to restore a license that has expired or been placed on inactive status for 5 years must file an application, pay the required fees, demonstrate completion of 24 hours of continuing education within 24 months prior to the restoration and one of the following: (1) Sworn evidence of active practice in another jurisdiction; (2) An affidavit attesting to military service; (3) Verification of successful completion of the Certification Examination of the NBCOT for licensure as a registered occupational therapist or certified occupational therapy assistant within the last 5 years prior to applying for restoration; or (4) Evidence of successful completion of 48 hours of continuing education in occupational therapy, including attendance at college level courses, professionally oriented continuing

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education classes, special seminars, or any other similar program completed within 2 years prior to application for restoration (68 Ill. Admin. Code pt. 1315.160).

Iowa: Iowa statutes provide that occupational therapy may be provided by an occupational therapist without referral from a physician, podiatric physician, dentist, or chiropractor, except that a hospital may require that occupational therapy provided in the hospital be performed only following prior review by and authorization of the performance of the occupational therapy by a member of the hospital medical staff (Iowa Code s. 148B.3A).

Iowa administrative code provides that an occupational therapist seeking to reactivate a license that has been inactive for 5 years or less must provide verification of the license(s) from every jurisdiction in which the applicant is or has been practicing during the time period the Iowa license was inactive and verification of 15 hours of continuing education for an occupational therapy assistant and 30 hours of continuing education for an occupational therapist within two years of application for reactivation. If the license has been on inactive status for more than five years, an applicant must provide verification of the license(s) from every jurisdiction in which the applicant is or has been practicing during the time period the Iowa license was inactive and verification of completion of 30 hours of continuing education for an occupational therapy assistant and 60 hours of continuing education for an occupational therapist within two years of application for reactivation; or evidence of successful completion of the professional examination required for initial licensure completed within one year prior to the submission of an application for reactivation (Iowa Admin. Code r. 645 – 206.11). A licensee whose license has been revoked, suspended, or voluntarily surrendered must reinstate their license in accordance with the terms and conditions of the order of revocation or suspension, unless the order of revocation provides that the license is permanently revoked. If the order of revocation or suspension did not establish terms and conditions upon which reinstatement might occur, or if the license was voluntarily surrendered, an initial application for reinstatement may not be made until one year has elapsed from the date of the order or the date of the voluntary surrender. An application for reinstatement shall allege facts which, if established, will be sufficient to enable the board to determine that the basis for the revocation or suspension of the respondent's license no longer exists and that it will be in the public interest for the license to be reinstated. If the board determines that the license can be reinstated, then the license reactivation process is followed (Iowa Admin. Code r. 645 – 206.11 and Iowa Admin. Code r. 645 – 11.31).

Michigan: Michigan statutes and code are silent with regards to required orders or referrals from other healthcare providers. An applicant whose license has lapsed for 3 years or more may be relicensed by meeting the following: (1) Passing the examination on state laws and rules related to the practice of occupational therapy; (2) Completing supervised practice experience requirements; (3) Verifying any license or registration from another state that was held while the license was lapsed; and (4) Either completing of the NBCOT's certification examination for occupational therapists or presenting evidence that he or she was registered or licensed as an occupational therapist in another state during the 3-year period immediately preceding the application for relicensure (Mich. Admin. Code R. 338.1227).

Minnesota: Minnesota statutes do not require referral from a healthcare provider, however, in the absence of a physician referral or prior authorization, an occupational therapist must provide the following written notification: "Your health care provider, insurer, or plan may require a physician referral or prior authorization

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and you may be obligated for partial or full payment for occupational therapy services rendered." (Minn. Stat. s. 148.6438).

17. Contact Name Katie Paff	18. Contact Phone Number 608-261-4472
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This document can be made available in alternate formats to individuals with disabilities upon request.

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ATTACHMENT A

1. Summary of Rule's Economic and Fiscal Impact on Small Businesses (Separately for each Small Business Sector, Include Implementation and Compliance Costs Expected to be Incurred)

2. Summary of the data sources used to measure the Rule's impact on Small Businesses

3. Did the agency consider the following methods to reduce the impact of the Rule on Small Businesses?

- Less Stringent Compliance or Reporting Requirements
 - Less Stringent Schedules or Deadlines for Compliance or Reporting
 - Consolidation or Simplification of Reporting Requirements
 - Establishment of performance standards in lieu of Design or Operational Standards
 - Exemption of Small Businesses from some or all requirements
 - Other, describe:
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4. Describe the methods incorporated into the Rule that will reduce its impact on Small Businesses

5. Describe the Rule's Enforcement Provisions

6. Did the Agency prepare a Cost Benefit Analysis (if Yes, attach to form)

- Yes No
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