Advisory Board on Occupational Therapy

Virginia Board of Medicine

May 21, 2019

10:00 a.m.

Advisory Board on Occupational Therapy

Board of Medicine
Tuesday, May 21, 2019 @ 10:00 a.m.
9960 Mayland Drive, Suite 201, Henrico, VA
Training Room 2

PERIMETER CENTER CONFERENCE CENTER
EMERGENCY EVACUATION OF BOARD AND TRAINING ROOMS
(Script to be read at the beginning of each meeting.)

PLEASE LISTEN TO THE FOLLOWING INSTRUCTIONS ABOUT EXITING THESE PREMISES IN THE EVENT OF AN EMERGENCY.

In the event of a fire or other emergency requiring the evacuation of the building, alarms will sound.

When the alarms sound, leave the room immediately. Follow any instructions given by Security staff

Training Room 2

Exit the room using one of the doors at the back of the room. (**Point**) Upon exiting the doors, turn **LEFT**. Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

DRAFT UNAPPROVED

ADVISORY BOARD ON OCCUPATIONAL THERAPY
Minutes
October 2, 2018

The Advisory Board on Occupational Therapy met on Tuesday, October 2, 2018 at 10:00 a.m. at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

MEMBERS PRESENT: Kathryn Skibek, OT, Chair
Breshae Bedward, OT, Vice-Chair
Raziuddin Ali, M.D.
Dwayne Pitre, OT
Karen Lebo, JD, Citizen Member

MEMBERS ABSENT: None

STAFF PRESENT: William L. Harp, M.D., Executive Director
Colanthia Morton Opher, Deputy for Administration
ShaRon Clanton, Licensing Specialist

GUESTS PRESENT: Lindsay Walton

CALL TO ORDER

Kathryn Skibek called the meeting to order at 10:12 a.m.

EMERGENCY EGRESS PROCEDURES

Dr. Harp announced the Emergency Egress Instructions.

ROLL CALL

Roll was called, and a quorum was declared.

APPROVAL OF MINUTES OF January 30, 2018

1-3

Karen Lebo moved to adopt the minutes as written. The motion was seconded and carried.

ADOPTION OF AGENDA

Dr. Ali moved to adopt the amended agenda. The motion was seconded and carried.

PUBLIC COMMENT ON AGENDA ITEMS

None

NEW BUSINESS

1. Periodic review of regulations

   Dr. Harp reviewed the regulations with the Advisory Board. The members requested that the NBCOT descriptions of Fieldwork Supervision as Type 2 continuing education be addressed for licensees by an FAQ.

2. New ACOTE Accreditation Standards Adopted

   Ms. Skibek gave an overview of the degrees accepted from Community Colleges and Universities for OT's and OTA's.

3. NBCOT Report of Results on Licensure Processing Times

   Dr. Harp went over stats given by each state for licensure processing. Virginia is in line with most other states in terms of length of time to licensure.

4. OT License Credit for Student Supervision 36

   The Advisory Board agreed with the standards set by NBCOT and asked that an FAQ be created.

5. AOTA's Commission on Practice Seeks Input on OT Practice Framework
   By August 31

   Ms. Skibek stated the review was done every 5 years.

6. Board Member Badges ----

   Dr. Harp informed the Advisory that DHP would no longer be issuing badges to Board members. Ms. Lebo and Dr. Ali returned their badges to Ms. Opher.

7. 2019 Meeting calendar

   Ms. Opher briefly went over the calendar of meetings for 2019.
   45

8. Election of Officers ----

   Ms. Skibek moved to elect Ms. Bedward as Chair and Mr. Pitre as Vice-Chair. Both were elected by acclamation.

ANNOUNCEMENTS:

None

NEXT MEETING DATE

January 22, 2019, 10:00 a.m.

ADJOURNMENT

The meeting of the Advisory Board was adjourned at 11:05 a.m.

Kathryn Skibek, OT, Chair

William L. Harp, M.D.
Executive Director

ShaRon Clanton, Licensing Specialist

DRAFT

Virginia's Occupational Therapy Workforce: 2018

Healthcare Workforce Data Center

March 2019

Virginia Department of Health Professions
Healthcare Workforce Data Center
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233
804-367-2115, 804-527-4466(fax)
E-mail: ***HWDC@dhp.virginia.gov***

Follow us on Tumblr: ***www.vahwdc.tumblr.com***
Get a copy of this report from: ***https://www.dhp.virginia.gov/hwdc/findings.htm***

3,420 Occupational Therapists voluntarily participated in this survey. *Without their efforts the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Medicine express our sincerest appreciation for your ongoing cooperation.*

Thank You!

Virginia Department of Health Professions

David E. Brown, DC
Director

Barbara Allison-Bryan, MD
Chief Deputy Director

Healthcare Workforce Data Center Staff:

Elizabeth Carter, PhD	Yetty Shobo, PhD	Laura Jackson, MSHSA	Rajana Siva	Christopher Coyle
Director	*Deputy Director*	*Operations Manager*	Research Analyst	*Research Assistant*

Virginia Occupational Therapy Advisory Board

Chair

Breshae Bedward, OT
Charles City

Vice-Chair

Dwayne Pitre, OT
Charlottesville

Members

Karen Lebo
Richmond

Raziuddin Ali, MD
Midlothian

Kathryn Skibek, OT
Woodbridge

Contents

The Occupational Therapy Workforce: At a Glance:

The Workforce

Licensees:	4,556
Virginia's Workforce:	3,860
FTEs:	3,199

Survey Response Rate

All Licensees:	75%
Renewing Practitioners:	92%

Demographics

% Female:	92%
Diversity Index:	24%
Median Age:	40

Background

Rural Childhood:	31%
HS Degree in VA:	41%
Prof. Degree in VA:	41%

Education

Masters:	65%
Baccalaureate:	31%

Finances

Median Inc.:	$70k-$80k
Health Benefits:	62%
Under 40 w/ Ed debt:	68%

Current Employment

Employed in Prof.:	97%
Hold 1 Full-time Job:	58%
Satisfied?:	97%

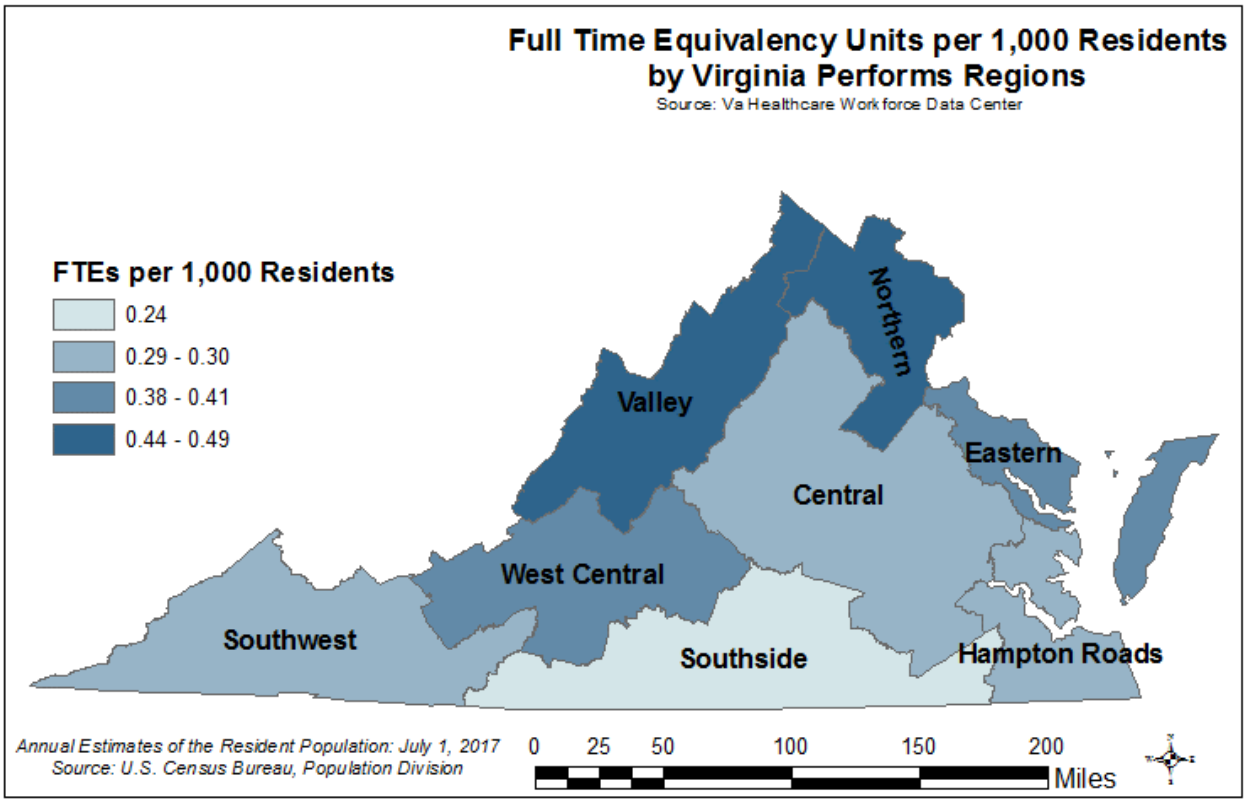
Job Turnover

Switched Jobs in 2018:	10%
Employed over 2 yrs:	58%

Primary Roles

Patient Care:	81%
Administration:	5%
Education:	2%

Source: Va. Healthcare Workforce Data Center



Results in Brief

The 2018 Occupational Therapy Workforce Survey, administered by the Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) during the license renewal process, which takes place on even-numbered years during the birth month of each OT, was completed by 3,420 OTs. These respondents represent 75% of the 4,556-licensed OTs in the state and 92% of renewing practitioners. There were 3,860 OTs in Virginia's workforce during the survey period and they provided 3,199 "full-time equivalency units (FTE)" during the period.

Ninety-two percent of all OTs are female, including 93% of those OTs who are under the age of 40. The median age of the OT workforce is 40. Thirty-one percent of Virginia's OT workforce grew up in a rural area, and 19% of these professionals currently work in non-metro areas of the state. Overall, however, just 9% of Virginia's OTs currently work in non-metro areas of the state.

Sixty-five percent of Virginia's OT workforce have earned a Master's degree as their highest professional degree, while 31% have earned a baccalaureate degree. Forty-six percent of the OT workforce currently have educational debt, including 68% of those professionals who are under age 40. For those OTs with education debt, the median debt is between $50,000 and $60,000. By contrast, the median annual income for Virginia's OT workforce is between $70,000 and $80,000.

Ninety-seven percent of all OTs are currently employed in the profession. Slightly over half of all OTs work at a for-profit establishment, whereas 29% work at a non-profit institution. Skilled nursing facilities is the most common establishment type in the state, employing 16% of Virginia's OT workforce. The inpatient department of general hospitals and home health care centers are also common establishment types for Virginia's OT workforce. Forty-six percent of all OTs expect to retire by the age of 65. Although only 16% of the current workforce expect to retire in the next ten years, half of the current workforce plan to retire by 2043.

Summary of Trends

The OT population has changed significantly in the past four years. The number of licensed OTs and OTs in Virginia's workforce have both increased by 20% since 2014. The FTEs provided by the OTs also increased by 23%. Further, educational attainment of Virginia's OTs has also increased, with the percent with Master's degrees increasing from 56% in 2014 to 65% in 2018. Not surprisingly, the percent with Bachelor's degrees declined from 41% in 2014 to 31% in 2018. Additionally, both OTs' median debt and the median income increased by $10,000 for the first time since 2014. The percent with education debt also increased from 43% in 2014 to 46% in 2018.

By contrast, there has been little or no change in the gender, age, and racial/ethnic diversity of Virginia's OT workforce since 2014. Further, with a diversity index of 24%, Virginia's OT workforce remains significantly less diverse than the state's overall population which has a diversity index of 56%. Further, skilled nursing facilities remained the single largest employer of Virginia's OT workforce in 2018. However, 16% of OTs worked in such facilities in 2018 compared to 19% in 2014. The percent working at inpatient departments of general hospitals did not change; it remained at 13%. However, 13% of OTs now work at home health care centers compared to 11% in 2014 and 13% work in the K-12 school systems compared to 15% in 2014.

There were some changes with respect to the retirement expectations of Virginia's OTs. In 2014, 49% of all OTs expected to retire by the age of 65, but this percentage fell to 46% in 2018. A similar trend can be observed among those OTs who are age 50 or over. Whereas 35% of these professionals still expected to retire by the age of 65 in the 2014 survey, 30% indicated such an expectation in this year's survey. Further, the percentage considering pursuing additional education declined from 24% in 2014 to 22% in 2018.

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	3,699	81%
New Licensees	404	9%
Non-Renewals	453	10%
All Licensees	**4,556**	**100%**

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. 92% of renewing OTs submitted a survey. These represent 75% of OTs who held a license at some point in 2018.

Definitions

1. **The Survey Period:** The survey was conducted throughout 2018.
2. **Target Population:** All OTs who held a Virginia license at some point in 2018.
3. **Survey Population:** The survey was available to OTs who renewed their licenses online. It was not available to those who did not renew, including all OTs newly licensed in 2018.

Response Rates	
Completed Surveys	3,420
Response Rate, all licensees	75%
Response Rate, Renewals	92%

Source: Va. Healthcare Workforce Data Center

Response Rates			
Statistic	**Non Respondents**	**Respondent**	**Response Rate**
By Age			
Under 30	380	269	41%
30 to 34	240	610	72%
35 to 39	128	507	80%
40 to 44	85	459	84%
45 to 49	79	455	85%
50 to 54	62	386	86%
55 to 59	52	314	86%
60 and Over	110	420	79%
Total	**1,136**	**3,420**	**75%**
New Licenses			
Issued in 2018	404	0	0%
Metro Status			
Non-Metro	69	218	76%
Metro	554	2,649	83%
Not in Virginia	513	553	52%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed OTs

Number:	4,556
New:	9%
Not Renewed:	10%

Response Rates

All Licensees:	75%
Renewing Practitioners:	92%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

2018 OT Workforce:	3,860
FTEs:	3,199

Utilization Ratios

Licensees in VA Workforce:	85%
Licensees per FTE:	1.42
Workers per FTE:	1.21

Source: Va. Healthcare Workforce Data Center

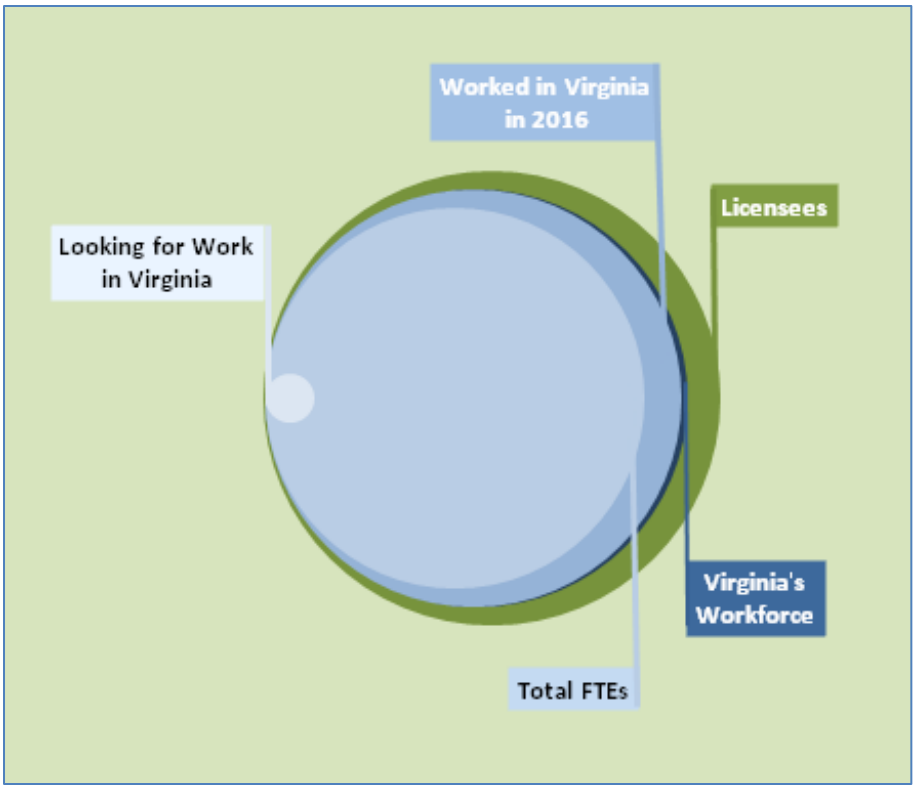
Definitions

1. **Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time in the past year or who indicated intent to return to Virginia's workforce at any point in the future.
2. **Full Time Equivalency Unit (FTE):** The HWDC uses 2,000 hours (40 hours for 50 weeks) as its baseline measure for FTEs.
3. **Licensees in VA Workforce:** The proportion of licensees in Virginia's Workforce.
4. **Licensees per FTE:** An indication of the number of licensees needed to create 1 FTE. Higher numbers indicate lower licensee participation.
5. **Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

Virginia's OT Workforce		
Status	#	%
Worked in Virginia in Past Year	3,803	99%
Looking for Work in Virginia	57	1%
Virginia's Workforce	**3,860**	**100%**
Total FTEs	**3,199**	
Licensees	**4,556**	

Source: Va. Healthcare Workforce Data Center

This report uses weighting to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on HWDC's methodology visit: www.dhp.virginia.gov/hwdc



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	28	5%	533	95%	561	16%
30 to 34	39	6%	633	94%	672	19%
35 to 39	50	10%	453	90%	502	14%
40 to 44	27	6%	401	94%	428	12%
45 to 49	39	10%	343	90%	382	11%
50 to 54	52	15%	296	85%	348	10%
55 to 59	23	9%	235	91%	258	7%
60 +	30	8%	335	92%	365	10%
Total	**288**	**8%**	**3,228**	**92%**	**3,516**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female:	92%
% Under 40 Female:	93%

Age

Median Age:	40
% Under 40:	49%
% 55+:	16%

Diversity

Diversity Index:	24%
Under 40 Div. Index:	25%

Source: Va. Healthcare Workforce Data Center

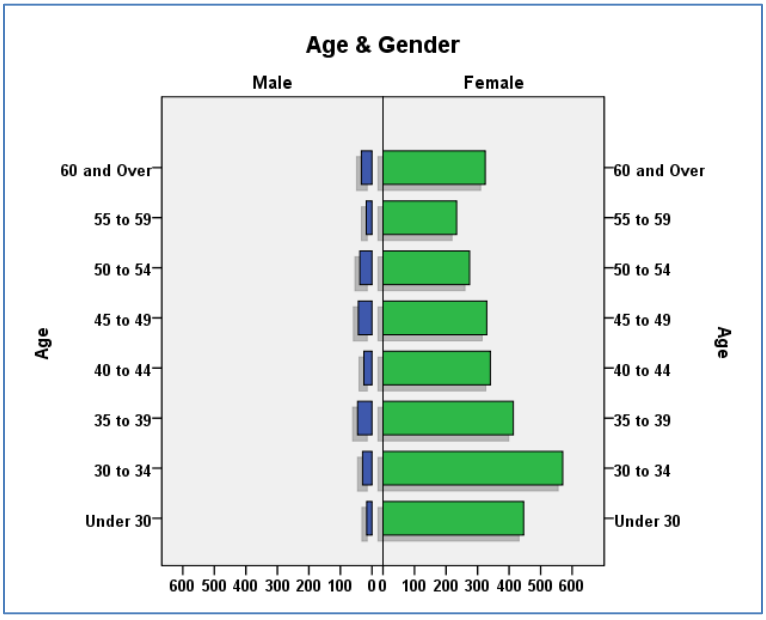
Race & Ethnicity					
Race/ Ethnicity	Virginia*	OTs		OTs under 40	
	%	#	%	#	%
White	63%	3,099	87%	1,522	86%
Black	19%	180	5%	86	5%
Asian	6%	128	4%	63	4%
Other Race	0%	31	1%	10	1%
Two or more races	2%	50	1%	26	1%
Hispanic	9%	84	2%	53	3%
Total	**100%**	**3,572**	**100%**	**1,761**	**100%**

*Population data in this chart is from the US Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States and Counties: July 1, 2017.

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two OTs, there is a 24% chance that they would be of a different race/ethnicity (a measure known as the diversity index). For Virginia's population as a whole, the comparable number is 56%.

49% of all OTs are under the age of 40, and 93% of these professionals are female. In addition, there is a 25% chance that two randomly chosen OTs from this group would be of a different race or ethnicity.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood:	10%
Rural Childhood:	31%

Virginia Background

HS in Virginia:	41%
Prof. Education in VA:	41%
HS/Prof. Edu. in VA:	50%

Location Choice

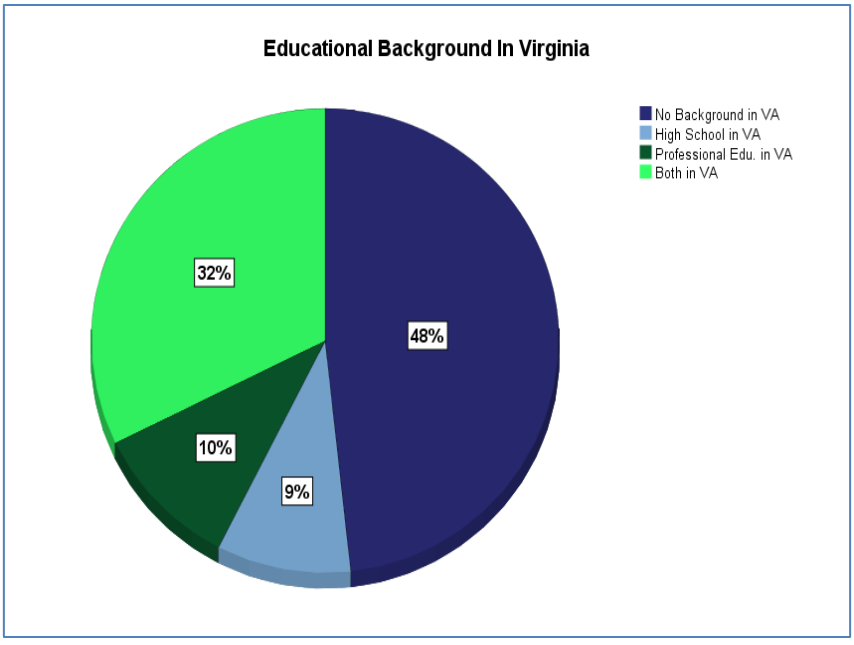
% Rural to Non-Metro:	19%
% Urban/Suburban to Non-Metro:	4%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
	Metro Counties			
1	Metro, 1 million+	23%	67%	11%
2	Metro, 250,000 to 1 million	37%	53%	11%
3	Metro, 250,000 or less	45%	50%	5%
	Non-Metro Counties			
4	Urban pop 20,000+, Metro adjacent (adj)	68%	30%	2%
6	Urban pop, 2,500-19,999, Metro adj	65%	27%	8%
7	Urban pop, 2,500-19,999, nonadj	74%	22%	4%
8	Rural, Metro adj	64%	26%	10%
9	Rural, nonadj	44%	41%	15%
	Overall	**31%**	**60%**	**10%**

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

31% of OTs grew up in self-described rural areas, and 19% of these professionals currently work in non-metro counties. Overall, 9% of Virginia's OT workforce works in non-Metro counties of the state.

Top Ten States for OT Recruitment

Rank	All OTs			
	High School	#	OT School	#
1	Virginia	1,446	Virginia	1,472
2	Pennsylvania	325	Pennsylvania	357
3	New York	280	New York	244
4	Maryland	173	North Carolina	149
5	Outside U.S./Canada	139	Massachusetts	135
6	New Jersey	117	Florida	121
7	North Carolina	96	Outside U.S./Canada	85
8	West Virginia	85	Maryland	73
9	Ohio	80	Tennessee	73
10	Florida	77	Michigan	71

Source: Va. Healthcare Workforce Data Center

41% of OTs received their high school degree in Virginia, while 41% received their initial professional degree in the state.

Among OTs who were licensed in the past five years, 41% received their high school degree in Virginia, while 43% received their initial professional degree in the state.

Rank	Licensed in the Past 5 Years			
	High School	#	OT School	#
1	Virginia	639	Virginia	676
2	Pennsylvania	149	Pennsylvania	170
3	New York	123	New York	101
4	Maryland	61	North Carolina	67
5	New Jersey	58	Florida	55
6	North Carolina	51	Tennessee	53
7	West Virginia	42	Massachusetts	52
8	Ohio	42	West Virginia	40
9	Massachusetts	41	Michigan	30
10	Florida	37	Washington DC	28

Source: Va. Healthcare Workforce Data Center

16% of licensed OTs did not participate in Virginia's workforce in 2018. 94% of these OTs worked at some point in the past year, including 90% who currently work as OTs.

At a Glance:

Not in VA Workforce

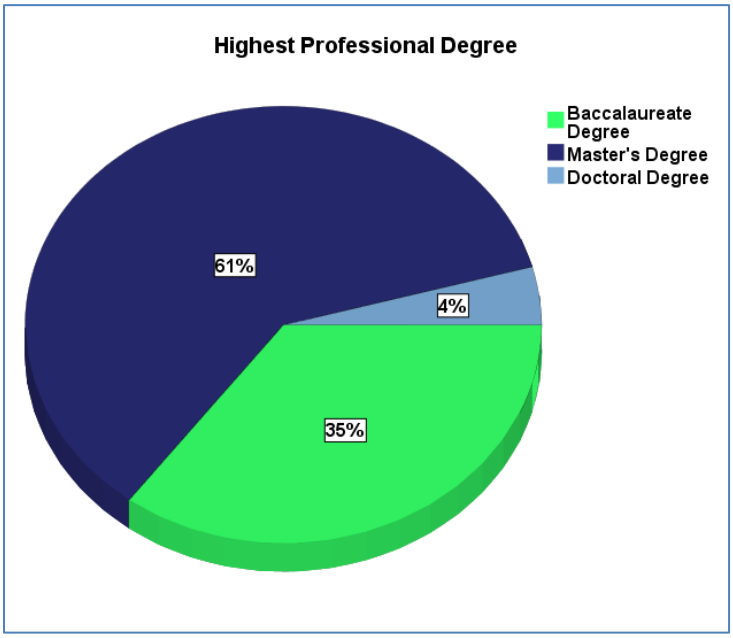
Total:	719
% of Licensees:	16%
Federal/Military:	7%
Va Border State/DC:	20%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Professional Degree		
Degree	#	%
Baccalaureate Degree	1,093	31%
Master's Degree	2,282	65%
Doctorate	151	4%
Total	**3,525**	**100%**

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

At a Glance:

Education

Masters: 65%
Baccalaureate: 31%

Educational Debt

With debt: 46%
Under age 40 with debt: 68%
Median debt: $50k-$60k

Source: Va. Healthcare Workforce Data Center

65% of all OTs hold a Master's degree as their highest professional degree, while 4% have a Doctorate degree.

46% of OTs currently have educational debt, including 68% of those under the age of 40. For those OTs with educational debt, the median debt is between $50,000 and $60,000.

Educational Debt				
Amount Carried	All OTs		OTs under 40	
	#	%	#	%
None	1,745	54%	515	32%
$20,000 or less	294	9%	172	11%
$20,001-$40,000	276	8%	170	11%
$40,001-$60,000	250	8%	177	11%
$60,001-$80,000	205	6%	170	11%
$80,001-$100,000	186	6%	153	9%
$100,001-$120,000	135	4%	117	7%
More than $120,000	165	5%	140	9%
Total	**3,256**	**100%**	**1,614**	**100%**

Source: Va. Healthcare Workforce Data Center

A Closer Look:

At a Glance:

Top Specializations

Physical Rehabilitation: 24%
Pediatrics: 23%
Gerontology: 21%

Top Certifications:

Cert. Hand Therapist: 3%
Lymphedema Therapist: 2%
Dementia Care Specialist: 1%

Source: Va. Healthcare Workforce Data Center

73% of Virginia's OT workforce have at least one specialization. Physical Rehabilitation is the most common specialization among Virginia's OTs.

Specializations		
Area	#	% of Workforce
Physical Rehabilitation	934	24%
Pediatrics	905	23%
Gerontology	818	21%
Neurorehabilitation	670	17%
Sensory Processing	604	16%
School Systems	592	15%
Home Health	569	15%
Developmental Disabilities	474	12%
Acute Care	458	12%
Early Intervention	348	9%
Hand Therapy	279	7%
Feeding, Eating, Swallowing	228	6%
Mental Health	222	6%
Environmental Modification	221	6%
Low Vision	130	3%
Driving and Community Mobility	60	2%
Industrial/Workplace	53	1%
Other	173	4%
At Least One Specialty	**2,824**	**73%**

Source: Va. Healthcare Workforce Data Center

Certifications		
Proficiency Area	#	% of Workforce
Certified Hand Therapist (CHT)	109	3%
Certified Lymphedema Therapist	79	2%
Dementia Care Specialist	42	1%
School Systems	36	1%
Physical Rehabilitation (BCPR)	18	0%
Pediatrics (BCP)	16	0%
Other	262	7%
At Least One Certification	**511**	**13%**

Source: Va. Healthcare Workforce Data Center

14% of Virginia's OT workforce hold at least one certification. Certified Hand Therapist (CHT) is the most common certification among Virginia's OTs.

At a Glance:

Employment

Employed in Profession: 97%
Involuntarily Unemployed: <1%

Positions Held

1 Full-Time: 58%
2 or more Positions: 21%

Weekly Hours:

40 to 49: 47%
60 or more: 2%
Less than 30: 18%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, capacity unknown	0	0%
Employed in an occupational therapy related capacity	3,458	97%
Employed, NOT in an occupational therapy related capacity	16	0%
Not working, reason unknown	0	0%
Involuntarily unemployed	14	0%
Voluntarily unemployed	73	2%
Retired	23	1%
Total	**3,584**	**100%**

Source: Va. Healthcare Workforce Data Center

97% of licensed OTs are currently employed in the profession. 58% of all OTs currently hold one full-time job, and 47% work between 40 and 49 hours per week.

Current Positions		
Positions	#	%
No Positions	110	3%
One Part-Time Position	621	18%
Two Part-Time Positions	214	6%
One Full-Time Position	2,056	58%
One Full-Time Position & One Part-Time Position	435	12%
Two Full-Time Positions	1	0%
More than Two Positions	92	3%
Total	**3,529**	**100%**

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
0 hours	110	3%
1 to 9 hours	100	3%
10 to 19 hours	203	6%
20 to 29 hours	329	9%
30 to 39 hours	846	24%
40 to 49 hours	1,637	47%
50 to 59 hours	185	5%
60 to 69 hours	46	1%
70 to 79 hours	15	0%
80 or more hours	26	1%
Total	**3,497**	**100%**

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Income		
Hourly Wage	#	%
Volunteer Work Only	8	0%
Less than $30,000	205	7%
$30,000-$39,999	125	4%
$40,000-$49,999	170	6%
$50,000-$59,999	338	12%
$60,000-$69,999	548	19%
$70,000-$79,999	566	20%
$80,000-$89,999	454	16%
$90,000-$99,999	264	9%
$100,000-$109,999	135	5%
$110,000-$119,999	45	2%
$120,000 or more	30	1%
Total	**2,888**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings

Median Income: $70k-$80k

Benefits

Employer Health Ins.: 62%

Employer Retirement: 64%

Satisfaction

Satisfied 97%

Very Satisfied: 67%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	2,335	67%
Somewhat Satisfied	1,019	29%
Somewhat Dissatisfied	92	3%
Very Dissatisfied	22	1%
Total	**3,468**	**100%**

Source: Va. Healthcare Workforce Data Center

The typical OT earned between $70,000 and $80,000 in 2018. In addition, among OTs who received either an hourly wage or a salary at their primary work location, 81% received at least one employer-sponsored benefit.

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Paid Vacation	2,225	64%	70%
Retirement	2,066	60%	64%
Health Insurance	1,975	57%	62%
Dental Insurance	1,882	54%	59%
Paid Sick Leave	1,751	51%	55%
Group Life Insurance	1,231	36%	40%
Signing/Retention Bonus	238	7%	7%
At Least One Benefit	**2,622**	**76%**	**81%**

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Underemployment in Past Year		
In the past year did you . . .?	#	%
Experience Involuntary Unemployment?	49	1%
Experience Voluntary Unemployment?	215	6%
Work Part-time or temporary positions, but would have preferred a full-time/permanent position?	124	3%
Work two or more positions at the same time?	883	23%
Switch employers or practices?	384	10%
Experienced at least 1	**1,312**	**34%**

Source: Va. Healthcare Workforce Data Center

Only 1% of Virginia's OTs experienced involuntary unemployment at some point in 2018. By comparison, Virginia's average monthly unemployment rate was 3.0%.[1]

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at this Location	86	2%	96	9%
Less than 6 Months	202	6%	166	15%
6 Months to 1 Year	308	9%	119	11%
1 to 2 Years	853	25%	252	23%
3 to 5 Years	807	23%	251	23%
6 to 10 Years	513	15%	125	11%
More than 10 Years	703	20%	97	9%
Subtotal	**3,471**	**100%**	**1,105**	**100%**
Did not have location	57		2,731	
Item Missing	332		24	
Total	**3,860**		**3,860**	

Source: Va. Healthcare Workforce Data Center

Nearly 88% of Virginia's OT workforce receive either a salary or an hourly wage at their primary work location.

At a Glance:

Unemployment Experience

Involuntarily Unemployed: 1%
Underemployed: 3%

Turnover & Tenure

Switched Jobs: 10%
New Location: 23%
Over 2 years: 58%
Over 2 yrs, 2nd location: 43%

Employment Type

Salary/Commission: 46%
Hourly Wage: 42%

Source: Va. Healthcare Workforce Data Center

58% of OTs have worked at their primary location for more than two years—the job tenure normally required to get a conventional mortgage loan.

Employment Type		
Primary Work Site	#	%
Salary/Commission	1,316	46%
Hourly Wage	1,178	42%
By Contract	292	10%
Business/ Practice Income	36	1%
Unpaid	9	0%
Subtotal	**2,831**	**100%**

Source: Va. Healthcare Workforce Data Center

[1]As reported by the US Bureau of Labor Statistics, the non-seasonally adjusted monthly unemployment rate fell from 3.7% in January 2018 to 2.6% in December 2018. The unemployment rate for December 2018 was still preliminary at the time of publication.

Work Site Distribution

At a Glance:

Concentration

Top Region:	30%
Top 3 Regions:	73%
Lowest Region:	1%

Locations

2 or more (2018):	32%
2 or more (Now*):	29%

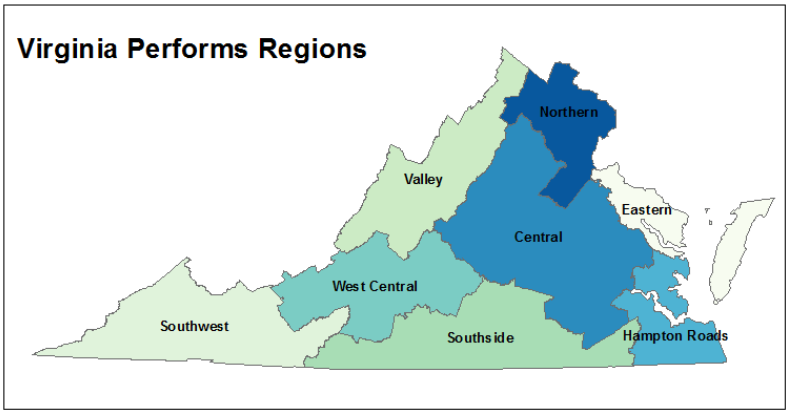
Source: Va. Healthcare Workforce Data Center

73% of all OTs work in one of three regions of the state: Northern Virginia, Central Virginia, and Hampton Roads.

A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	908	26%	261	23%
Eastern	46	1%	16	1%
Hampton Roads	568	16%	170	15%
Northern	1,047	30%	324	29%
Southside	98	3%	27	2%
Southwest	137	4%	54	5%
Valley	258	7%	74	7%
West Central	344	10%	93	8%
Virginia Border State/DC	34	1%	33	3%
Other US State	34	1%	59	5%
Outside of the US	0	0%	2	0%
Total	**3,474**	**100%**	**1,113**	**100%**
Item Missing	330		16	

Source: Va. Healthcare Workforce Data Center



Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	57	2%	110	3%
1	2,336	66%	2,389	68%
2	671	19%	649	19%
3	317	9%	294	8%
4	68	2%	32	1%
5	24	1%	14	0%
6 or More	43	1%	27	1%
Total	**3,515**	**100%**	**3,515**	**100%**

*At the time of survey completion: 2018 (continual renewal cycle).

Source: Va. Healthcare Workforce Data Center

29% of all OTs had multiple work locations at the time of the survey, while 32% of OTs had at least two work locations over the previous year.

A Closer Look:

Location Sector				
Sector	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	1,710	52%	765	72%
Non-Profit	968	29%	205	19%
State/Local Government	567	17%	86	8%
Veterans Administration	47	1%	0	0%
U.S. Military	15	0%	1	0%
Other Federal Government	9	0%	0	0%
Total	**3,316**	**100%**	**1,057**	**100%**
Did not have location	57		2,731	
Item Missing	486		74	

Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

Sector

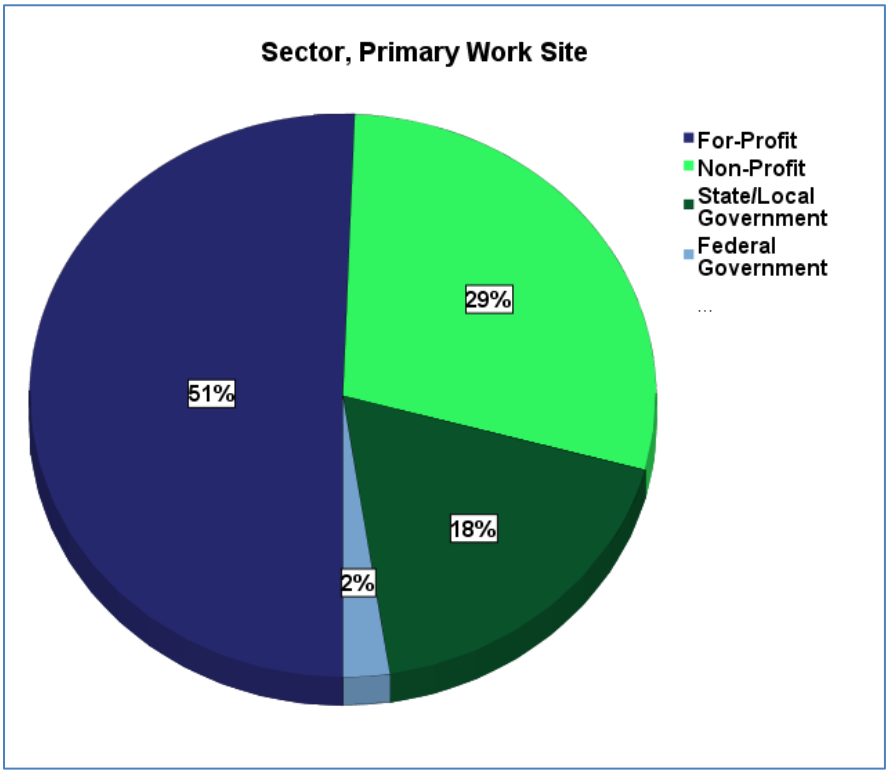
For Profit:	52%
Federal:	3%

Top Establishments

Skilled Nursing Facility:	16%
Hospital, Inpatient:	13%
Home Health Care:	13%

Source: Va. Healthcare Workforce Data Center

81% of all OTs work in the private sector, including 52% who work at for-profit establishments. Another 17% of Virginia's OT workforce worked for either state or local governments.



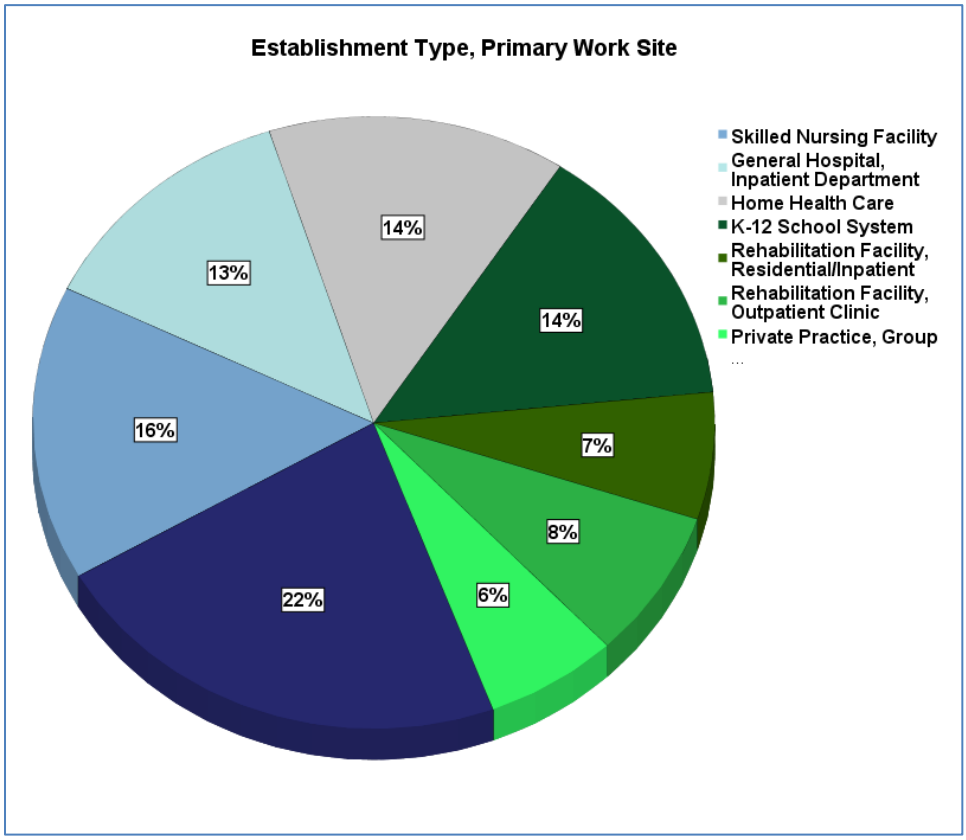
Source: Va. Healthcare Workforce Data Center

Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Skilled Nursing Facility	521	16%	235	23%
General Hospital, Inpatient Department	433	13%	116	11%
Home Health Care	425	13%	195	19%
K-12 School System	418	13%	65	6%
Rehabilitation Facility, Outpatient Clinic	265	8%	55	5%
Rehabilitation Facility, Residential/Inpatient	238	7%	89	9%
Private Practice, Group	213	7%	78	8%
General Hospital, Outpatient Department	160	5%	11	1%
Academic Institution	116	4%	39	4%
Assisted living or continuing care facility	101	3%	45	4%
Private Practice, Solo	69	2%	27	3%
Other	254	8%	84	8%
Total	**3,213**	**100%**	**1,039**	**100%**
Did Not Have a Location	57		2731	

Source: Va. Healthcare Workforce Data Center

Skilled nursing facilities were the most common establishment type in Virginia, employing 16% of the state's OT workforce. The inpatient department of hospitals and home health care centers were also typical primary establishment types.

Skilled nursing facilities were also the most common establishment type among OTs who also had a secondary work location. This establishment employed nearly one-quarter of all OTs with a secondary work location.



Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

A Typical OTs Time

Patient Care:	80%-89%
Administration:	1%-9%
Education:	1%-9%

Roles

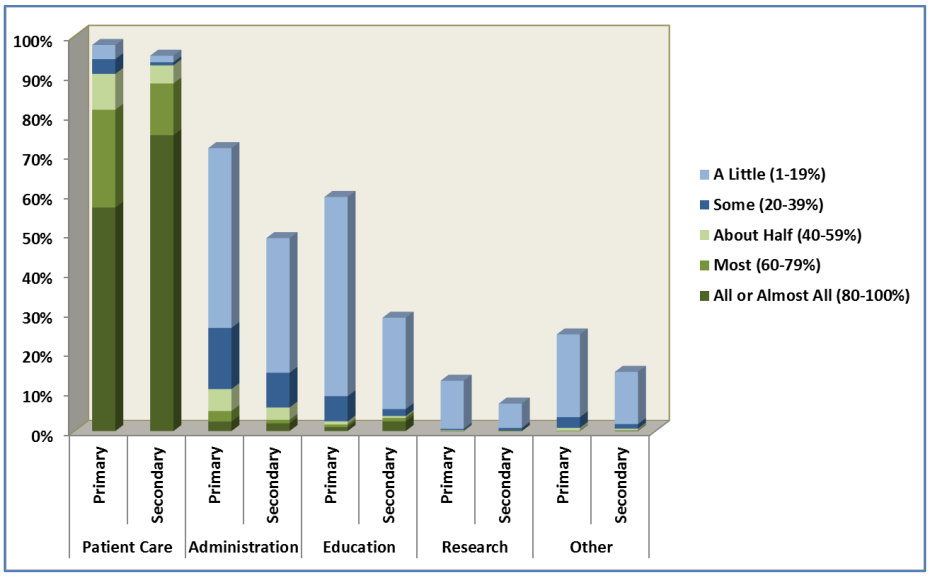
Patient Care:	81%
Administrative:	5%
Education:	2%

Patient Care OTs

Median Admin Time:	1%-9%
Ave. Admin Time:	1%-9%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

The typical OT spends most of her time in patient care activities. In fact, 81% of all OTs fill a patient care role, defined as spending at least 60% of her time in that activity.

Time Allocation										
Time Spent	Patient Care		Admin.		Education		Research		Other	
	Prim Site	Sec. Site	Prim Site	Sec. Site	Prim Site	Sec. Site	Prim Site	Sec. Site	Prim Site	Sec. Site
All or Almost All (80-100%)	57%	75%	2%	2%	1%	2%	0%	0%	0%	0%
Most (60-79%)	25%	13%	3%	1%	1%	1%	0%	0%	0%	0%
About Half (40-59%)	9%	5%	6%	3%	1%	0%	0%	0%	1%	0%
Some (20-39%)	4%	1%	15%	9%	6%	2%	0%	1%	3%	1%
A Little (1-19%)	4%	2%	46%	34%	50%	23%	12%	6%	21%	13%
None (0%)	2%	5%	28%	51%	41%	71%	87%	93%	76%	85%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All OTs		OTs over 50	
	#	%	#	%
Under age 50	72	2%	-	-
50 to 54	142	5%	6	1%
55 to 59	337	11%	51	6%
60 to 64	873	28%	203	24%
65 to 69	1,167	38%	394	46%
70 to 74	333	11%	145	17%
75 to 79	46	1%	23	3%
80 or over	21	1%	6	1%
I do not intend to retire	110	4%	31	4%
Total	**3,101**	**100%**	**859**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All OTs

Under 65: 46%

Under 60: 18%

OTs 50 and over

Under 65: 30%

Under 60: 7%

Time until Retirement

Within 2 years: 3%

Within 10 years: 16%

Half the workforce: By 2043

Source: Va. Healthcare Workforce Data Center

46% all OTs expect to retire before the age of 65, while 17% plan on working until at least age 70. Among OTs who are age 50 and over, 30% expect to retire by age 65, while 25% plan on working until at least age 70.

Within the next two years, 22% of all OTs plan to pursue additional educational opportunities, while 13% plan to increase patient care hours.

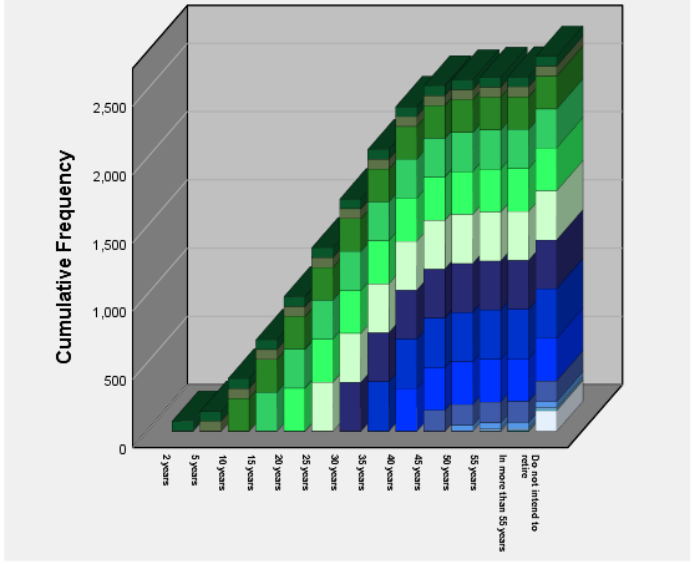
Future Plans		
2 Year Plans:	#	%
Decrease Participation		
Leave Profession	37	1%
Leave Virginia	168	4%
Decrease Patient Care Hours	298	8%
Decrease Teaching Hours	12	0%
Increase Participation		
Increase Patient Care Hours	487	13%
Increase Teaching Hours	344	9%
Pursue Additional Education	841	22%
Return to Virginia's Workforce	27	1%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for OTs. Only 3% of OTs expect to retire within the next two years, while 16% plan on retiring in the next ten years. Half of the current OT workforce expect to be retired by 2043.

Time to Retirement			
Expect to retire within. . .	#	%	Cumulative %
2 years	108	3%	3%
5 years	119	4%	7%
10 years	273	9%	16%
15 years	282	9%	25%
20 years	377	12%	37%
25 years	392	13%	50%
30 years	399	13%	63%
35 years	443	14%	61%
40 years	378	12%	89%
45 years	180	6%	95%
50 years	27	1%	96%
55 years	6	0%	96%
In more than 55 years	9	0%	97%
Do not intend to retire	110	4%	100%
Total	**3,101**	**100%**	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach 10% of the current workforce starting in 2038. Retirement will peak at 14% of the current workforce around 2053 before declining to under 10% of the current workforce again around 2063.

At a Glance:

FTEs

Total:	3,199
FTEs/1,000 Residents[2]:	0.380
Average:	0.84

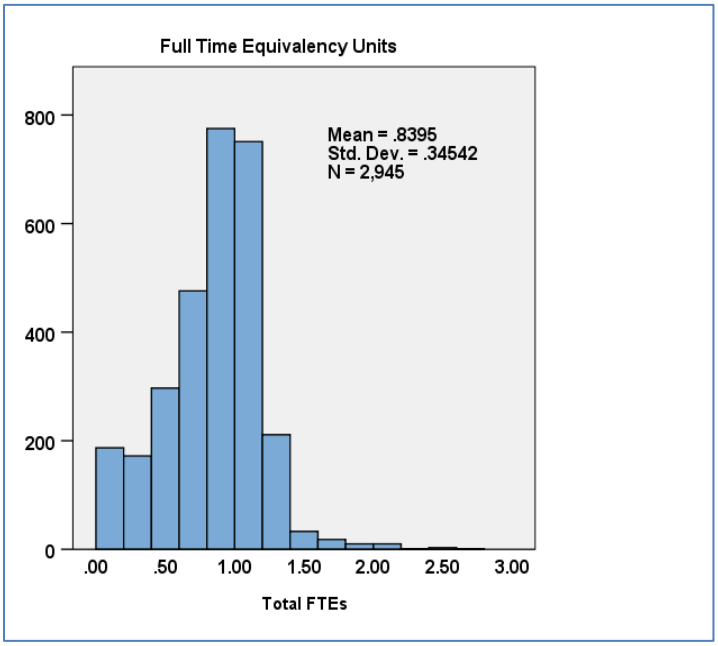
Age & Gender Effect

Age, Partial Eta[3]:	Negligible
Gender, Partial Eta[3]:	Small

Partial Eta[3] Explained:
Partial Eta[3] is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

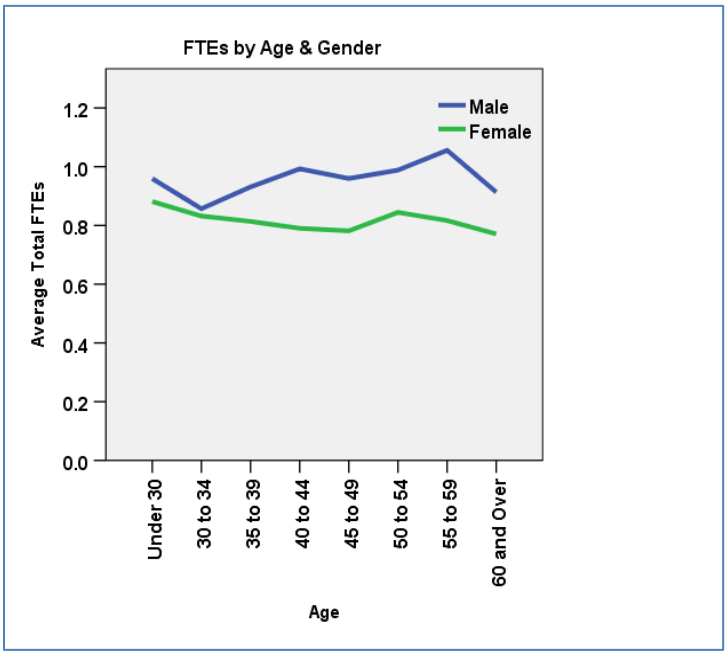


Source: Va. Healthcare Workforce Data Center

The typical OT provided 0.90 FTEs in 2018, or approximately 36 hours per week for 50 weeks. Although FTEs appear to vary by gender, statistical tests did not verify that a difference exists.[3]

Full-Time Equivalency Units		
Age	**Average**	**Median**
Age		
Under 30	0.89	0.96
30 to 34	0.82	0.88
35 to 39	0.83	0.88
40 to 44	0.81	0.91
45 to 49	0.80	0.80
50 to 54	0.88	0.95
55 to 59	0.86	0.92
60 and Over	0.84	0.89
Gender		
Male	0.95	1.03
Female	0.82	0.88

Source: Va. Healthcare Workforce Data Center

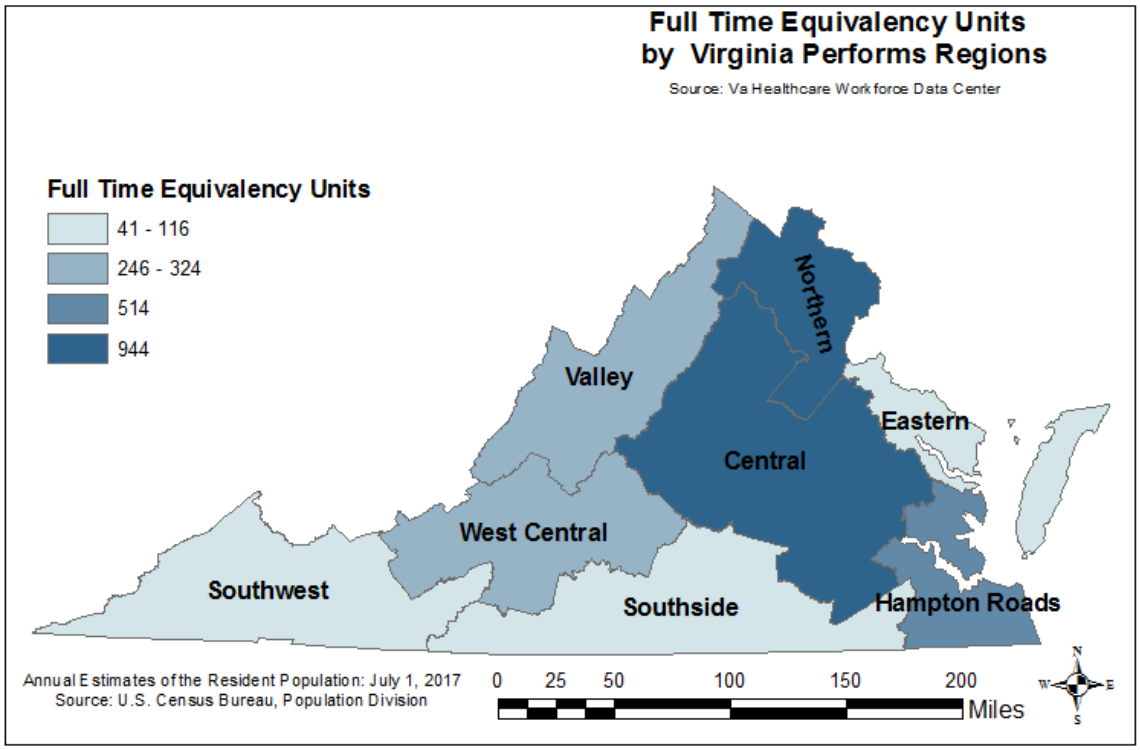


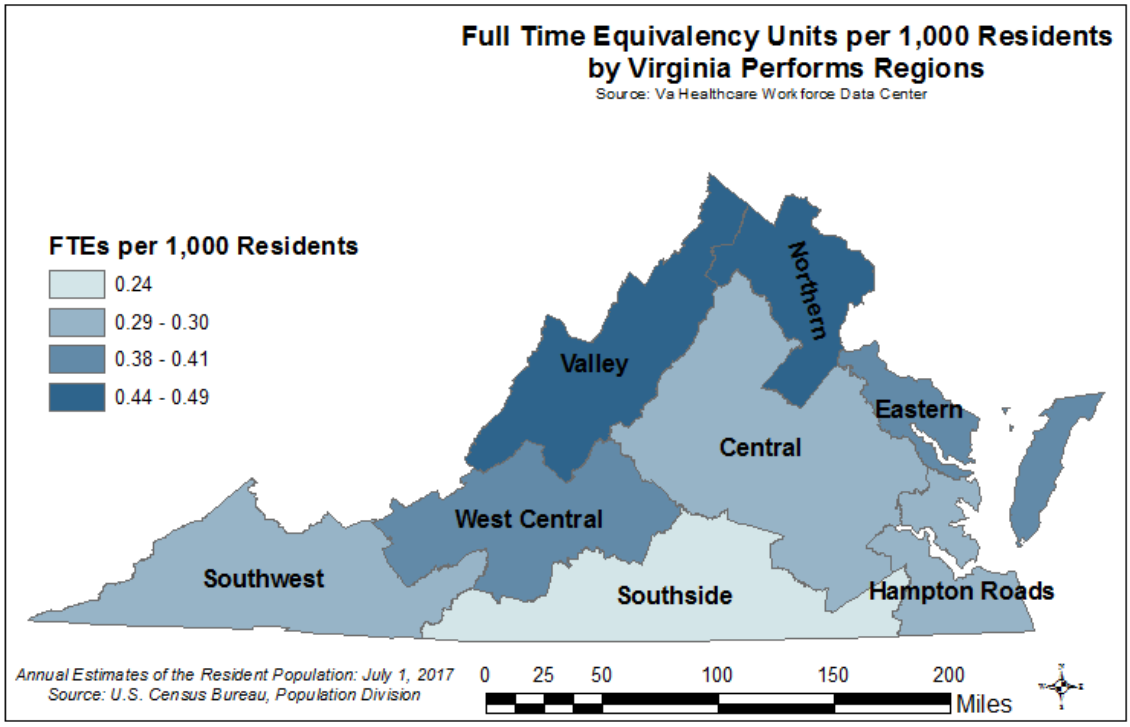
Source: Va. Healthcare Workforce Data Center

[2] Number of residents in 2017 was used as the denominator.
[3] Due to assumption violations in Mixed between-within ANOVA (Levene's Test and Interaction effect are significant).

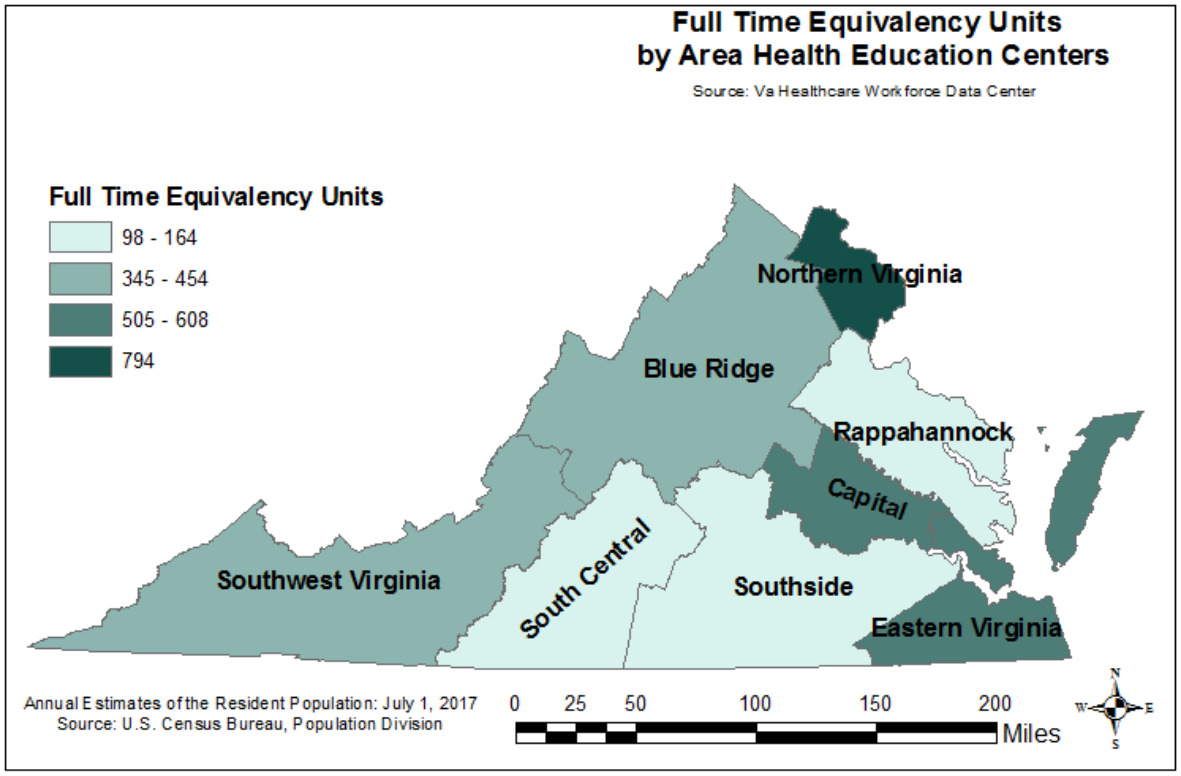
Maps

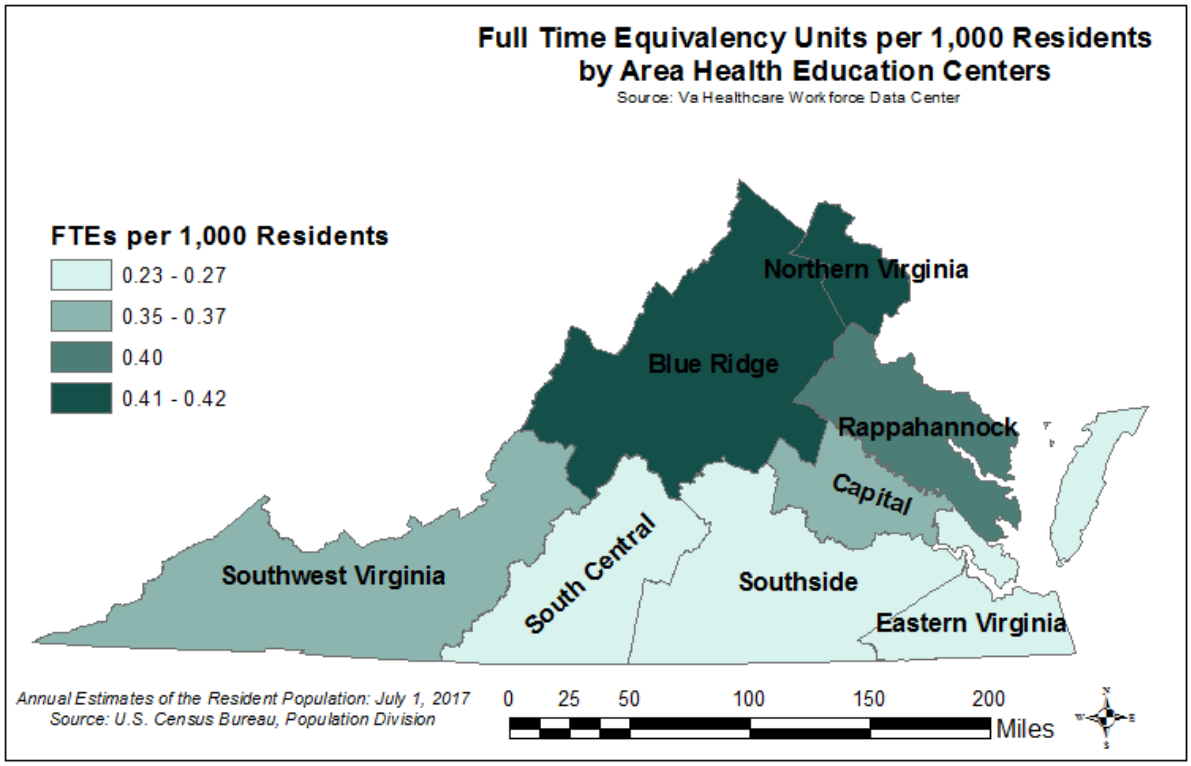
Virginia Performs Regions



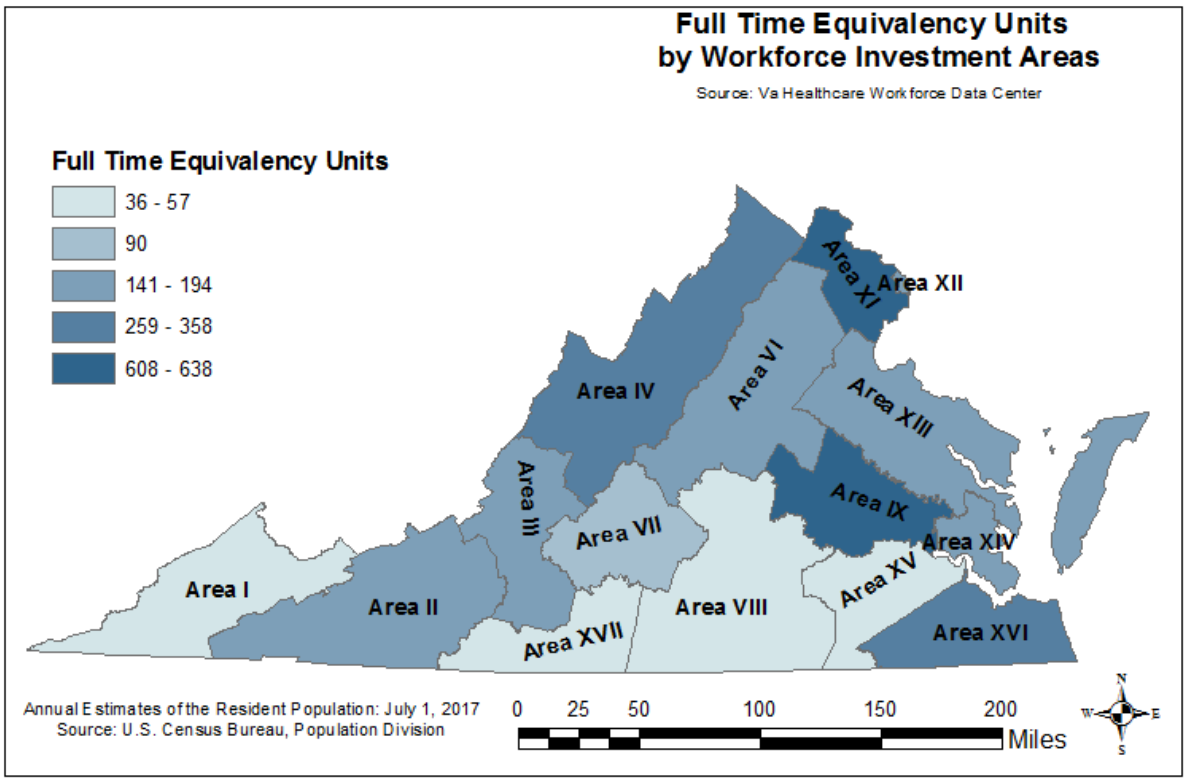


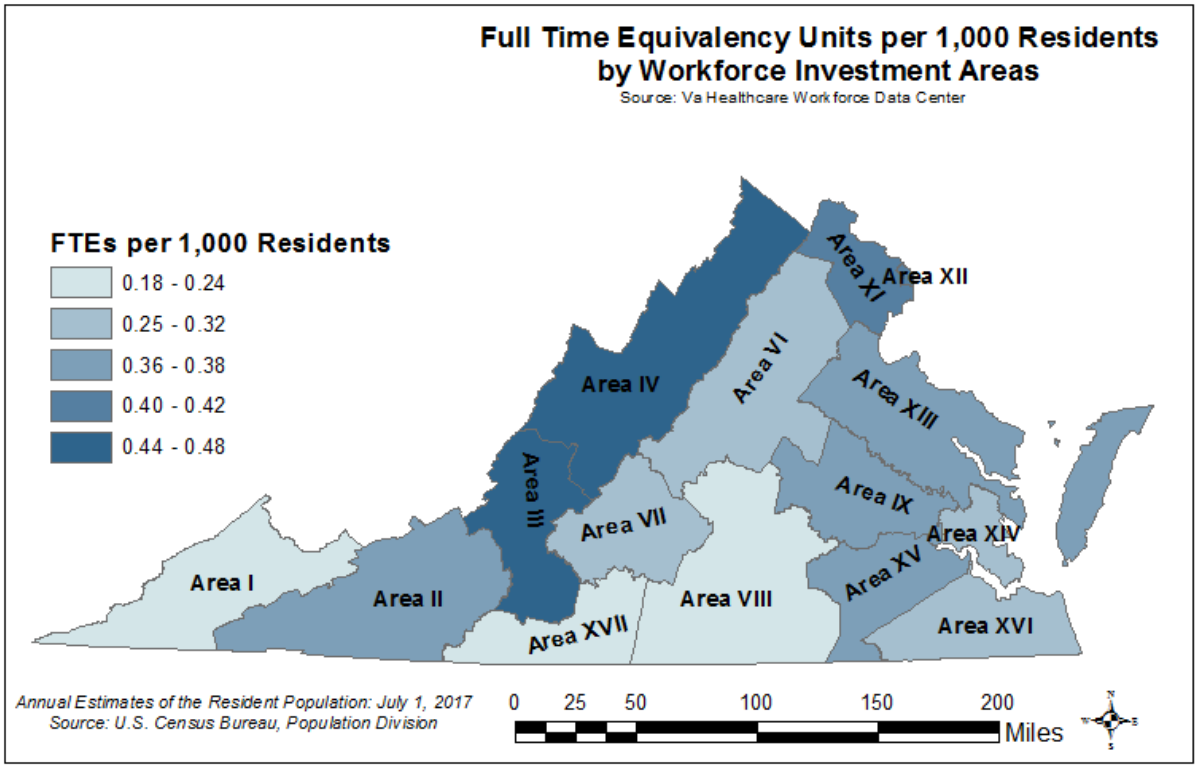
Area Health Education Center Regions



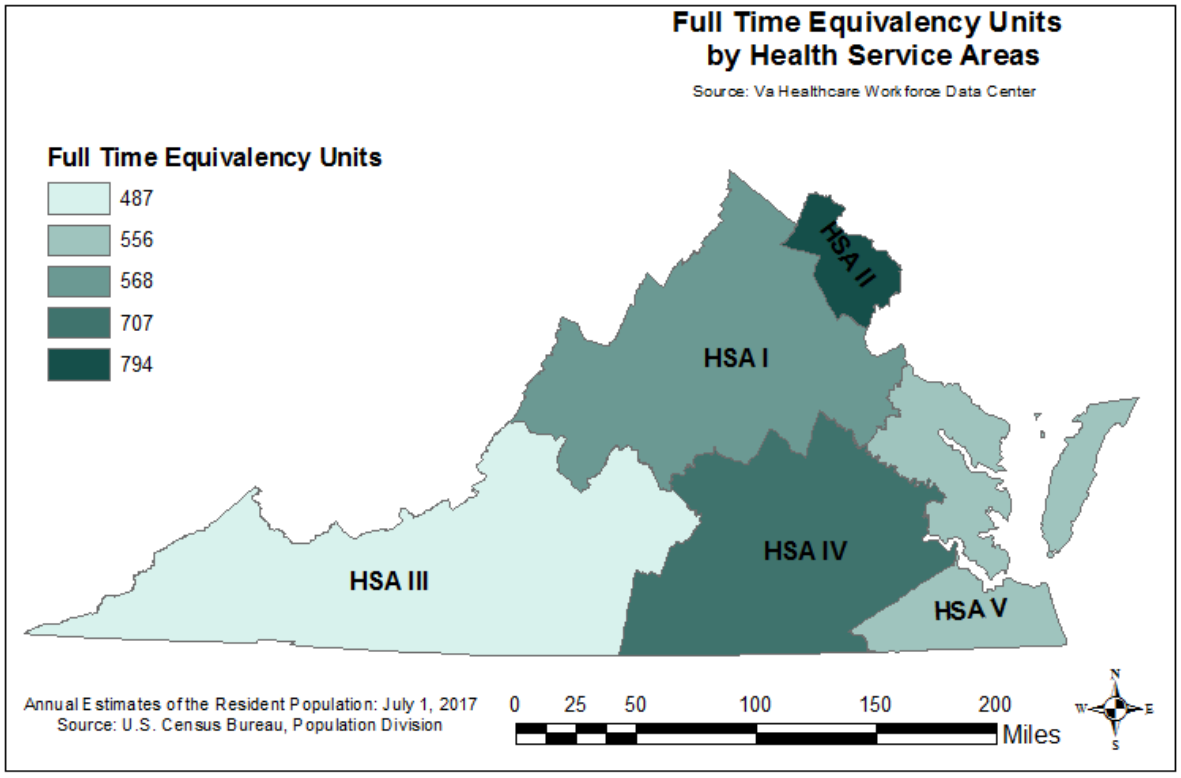


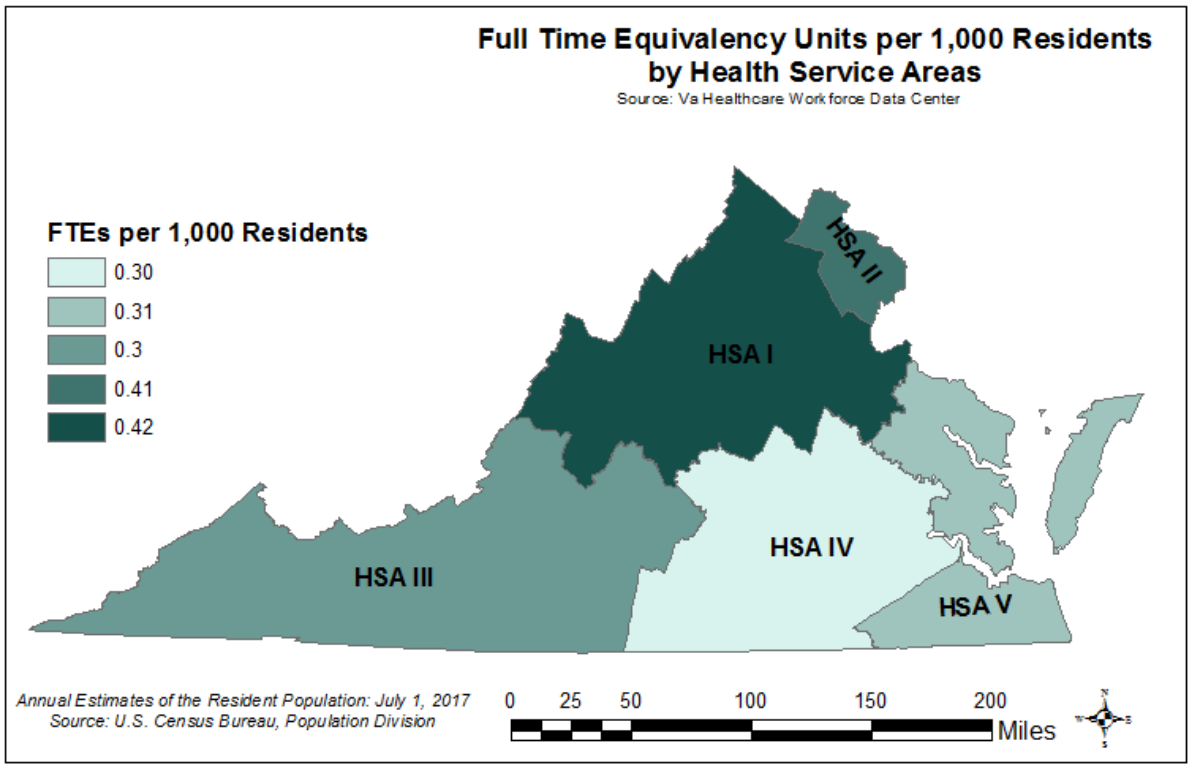
Workforce Investment Areas



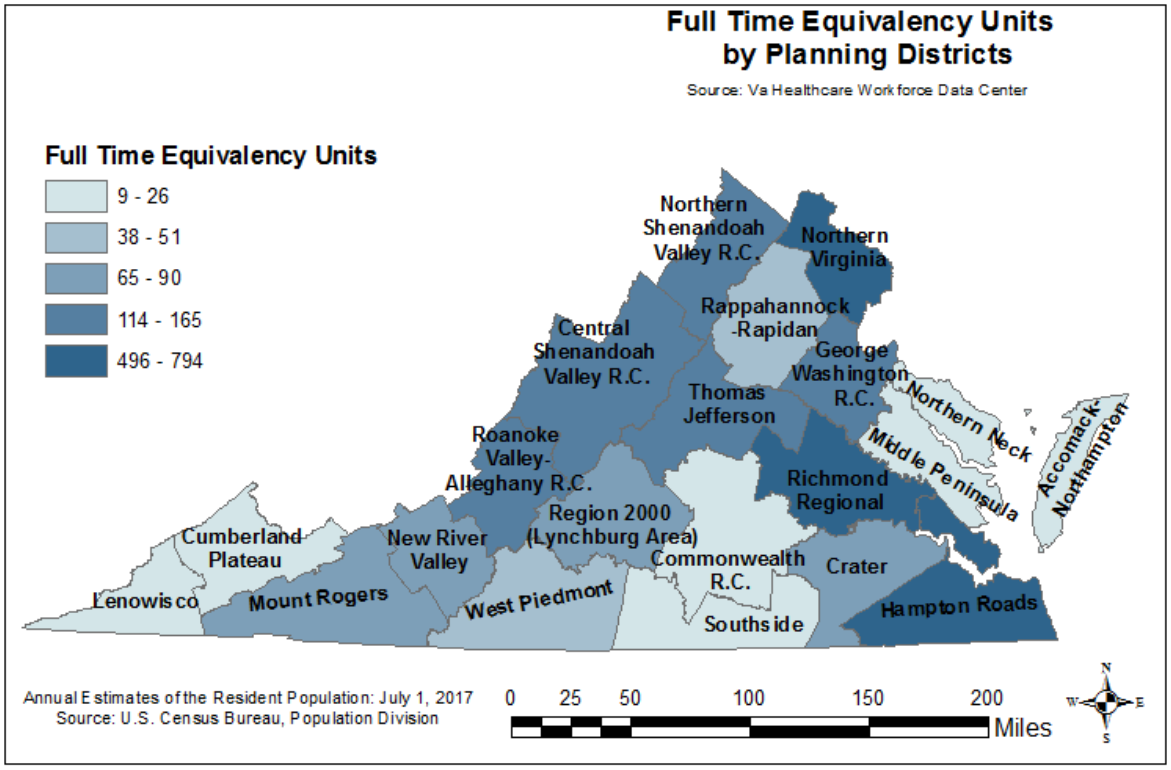


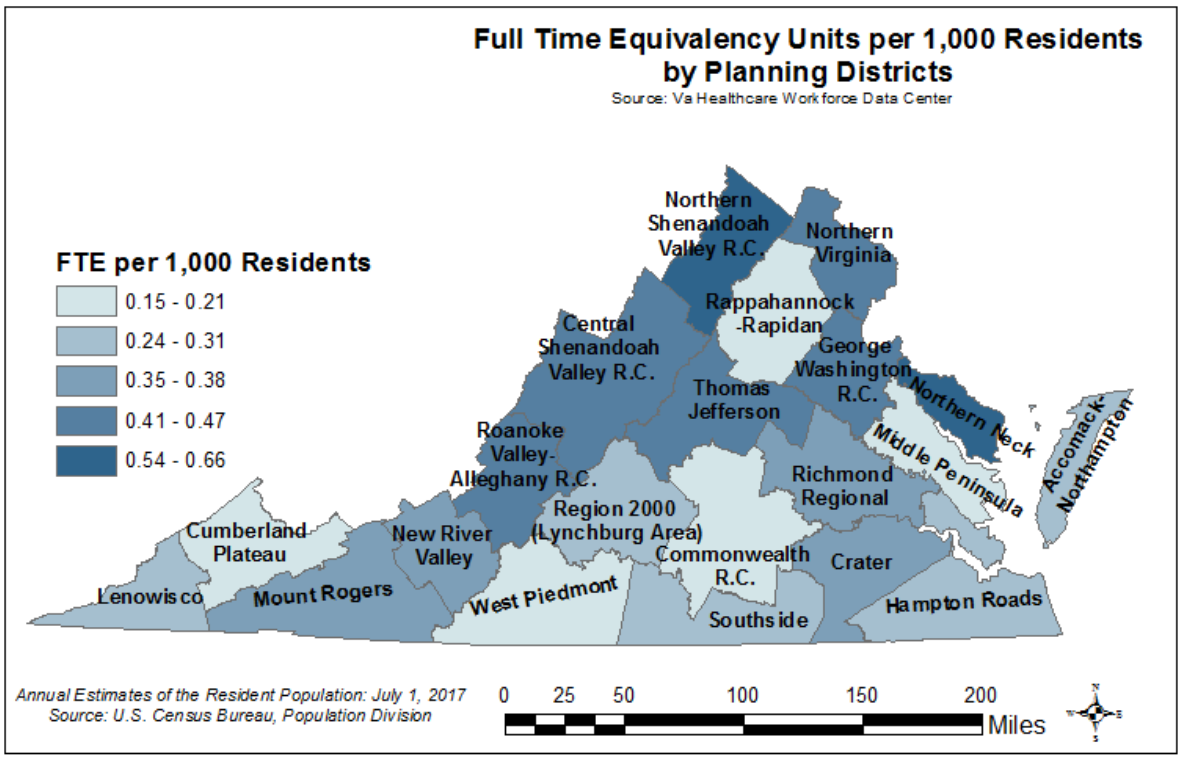
Health Services Areas





Planning Districts





Appendices

Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min	Max
Metro, 1 million+	2,424	82.14%	1.2175	1.0607	2.2049
Metro, 250,000 to 1 million	321	87.23%	1.1464	0.9988	2.0763
Metro, 250,000 or less	458	82.53%	1.2116	1.0556	2.1944
Urban pop 20,000+, Metro adj	34	85.29%	1.1724	1.0214	2.1233
Urban pop 20,000+, nonadj	0	NA	NA	NA	NA
Urban pop, 2,500-19,999, Metro adj	115	73.91%	1.3529	1.1787	2.4503
Urban pop, 2,500-19,999, nonadj	51	84.31%	1.1860	1.0333	2.1480
Rural, Metro adj	60	68.33%	1.4634	1.2750	2.6503
Rural, nonadj	27	74.07%	1.3500	1.1762	2.4449
Virginia border state/DC	461	57.92%	1.7266	1.5043	3.1270
Other US State	605	47.27%	2.1154	1.8430	3.8311

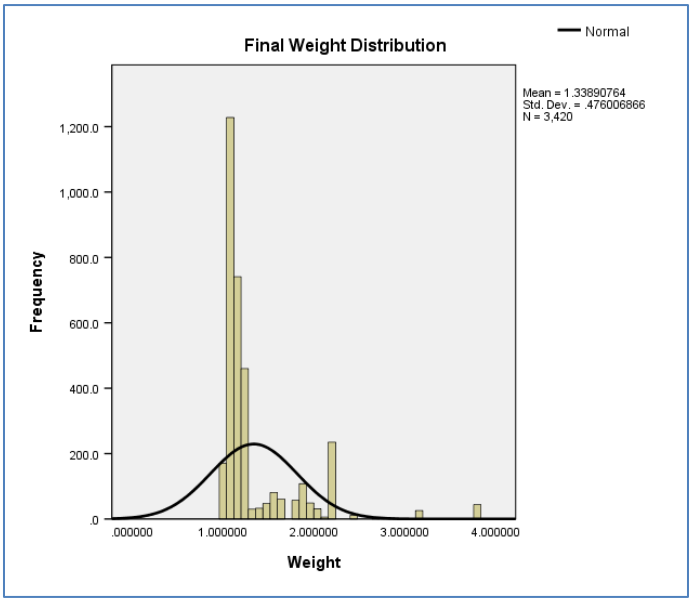
Source: Va. Healthcare Workforce Data Center

See the Methods section on the HWDC website for details on HWDC Methods: www.dhp.virginia.gov/hwdc/

Final weights are calculated by multiplying the two weights and the overall response rate:

Age Weight x Rural Weight x Response Rate = Final Weight.

Overall Response Rate: **0.75066**



Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min	Max
Under 30	649	41.45%	2.4126	2.0763	3.8311
30 to 34	850	71.76%	1.3934	1.1992	2.2127
35 to 39	635	79.84%	1.2525	1.0778	1.9888
40 to 44	544	84.38%	1.1852	1.0199	1.8820
45 to 49	534	85.21%	1.1736	1.0100	1.8636
50 to 54	448	86.16%	1.1606	0.9988	1.8430
55 to 59	366	85.79%	1.1656	1.0031	1.8509
60 and Over	530	79.25%	1.2619	1.0860	2.0038

Source: Va. Healthcare Workforce Data Center

DRAFT

Virginia's Occupational Therapy Assistant Workforce: 2018

Healthcare Workforce Data Center

March 2019

Virginia Department of Health Professions
Healthcare Workforce Data Center
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233
804-367-2115, 804-527-4466(fax)
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Follow us on Tumblr: ***www.vahwdc.tumblr.com***
Get a copy of this report from: ***https://www.dhp.virginia.gov/hwdc/findings.htm***

1,228 Occupational Therapy Assistants voluntarily participated in this survey. *Without their efforts the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Medicine express our sincerest appreciation for your ongoing cooperation.*

Thank You!

Virginia Department of Health Professions

David E. Brown, DC
Director

Barbara Allison-Bryan, MD
Chief Deputy Director

Healthcare Workforce Data Center Staff:

Elizabeth Carter, PhD	Yetty Shobo, PhD	Laura Jackson	Rajana Siva	Christopher Coyle
Director	*Deputy Director*	*Operations Manager*	Research Analyst	*Research Assistant*

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Woodbridge

Contents

The Occupational Therapy Assistant Workforce: At a Glance:

The Workforce

Licensees:	1,765
Virginia's Workforce:	1,593
FTEs:	1,196

Survey Response Rate

All Licensees:	70%
Renewing Practitioners:	89%

Demographics

% Female:	89%
Diversity Index:	30%
Median Age:	40

Background

Rural Childhood:	50%
HS Degree in VA:	59%
Prof. Degree in VA:	67%

Education

Associate:	96%
Baccalaureate:	3%

Finances

Median Inc.:	$45k-$50k
Health Benefits:	60%
Under 40 w/ Ed debt:	59%

Current Employment

Employed in Prof.:	96%
Hold 1 Full-time Job:	59%
Satisfied?:	96%

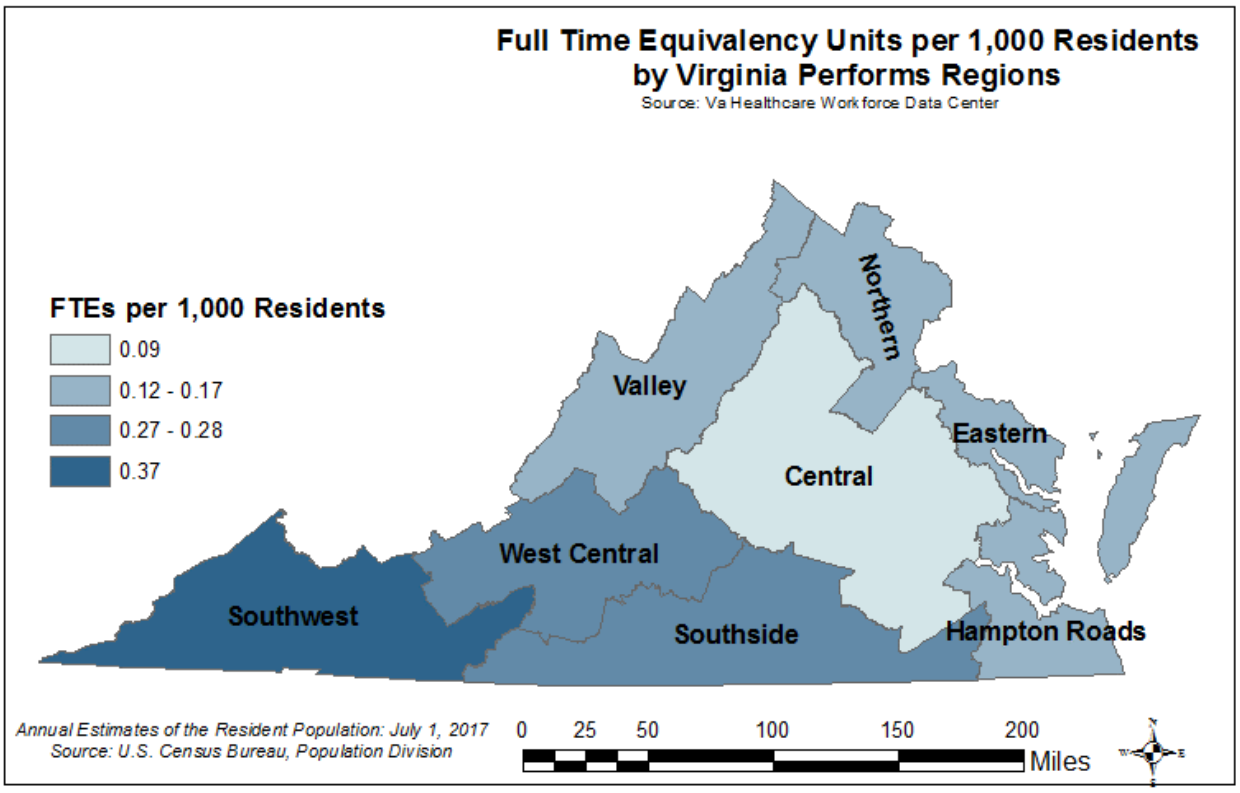
Job Turnover

Switched Jobs in 2018:	10%
Employed over 2 yrs:	51%

Primary Roles

Patient Care:	90%
Administration:	3%
Education:	1%

Source: Va. Healthcare Workforce Data Center



Results in Brief

There were 1,228 occupational therapy assistants (OTAs) in the 2018 Occupational Therapy Assistant Workforce Survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place on even-numbered years during the birth month of each OTA. The respondents represent 70% of the 1,765 licensed OTAs in the state and 89% of renewing practitioners. The HWDC estimates that 1,593 OTAs participated in Virginia's workforce during the survey period and provided 1,196 "full-time equivalency units", which the HWDC defines as working 2,000 hours a year.

Close to 90% of all OTAs are female, including 93% of OTAs who are under age 40. In a random encounter between two OTAs, there is a 30% chance that they would be of different races or ethnicities, a measure known as the diversity index. For OTAs under age 40, the diversity index is 28% whereas Virginia's diversity index is 56%. Half of Virginia's OTA workforce grew up in a rural area, and 34% of these professionals currently work in non-Metro areas of the state. Overall, 23% of Virginia's OTAs work in non-Metro areas of the state. Close to half of the OTA workforce have educational debt, including 59% of those under age 40. The median debt is between $20,000 and $25,000.

Ninety-six percent of all OTAs are currently employed in the profession. The median annual income for Virginia's OTA workforce is between $45,000 and $50,000. Among professionals who receive either a salary or an hourly wage at their primary work location, 78% receive at least one employer-sponsored benefit, including 60% who receive health insurance. Ninety-six percent of OTAs indicate they are satisfied with their current employment situation, including 68% who indicate they are "very satisfied".

Nearly nine of every 10 OTAs work in the private sector, including 71% who work at a for-profit establishment. Skilled nursing facilities were the most common establishment type in the state, employing 46% of Virginia's OTA workforce. Home health care centers and residential/inpatient rehabilitation facilities are also commonly reported work establishments. Forty-seven percent of all OTAs expect to retire by age 65. Within the next ten years, 15% of the current workforce expect to retire, whereas half of the current workforce plan to retire by 2048.

Summary of Trends

In the past four years, the number of licensed OTAs and the number of licensed OTAs in the state workforce has grown by 39% and 42%, respectively. The FTE units provided by Virginia's OTA workforce also increased by 33%. The OTA workforce has also become slightly younger. In 2018, the median age of all OTAs declined to 40 from 42 in 2014. In addition, the percent of OTAs who are under age 40 increased from 44% to 50%.

Virginia's OTA workforce is considerably less diverse than the state's overall population, with its diversity index declining from 31% in 2016 to 30% currently compared to the state's 56% diversity index. OTAs were considerably less likely to work in non-Metro areas of the state than in prior years. In 2014, 26% of OTAs worked in non-Metro areas of the state compared to 23% in 2018.

Although an Associate degree remains the most reported among Virginia's OTAs, these professionals were somewhat more likely to purse more advanced degrees in 2018. Although only 1% of OTAs had earned a Baccalaureate degree as their highest professional degree in 2014, this percentage increased to 3% in 2018. The percentage of OTAs with educational debt increased from 42% in 2014 to 47% in 2018; for OTAs under age 40, the percentage with debt increased from 54% to 59%. The median debt also increased. In 2014, the typical OTA with education debt owed between $12,000 and $15,000, but the typical professional now owes between $20,000 and $25,000. By contrast, median income has not changed in the past four years; it remains between $45,000 and $50,000.

Virginia's OTAs appear to be delaying their retirement expectations. The percent of OTAs who expect to retire by the age of 65 increased from 46% in 2014 to 47% in 2018; the percent expecting to retire within the next ten years declined slightly from 17% to 15%. However, the percent retiring in the next two years increased from 2% in 2014 to 4% in 2018.

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	1,378	78%
New Licensees	181	10%
Non-Renewals	206	12%
All Licensees	**1,765**	**100%**

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. 89% of renewing OTAs submitted a survey. These represent 70% of OTAs who held a license at some point in 2018.

Definitions

1. **The Survey Period:** The survey was conducted throughout 2018.
2. **Target Population:** All OTAs who held a Virginia license at some point in 2018.
3. **Survey Population:** The survey was available to OTAs who renewed their licenses online. It was not available to those who did not renew, including all OTAs newly licensed in 2018.

Response Rates	
Completed Surveys	1,228
Response Rate, all licensees	70%
Response Rate, Renewals	89%

Source: Va. Healthcare Workforce Data Center

Response Rates			
Statistic	**Non Respondents**	**Respondent**	**Response Rate**
By Age			
Under 30	188	180	49%
30 to 34	93	191	67%
35 to 39	59	142	71%
40 to 44	41	162	80%
45 to 49	36	159	82%
50 to 54	43	148	78%
55 to 59	23	103	82%
60 and Over	54	143	73%
Total	**537**	**1,228**	**70%**
New Licenses			
Issued in 2018	181	0	0%
Metro Status			
Non-Metro	82	263	76%
Metro	284	812	74%
Not in Virginia	171	153	47%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed OTAs

Number:	1,765
New:	10%
Not Renewed:	12%

Response Rates

All Licensees:	70%
Renewing Practitioners:	89%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

2018 OTA Workforce:	1,593
FTEs:	1,196

Utilization Ratios

Licensees in VA Workforce:	90%
Licensees per FTE:	1.48
Workers per FTE:	1.33

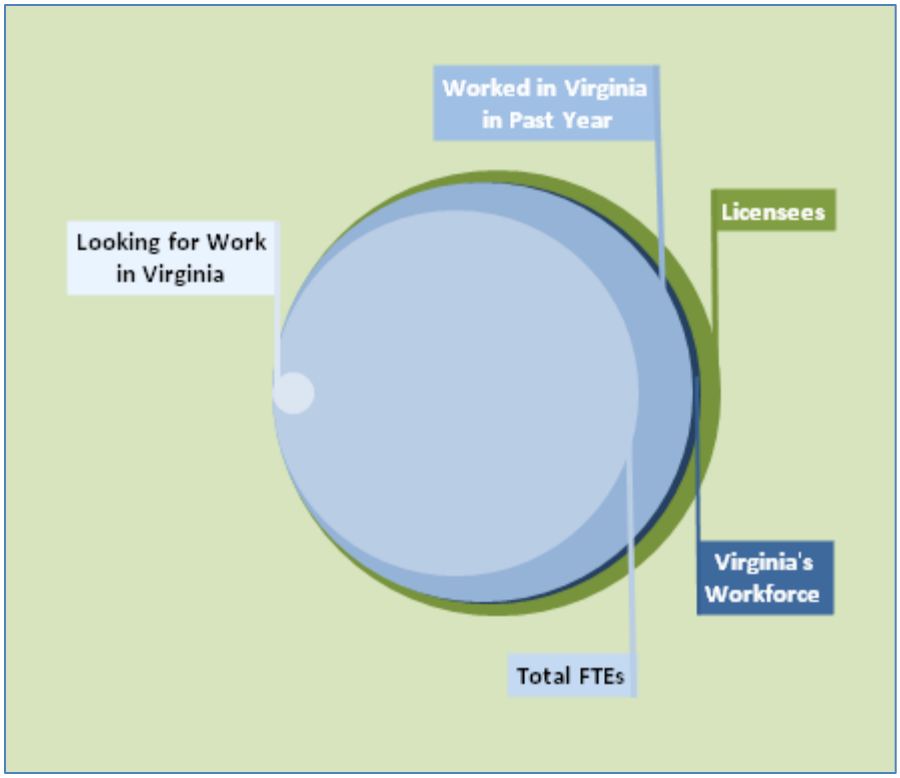
Source: Va. Healthcare Workforce Data Center

Definitions

1. **Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time in the past year or who indicated intent to return to Virginia's workforce at any point in the future.
2. **Full Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
3. **Licensees in VA Workforce:** The proportion of licensees in Virginia's Workforce.
4. **Licensees per FTE:** An indication of the number of licensees needed to create 1 FTE. Higher numbers indicate lower licensee participation.
5. **Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

Virginia's OTA Workforce		
Status	#	%
Worked in Virginia in Past Year	1,583	99%
Looking for Work in Virginia	10	1%
Virginia's Workforce	**1,593**	**100%**
Total FTEs	**1,196**	
Licensees	**1,765**	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

This report uses weighting to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on HWDC's methodology visit: www.dhp.virginia.gov/hwdc

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	13	4%	313	96%	325	22%
30 to 34	22	9%	221	91%	243	17%
35 to 39	20	12%	144	88%	164	11%
40 to 44	23	13%	149	87%	172	12%
45 to 49	27	17%	136	84%	163	11%
50 to 54	26	18%	119	82%	145	10%
55 to 59	8	8%	89	92%	97	7%
60 +	18	13%	129	88%	148	10%
Total	**157**	**11%**	**1,301**	**89%**	**1,457**	**100%**

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/ Ethnicity	Virginia*	OTAs		OTAs under 40	
	%	#	%	#	%
White	62%	1,231	83%	629	84%
Black	19%	147	10%	56	7%
Asian	6%	20	1%	11	1%
Other Race	0%	15	1%	4	1%
Two or more races	3%	33	2%	21	3%
Hispanic	9%	41	3%	27	4%
Total	**100%**	**1,487**	**100%**	**748**	**100%**

*Population data in this chart is from the US Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States and Counties: July 1, 2017.

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female:	89%
% Under 40 Female:	93%

Age

Median Age:	40
% Under 40:	50%
% 55+:	17%

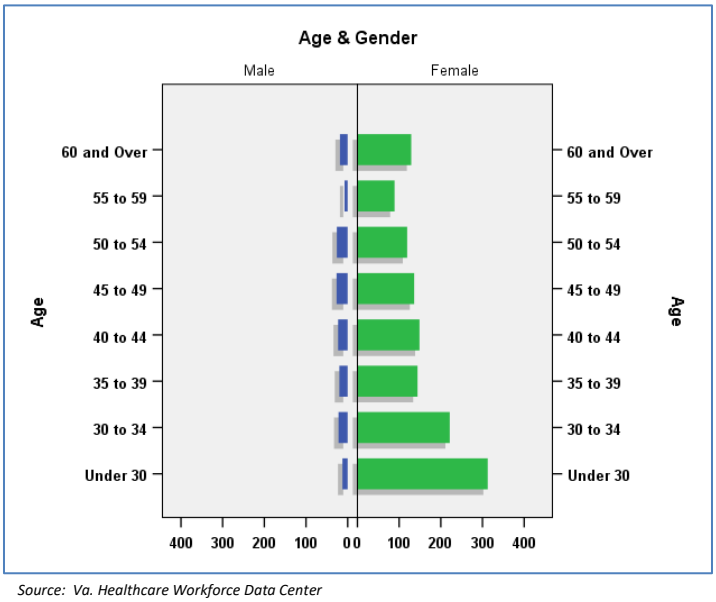
Diversity

Diversity Index:	30%
Under 40 Div. Index:	28%

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two OTAs, there is a 30% chance that they would be of a different race/ethnicity (a measure known as the diversity index). For Virginia's population as a whole, the comparable number is 56%.

50% of all OTAs are under the age of 40, and 93% of these professionals are female. In addition, there is a 28% chance that two randomly chosen OTAs from this age group would be of a different race or ethnicity.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood:	12%
Rural Childhood:	50%

Virginia Background

HS in Virginia:	59%
Prof. Education in VA:	67%
HS/Prof. Edu. in VA:	70%

Location Choice

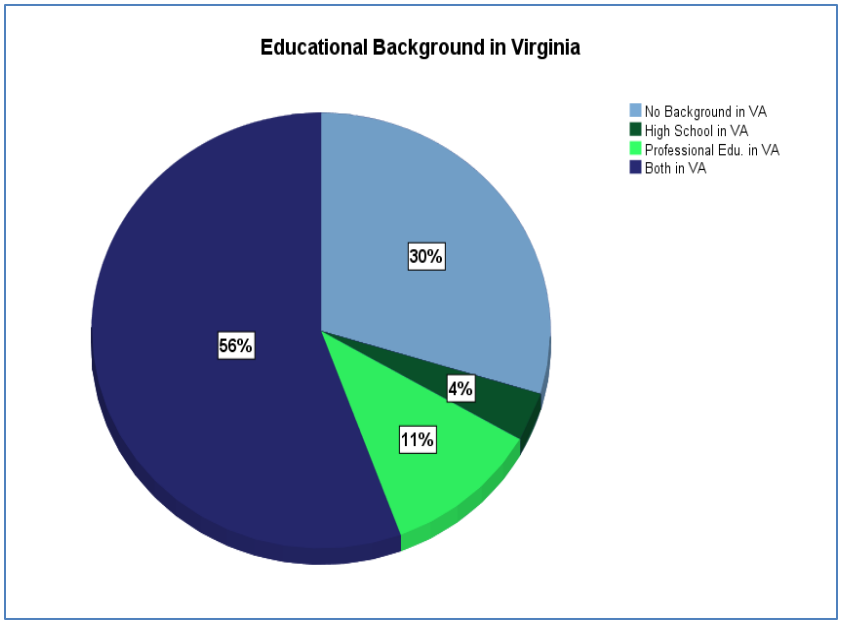
% Rural to Non-Metro:	34%
% Urban/Suburban to Non-Metro:	13%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
	Metro Counties			
1	Metro, 1 million+	37%	48%	15%
2	Metro, 250,000 to 1 million	54%	37%	9%
3	Metro, 250,000 or less	59%	30%	11%
	Non-Metro Counties			
4	Urban pop 20,000+, Metro adj	70%	19%	11%
6	Urban pop, 2,500-19,999, Metro adj	63%	31%	7%
7	Urban pop, 2,500-19,999, nonadj	86%	10%	3%
8	Rural, Metro adj	73%	9%	18%
9	Rural, nonadj	72%	25%	3%
	Overall	**50%**	**38%**	**12%**

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

50% of OTAs grew up in self-described rural areas, and 34% of these professionals currently work in non-metro counties. Overall, 23% of Virginia's OTA workforce works in non-metro counties of the state.

Top Ten States for OTA Recruitment

Rank	All OTAs			
	High School	#	OTA School	#
1	Virginia	876	Virginia	978
2	Pennsylvania	84	Pennsylvania	63
3	New York	73	New York	53
4	West Virginia	58	West Virginia	41
5	Ohio	41	North Carolina	34
6	North Carolina	36	Texas	31
7	Florida	34	Florida	29
8	Outside of US/Canada	24	Maryland	29
9	Connecticut	21	Ohio	22
10	Maryland	21	Minnesota	19

Source: Va. Healthcare Workforce Data Center

59% of OTAs received their high school degree in Virginia, while 67% received their initial professional degree in the state.

Among OTAs who were licensed in the past five years, 61% received their high school degree in Virginia, while 67% received their initial professional degree in the state.

Rank	Licensed in the Past 5 Years			
	High School	#	OTA School	#
1	Virginia	486	Virginia	527
2	Pennsylvania	39	Pennsylvania	30
3	West Virginia	37	Florida	25
4	Florida	26	West Virginia	25
5	New York	22	Maryland	19
6	North Carolina	19	Texas	14
7	Outside of US/Canada	16	New York	14
8	Ohio	16	North Carolina	14
9	Connecticut	12	Minnesota	12
10	New Jersey	10	Ohio	12

Source: Va. Healthcare Workforce Data Center

10% of licensed OTAs did not participate in Virginia's workforce in the past year. 87% of these OTAs worked at some point in the past year, including 78% who currently work as OTAs.

At a Glance:

Not in VA Workforce

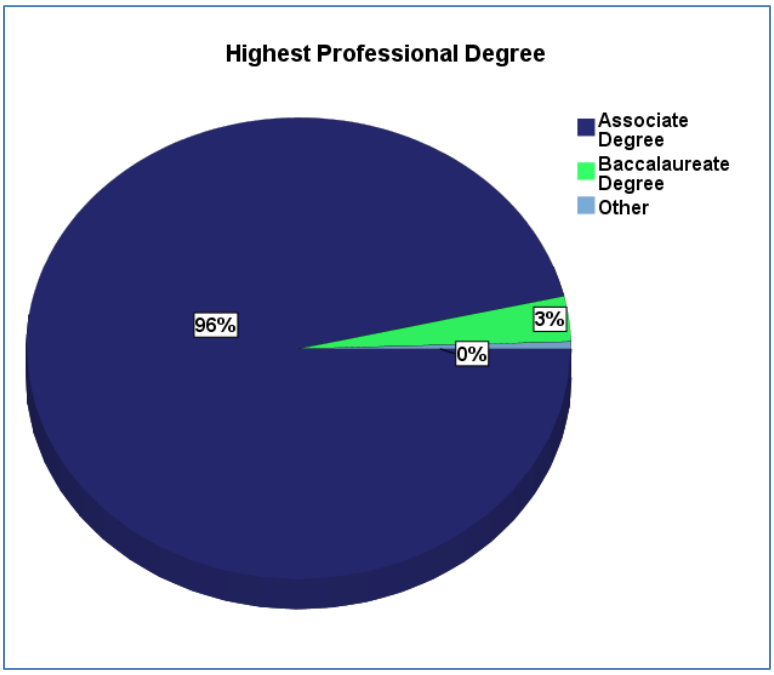
Total:	171
% of Licensees:	10%
Federal/Military:	2%
VA Border State/DC:	9%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Professional Degree		
Degree	#	%
Associate Degree	1,407	96%
Baccalaureate Degree	46	3%
Master's Degree	6	0%
Doctoral Degree	1	0%
Total	**1,460**	**100%**

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

At a Glance:

Education

Associate: 96%
Baccalaureate: 3%

Educational Debt

With debt: 47%
Under age 40 with debt: 59%
Median debt: $20k-$25k

Source: Va. Healthcare Workforce Data Center

Only 3% of Virginia's OTA have pursued additional education beyond an Associate degree.

47% of OTAs currently have educational debt, including 59% of those under the age of 40. For those OTAs with educational debt, the median debt is between $20,000 and $25,000.

Educational Debt				
Amount Carried	All OTAs		OTAs under 40	
	#	%	#	%
None	713	53%	278	41%
$2,000 or Less	31	2%	21	3%
$2,001-$4,000	30	2%	16	2%
$4,001-$6,000	41	3%	30	4%
$6,001-$8,000	40	3%	29	4%
$8,001-$10,000	41	3%	23	3%
$10,001-$12,000	30	2%	16	2%
$12,001-$15,000	26	2%	13	2%
$15,001-$20,000	62	5%	44	6%
$20,001-$25,000	83	6%	49	7%
More than $25,000	244	18%	158	23%
Total	**1,341**	**100%**	**677**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Top Specialties:

Gerontology: 30%
Physical Rehabilitation: 22%
Home Health: 19%

Top Certifications

Dementia Care: 2%
Lympthedema Therapist: 1%
School Systems: 1%

Source: Va. Healthcare Workforce Data Center

68% of Virginia's OTA workforce have at least one self-designated specialization. Gerontology was the most common specialty among Virginia's OTAs.

A Closer Look:

Specializations		
Area	#	% of Workforce
Gerontology	483	30%
Physical Rehabilitation	344	22%
Home Health	297	19%
School Systems	210	13%
Pediatrics	207	13%
Acute Care	190	12%
Neurorehabilitation	187	12%
Developmental Disabilities	140	9%
Sensory Processing	128	8%
Environmental Modification	120	8%
Mental Health	100	6%
Feeding, Eating, Swallowing	90	6%
Hand Therapy	83	5%
Early Intervention	70	4%
Low Vision	63	4%
Driving and Community Mobility	12	1%
Industrial/Workplace	7	0%
Other	105	7%
At Least One Specialty	**1,084**	**68%**

Source: Va. Healthcare Workforce Data Center

Certifications		
Proficiency Area	#	% of Workforce
Dementia Care Specialist	33	2%
Certified Lympthedema Therapist	21	1%
School Systems	18	1%
Environmental Modification (SCAEM)	6	0%
Feeding, Eating, Swallowing (SCAFES)	3	0%
Certification, Other	96	6%
At Least One	**161**	**10%**

Source: Va. Healthcare Workforce Data Center

10% of Virginia's OTA workforce have at least one certification. Dementia Care Specialist was the most common certification among Virginia's OTAs.

At a Glance:

Employment

Employed in Profession: 96%
Involuntarily Unemployed: < 1%

Positions Held

1 Full-Time: 59%
2 or more Positions: 23%

Weekly Hours:

40 to 49: 36%
60 or more: 1%
Less than 30: 18%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, capacity unknown	1	0%
Employed in an occupational-therapy related capacity	1,427	96%
Employed, NOT in an occupational-therapy related capacity	24	2%
Not working, reason unknown	0	0%
Involuntarily unemployed	6	0%
Voluntarily unemployed	25	2%
Retired	5	0%
Total	**1,489**	**100%**

Source: Va. Healthcare Workforce Data Center

96% of licensed OTAs are currently employed in the profession. 59% of all OTAs currently hold one full-time job, and 36% of all OTAs work between 40 and 49 hours per week.

Current Positions		
Positions	#	%
No Positions	36	2%
One Part-Time Position	224	15%
Two Part-Time Positions	77	5%
One Full-Time Position	866	59%
One Full-Time Position & One Part-Time Position	207	14%
Two Full-Time Positions	0	0%
More than Two Positions	59	4%
Total	**1,469**	**100%**

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
0 hours	36	3%
1 to 9 hours	52	4%
10 to 19 hours	84	6%
20 to 29 hours	129	9%
30 to 39 hours	557	39%
40 to 49 hours	512	36%
50 to 59 hours	54	4%
60 to 69 hours	6	0%
70 to 79 hours	3	0%
80 or more hours	6	0%
Total	**1,439**	**100%**

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Income		
Annual Income	#	%
Volunteer Work Only	4	0%
$30,000 or less	137	12%
$30,001-$35,000	66	6%
$35,001-$40,000	117	10%
$40,001-$45,000	122	10%
$45,001-$50,000	162	14%
$50,001-$55,000	133	11%
$55,001-$60,000	154	13%
$60,001-$65,000	113	10%
$65,001-$70,000	56	5%
$70,001-$75,000	42	4%
$75,001-$80,000	36	3%
More than $80,000	32	3%
Total	**1,176**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings

Median Income: $45k-$50k

Benefits

Employer Health Ins.: 60%

Employer Retirement: 51%

Satisfaction

Satisfied 96%

Very Satisfied: 68%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	975	68%
Somewhat Satisfied	406	28%
Somewhat Dissatisfied	49	3%
Very Dissatisfied	15	1%
Total	**1,445**	**100%**

Source: Va. Healthcare Workforce Data Center

The typical OTA earned between $45,000 and $50,000 in the past year. In addition, among OTAs who received either an hourly wage or a salary at their primary work location, 78% received at least one employer-sponsored benefit.

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Paid Vacation	926	65%	69%
Health Insurance	815	57%	60%
Dental Insurance	789	55%	58%
Retirement	723	51%	51%
Paid Sick Leave	705	49%	53%
Group Life Insurance	481	34%	36%
Signing/Retention Bonus	46	3%	3%
At Least One Benefit	**1,078**	**76%**	**78%**

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Underemployment in Past Year		
In the past year did you . . .?	#	%
Experience Involuntary Unemployment?	27	2%
Experience Voluntary Unemployment?	77	5%
Work Part-time or temporary positions, but would have preferred a full-time/permanent position?	99	6%
Work two or more positions at the same time?	399	25%
Switch employers or practices?	161	10%
Experienced at least one	**605**	**38%**

Source: Va. Healthcare Workforce Data Center

Only 2% of Virginia's OTAs experienced involuntary unemployment at some point in 2018. By comparison, Virginia's average monthly unemployment rate was 3.0%.[1]

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at this Location	46	3%	37	7%
Less than 6 Months	99	7%	75	14%
6 Months to 1 Year	171	12%	94	18%
1 to 2 Years	396	27%	151	29%
3 to 5 Years	357	25%	95	18%
6 to 10 Years	208	14%	36	7%
More than 10 Years	176	12%	30	6%
Subtotal	**1,452**	**100%**	**518**	**100%**
Did not have location	20		1,056	
Item Missing	121		18	
Total	**1,593**		**1,593**	

Source: Va. Healthcare Workforce Data Center

76% of Virginia's OTA workforce received an hourly wage at their primary work location, while 14% received a salary or commission.

At a Glance:

Unemployment Experience

Involuntarily Unemployed: 2%
Underemployed: 6%

Turnover & Tenure

Switched Jobs: 10%
New Location: 30%
Over 2 years: 51%
Over 2 yrs., 2nd location: 31%

Employment Type

Hourly Wage: 76%
Salary/Commission: 14%

Source: Va. Healthcare Workforce Data Center

51% of OTAs have worked at their primary location for more than two years—the job tenure normally required to get a conventional mortgage loan.

Employment Type		
Primary Work Site	#	%
Hourly Wage	885	76%
Salary/Commission	158	14%
By Contract	115	10%
Business/Practice Income	1	0%
Unpaid	4	0%
Subtotal	**1,164**	**100%**

Source: Va. Healthcare Workforce Data Center

[1] As reported by the US Bureau of Labor Statistics, the non-seasonally adjusted monthly unemployment rate fell from 3.7% in January 2018 to 2.6% in December 2018. The unemployment rate for December 2018 was still preliminary at the time of publication.

Work Site Distribution

At a Glance:

Concentration

Top Region:	24%
Top 3 Regions:	55%
Lowest Region:	2%

Locations

2 or more (2018):	37%
2 or more (Now*):	34%

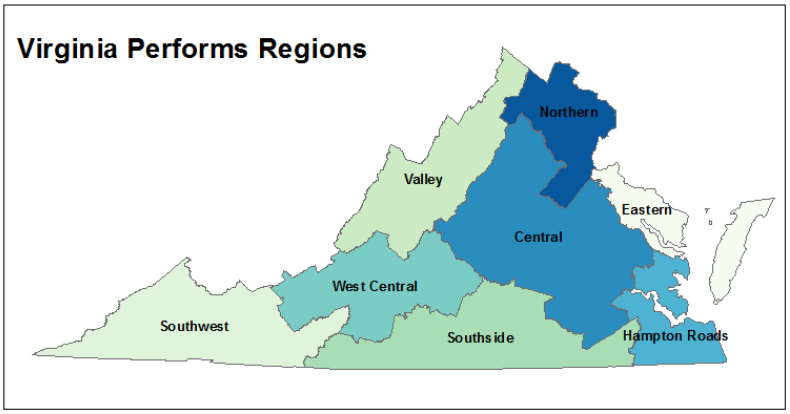
Source: Va. Healthcare Workforce Data Center

55% of all OTAs work in one of three regions of the state: Hampton Roads, West Central Virginia, or Central Virginia.

A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	199	14%	80	15%
Eastern	25	2%	5	1%
Hampton Roads	344	24%	106	20%
Northern	195	13%	70	13%
Southside	140	10%	42	8%
Southwest	196	14%	67	13%
Valley	80	6%	21	4%
West Central	251	17%	99	19%
Virginia Border State/DC	3	0%	8	2%
Other US State	14	1%	33	6%
Outside of the US	1	0%	0	0%
Total	**1,448**	**100%**	**531**	**100%**
Item Missing	126		5	

Source: Va. Healthcare Workforce Data Center



Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	10	1%	37	3%
1	908	63%	917	63%
2	260	18%	282	19%
3	191	13%	173	12%
4	42	3%	26	2%
5	22	2%	5	0%
6 or More	17	1%	10	1%
Total	**1,450**	**100%**	**1,450**	**100%**

*At the time of survey completion: throughout 2018 on the birth month of each respondent.

Source: Va. Healthcare Workforce Data Center

34% of all OTAs had multiple work locations at the time of the survey, while 37% of OTAs had at least two work locations during the previous year.

A Closer Look:

Location Sector				
Sector	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	986	71%	386	78%
Non-Profit	225	16%	66	13%
State/Local Government	147	11%	36	7%
Veterans Administration	3	0%	0	0%
U.S. Military	11	1%	4	1%
Other Federal Government	8	1%	6	1%
Total	1,380	100%	498	100%
Did not have location	20		1,056	
Item Missing	193		39	

Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

Sector

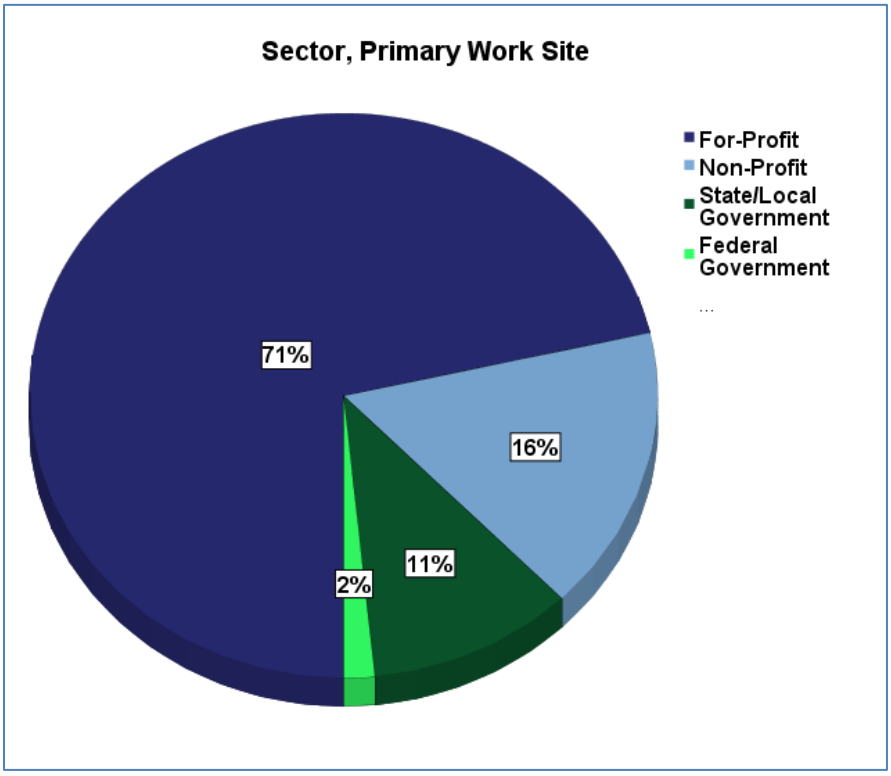
For Profit:	71%
Federal:	2%

Top Establishments

Skilled Nursing Facility:	46%
Home Health Care:	12%
Rehabilitation Facility:	10%

Source: Va. Healthcare Workforce Data Center

87% of all OTAs work in the private sector, including 71% who work at for-profit establishments. Another 11% of Virginia's OTAs work for either state or local governments.



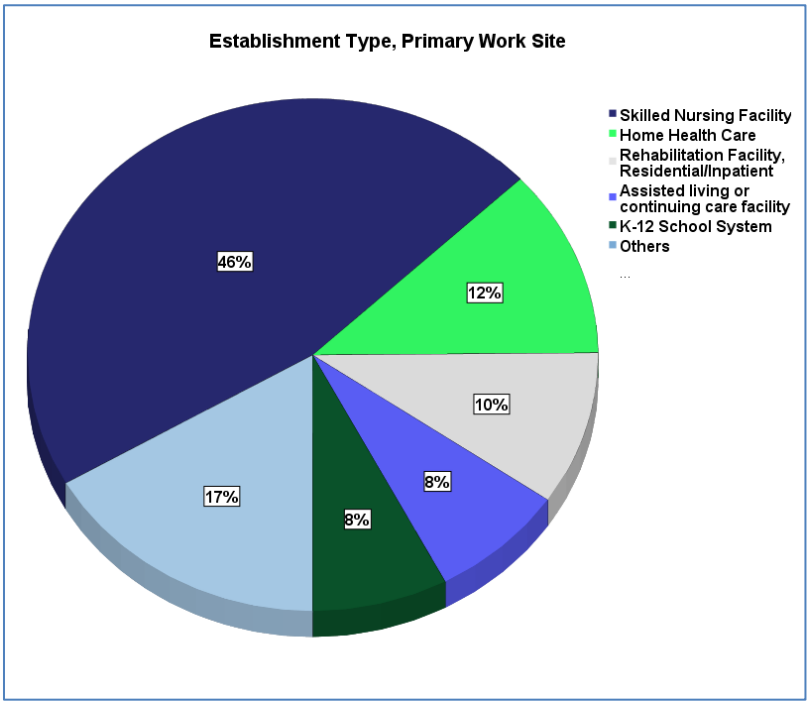
Source: Va. Healthcare Workforce Data Center

Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Skilled Nursing Facility	614	46%	209	44%
Home Health Care	158	12%	88	19%
Rehabilitation Facility, Residential/Inpatient	129	10%	42	9%
Assisted Living or Continuing Care Facility	102	8%	43	9%
K-12 School System	102	8%	9	2%
Rehabilitation Facility, Outpatient Clinic	54	4%	23	5%
General Hospital, Inpatient Department	36	3%	20	4%
Private Practice, Group	27	2%	1	0%
General Hospital, Outpatient Department	20	2%	2	0%
Private Practice, Solo	16	1%	5	1%
Academic Institution	14	1%	13	3%
PACE Center	8	1%	4	1%
Mental Health, Inpatient	7	1%	0	0%
Employment Services/Vocational Facility	5	0%	5	1%
Mental Health, Outpatient	1	0%	1	0%
Other	31	2%	10	2%
Total	**1,324**	**100%**	**475**	**100%**
Did Not Have a Location	20		1,056	

Source: Va. Healthcare Workforce Data Center

Skilled nursing facilities are the most primary common establishment type in Virginia, employing 46% of the state's OTA workforce.

Among those OTAs who also had a secondary work location, 44% work at a skilled nursing facility as well.



Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

A Typical OTA's Time

Patient Care:	90%-99%
Administration:	1%-9%

Roles

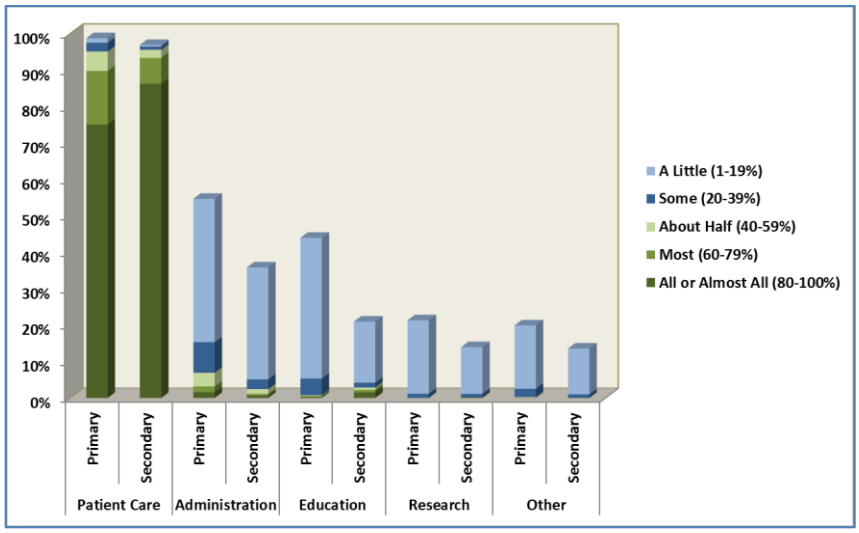
Patient Care:	90%
Administrative:	3%
Education:	1%

Patient Care OTAs

Median Admin Time:	0%
Ave. Admin Time:	1%-9%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

The typical OTA spends most of her time in patient care activities. In fact, 90% of all OTAs fill a patient care role, defined as spending at least 60% of her time in that activity.

Time Allocation										
Time Spent	**Patient Care**		**Admin.**		**Education**		**Research**		**Other**	
	Prim Site	Sec. Site	Prim Site	Sec. Site	Prim Site	Sec. Site	Prim Site	Sec. Site	Prim Site	Sec. Site
All or Almost All (80-100%)	75%	86%	2%	1%	0%	2%	0%	0%	0%	0%
Most (60-79%)	15%	7%	2%	0%	0%	1%	0%	0%	0%	0%
About Half (40-59%)	5%	2%	4%	1%	0%	1%	0%	0%	0%	0%
Some (20-39%)	2%	1%	8%	3%	5%	1%	1%	1%	2%	1%
A Little (1-19%)	1%	0%	39%	31%	39%	17%	20%	13%	17%	13%
None (0%)	1%	3%	45%	64%	56%	79%	79%	86%	80%	86%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All OTAs		OTAs over 50	
	#	%	#	%
Under age 50	58	5%	-	-
50 to 54	63	5%	4	1%
55 to 59	125	10%	18	5%
60 to 64	355	28%	88	26%
65 to 69	391	31%	126	38%
70 to 74	144	11%	55	16%
75 to 79	44	3%	18	5%
80 or over	12	1%	3	1%
I do not intend to retire	85	7%	23	7%
Total	**1,276**	**100%**	**335**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All OTAs

Under 65:	47%
Under 60:	19%

OTAs 50 and over

Under 65:	33%
Under 60:	7%

Time until Retirement

Within 2 years:	4%
Within 10 years:	15%
Half the workforce:	By 2048

Source: Va. Healthcare Workforce Data Center

47% of all OTAs expect to retire before the age of 65, while 22% plan on working until at least age 70. Among OTAs who are age 50 and over, 33% expect to retire by age 65, while 29% plan on working until at least age 70.

Within the next two years, 13% of Virginia's OTA workforce plan on pursuing education in order to become an occupational therapist, while 20% plan on pursing other OT-related educational opportunities.

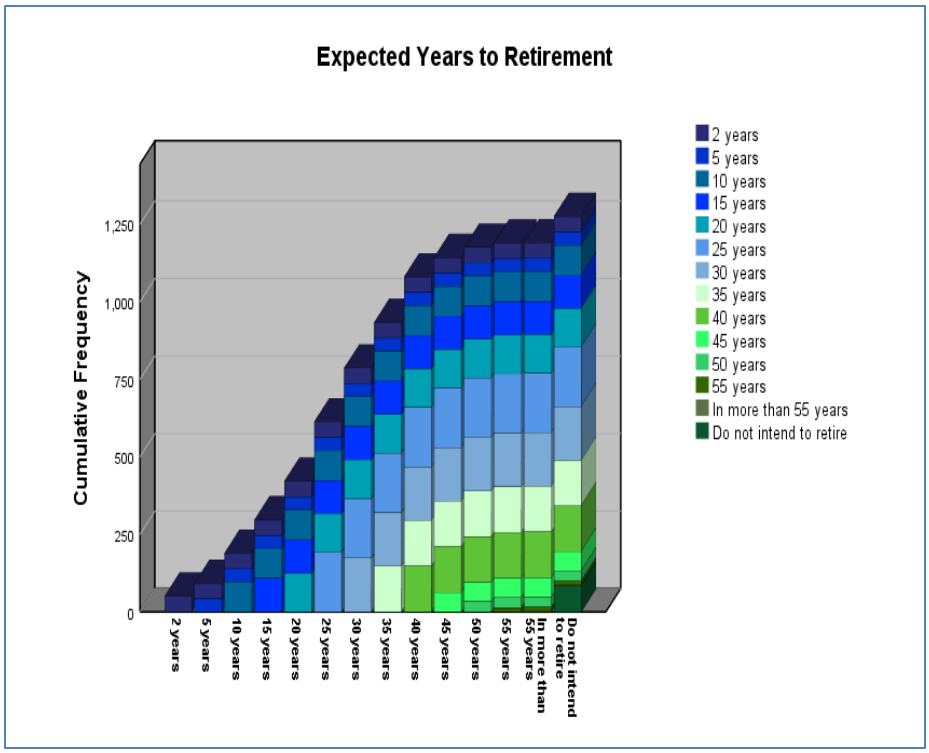
Future Plans		
Two Year Plans:	#	%
Decrease Participation		
Leave Profession	28	2%
Leave Virginia	58	4%
Decrease Patient Care Hours	98	6%
Decrease Teaching Hours	3	0%
Increase Participation		
Increase Patient Care Hours	246	15%
Increase Teaching Hours	77	5%
Pursue Education to Become OT	205	13%
Pursue Other OT-Related Education	314	20%
Return to Virginia's Workforce	7	0%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for OTAs. Only 4% of OTAs expect to retire within the next two years, while 15% plan on retiring within the next ten years. Half of the current OTA workforce expect to be retired by 2048.

Time to Retirement			
Expect to retire within. . .	#	%	Cumulative %
2 years	50	4%	4%
5 years	42	3%	7%
10 years	97	8%	15%
15 years	107	8%	23%
20 years	125	10%	33%
25 years	192	15%	48%
30 years	173	14%	62%
35 years	147	12%	58%
40 years	147	12%	85%
45 years	62	5%	89%
50 years	33	3%	92%
55 years	14	1%	93%
In more than 55 years	1	0%	93%
Do not intend to retire	85	7%	100%
Total	**1,276**	**100%**	

Source: Va. Healthcare Workforce Data Center



Using these estimates, retirement will begin to reach 10% of the current workforce starting in 2038. Retirement will peak at 15% of the current workforce around 2043 before declining to under 10% of the current workforce again around 2063.

Source: Va. Healthcare Workforce Data Center

At a Glance:

FTEs

Total:	1,197
FTEs/1,000 Residents[2]:	0.142
Average:	0.76

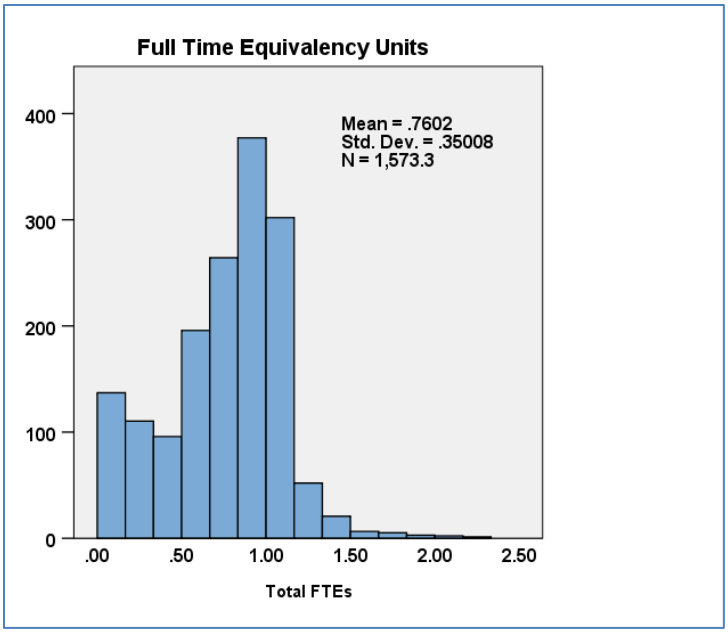
Age & Gender Effect

Age, Partial Eta[3]:	Small
Gender, Partial Eta[3]:	Small

Partial Eta[3] Explained:
Partial Eta[3] is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

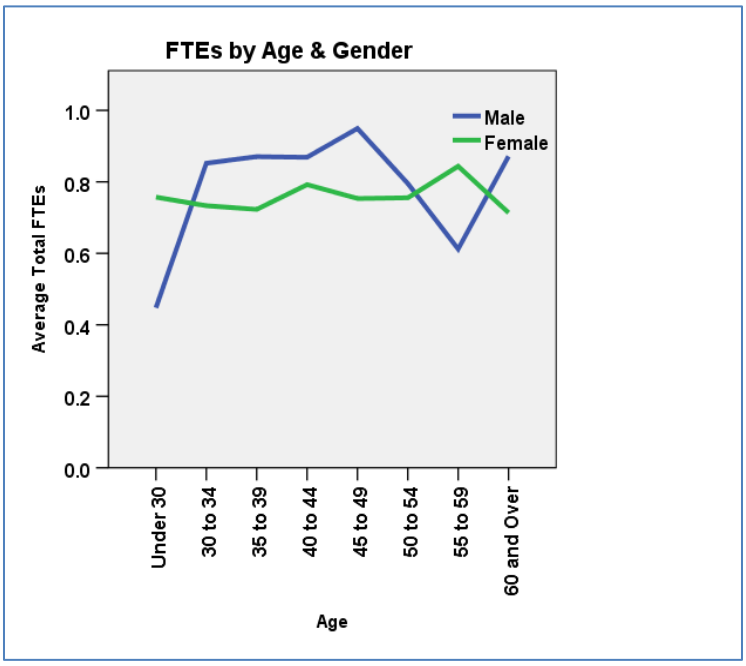


Source: Va. Healthcare Workforce Data Center

The typical OTA provided 0.83 FTEs in 2018, or approximately 33 hours per week for 50 weeks. Although FTEs appear to vary by gender, statistical tests did not verify that a difference exists.[3]

Full-Time Equivalency Units		
Age	**Average**	**Median**
Age		
Under 30	0.75	0.83
30 to 34	0.74	0.82
35 to 39	0.75	0.83
40 to 44	0.80	0.83
45 to 49	0.76	0.88
50 to 54	0.77	0.88
55 to 59	0.80	0.83
60 and Over	0.75	0.83
Gender		
Male	0.82	0.95
Female	0.75	0.83

Source: Va. Healthcare Workforce Data Center

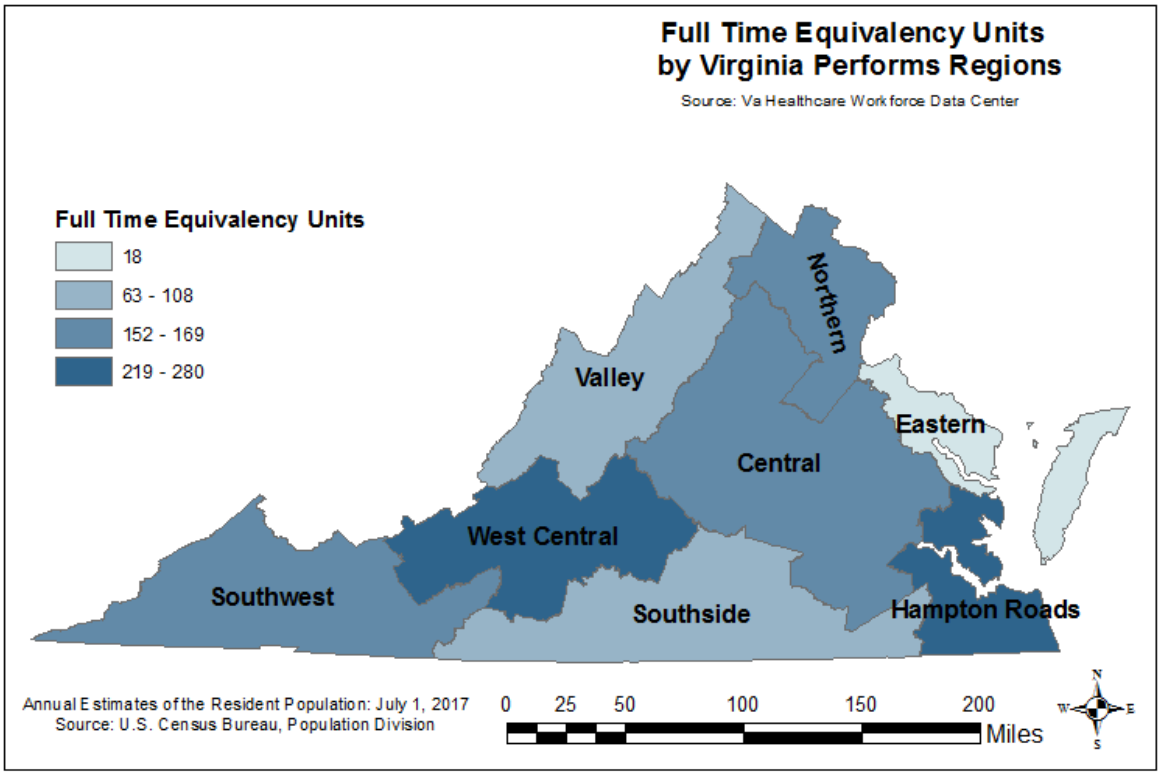


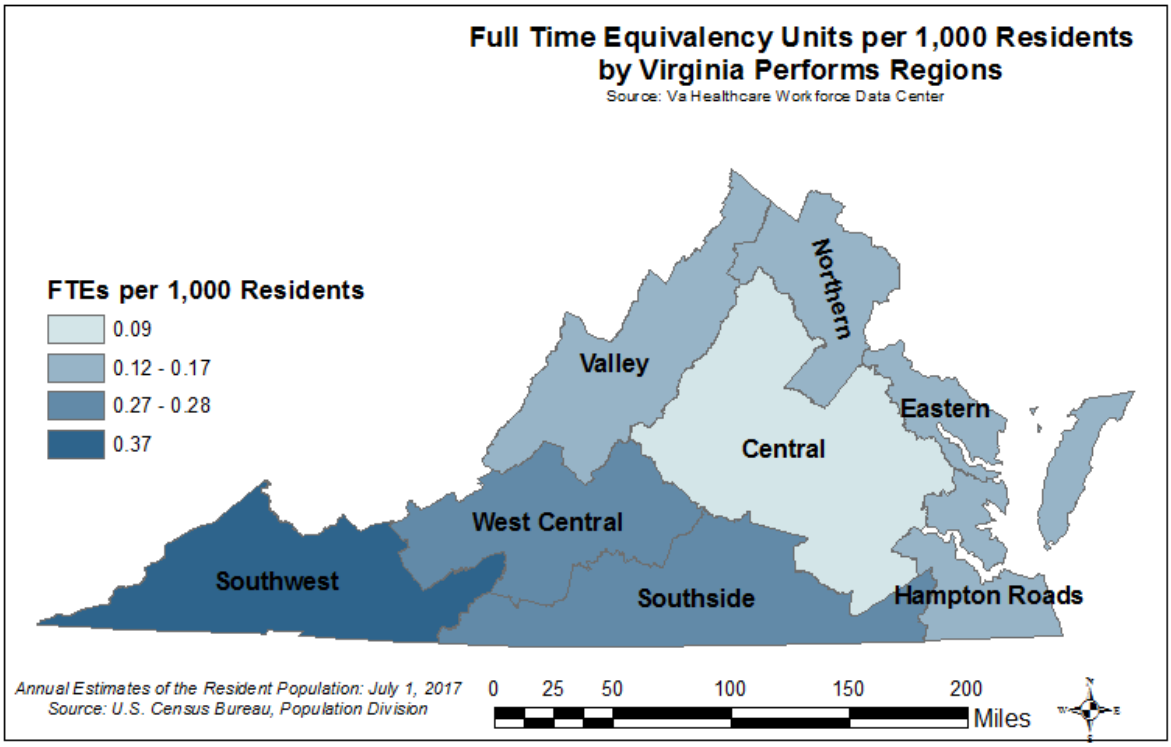
Source: Va. Healthcare Workforce Data Center

[2] Number of residents in 2017 was used as the denominator.
[3] Due to assumption violations in Mixed between-within ANOVA (Levene's Test was significant).

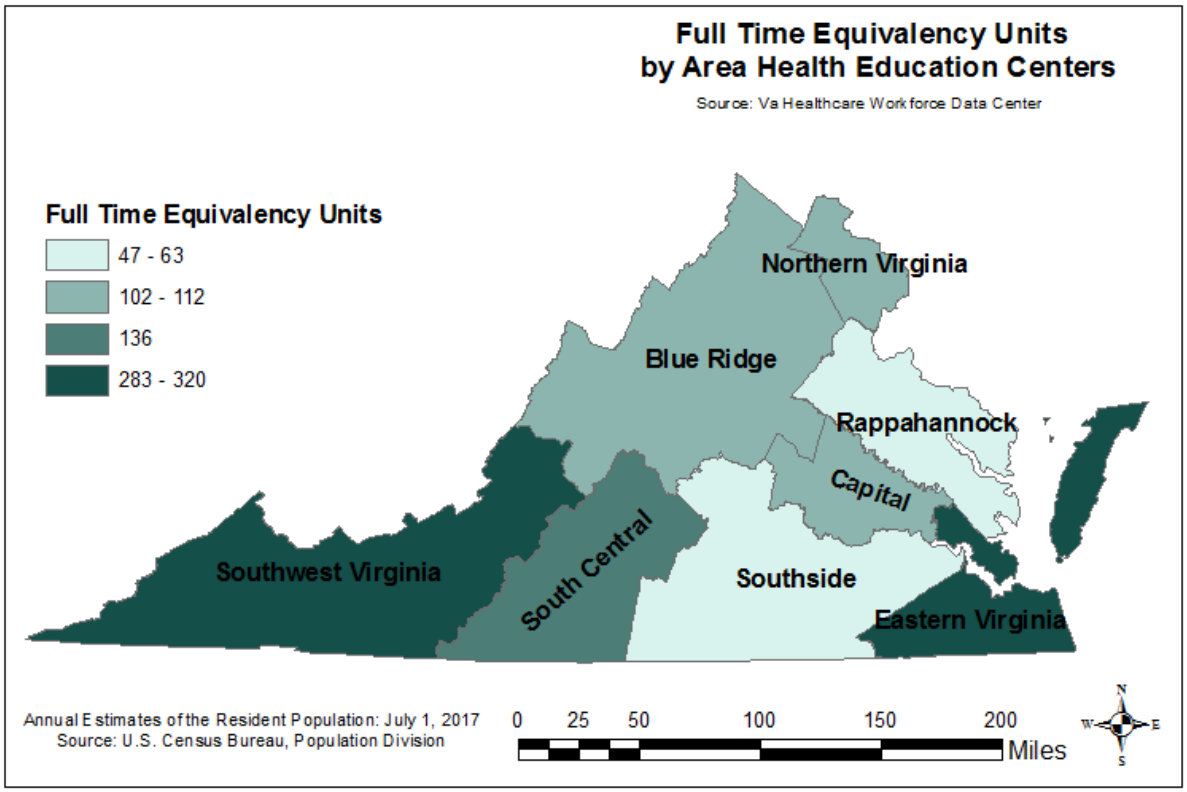
Maps

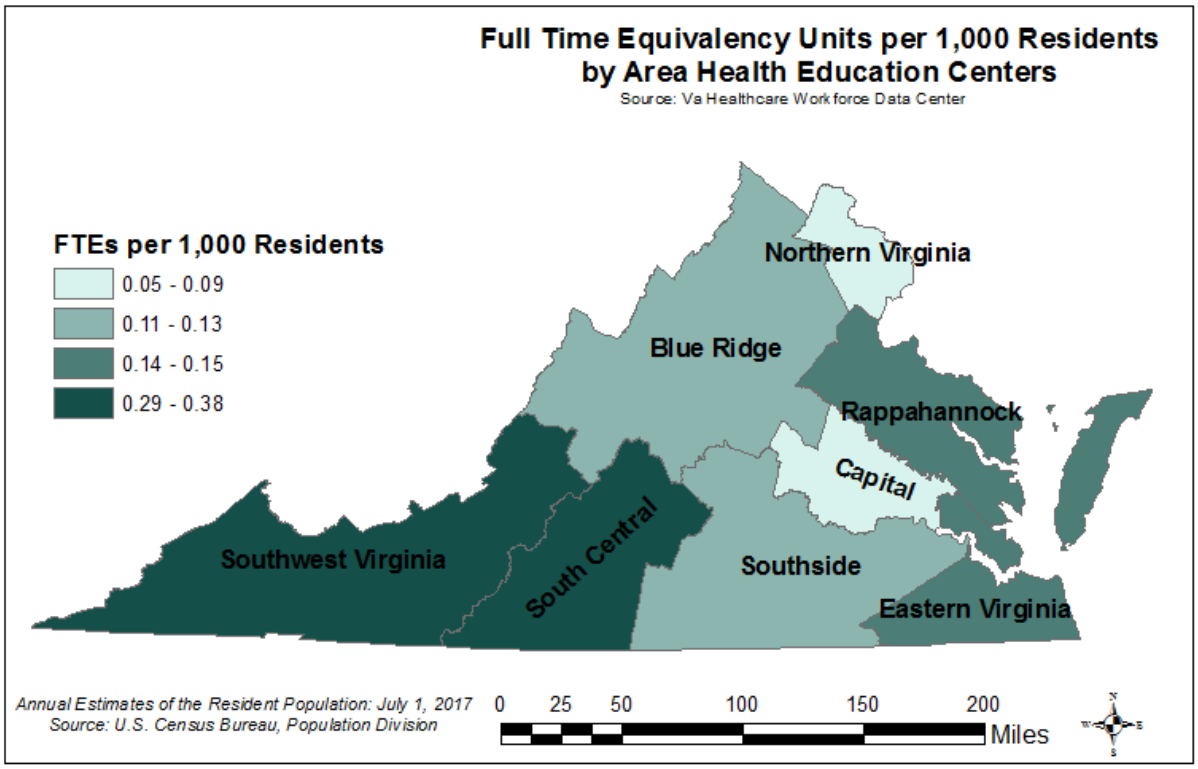
Virginia Performs Regions



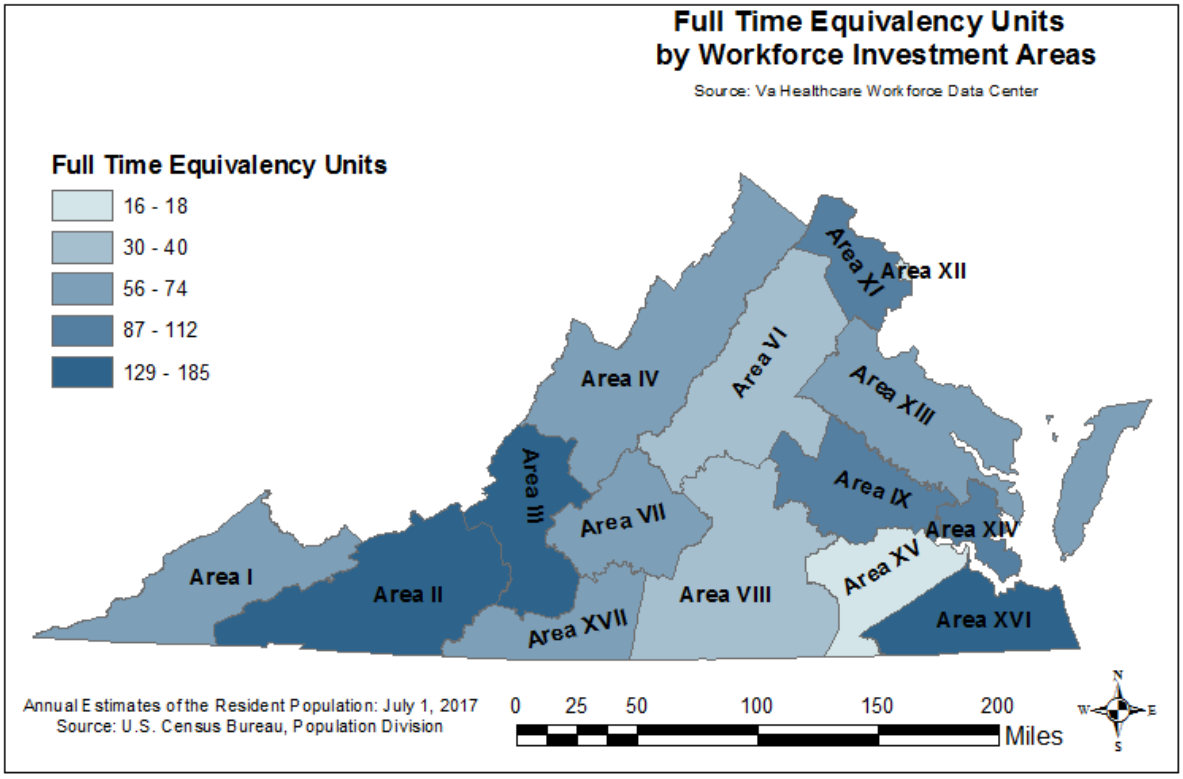


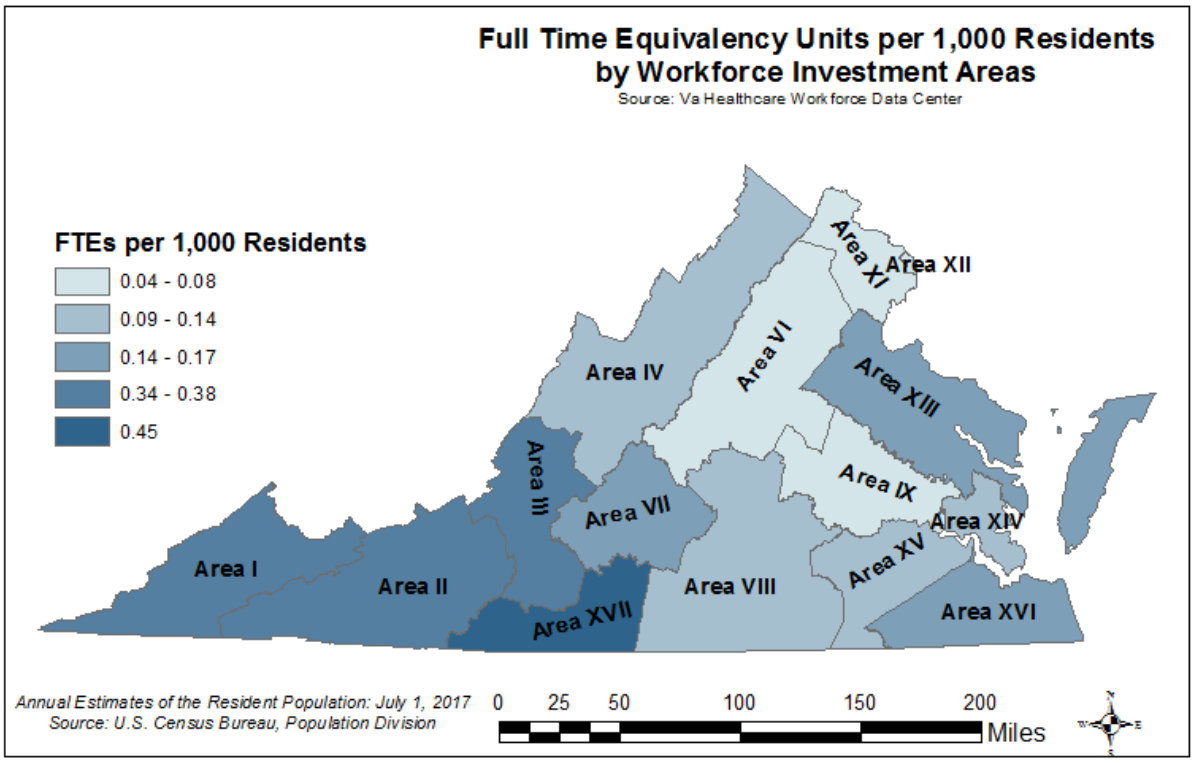
Area Health Education Center Regions



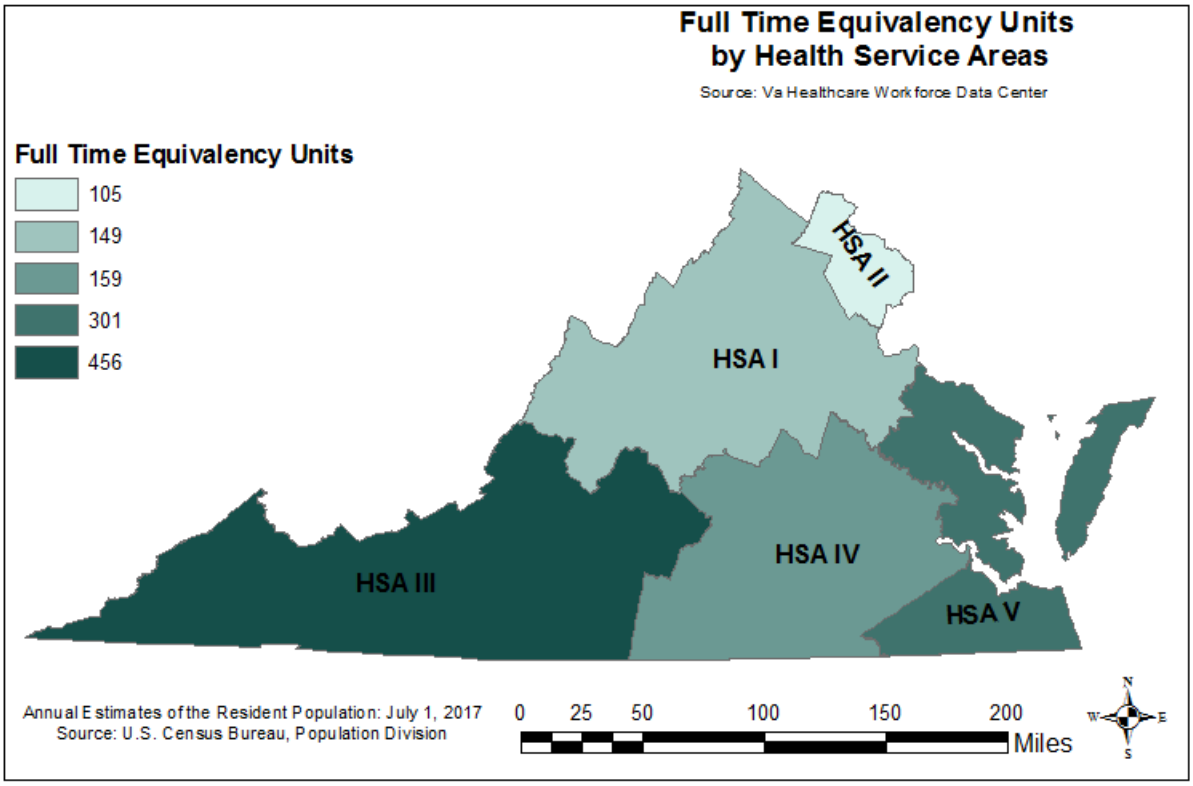


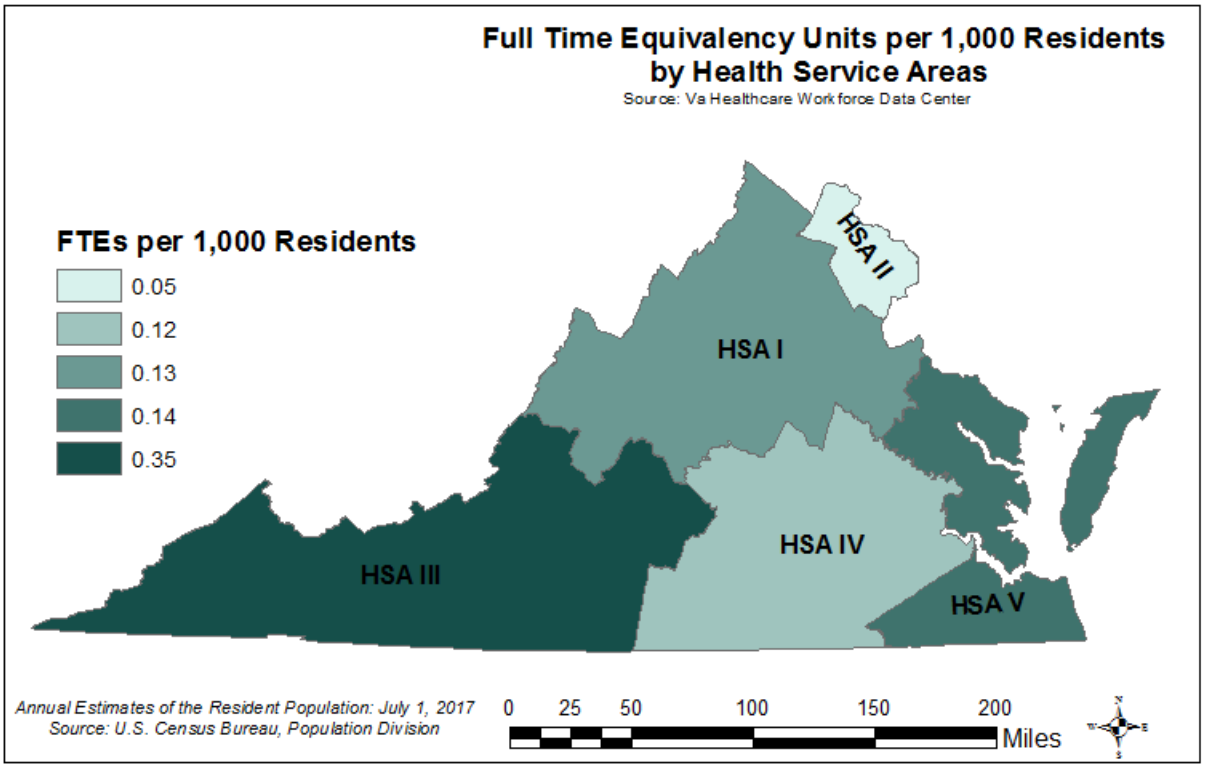
Workforce Investment Areas



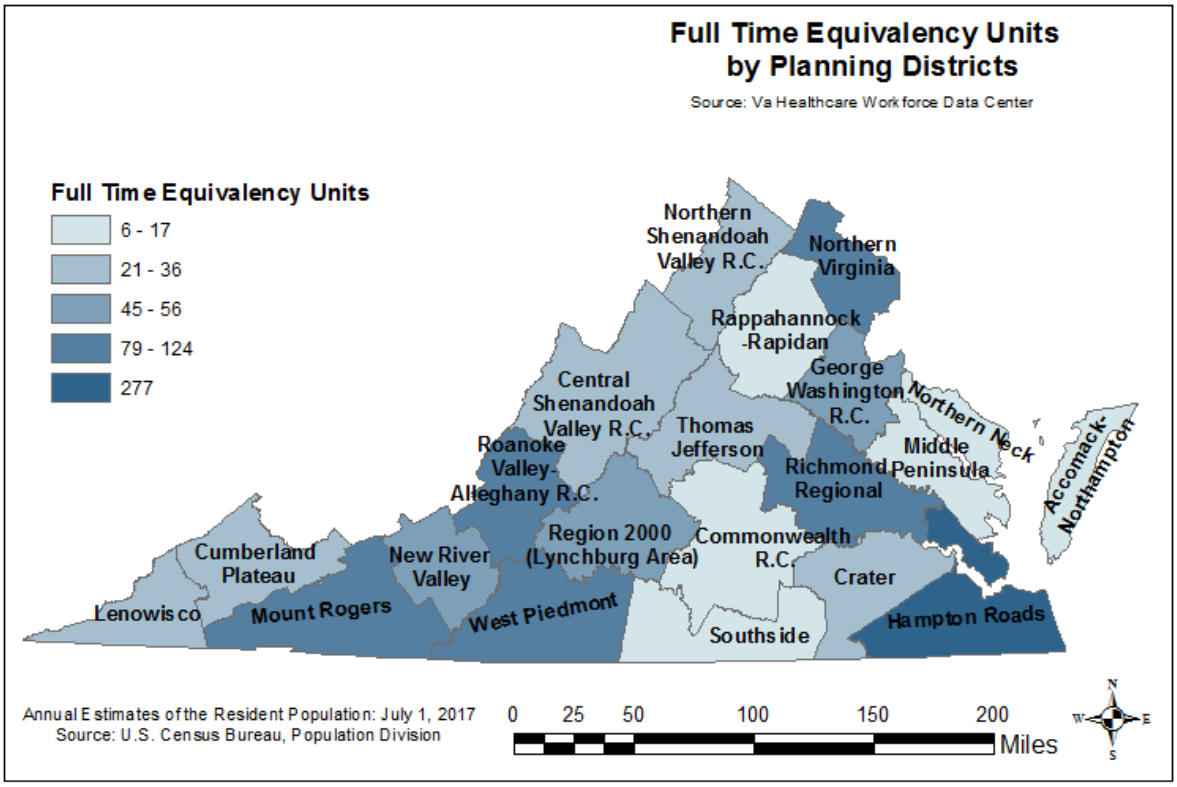


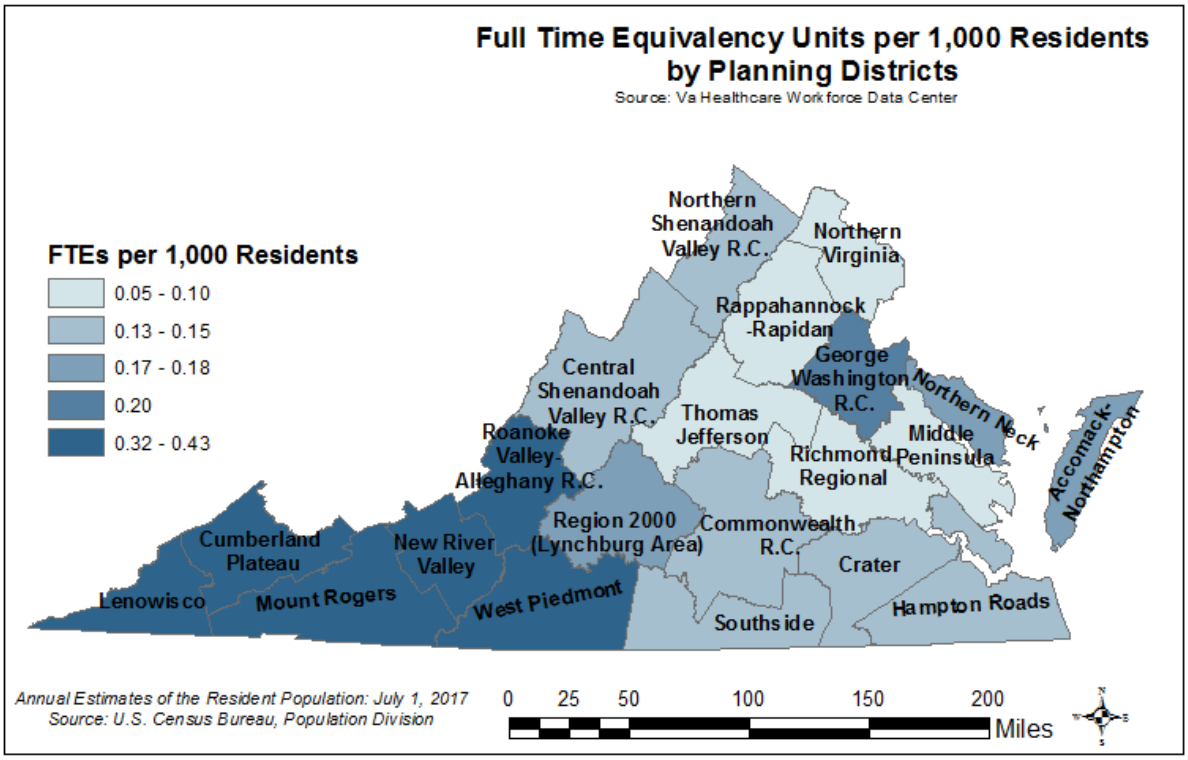
Health Services Areas





Planning Districts





Appendices

Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min	Max
Metro, 1 million+	740	72.30%	1.3832	1.1772	1.9675
Metro, 250,000 to 1 million	257	77.04%	1.2980	1.1047	1.8463
Metro, 250,000 or less	99	79.80%	1.2532	1.0666	1.7825
Urban pop 20,000+, Metro adj	65	78.46%	1.2745	1.0848	1.8129
Urban pop 20,000+, nonadj	0	NA	NA	NA	NA
Urban pop, 2,500-19,999, Metro adj	73	72.60%	1.3774	1.1723	1.9592
Urban pop, 2,500-19,999, nonadj	108	78.70%	1.2706	1.0814	1.8073
Rural, Metro adj	44	68.18%	1.4667	1.2483	2.0862
Rural, nonadj	55	80.00%	1.2500	1.0639	1.7780
Virginia border state/DC	154	51.95%	1.9250	1.6384	2.7382
Other US State	170	42.94%	2.3288	1.9820	3.3125

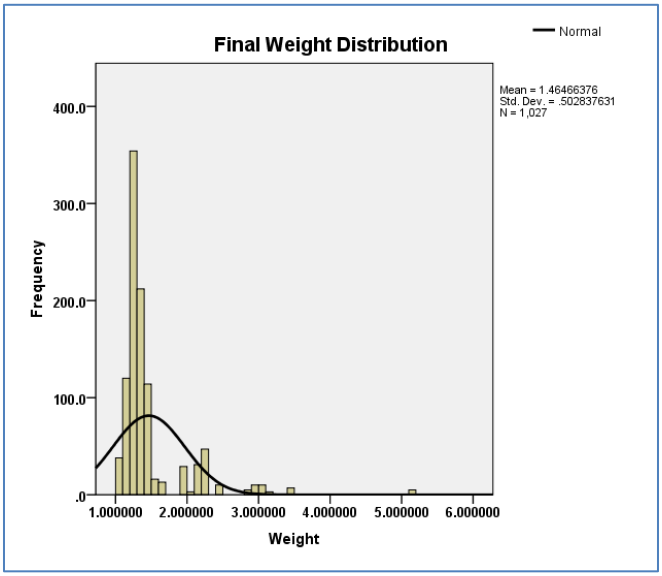
Source: Va. Healthcare Workforce Data Center

See the Methods section on the HWDC website for details on HWDC Methods: www.dhp.virginia.gov/hwdc/

Final weights are calculated by multiplying the two weights and the overall response rate:

Age Weight x Rural Weight x Response Rate = Final Weight.

Overall Response Rate: **0.69575**



Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min	Max
Under 30	368	48.91%	2.044	1.778	3.312
30 to 34	284	67.25%	1.487	1.293	2.409
35 to 39	201	70.65%	1.415	1.231	2.293
40 to 44	203	79.80%	1.253	1.090	2.030
45 to 49	195	81.54%	1.226	1.067	1.987
50 to 54	191	77.49%	1.291	1.122	2.091
55 to 59	126	81.75%	1.223	1.064	1.982
60 and Over	197	72.59%	1.378	1.198	2.232

Source: Va. Healthcare Workforce Data Center

Board of Medicine
Report of the 2019 General Assembly

HB 1952 Patient care teams; podiatrists and physician assistants.

Chief patron: Campbell, J.L.

Summary as passed House:

Patient care team podiatrist definition; physician assistant supervision requirements. Establishes the role of "patient care team podiatrist" as a provider of management and leadership to physician assistants in the care of patients as part of a patient care team. The bill modifies the supervision requirements for physician assistants by establishing a patient care team model. The bill directs the Board of Medicine to adopt emergency regulations to implement the provisions of the bill and is identical to SB 1209.

02/22/19 Governor: Acts of Assembly Chapter text (CHAP0137)

HB 1970 Telemedicine services; payment and coverage of services.

Chief patron: Kilgore

Summary as passed:

Telemedicine services; coverage. Requires insurers, corporations, or health maintenance organizations to cover medically necessary remote patient monitoring services as part of their coverage of telemedicine services to the full extent that these services are available. The bill defines remote patient monitoring services as the delivery of home health services using telecommunications technology to enhance the delivery of home health care, including monitoring of clinical patient data such as weight, blood pressure, pulse, pulse oximetry, blood glucose, and other condition-specific data; medication adherence monitoring; and interactive video conferencing with or without digital image upload. The bill requires the Board of Medical Assistance Services to include in the state plan for medical assistance services a provision for the payment of medical assistance for medically necessary health care services provided through telemedicine services. This bill is identical to SB 1221.

03/05/19 Governor: Acts of Assembly Chapter text (CHAP0211)

HB 1971 Health professions and facilities; adverse action in another jurisdiction.

Chief patron: Stolle

Summary as introduced:

Health professions and facilities; adverse action in another jurisdiction. Provides that the mandatory suspension of a license, certificate, or registration of a health professional by the Director of the Department of Health Professions is not required when the license, certificate, or registration of a health professional is revoked, suspended, or surrendered in another jurisdiction based on disciplinary action or mandatory suspension in the Commonwealth. The bill extends the time by which the Board of Pharmacy (Board) is required to hold a hearing after receiving an application for reinstatement from a nonresident pharmacy whose registration has been suspended by the Board based on revocation or suspension in another jurisdiction from not later than its next regular meeting after the expiration of 30 days from receipt of the reinstatement application to not later than its next regular meeting after the expiration of 60 days from receipt of the reinstatement application.

02/22/19 Governor: Acts of Assembly Chapter text (CHAP0138)

HB 2169 Physician assistants; licensure by endorsement.

Chief patron: Thomas

Summary as passed:

Physician assistants; licensure by endorsement. Authorizes the Board of Medicine to issue a license by endorsement to an applicant for licensure as a physician assistant who (i) is the spouse of an active duty member of the Armed Forces of the United States or the Commonwealth, (ii) holds current certification from the National Commission on Certification of Physician Assistants, and (iii) holds a license as a physician assistant that is in good standing, or that is eligible for reinstatement if lapsed, under the laws of another state.

03/12/19 Governor: Acts of Assembly Chapter text (CHAP0338)

HB 2184 Volunteer license, special; issuance for limited practice.

Chief patron: Kilgore

Summary as passed:

Volunteer dentists and dental hygienists. Removes certain requirements for dentists and dental hygienists volunteering to provide free health care for up to three consecutive days to an underserved area of the Commonwealth under the auspices of a publicly supported nonprofit organization that sponsors the provision of health care to populations of underserved people.

03/08/19 Governor: Acts of Assembly Chapter text (CHAP0290)

HB 2228 Nursing and Psychology, Boards of; health regulatory boards, staggered terms.

Chief patron: Bagby

Summary as introduced:

Composition of the Boards of Nursing and Psychology; health regulatory boards; staggered terms. Alters the composition of the Board of Nursing and replaces the requirement that the Board of Nursing meet each January with the requirement that it meet at least annually. The bill also removes specific officer titles from the requirement that the Board of Nursing elect officers from its membership. The bill replaces the requirement that a member of the Board of Psychology be licensed as an applied psychologist with the requirement that that position be filled by a member who is licensed in any category of psychology. The bill also provides a mechanism for evenly staggering the terms of members of the following health regulatory boards, without affecting the terms of current members: Board of Nursing, Board of Psychology, Board of Dentistry, Board of Long-Term Care Administrators, Board of Medicine, Board of Veterinary Medicine, Board of Audiology and Speech-Language Pathology, Board of Pharmacy, and Board of Counseling.

02/27/19 Governor: Acts of Assembly Chapter text (CHAP0169)

HB 2457 Medicine, osteopathy, podiatry, or chiropractic, practitioners of; inactive license, charity care.

Chief patron: Landes

Summary as passed:

Practitioners of medicine, osteopathy, podiatry, or chiropractic; retiree license. Provides that the Board of Medicine may issue a retiree license to any doctor of medicine, osteopathy, podiatry, or chiropractic who holds an active, unrestricted license to practice in the Commonwealth upon receipt of a request and submission of the required fee. The bill provides that a person to whom a retiree license has been issued shall not be required to meet continuing competency requirements for the first biennial renewal of such license. The bill also provides that a person to whom a retiree license has been issued shall only engage in the practice of medicine, osteopathy, podiatry, or chiropractic for the purpose of providing charity care or health care services to patients in their residence for whom travel is a barrier to receiving health care.

03/14/19 Governor: Acts of Assembly Chapter text (CHAP0379)

HB 2557 Drug Control Act; classifies gabapentin as a Schedule V controlled substance.

Chief patron: Pillion

Summary as passed:

Drug Control Act; Schedule V; gabapentin. Classifies gabapentin as a Schedule V controlled substance. Current law lists gabapentin as a drug of concern. The bill also removes the list of drugs of concern from the Code of Virginia and provides that any wholesale drug distributor licensed and regulated by the Board of Pharmacy and registered with and regulated by the U.S. Drug Enforcement Administration shall have until July 1, 2020, or within six months of final approval of compliance from the Board of Pharmacy and the U.S. Drug Enforcement Administration, whichever is earlier, to comply with storage requirements for Schedule V controlled substances containing gabapentin.

03/05/19 Governor: Acts of Assembly Chapter text (CHAP0214)

HB 2559 Electronic transmission of certain prescriptions; exceptions.

Chief patron: Pillion

Summary as passed House:

Electronic transmission of certain prescriptions; exceptions. Provides certain exceptions, effective July 1, 2020, to the requirement that any prescription for a controlled substance that contains an opioid be issued as an electronic prescription. The bill requires the licensing health regulatory board of a prescriber to grant such prescriber a waiver of the electronic prescription requirement for a period not to exceed one year due to demonstrated economic hardship, technological limitations that are not reasonably within the control of the prescriber, or other exceptional circumstances demonstrated by the prescriber. The bill provides that a dispenser is not required to verify whether one of the exceptions applies when he receives a non-electronic prescription for a controlled substance containing an opioid. The bill requires the Boards of Medicine, Nursing, Dentistry, and Optometry to promulgate regulations to implement the prescriber waivers. Finally, the bill requires the Secretary of Health and Human Resources to convene a work group to identify successes and challenges of the electronic prescription requirement and offer possible recommendations for increasing the electronic prescribing of controlled substances that contain an opioid and to report to the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health by November 1, 2022.

03/21/19 Governor: Acts of Assembly Chapter text (CHAP0664)

HB 2731 Lyme disease; disclosure of information to patients.

Chief patron: Edmunds

Summary as passed House:

Lyme disease; disclosure of information to patients. Requires every laboratory reporting the results of a test for Lyme disease ordered by a health care provider in an office-based setting to include, together with the results of such test provided to the health care provider, a notice stating that the results of Lyme disease tests may vary and may produce results that are inaccurate and that a patient may not be able to rely on a positive or negative result from such test. Such notice shall also include a statement that health care providers are encouraged to discuss Lyme disease test results with the patient for whom the test was ordered. The bill also provides that a laboratory that complies with the provisions of the bill shall be immune from civil liability absent gross negligence or willful misconduct.

03/18/19 Governor: Acts of Assembly Chapter text (CHAP0435)

SB 1004 Elective procedure, test, or service; estimate of payment amount.

Chief patron: Chase

Summary as passed:

Advance estimate of patient payment amount for elective medical procedure, test, or service; notice of right to request. Provides that every hospital currently required to provide an estimate of the payment amount for an elective procedure, test, or service for which a patient may be responsible shall also be required to provide each patient with written information regarding his right to request such estimate, to post written information regarding a patient's right to request such estimate conspicuously in public areas of the hospital, and to make such information available on the hospital's website.

03/21/19 Governor: Acts of Assembly Chapter text (CHAP0671)

SB 1106 Physical therapists & physical therapist assistants; licensure, Physical Therapy Licensure Compact.

Chief patron: Peake

Summary as introduced:

Licensure of physical therapists and physical therapist assistants; Physical Therapy Licensure Compact. Authorizes Virginia to become a signatory to the Physical Therapy Licensure Compact. The Compact permits eligible licensed physical therapists and physical therapist assistants to practice in Compact member states, provided they are licensed in at least one member state. In addition, the bill requires each applicant for licensure in the Commonwealth as a physical therapist or physical therapist assistant to submit fingerprints and provide personal descriptive information in order for the Board to receive a state and federal criminal history record report for each applicant. The bill has a delayed effective date of January 1, 2020, and directs the Board of Physical Therapy to adopt emergency regulations to implement the provisions of the bill.

03/08/19 Governor: Acts of Assembly Chapter text (CHAP0300)

SB 1167 Medicaid recipients; treatment involving opioids or opioid replacements, payment.

Chief patron: Chafin

Summary as passed:

Medicaid recipients; treatment involving opioids or opioid replacements; payment. Prohibits health care providers licensed by the Board of Medicine from requesting or requiring a patient who is a recipient of medical assistance services pursuant to the state plan for medical assistance to pay out-of-pocket costs associated with the provision of service involving (i) the prescription of an opioid for the management of pain or (ii) the prescription of buprenorphine-containing products, methadone, or other opioid replacements approved for the treatment of opioid addiction by the U.S. Food and Drug Administration for medication-assisted treatment of opioid addiction. The bill requires providers who do not accept payment from the Department of Medical Assistance Services (DMAS) who provide such services to patients participating in the Commonwealth's program of medical assistance services to provide written notice to such patient that (a) the Commonwealth's program of medical assistance services covers such health care services and DMAS will pay for such health care services if such health care services meet DMAS's medical necessity criteria and (b) the provider does not participate in the Commonwealth's program of medical assistance and will not accept payment from DMAS for such health care services. Such notice and the patient's acknowledgement of such notice shall be documented in the patient's medical record. This bill is identical to HB 2558.

03/18/19 Governor: Acts of Assembly Chapter text (CHAP0444)

SB 1439 Death certificates; medical certification, electronic filing.

Chief patron: McClellan

Summary as passed:

Death certificates; medical certification; electronic filing. Requires the completed medical certification portion of a death certificate to be filed electronically with the State Registrar of Vital Records through the Electronic Death Registration System and provides that, except for under certain circumstances, failure to file a medical certification of death electronically through the Electronic Death Registration System shall constitute grounds for disciplinary action by the Board of Medicine. The bill includes a delayed effective date of January 1, 2020, and a phased-in requirement for registration with the Electronic Death Registration System and electronic filing of medical certifications of death for various categories of health care providers. The bill directs the Department of Health to work with stakeholders to educate and encourage physicians, physician assistants, and nurse practitioners to timely register with and utilize the Electronic Death Registration System.

03/05/19 Governor: Acts of Assembly Chapter text (CHAP0224)

SB 1547 Music therapists; Board of Health Professions to evaluate regulation.

Chief patron: Vogel

Summary as passed:

Music therapy. Directs the Board of Health Professions to evaluate whether music therapists and the practice of music therapy should be regulated and the degree of regulation to be imposed. The bill requires the Board to report the results of its evaluation to the Chairmen of the Senate Committee on Education and Health and the House Committee on Health, Welfare and Institutions by November 1, 2019.

03/21/19 Governor: Acts of Assembly Chapter text (CHAP0680)

SB 1557 Pharmacy, Board of; cannabidiol oil and tetrahydrocannabinol oil, regulation of pharmaceutical.

Chief patron: Dunnavant

Summary as passed:

Board of Pharmacy; cannabidiol oil and tetrahydrocannabinol oil; regulation of pharmaceutical processors. Authorizes licensed physician assistants and licensed nurse practitioners to issue a written

certification for use of cannabidiol oil and THC-A oil. The bill requires the Board to promulgate regulations establishing dosage limitations, which shall require that each dispensed dose of cannabidiol oil or THC-A oil not exceed 10 milligrams of tetrahydrocannabinol. The bill requires the Secretary of Health and Human Resources and the Secretary of Agriculture and Forestry to convene a work group to review and recommend an appropriate structure for an oversight organization in Virginia and report its findings and recommendations to the Chairmen of the Senate Committees on Agriculture, Conservation and Natural Resources and Education and Health and the House Committees on Agriculture, Chesapeake and Natural Resources and Health, Welfare and Institutions by November 1, 2019.

03/21/19 Governor: Acts of Assembly Chapter text (CHAP0681)

SB 1760 Diagnostic X-ray machines; operation of machine.

Chief patron: DeSteph

Summary as introduced:

Diagnostic X-ray machines; operation. Provides that no person who has been trained and certified in the operation of a diagnostic X-ray machine by the manufacturer of such machine is required to obtain any other training, certification, or licensure or be under the supervision of a person who has obtained training, certification, or licensure to operate such a diagnostic X-ray machine, provided that (i) such diagnostic X-ray machine (a) is registered and certified by the Department of Health, (b) is being operated to conduct a body composition scan, and (c) is not operated to determine bone density or in the diagnosis or treatment of a patient and (ii) the subject of the body composition scan is notified of the risks associated with exposure to radiation emitted by the diagnostic X-ray machine.

01/31/19 Senate: Passed by indefinitely in Education and Health with letter (15-Y 0-N)

SB 1778 Counseling minors; certain health regulatory boards to promulgate regulations.

Chief patron: Newman

Summary as introduced:

Health regulatory boards; conversion therapy. Directs the Board of Counseling, the Board of Medicine, the Board of Nursing, the Board of Psychology, and the Board of Social Work to each promulgate regulations prohibiting the use of electroshock therapy, aversion therapy, or other physical treatments in the practice of conversion therapy with any person under 18 years of age.

02/06/19 Senate: Left in Education and Health

Board of Medicine
Regulatory/Policy Actions – 2019 General Assembly

EMERGENCY REGULATIONS:

Legislative source	Mandate	Promulgating agency	Board adoption date	Effective date Within 280 days of enactment
HB1952	Patient care team – PAs	Medicine	6/13/19 or 8/2/19 (signed 2/22)	**11/25/19**
HB2559	Waiver for electronic prescribing	Medicine	6/13/19 or 8/2/19 (signed 3/21)	**12/24/19**

APA REGULATORY ACTIONS

Legislative source	Mandate	Promulgating agency	Adoption date	Effective date
HB2457	Retiree license	Medicine	NOIRA – 6/13/19	?

NON-REGULATORY ACTIONS

Legislative source	Affected agency	Action needed	Due date
HB1970	Department	Review of telehealth; practice by adjacent physicians	11/1/19
HB2169	Medicine	Review/revision of application content & process to identify & expedite military spouse apps	7/1/19
SB1557	Medicine/Pharmacy/Department	Inclusion of NPs and PAs for registration to issue certifications Participation in workgroup to study oversight organization	7/1/19
SB1760 (not passed)	Department (Medicine)	Study of Xrays in spas – VDH	11/1/19
HJ682 (not passed)	Department	Study of foreign-trained physicians to provide services in rural areas	11/1/19

Future Policy Actions:

HB793 (2018) - (2) the Department of Health Professions, by **November 1, 2020**, to report to the General Assembly a process by which nurse practitioners who practice without a practice agreement may be included in the online Practitioner Profile maintained by the Department of Health Professions; and (3) the Boards of Medicine and Nursing to report information related to the practice of nurse practitioners without a practice agreement that includes certain data, complaints and disciplinary actions, and recommended modifications to the provisions of this bill to the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health and the Chairman of the Joint Commission on Health Care by **November 1, 2021**.

HB2559 (2019) - requires the Secretary of Health and Human Resources to convene a work group to identify successes and challenges of the electronic prescription requirement and offer possible recommendations for increasing the electronic prescribing of controlled substances that contain an opioid and to report to the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health by **November 1, 2022**.

Agenda Item: Comment from Occupational Therapy on Counseling Regulations

Included in your agenda package:

- Summary of comment on proposed regulations for registration of Qualified Mental Health Professionals
- Proposed regulations to replace emergency regulations currently in effect

Advisory Board discussion:

How is the education and training of an occupational therapists equivalent to a master's degree in psychology, social work, counseling, substance abuse or marriage and family therapy?

How would an OT student have at least 500 hours in an internship or practicum with persons with mental illness? In what setting? Would the experience be with adults or children or both?

Why would a licensed OT need to be registered as a QMHP under the Board of Counseling? What could an OT do in practice with a QMHP registration that he could not do with his OT license? How would a board make a distinction about under which license or registration the OT is practicing?

Board of Counseling

Summary of Public Comment on Regulations

18VAC115-80-10 et seq. Regulations Governing Registration of Qualified Mental Health Professionals

Proposed regulations to replace emergency regulations were published on February 4, 2019 with comment requested until April 5, 2019. A public hearing was conducted on February 8, 2019.

The following comment was received at the public hearing:

Commenters	Comment
Dianne Simons Joni Watlings	Requested that proposed regulations be amended to allow a person to qualify for registration as a QMHP-A or QMHP-C if he/she holds licensure as an occupational therapist by the Board of Medicine with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.
Judith Coleman	Commented that she had been registered as a QMHP by the Board, but in a recent audit, DBHDS cited her agency because she did not have the proper degree.

The following comments were received by email or posted on the Virginia Regulatory Townhall:

Commenters	Comment
81 persons	Requested that proposed regulations be amended to allow a person to qualify for registration as a QMHP-A or QMHP-C if he/she holds licensure as an occupational therapist by the Board of Medicine with a master's or doctoral degree, and an internship or practicum of at least 500 hours with persons with mental illness or one year of experience in a mental health setting.
5 persons	Requested generally that the hours of mental health experience be reduced for occupational therapists
6 persons	Commented that requirement for supervision of a trainee by a licensed mental health professional was too burdensome and will result in a reduction in the supply of QMHPs. Several suggested the Board should allow a QMHP with experience (one commenter recommended four years) to supervise a QMHP trainee.
3 persons	Commented that all graduates with human services degrees should have the same requirements for 500 hours of experience. (Proposed regulations specify 500 hours for degrees in specific to mental health, such as psychology, but 1,500 hours of experience for other "human services" degrees). One person also expressed concern about the requirement that the hours of experience be within the preceding five years prior to applying for registration.

Project 5242 - Emergency/NOIRA

BOARD OF COUNSELING

Initial regulations for registration

CHAPTER 80

REGULATIONS GOVERNING THE REGISTRATION OF QUALIFIED MENTAL HEALTH PROFESSIONALS

Part I

General Provisions

18VAC115-80-10. Definitions.

"Accredited" means a school that is listed as accredited on the U.S. Department of Education College Accreditation database found on the U.S. Department of Education website. If education was obtained outside the United States, the board may accept a report from a credentialing service that deems the degree and coursework is equivalent to a course of study at an accredited school.

"Applicant" means a person applying for registration as a qualified mental health professional.

"Board" means the Virginia Board of Counseling.

"Collaborative mental health services" means those rehabilitative supportive services that are provided by a qualified mental health professional, as set forth in a service plan under the direction of and in collaboration with either a mental health professional licensed in Virginia or a person under supervision that has been approved by the Board of Counseling, Board of Psychology, or Board of Social Work as a prerequisite for licensure.

"DBHDS" means the Virginia Department of Behavioral Health and Developmental Services.

"Face-to-face" means the physical presence of the individuals involved in the supervisory relationship or the use of technology that provides real-time, visual, and audio contact among the individuals involved.

"Mental health professional" means a person who by education and experience is professionally qualified and licensed in Virginia to provide counseling interventions designed to facilitate an individual's achievement of human development goals and remediate mental, emotional, or behavioral disorders and associated distresses that interfere with mental health and development.

"Qualified mental health professional" or "QMHP" means a person who by education and experience is professionally qualified and registered by the board to provide collaborative mental health services for adults or children. A QMHP shall not engage in independent or autonomous practice. A QMHP shall provide such services as an employee or independent contractor of the DBHDS, the Department of Corrections, or a provider licensed by the DBHDS.

"Qualified mental health professional-adult" or "QMHP-A" means a registered QMHP who is trained and experienced in providing mental health services to adults who have a mental illness. A QMHP-A shall provide such services as an employee or independent contractor of the DBHDS, the Department of Corrections, or a provider licensed by the DBHDS.

"Qualified mental health professional-child" or "QMHP-C" means a registered QMHP who is trained and experienced in providing mental health services to children or adolescents up to the age of 22 who have a mental illness. A QMHP-C shall provide such services as an employee or independent contractor of the DBHDS, the Department of Corrections, or a provider licensed by the DBHDS.

"Registrant" means a QMHP registered with the board.

18VAC115-80-20. Fees required by the board.

A. The board has established the following fees applicable to the registration of qualified mental health professionals:

Registration	$50
Renewal of registration	$30
Late renewal	$20
Reinstatement of a lapsed registration	$75
Duplicate certificate of registration	$10
Returned check	$35
Reinstatement following revocation or suspension	$500

B. Unless otherwise provided, fees established by the board shall not be refundable.

18VAC115-80-30. Current name and address.

Each registrant shall furnish the board his current name and address of record. Any change of name or address of record or public address if different from the address of record, shall be furnished to the board within 60 days of such change. It shall be the duty and responsibility of each registrant to inform the board of his current address.

Part II

Requirements for Registration

18VAC115-80-40. Requirements for registration as a qualified mental health professional-adult.

A. An applicant for registration shall submit:

1. A completed application on forms provided by the board and any applicable fee as prescribed in 18VAC115-80-20; and

2. A current report from the National Practitioner Data Bank (NPDB).

B. An applicant for registration as a QMHP-A shall provide evidence of:

1. A master's degree in psychology, social work, counseling, substance abuse, or marriage and family therapy from an accredited college or university with an internship or practicum of at least 500 hours of experience with persons who have mental illness;

2. A master's or bachelor's degree in human services or a related field from an accredited college with no less than 1,500 hours of supervised experience to be obtained within a five-year period immediately preceding application for registration and as specified in subsection C of this section;

3. A bachelor's degree from an accredited college in an unrelated field that includes at least 15 semester credits or 22 quarter hours in a human services field and with no less than 3,000 hours of supervised experience to be obtained within a five-year period immediately preceding application for registration and as specified in subsection C of this section;

4. A registered nurse licensed in Virginia with no less than 1,500 hours of supervised experience to be obtained within a five-year period immediately preceding application for registration and as specified in subsection C of this section; or

5. A licensed occupational therapist with no less than 1,500 hours of supervised experience to be obtained within a five-year period immediately preceding application for registration and as specified in subsection C of this section.

C. Experience required for registration.

1. To be registered as a QMHP-A, an applicant who does not have a master's degree as set forth in subdivision B 1 of this section shall provide documentation of experience in providing direct services to individuals as part of a population of adults with mental illness in a setting where mental health treatment, practice, observation, or diagnosis occurs. The services provided shall be appropriate to the practice of a QMHP-A and under the supervision of a licensed mental health professional or a person under supervision that has been approved by the Board of Counseling, Board of Psychology, or Board of Social Work as a prerequisite for licensure. Supervision obtained in another U. S. jurisdiction shall be provided by a mental health professional licensed in Virginia or licensed in that jurisdiction.

2. Supervision shall consist of face-to-face training in the services of a QMHP-A until the supervisor determines competency in the provision of such services, after which supervision may be indirect in which the supervisor is either on-site or immediately available for consultation with the person being trained.

3. Hours obtained in a bachelor's or master's level internship or practicum in a human services field may be counted toward completion of the required hours of experience.

4. A person receiving supervised training to qualify as a QMHP-A may register with the board. A trainee registration shall expire five years from its date of issuance.

18VAC115-80-50. Requirements for registration as a qualified mental health professional-child.

A. An applicant for registration shall submit:

1. A completed application on forms provided by the board and any applicable fee as prescribed in 18VAC115-80-20; and

2. A current report from the National Practitioner Data Bank (NPDB).

B. An applicant for registration as a QMHP-C shall provide evidence of:

1. A master's degree in psychology, social work, counseling, substance abuse, or marriage and family therapy from an accredited college or university with an internship or practicum of at least 500 hours of experience with persons who have mental illness;

2. A master's or bachelor's degree in a human services field or in special education from an accredited college with no less than 1,500 hours of supervised experience to be obtained within a five-year period immediately preceding application for registration and as specified in subsection C of this section;

3. A registered nurse licensed in Virginia with no less than 1,500 hours of supervised experience to be obtained within a five-year period immediately preceding application for registration and as specified in subsection C of this section; or

4. A licensed occupational therapist with no less than 1,500 hours of supervised experience to be obtained within a five-year period immediately preceding application for registration and as specified in subsection C of this section.

C. Experience required for registration.

1. To be registered as a QMHP-C, an applicant who does not have a master's degree as set forth in subdivision B 1 of this section shall provide documentation of 1,500 hours of experience in providing direct services to individuals as part of a population of children or adolescents with mental illness in a setting where mental health treatment, practice, observation, or diagnosis occurs. The services provided shall be appropriate to the practice of a QMHP-C and under the supervision of a licensed mental health professional or a person under supervision that has been approved by the Board of Counseling, Board of Psychology, or Board of Social Work as a prerequisite for licensure. Supervision

obtained in another U. S. jurisdiction shall be provided by a mental health professional licensed in Virginia or licensed in that jurisdiction.

2. Supervision shall consist of face-to-face training in the services of a QMHP-C until the supervisor determines competency in the provision of such services, after which supervision may be indirect in which the supervisor is either on-site or immediately available for consultation with the person being trained.

3. Hours obtained in a bachelor's or master's level internship or practicum in a human services field may be counted toward completion of the required hours of experience.

4. A person receiving supervised training to qualify as a QMHP-C may register with the board. A trainee registration shall expire five years from its date of issuance.

18VAC115-80-60. Registration of qualified mental health professionals with prior experience.

Until December 31, 2018, persons who have been employed as QMHPs prior to December 31, 2017, may be registered with the board by submission of a completed application, payment of the application fee, and submission of an attestation from an employer that they met the qualifications for a QMHP-A or a QMHP-C during the time of employment. Such persons may continue to renew their registration without meeting current requirements for registration provided they do not allow their registration to lapse or have board action to revoke or suspend, in which case they shall meet the requirements for reinstatement.

Part III

Renewal of Registration

18VAC115-80-70. Annual renewal of registration.

All registrants shall renew their registrations on or before June 30 of each year. Along with the renewal form, the registrant shall submit the renewal fee as prescribed in 18VAC115-80-20.

18VAC115-80-80. Continued competency requirements for renewal of registration.

A. Qualified mental health professionals shall be required to have completed a minimum of eight contact hours of continuing education for each annual registration renewal. Persons who hold registration both as a QMHP-A and QMHP-C shall only be required to complete eight contact hours. A minimum of one of these hours shall be in a course that emphasizes ethics.

B. Qualified mental health professionals shall complete continuing competency activities that focus on increasing knowledge or skills in areas directly related to the services provided by a QMHP.

C. The following organizations, associations, or institutions are approved by the board to provide continuing education, provided the hours are directly related to the provision of mental health services:

1. Federal, state, or local governmental agencies, public school systems, licensed health facilities, or an agency licensed by DBDHS; and

2. Entities approved for continuing education by a health regulatory board within the Department of Health Professions.

D. Attestation of completion of continuing education is not required for the first renewal following initial registration in Virginia.

E. The board may grant an extension for good cause of up to one year for the completion of continuing education requirements upon written request from the registrant prior to the renewal date. Such extension shall not relieve the registrant of the continuing education requirement.

F. The board may grant an exemption for all or part of the continuing education requirements due to circumstances beyond the control of the registrant, such as temporary disability, mandatory military service, or officially declared disasters, upon written request from the registrant prior to the renewal date.

G. All registrants shall maintain original documentation of official transcripts showing credit hours earned or certificates of participation for a period of three years following renewal.

H. The board may conduct an audit of registrants to verify compliance with the requirement for a renewal period. Upon request, a registrant shall provide documentation as follows:

1. Official transcripts showing credit hours earned; or

2. Certificates of participation.

I. Continuing education hours required by a disciplinary order shall not be used to satisfy renewal requirements.

Part IV

Standards of Practice, Disciplinary Action, and Reinstatement

18VAC115-80-90. Standards of practice.

A. The protection of the public health, safety, and welfare and the best interest of the public shall be the primary guide in determining the appropriate professional conduct of all persons whose activities are regulated by the board.

B. Persons registered by the board shall:

1. Practice in a manner that is in the best interest of the public and does not endanger the public health, safety, or welfare.

2. Practice only within the competency area for which they are qualified by training or experience and shall not provide clinical mental health services for which a license is required pursuant to Chapters 35 (§ 54.1-3500 et seq.), 36 (§ 54.1-3600 et seq.), and 37 (§ 54.1-3700 et seq.) of the Code of Virginia.

3. Report to the board known or suspected violations of the laws and regulations governing the practice of qualified mental health professionals.

4. Neither accept nor give commissions, rebates, or other forms of remuneration for the referral of clients for professional services and make appropriate consultations and referrals based on the interest of patients or clients.

5. Stay abreast of new developments, concepts, and practices that are necessary to providing appropriate services.

C. In regard to confidentiality and client records, persons registered by the board shall:

1. Not willfully or negligently breach the confidentiality between a practitioner and a client. A breach of confidentiality that is required or permitted by applicable law or beyond the control of the practitioner shall not be considered negligent or willful.

2. Disclose client records to others only in accordance with applicable law.

3. Maintain client records securely, inform all employees of the requirements of confidentiality, and provide for the destruction of records that are no longer useful in a manner that ensures client confidentiality.

4. Maintain timely, accurate, legible, and complete written or electronic records for each client, to include dates of service and identifying information to substantiate treatment plan, client progress, and termination.

D. In regard to dual relationships, persons registered by the board shall:

1. Not engage in dual relationships with clients or former clients that are harmful to the client's well-being, that would impair the practitioner's objectivity and professional judgment, or that would increase the risk of client exploitation. This prohibition includes such activities as providing services to close friends, former sexual partners, employees, or relatives or engaging in business relationships with clients.

2. Not engage in sexual intimacies or romantic relationships with current clients. For at least five years after cessation or termination of professional services, practitioners shall not engage in sexual intimacies or romantic relationships with a client or those included in collateral therapeutic services. Because sexual or romantic relationships are potentially exploitative, the practitioner shall bear the burden of demonstrating that there has been no exploitation. A client's consent to, initiation of, or participation in sexual behavior or involvement with a practitioner does not change the nature of the conduct nor lift the regulatory prohibition.

3. Recognize conflicts of interest and inform all parties of obligations, responsibilities, and loyalties to third parties.

E. Upon learning of evidence that indicates a reasonable probability that another mental health service provider, as defined in § 54.1-2400.1 of the Code of Virginia, is or may be guilty of a violation of standards of conduct as defined in statute or regulation, persons registered by the board shall advise their clients of the client's right to report such misconduct to the Department of Health Professions in accordance with § 54.1-2400.4 of the Code of Virginia.

18VAC115-80-100. Grounds for revocation, suspension, restriction, or denial of registration.

In accordance with subdivision 7 of § 54.1-2400 of the Code of Virginia, the board may revoke, suspend, restrict, or decline to issue or renew a registration based upon the following conduct:

1. Conviction of a felony, or of a misdemeanor involving moral turpitude, or violation of or aid to another in violating any provision of Chapter 35 (§ 54.1-3500 et seq.) of Title 54.1 of the Code of Virginia, any other statute applicable to the practice of qualified mental health professionals, or any provision of this chapter;

2. Procuring, attempting to procure, or maintaining a registration by fraud or misrepresentation;

3. Conducting one's practice in such a manner so as to make it a danger to the health and welfare of one's clients or to the public, or if one is unable to practice with reasonable skill and safety to clients by reason of illness or abusive use of alcohol, drugs, narcotics, chemicals, or any other type of material or as a result of any mental or physical condition;

4. Violating or abetting another person in the violation of any provision of any statute applicable to the practice of qualified mental health professionals or any regulation in this chapter;

5. Performance of functions outside the board-registered area of competency;

6. Performance of an act likely to deceive, defraud, or harm the public;

7. Intentional or negligent conduct that causes or is likely to cause injury to a client;

8. Action taken against a health or mental health license, certification, registration, or application in Virginia or other jurisdiction;

9. Failure to cooperate with an employee of the Department of Health Professions in the conduct of an investigation; or

10. Failure to report evidence of child abuse or neglect as required in § 63.2-1509 of the Code of Virginia or elder abuse or neglect as required in § 63.2-1606 of the Code of Virginia.

18VAC115-80-110. Late renewal and reinstatement.

A. A person whose registration has expired may renew it within one year after its expiration date by paying the late renewal fee and the registration fee as prescribed in 18VAC115-80-20 for

the year in which the registration was not renewed and by providing documentation of completion of continuing education as prescribed in 18VAC115-80-80.

B. A person who fails to renew registration after one year or more shall:

1. Apply for reinstatement;

2. Pay the reinstatement fee for a lapsed registration; and

3. Submit evidence of completion of 20 hours of continuing education consistent with requirements of 18VAC115-80-80.

C. A person whose registration has been suspended or who has been denied reinstatement by board order, having met the terms of the order, may submit a new application and fee for reinstatement of registration as prescribed in 18VAC115-80-20. Any person whose registration has been revoked by the board may, three years subsequent to such board action, submit a new application and fee for reinstatement of registration as prescribed in 18VAC115-80-20. The board in its discretion may, after an administrative proceeding, grant the reinstatement sought in this subsection.

FORMS (18VAC115-80)

Qualified Mental Health Profession-Adult, Application and Instructions (rev. 11/2017)

Qualified Mental Health Profession-Child, Application and Instructions (rev. 11/2017)

Qualified Mental Health Profession-Adult, Grandfathering Application and Instructions (rev. 11/2017)

Qualified Mental Health Profession-Child, Grandfathering Application and Instructions (rev. 11/2017)

Supervised Trainee, Application and Instructions (rev. 11/2017)

Commonwealth of Virginia

REGULATIONS

GOVERNING THE LICENSURE OF OCCUPATIONAL THERAPISTS

VIRGINIA BOARD OF MEDICINE

Title of Regulations: 18 VAC 85-80-10 et seq.

Statutory Authority: § 54.1-2400 and Chapter 29 of Title 54.1 of the *Code of Virginia*

Revised Date: March 22, 2019

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TABLE OF CONTENTS

Part I. General Provisions.

18VAC85-80-10. Definitions.

A. The following words and terms when used in this chapter shall have the meanings ascribed to them in § 54.1-2900 of the Code of Virginia:

"Board"

"Occupational therapy assistant"

"Practice of occupational therapy"

B. The following words and terms when used in this chapter shall have the following meanings, unless the context clearly indicates otherwise:

"ACOTE" means the Accreditation Council for Occupational Therapy Education.

"Active practice" means a minimum of 160 hours of professional practice as an occupational therapist or an occupational therapy assistant within the 24-month period immediately preceding renewal or application for licensure, if previously licensed or certified in another jurisdiction. The active practice of occupational therapy may include supervisory, administrative, educational or consultative activities or responsibilities for the delivery of such services.

"Advisory board" means the Advisory Board of Occupational Therapy.

"Contact hour" means 60 minutes of time spent in continued learning activity.

"NBCOT" means the National Board for Certification in Occupational Therapy, under which the national examination for certification is developed and implemented.

"National examination" means the examination prescribed by NBCOT for certification as an occupational therapist or an occupational therapy assistant and approved for licensure in Virginia.

"Occupational therapy personnel" means appropriately trained individuals who provide occupational therapy services under the supervision of a licensed occupational therapist.

18VAC85-80-20. Public participation.

A separate regulation, 18VAC85-10-10 et seq., Public Participation Guidelines, provides for involvement of the public in the development of all regulations of the Virginia Board of Medicine

18VAC85-80-25. Current name and address.

Each licensee shall furnish the board his current name and address of record. All notices required by law or by this chapter to be given by the board to any such licensee shall be validly given when sent to the latest address of record provided or served to the licensee. Any change of name or address of

record or public address, if different from the address of record, shall be furnished to the board within 30 days of such change.

18VAC85-80-26. Fees.

A. The following fees have been established by the board:

1. The initial fee for the occupational therapist license shall be $130; for the occupational therapy assistant, it shall be $70.

2. The fee for reinstatement of the occupational therapist license that has been lapsed for two years or more shall be $180; for the occupational therapy assistant, it shall be $90.

3. The fee for active license renewal for an occupational therapist shall be $135; for an occupational therapy assistant, it shall be $70. The fees for inactive license renewal shall be $70 for an occupational therapist and $35 for an occupational therapy assistant. Renewals shall be due in the birth month of the licensee in each even-numbered year. For 2018, the fee for renewal of an active license as an occupational therapist shall be $108; for an occupational therapy assistant, it shall be $54. For renewal of an inactive license in 2018, the fees shall be $54 for an occupational therapist and $28 for an occupational therapy assistant.

4. The additional fee for processing a late renewal application within one renewal cycle shall be $50 for an occupational therapist and $30 for an occupational therapy assistant.

5. The fee for a letter of good standing or verification to another state for a license shall be $10.

6. The fee for reinstatement of licensure pursuant to §54.1-2408.2 of the Code of Virginia shall be $2,000.

7. The fee for a returned check shall be $35.

8. The fee for a duplicate license shall be $5, and the fee for a duplicate wall certificate shall be $15.

9. The fee for an application or for the biennial renewal of a restricted volunteer license shall be $35, due in the licensee's birth month. An additional fee for late renewal of licensure shall be $15 for each renewal cycle.

B. Unless otherwise provided, fees established by the board shall not be refundable.

Part II. Requirements of Licensure as an Occupational Therapist.

18VAC85-80-30. (Repealed)

18VAC85-80-35. Application requirements.

An applicant for licensure shall submit the following on forms provided by the board:

1. A completed application and a fee as prescribed in 18VAC85-80-26.

2. Verification of professional education in occupational therapy as required in 18VAC85-80-40.

3. Verification of practice as required in 18VAC85-80-60 and as specified on the application form.

4. Documentation of passage of the national examination as required in 18VAC85-80-50.

5. If licensed or certified in any other jurisdiction, verification that there has been no disciplinary action taken or pending in that jurisdiction.

18VAC85-80-40. Educational requirements.

A. An applicant who has received his professional education in the United States, its possessions or territories, shall successfully complete all academic and fieldwork requirements of an accredited educational program as verified by the ACOTE.

B. An applicant who has received his professional education outside the United States, its possessions or territories, shall successfully complete all academic and clinical fieldwork requirements of a program approved by a member association of the World Federation of Occupational Therapists as verified by the candidate's occupational therapy program director and as required by the NBCOT and submit proof of proficiency in the English language by passing the Test of English as a Foreign Language (TOEFL) with a score acceptable to the board. TOEFL may be waived upon evidence of English proficiency.

C. An applicant who does not meet the educational requirements as prescribed in subsection A or B of this section but who has received certification by the NBCOT as an occupational therapist or an occupational therapy assistant shall be eligible for licensure in Virginia and shall provide the board verification of his education, training and work experience acceptable to the board.

18VAC85-80-45. Practice by a graduate awaiting examination results.

A. A graduate of an accredited occupational therapy educational program may practice with the designated title of "Occupational Therapist, License Applicant" or "O.T.L.-Applicant" until he has received a failing score on the licensure examination from NBCOT or for six months from the date of graduation, whichever occurs sooner. The graduate shall use one of the designated titles on any identification or signature in the course of his practice.

B. A graduate of an accredited occupational therapy assistant educational program may practice with the designated title of "Occupational Therapy Assistant-License Applicant" or "O.T.A.-Applicant" until he has received a failing score on the licensure examination from NBCOT or for six months from the date of graduation, whichever occurs sooner. The graduate shall use one of the designated titles on any identification or signature in the course of his practice.

18VAC85-80-50. Examination requirements.

A. An applicant for licensure to practice as an occupational therapist shall submit evidence to the board that he has passed the certification examination for an occupational therapist and any other examination required for initial certification from the NBCOT.

B. An applicant for licensure to practice as an occupational therapy assistant shall submit evidence to the board that he has passed the certification examination for an occupational therapy assistant and any other examination required for initial certification from the NBCOT.

18VAC85-80-60. Practice requirements.

An applicant who has been practicing occupational therapy in another jurisdiction and has met the requirements for licensure in Virginia shall provide evidence that he has engaged in the active practice of occupational therapy as defined in 18VAC85-80-10. If the applicant has not engaged in active practice as defined in 18VAC85-80-10, he shall serve a board-approved practice of 160 hours, which is to be completed within 60 consecutive days, under the supervision of a licensed occupational therapist.

18VAC85-80-61. (Repealed.)

18VAC85-80-65. Registration for voluntary practice by out-of-state licensees.

Any occupational therapist or an occupational therapy assistant who does not hold a license to practice in Virginia and who seeks registration to practice under subdivision 27 of §54.1-2901 of the Code of Virginia on a voluntary basis under the auspices of a publicly supported, all volunteer, nonprofit organization that sponsors the provision of health care to populations of underserved people shall:

1. File a complete application for registration on a form provided by the board at least five business days prior to engaging in such practice. An incomplete application will not be considered;

2. Provide a complete record of professional licensure in each state in which he has held a license and a copy of any current license;

3. Provide the name of the nonprofit organization, the dates and location of the voluntary provision of services;

4. Pay a registration fee of $10; and

5. Provide a notarized statement from a representative of the nonprofit organization attesting to its compliance with provisions of subdivision 27 of §54.1-2901 of the Code of Virginia.

Part III. Renewal of Licensure; Reinstatement.

18VAC85-80-70. Biennial renewal of licensure.

A. An occupational therapist or an occupational therapy assistant shall renew his license biennially during his birth month in each even-numbered year by:

1. Paying to the board the renewal fee prescribed in 18VAC85-80-26;

2. Indicating that he has been engaged in the active practice of occupational therapy as defined in 18VAC85-80-10; and

3. Attesting to completion of continued competency requirements as prescribed in 18VAC85-80-71.

B. An occupational therapist or an occupational therapy assistant whose license has not been renewed by the first day of the month following the month in which renewal is required shall pay an additional fee as prescribed in 18VAC85-80-26.

18VAC85-80-71. Continued competency requirements for renewal of an active license.

A. In order to renew an active license biennially, a practitioner shall complete at least 20 contact hours of continuing learning activities as follows:

1. A minimum of 10 of the 20 hours shall be in Type 1 activities, which shall consist of an organized program of study, classroom experience, or similar educational experience that is related to a licensee's current or anticipated roles and responsibilities in occupational therapy and approved or provided by one of the following organizations or any of its components:

a. Virginia Occupational Therapy Association;

b. American Occupational Therapy Association;

c. National Board for Certification in Occupational Therapy;

d. Local, state, or federal government agency;

e. Regionally accredited college or university;

f. Health care organization accredited by a national accrediting organization granted authority by the Centers for Medicare and Medicaid Services to assure compliance with Medicare conditions of participation; or

g. An American Medical Association Category 1 Continuing Medical Education program.

2. No more than 10 of the 20 hours may be Type 2 activities, which may include consultation with another therapist, independent reading or research, preparation for a presentation, or other such experiences that promote continued learning. Up to two of the Type 2 continuing education hours may be satisfied through delivery of occupational therapy services, without compensation, to low-income individuals receiving services through a local health department or a free clinic organized in whole or primarily for the delivery of health services. One hour of continuing education may be credited for three hours of providing such volunteer services as documented by the health department or free clinic.

B. A practitioner shall be exempt from the continuing competency requirements for the first biennial renewal following the date of initial licensure in Virginia.

C. The practitioner shall retain in his records all supporting documentation for a period of six years following the renewal of an active license.

D. The board shall periodically conduct a representative random audit of its active licensees to determine compliance. The practitioners selected for the audit shall provide all supporting documentation within 30 days of receiving notification of the audit.

E. Failure to comply with these requirements may subject the licensee to disciplinary action by the board.

F. The board may grant an extension of the deadline for continuing competency requirements for up to one year for good cause shown upon a written request from the licensee prior to the renewal date.

G. The board may grant an exemption for all or part of the requirements for circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disasters.

18VAC85-80-72. Inactive licensure.

A. A licensed occupational therapist or an occupational therapy assistant who holds a current, unrestricted license in Virginia shall, upon a request on the renewal application and submission of the required fee, be issued an inactive license. The holder of an inactive license shall not be required to maintain hours of active practice or meet the continued competency requirements of 18VAC85-80-71 and shall not be entitled to perform any act requiring a license to practice occupational therapy in Virginia.

B. An inactive licensee may reactivate his license upon submission of the following:

1. An application as required by the board;

2. A payment of the difference between the current renewal fee for inactive licensure and the renewal fee for active licensure;

3. If the license has been inactive for two to six years, documentation of having engaged in the active practice of occupational therapy or having completed a board-approved practice of 160 hours within 60 consecutive days under the supervision of a licensed occupational therapist; and

4. Documentation of completed continued competency hours equal to the requirement for the number of years, not to exceed four years, in which the license has been inactive.

C. An occupational therapist or an occupational therapy assistant who has had an inactive license for six years or more and who has not engaged in active practice, as defined in 18VAC85-80-10, shall serve a board-approved practice of 320 hours to be completed in four consecutive months under the supervision of a licensed occupational therapist.

D. The board reserves the right to deny a request for reactivation to any licensee who has been determined to have committed an act in violation of §54.1-2915 of the Code of Virginia or any provisions of this chapter.

18VAC85-80-73. Restricted volunteer license.

A. An occupational therapist or an occupational therapy assistant who held an unrestricted license issued by the Virginia Board of Medicine or by a board in another state as a licensee in good standing at the time the license expired or became inactive may be issued a restricted volunteer license to practice without compensation in a clinic that is organized in whole or in part for the delivery of health care services without charge in accordance with §54.1-106 of the Code of Virginia.

B. To be issued a restricted volunteer license, an occupational therapist or occupational therapy assistant shall submit an application to the board that documents compliance with requirements of §54.1-2928.1 of the Code of Virginia and the application fee prescribed in 18VAC85-80-26.

C. The licensee who intends to continue practicing with a restricted volunteer license shall renew biennially during his birth month, meet the continued competency requirements prescribed in subsection D of this section, and pay to the board the renewal fee prescribed in 18VAC85-80-26.

D. The holder of a restricted volunteer license shall not be required to attest to hours of continuing education for the first renewal of such a license. For each renewal thereafter, the licensee shall attest to obtaining 10 hours of continuing education during the biennial renewal period with at least five hours of Type 1 and no more than five hours of Type 2 as specified in 18VAC85-80-71.

18VAC85-80-80. Reinstatement.

A. An occupational therapist or an occupational therapy assistant who allows his license to lapse for a period of two years or more and chooses to resume his practice shall submit a reinstatement application to the board and information on any practice and licensure or certification in other jurisdictions during the period in which the license was lapsed, and shall pay the fee for reinstatement of his licensure as prescribed in 18VAC85-80-26.

B. An occupational therapist or an occupational therapy assistant who has allowed his license to lapse for two years but less than six years, and who has not engaged in active practice as defined in 18VAC85-80-10, shall serve a board-approved practice of 160 hours to be completed in two consecutive months under the supervision of a licensed occupational therapist.

C. An occupational therapist or an occupational therapy assistant who has allowed his license to lapse for six years or more, and who has not engaged in active practice, shall serve a board-approved practice of 320 hours to be completed in four consecutive months under the supervision of a licensed occupational therapist.

D. An applicant for reinstatement shall meet the continuing competency requirements of 18VAC85-80-71 for the number of years the license has been lapsed, not to exceed four years.

E. An occupational therapist or an occupational therapy assistant whose license has been revoked by the board and who wishes to be reinstated shall make a new application to the board and payment of the fee for reinstatement of his license as prescribed in 18VAC85-80-26 pursuant to §54.1-2408.2 of the Code of Virginia.

Part IV. Practice of Occupational Therapy.

18VAC85-80-90. General responsibilities.

A. An occupational therapist renders services of assessment, program planning, and therapeutic treatment upon request for such service. The practice of occupational therapy includes therapeutic use of occupations for habilitation and rehabilitation to enhance physical health, mental health, and cognitive functioning. The practice of occupational therapy may include supervisory, administrative, educational or consultative activities or responsibilities for the delivery of such services.

B. An occupational therapy assistant renders services under the supervision of an occupational therapist that do not require the clinical decision or specific knowledge, skills and judgment of a licensed occupational therapist and do not include the discretionary aspects of the initial assessment, evaluation or development of a treatment plan for a patient.

18VAC85-80-100. Individual responsibilities.

A. An occupational therapist provides assessment by determining the need for, the appropriate areas of, and the estimated extent and time of treatment. His responsibilities include an initial screening of the patient to determine need for services and the collection, evaluation and interpretation of data necessary for treatment.

B. An occupational therapist provides program planning by identifying treatment goals and the methods necessary to achieve those goals for the patient. The therapist analyzes the tasks and activities of the program, documents the progress, and coordinates the plan with other health, community or educational services, the family and the patient. The services may include but are not limited to education and training in basic and instrumental activities of daily living (ADL); the design, fabrication, and application of orthoses (splints); the design, selection, and use of adaptive equipment and assistive technologies; therapeutic activities to enhance functional performance; vocational evaluation and training; and consultation concerning the adaptation of physical, sensory, and social environments.

C. An occupational therapist provides the specific activities or therapeutic methods to improve or restore optimum functioning, to compensate for dysfunction, or to minimize disability of patients impaired by physical illness or injury, emotional, congenital or developmental disorders, or by the aging process.

D. An occupational therapy assistant is responsible for the safe and effective delivery of those services or tasks delegated by and under the direction of the occupational therapist. Individual responsibilities of an occupational therapy assistant may include:

1. Participation in the evaluation or assessment of a patient by gathering data, administering tests, and reporting observations and client capacities to the occupational therapist;

2. Participation in intervention planning, implementation, and review;

3. Implementation of interventions as determined and assigned by the occupational therapist;

4. Documentation of patient responses to interventions and consultation with the occupational therapist about patient functionality;

5. Assistance in the formulation of the discharge summary and follow-up plans; and

6. Implementation of outcome measurements and provision of needed patient discharge resources.

18VAC85-80-110. Supervisory responsibilities of an occupational therapist.

A. Delegation to an occupational therapy assistant.

1. An occupational therapist shall be ultimately responsible and accountable for patient care and occupational therapy outcomes under his clinical supervision.

2. An occupational therapist shall not delegate the discretionary aspects of the initial assessment, evaluation or development of a treatment plan for a patient nor shall he delegate any task requiring a clinical decision or the knowledge, skills, and judgment of a licensed occupational therapist.

3. Delegation shall only be made if, in the judgment of the occupational therapist, the task or procedures do not require the exercise of professional judgment, can be properly and safely performed by an appropriately trained occupational therapy assistant, and the delegation does not jeopardize the health or safety of the patient.

4. Delegated tasks or procedures shall be communicated to an occupational therapy assistant on a patient-specific basis with clear, specific instructions for performance of activities, potential complications, and expected results.

B. The frequency, methods, and content of supervision are dependent on the complexity of patient needs, number and diversity of patients, demonstrated competency and experience of the assistant, and the type and requirements of the practice setting. The occupational therapist providing clinical supervision shall meet with the occupational therapy assistant to review and evaluate treatment and progress of the individual patients at least once every tenth treatment session or 30 calendar days, whichever occurs first. For the purposes of this subsection, group treatment sessions shall be counted the same as individual treatment sessions.

C. An occupational therapist may provide clinical supervision for up to six occupational therapy personnel, to include no more than three occupational therapy assistants at any one time.

D. The occupational therapy assistant shall document in the patient record any aspects of the initial evaluation, treatment plan, discharge summary, or other notes on patient care performed by the assistant. The supervising occupational therapist shall countersign such documentation in the patient record at the time of the review and evaluation required in subsection B of this section.

18VAC85-80-111. Supervision of unlicensed occupational therapy personnel.

A. Unlicensed occupational therapy personnel may be supervised by an occupational therapist or an occupational therapy assistant.

B. Unlicensed occupational therapy personnel may be utilized to perform:

1. Nonclient-related tasks including, but not limited to, clerical and maintenance activities and the preparation of the work area and equipment; and

2. Certain routine patient-related tasks that, in the opinion of and under the supervision of an occupational therapist, have no potential to adversely impact the patient or the patient's treatment plan.

Part V. Standards of Professional Conduct.

18VAC85-80-120. (Repealed.)

18VAC85-80-130. Confidentiality.

A practitioner shall not willfully or negligently breach the confidentiality between a practitioner and a patient. A breach of confidentiality that is required or permitted by applicable law or beyond the control of the practitioner shall not be considered negligent or willful.

18VAC85-80-140. Patient records.

A. Practitioners shall comply with provisions of § 32.1-127.1:03 related to the confidentiality and disclosure of patient records.

B. Practitioners shall provide patient records to another practitioner or to the patient or his personal representative in a timely manner in accordance with provisions of § 32.1-127.1:03 of the Code of Virginia.

C. Practitioners shall properly manage and keep timely, accurate, legible and complete patient records;

D. Practitioners who are employed by a health care institution, school system or other entity, in which the individual practitioner does not own or maintain his own records, shall maintain patient records in accordance with the policies and procedures of the employing entity.

E. Practitioners who are self-employed or employed by an entity in which the individual practitioner does own and is responsible for patient records shall:

1. Maintain a patient record for a minimum of six years following the last patient encounter with the following exceptions:

a. Records of a minor child, including immunizations, shall be maintained until the child reaches the age of 18 or becomes emancipated, with a minimum time for record retention of six years from the last patient encounter regardless of the age of the child;

b. Records that have previously been transferred to another practitioner or health care provider or provided to the patient or his personal representative; or

c. Records that are required by contractual obligation or federal law may need to be maintained for a longer period of time.

2. From October 19, 2005, post information or in some manner inform all patients concerning the time frame for record retention and destruction. Patient records shall only be destroyed in a manner that protects patient confidentiality, such as by incineration or shredding.

F. When a practitioner is closing, selling or relocating his practice, he shall meet the requirements of § 54.1-2405 of the Code of Virginia for giving notice that copies of records can be sent to any like-regulated provider of the patient's choice or provided to the patient.

18VAC85-80-150. Practitioner-patient communication; termination of relationship.

A. Communication with patients.

1. Except as provided in § 32.1-127.1:03 F of the Code of Virginia, a practitioner shall accurately present information to a patient or his legally authorized representative in understandable terms and encourage participation in decisions regarding the patient's care.

2. A practitioner shall not deliberately make a false or misleading statement regarding the practitioner's skill or the efficacy or value of a treatment or procedure provided or directed by the practitioner in the treatment of any disease or condition.
3. Practitioners shall adhere to requirements of § 32.1-162.18 of the Code of Virginia for obtaining informed consent from patients prior to involving them as subjects in human research with the exception of retrospective chart reviews.

B. Termination of the practitioner/patient relationship.

1. The practitioner or the patient may terminate the relationship. In either case, the practitioner shall make the patient record available, except in situations where denial of access is allowed by law.

2. A practitioner shall not terminate the relationship or make his services unavailable without documented notice to the patient that allows for a reasonable time to obtain the services of another practitioner.

18VAC85-80-160. Practitioner responsibility.

A practitioner shall not:

1. Perform procedures or techniques that are outside the scope of his practice or for which he is not trained and individually competent;

2. Knowingly allow subordinates to jeopardize patient safety or provide patient care outside of the subordinate's scope of practice or their area of responsibility. Practitioners shall delegate patient care only to subordinates who are properly trained and supervised;

3. Engage in an egregious pattern of disruptive behavior or interaction in a health care setting that interferes with patient care or could reasonably be expected to adversely impact the quality of care rendered to a patient; or

4. Exploit the practitioner/patient relationship for personal gain.

B. Advocating for patient safety or improvement in patient care within a health care entity shall not constitute disruptive behavior provided the practitioner does not engage in behavior prohibited in A 3 of this section.

18VAC85-80-170. Sexual contact.

A. For purposes of § 54.1-2915 A 12 and A 19 of the Code of Virginia and this section, sexual contact includes, but is not limited to, sexual behavior or verbal or physical behavior which:

1. May reasonably be interpreted as intended for the sexual arousal or gratification of the practitioner, the patient, or both; or

2. May reasonably be interpreted as romantic involvement with a patient regardless of whether such involvement occurs in the professional setting or outside of it.

B. Sexual contact with a patient.

1. The determination of when a person is a patient for purposes of § 54.1-2915 A 19 of the Code of Virginia is made on a case-by-case basis with consideration given to the nature, extent, and context of the professional relationship between the practitioner and the person. The fact that a person is not actively receiving treatment or professional services from a practitioner is not determinative of this issue. A person is presumed to remain a patient until the patient-practitioner relationship is terminated.

2. The consent to, initiation of, or participation in sexual behavior or involvement with a practitioner by a patient does not change the nature of the conduct nor negate the statutory prohibition.

C. Sexual contact between a practitioner and a former patient.

Sexual contact between a practitioner and a former patient after termination of the practitioner-patient relationship may still constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge, or influence of emotions derived from the professional relationship.

D. Sexual contact between a practitioner and a key third party shall constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge or influence derived from the professional relationship or if the contact has had or is likely to have an adverse effect on patient care. For purposes of this section, key third party of a patient shall mean: spouse or partner, parent or child, guardian, or legal representative of the patient.

E. Sexual contact between a supervisor and a trainee shall constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge or influence derived from the

professional relationship or if the contact has had or is likely to have an adverse effect on patient care.

18VAC85-80-180. Refusal to provide information.

A practitioner shall not willfully refuse to provide information or records as requested or required by the board or its representative pursuant to an investigation or to the enforcement of a statute or regulation.