

Agency Response to Economic Impact Analysis
18VAC85-80-10 et seq.
Licensure of Occupational Therapy Assistants

The agency does not concur with the conclusion of the Economic Impact Analysis that the costs of licensure of occupational therapy assistants outweigh the benefits.

First, the economic analysis does not account for the fact that licensure is a mandate of the Code of Virginia, not a result of this regulatory proposal. The EIA appears to be an analysis of the legislation passed by the General Assembly in 2008 rather than an analysis on regulations adopted by the Board of Medicine. By adopting the COTA (Certified Occupational Therapy Assistant) certification as the criteria for licensure, the Board has accepted the credential already specified and already held by persons who call themselves occupational therapy assistants (OTA's); therefore no additional education and examination is required to qualify for licensure.

Second, the economic analysis does not take into account the increased responsibilities for OTA's and additional occupational therapy services that OTA's will be able to perform – services that are presently reserved for licensed occupational therapists, who are higher-salaried individuals. The primary intent of the legislative action was to more fully utilize the professional services of OTA's by distinguishing them from unlicensed personnel. It is entirely possible that the costs of occupational therapy services will be reduced since the proposed (and emergency) regulations permit providers to employ OTA's to perform the following occupational therapy tasks:

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.

Third, by the proposed regulation, unlicensed occupational therapy personnel may now be supervised by an OTA, thus increasing the utilization of OTA's at a lower costs for services.

Fourth, since the OTA is now a licensed individual, the requirement for review and evaluation of services for individual patients by the occupational therapist has been extended from at least once every *fifth* treatment to once every tenth treatment session or every 30 calendar days, rather the previous requirement of every 21 days. Again, these changes will enable more occupational therapy services to be provided by a lower paid professional, so institutions such as long term care may employ more OTA's for direct patient services with an OT as the supervisor of those services.