

PROSPECTIVE ANALYSIS
OCCUPATIONAL THERAPY LICENSURE BOARD

IDAPA 24.06.01

RULE: 200 SERIES

Proposed Rule:

200. PRACTICE STANDARDS.

01. Scope of Practice. Occupational Therapists and Occupational Therapy Assistants must possess the education, training, and experience within their scope of practice to perform occupational therapy tasks.

02. Supervision Requirements. Supervision is the direction and review of service delivery, treatment plans, and treatment outcomes. Unless otherwise specified in this rule, in-person or synchronous interaction at least once a month is the minimum level of supervision that must be provided. Methods of supervision may include but are not limited to line-of-sight supervision with the supervisor's physical presence when services are being provided and/ or in-person contact by the supervisor where services are being provided to ensure the safe and effective delivery of occupational therapy.

a. Limited Permit Holders. Limited permit holders must be supervised by an occupational therapist. This requires daily in-person contact with the supervisor at the site where service is provided.

b. Occupational Therapy Assistants. Occupational therapy assistants must be supervised by an occupational therapist at least once per month by no less than telecommunications.

c. Occupational Therapy Aides. The occupational therapist or occupational therapy assistant must train the aide to perform client-related and non-client-related tasks at least once per month. Client-related tasks are routine tasks during which the aide may interact with the client but does not act as a primary service provider of occupational therapy services. Occupational therapists and occupational therapy assistants must document all training and supervision of an aide.

i. The following factors must be present when an occupational therapist or occupational therapy assistant assigns a selected client-related task to the aide: The supervisor must be physically present when services are being provided to clients by the aide; the

outcome of the assigned task must be predictable; the situation of the client and the environment must be stable and will not require the aide to make judgments, interpretations, or adaptations; and the routine and process of the task must have been clearly established.

Current Rule: Same essential elements as proposed rule.

Legal Authority: Idaho Code § 54-3712, 54-3715, 54-3717, and 54-3720

Define the specific problem the proposed rule is attempting to solve. Can it be solved through non-regulatory means?

To provide standards for the practice of occupational therapy in the State of Idaho.

What evidence is there that the rule, as proposed, will solve the problem?

Federal Law Comparison (where applicable)

Summary of Law (include direct link)	How is the proposed Idaho rule more stringent? (if applicable)
N/A	N/A

State Law Comparison

State	Summary of Law (include direct link)	How is the proposed Idaho rule more stringent? (if applicable)
Alaska	While Occupational Therapy and Physical Therapy are combined into a single board, each profession maintains its own practice standards, governed by rule (12 AAC 54.800–890).	The proposed rule is no

	<p>AK does not allow OTs to “practice medicine, osteopathy, chiropractic, or other method of healing.” OTs are to adhere to the state’s Principles of Practice policies. No OT can supervise more than three aides or assistants or students, etc., at once. OTs may not delegate patient care to non-licensed personnel. Licenses must be conspicuously displayed.</p> <p>https://www.commerce.alaska.gov/web/portals/5/pub/PT-OTStatutes.pdf</p>	more restrictive.
Montana	<p>MT has adopted the 2015 American Occupational Therapist Association’s Standards of Practice. Supervisors have discretion to determine the necessary level of supervision, depending upon clinical experience, responsibilities, and competence. But failure to provide adequate supervision is unprofessional conduct, as is treating disorders by correspondence, guaranteeing results, or failing to receive informed consent before undergoing treatment.</p> <p>Those wishing to provide superficial physical agent modalities or topical medications must obtain certification beyond initial licensure with proctored training. Topical medications must be obtained by the patient, not the OT, from a pharmacy and must remain in the patient’s possession. The use of anesthetic agents, nonsteroidal anti-inflammatory agents, antispasmodic agents, or neuropathic pain agents must be directed by a licensed medical practitioner with prescriptive authority.</p> <p>https://rules.mt.gov/gateway/ChapterHome.asp?Chapter=24%2E165</p>	The proposed rule is no more restrictive.
Nevada	<p>NV governs its standards of practice by rule. The Board has adopted the AOTA Code of Ethics and Standards of Practice. In addition, OTs must inform patients of any risks associated with treatment; not misrepresent the efficacy of treatments; seek consultation when in the patient’s best interest; and use professional judgment in determining the frequency of direct patient contact.</p> <p>An OT may practice occupational therapy on a patient for specific medical conditions only if that patient has been referred by another licensed healthcare provider. Without a referral, OTs may provide services for a person whose ability to perform tasks of daily living is impaired by developmental deficiencies, aging, environmental deprivation, sensory impairment, psychological/social disfunction, etc.; such services may be performed in any setting. OTAs must practice under the general supervision of an OT and can only delegate tasks within their own training and experience.</p>	The proposed rule is no more restrictive.

	<p>Licenses must be prominently displayed and both OTs and OTAs must wear nametags that identify both their name and their licensure or certification, including their respective alphabet soups.</p> <p>https://www.leg.state.nv.us/NAC/NAC-640A.html</p>	
Oregon	<p>OR governs practice standards by rule. OTs must provide services consistent with the AOTA Code of Ethics and Ethical Standards of Practice. OTs are required to limit their practice within the scope of their training, experience, and qualifications in an effort to maximize patient independence, prevent disability, and maintain health. An OT may not practice while impaired. OTAs may only practice under the general supervision of an OT. Either OTs or OTAs may directly supervise aides; with that direct supervision, aides may still only assist in routine treatments or non-treatment tasks.</p> <p>https://secure.sos.state.or.us/oard/displayChapterRules.action?selectedChapter=131</p>	The proposed rule is no more restrictive.
South Dakota	<p>SD governs practice standards by statute and rule. The practice standards are generally non-restrictive, based on the OTs training and experience. However, to perform physical agent modalities, the OT must have completed additional training approved by AOTA and received additional certification.</p> <p>SD provides its own code of ethics, requiring OTs and OTAs to demonstrate concern for their patients; intentionally refrain from doing harm; respect the patients' right to self-determination; provide comprehensive and accurate information; etc.</p> <p>OTAs with less than one year of experience must be supervised 25% of the time; OTAs with more than one year of experience must be supervised 10% of the time. An aide may only perform routine tasks for which the aide has been suitably trained and must be under the direct supervision of either an OT or an OTA.</p> <p>https://sdlegislature.gov/Statutes/Codified_Laws/2061102 https://sdlegislature.gov/Rules/Administrative/11015</p>	The proposed rule is no more restrictive.
Utah	<p>UT governs its practice standards by both statute and rule. OTs and OTAs must be able to demonstrate and document evidence of theoretical background, technical skill, and competence in all therapies performed. Before engaging in wound care management, an OT must receive formal specialized</p>	The proposed rule is no

	<p>training. In addition to violating the law (excepting only minor violations) or violating lawful orders or rules of the Board, it is unprofessional conduct to provide substandard care or delegate responsibilities to assistive personnel that do not have the knowledge, skills, or abilities to perform those tasks. OTs must supervise assistive personnel. In that supervision, OTs must write the initial treatment plans and cosign any modifications to those plans; and meet face-to-face at least once every two weeks with the OTAs to whom they have referred patients. OTs may not supervise more than two fulltime OTAs or four part-time OTAs. OTAs may only practice under the supervision of a licensed OT. OTAs may not write individual treatment plans or modify those plans, but they may maintain or contribute to the plans. Aides may only provide routine services while under the direct supervision of an OT or OTA. They may not write, modify, maintain, or contribute to individual treatment plans.</p> <p>https://le.utah.gov/xcode/Title58/Chapter42A/58-42a.html https://adminrules.utah.gov/public/rule/R156-42a/Current%20Rules?</p>	<p>more restrictive.</p>
<p>Washington</p>	<p>WA governs its practice standards both by statute (RCW 18.59.100, 160–170), and rule [WAC 246-847-135 (standards of supervision) & 170 (standards of professional conduct)]. OTs and OTAs may only provide services and use techniques for which they are qualified by education, training, and experience. They must not delegate client-related services which require the skills of an OT or OTA, respectively. OTs may perform wound care management and, with specialized training, debridement, but neither service can be delegated. All services performed must be goal-oriented and the OT will recommend termination of services once the goals have been achieved. OTs may purchase, store, and administer topical and transdermal medication. OTs must refer medical cases to licensed doctors and can only provide services in medical cases when referred. Acts of moral turpitude, fraudulent advertising, possession of controlled substances, or incompetence and other actions that are likely to harm patients are all forms of unethical behavior.</p> <p>OTAs, limited permit holders, and aides must be supervised by licensed OTs. OTAs must be in regular consultation with an OT; limited permit holders must work in association with OT; aides must be supervised and trained by the OT or an OTA.</p> <p>Licenses must be conspicuously posted.</p> <p>https://app.leg.wa.gov/rcw/default.aspx?cite=18.59&full=true;</p>	<p>The proposed rule is no more restrictive.</p>

	https://app.leg.wa.gov/wac/default.aspx?cite=246-847&full=true	
Wyoming	<p>WY governs standards of practice by rule, employing delineated roles for OTs and OTAs. An OT must evaluate patients, prepare treatment plans, monitor treatment delegated to OTAs, and accept responsibility for the OTA's performance. OTAs may assist in treatment commensurate with their education and training. OTAs must be supervised by OTs, whether in-person or virtually. Those working on a limited license must receive daily supervision by a licensee. Before performing physical modalities, OTs and OTAs must complete 6 hours of education in the modality and 5 hours of supervised direct patient treatment in the modality. OTs who have received dry needle training may also perform dry needling.</p> <p>WY has its own code of ethics.</p> <p>https://rules.wyo.gov/Search.aspx?Agency=083 (chapter 3).</p>	The proposed rule is no more restrictive.

If the Idaho proposed rule has a more stringent requirement than the federal government or the reviewed states, describe the evidence base or unique circumstances that justifies the enhanced requirement:

N/A

Anticipated impact of the proposed rule on various stakeholders:

Category	Potential Impact
Fiscal impact to the state General Fund, any dedicated fund, or federal fund	
Impact to Idaho businesses, with special consideration for small businesses	
Impact to any local government in Idaho	

Cumulative regulatory volume this proposed rule adds:

Category	Potential Impact
Net change in word count	
Net change in restrictive word count	