



Governor Scott Walker
Wisconsin State Capitol
115 East Capitol
Madison, WI 53702

The Occupational Therapist Affiliated Credentialing Board (OTACB) in the Department of Safety and Professional Services reviewed its rules Wis. Admin. Code chs. 1, 2, 3 and 4 and determined that the rules were outdated. The Board identified several key areas in the rules that were not typical of practice within the profession. The Board was also prompted by the American Occupational Therapy Association (AOTA), who changed the definition of Occupational Therapy Practice for the AOTA Model Practice Act in April of 2011. The OT Board sought to incorporate some of the language from the AOTA Model Practice Act and to institute changes that will update the current code language with current practices within the profession.

The Wisconsin Occupational Therapy Association (representing over 5,000 OT professionals) has monitored the rules update process for a year, offered suggestions and appreciate the updated rules which more accurately represent practice. There was an issue that was not changed because the Board felt they did not have authority to make substantive content changes. Before the changed rules are signed into effect WOTA is asking that Governor Walker consider requesting that the OTACB remove the requirement of a Physician referral for the reasons outlined.

1. Occupational Therapists welcome Physician referral in medical model OT. We want the partnership with a physician and want the diagnosis of client problems to be initiated by the physician. In general OTs majorly practice under physician referral. In order to provide OT services a physician initiates the process of asking for OT services in medical model OT. The process is already in place by reimbursement systems to require Physician referral so it does not need to be written into the administrative rules for OT.
2. There are only 10 states nationwide that do require referral for OT in their licensure language. These are the 10 states: Alabama, Illinois, Indiana, Kansas, Minnesota, New York, Pennsylvania, Texas, Washington, and Wisconsin. So not requiring physician referral in OT regulatory language is a national standard that is followed by a majority of states (40).
3. OT Practice is so broad and inclusive of many services that would not require a physician to request them such as: prevention and wellness, consultation to industry and work environments, ergonomics, home modification, falls prevention, energy conservation joint protection, habilitation (teaching skills not yet learned) social skills training, behavior management, sensory strategies for children with autism and technology. Many of these are already covered in our rules as *"may have a referral but are not required to"*, OTs want this to be continued.
4. Another reason that has been given is the requirement to have a physician referral/order may negatively impact small businesses who offer a range of services from OT to alternative health practices and pediatric practices that include services for children with autism and other developmental disabilities who may have a medical condition that they are not being seen by the OT for but requires that the OT get a referral/order for evaluation and rehabilitation treatment for individuals with medical conditions currently.

The OTACB is currently reviewing the administrative rules to determine if they create barriers to small businesses as the Governor has requested.

Currently the revised language says this:

Definitions in Chapter 1

(19) "Order" means the practice of identifying the need for occupational therapy evaluation and intervention and delegating the responsibility to perform the evaluation and intervention to an occupational therapist.

(22) "Referral" means the practice of requesting occupational therapy services.

OT 4.03 (2) REFERRAL AND ORDERS. (a) Evaluation, rehabilitation treatment, and implementation of treatment with individuals with specific medical conditions shall be based on an order from a physician, dentist or podiatrist, or any other qualified health care professional.

SECTION 13. OT 4.03 (2) (c), (d), and (e) are amended to read:

OT 4.03 (2) (c) Although an order is not required, an occupational therapist or occupational therapy assistant may accept a referral for the purpose of providing services which include consultation, habilitation, screening, client education, wellness, prevention, environmental assessments, and work-related ergonomic services.

OT 4.03 (2) (d) Orders shall be in writing. However, verbal orders may be accepted if they are followed by a written and signed order by the ordering professional within 3 days from the date on which the client consults with the occupational therapist or occupational therapy assistant.

OT 4.03 (2) (e) Orders or referral from another health care provider professional is not required for evaluation or intervention if an occupational therapist or occupational therapy assistant provides services in an educational environment, including the child's home, for children and youth with disabilities pursuant to rules promulgated by the federal individuals with disabilities education act, the department of public instruction and the department of health services, or provides services in an educational environment for children and youth with disabilities pursuant to the code of federal regulations.

WOTA wants to see this whole 4.03 section on Orders removed.

If Physicians feel that it needs to be defined in our language then we could accept the inclusion of this requirement if one or both of the following **bolded** changes were made.

remove

OT 4.03 (2) REFERRAL AND ORDERS. (a) **Evaluation, (If evaluation was removed as a requirement the OT could evaluate if there was a need for OT before the need to get a Dr's order)** rehabilitation treatment, and implementation of treatment with individuals with specific medical conditions shall **(remove shall and replace with may)** be based on an order from a physician, dentist or podiatrist, or any other qualified health care professional.

Thank you for considering asking the OTACB to make this simple change that would then facilitate the rules being put into effect after a year of review and updating. They are good rules we want them in place this year.

Teri Black COTA ROH

Teri Black

WOTA Legislative Chair

Gov. Scott Walker,

First I want to thank you for your initiatives to help small business! As I am in the process of opening a private practice, I am quickly learning how daunting the barriers to small business can be.

I am an Occupational Therapist who wishes to provide comprehensive holistic rehabilitation and wellness services, operating independently from the insurance systems. My goal is to provide affordable cash-based care to clients who may have limited insurance coverage, no insurance coverage, maxed out their benefits for the year already, or simply wish to seek care without the limits that insurance carriers place on the type and amount of care I am able to provide as a therapist. By doing this I will also be able to provide patient care near 100% of the time I am working, thus making me a more experienced and knowledgeable therapist.

As you may know, Occupational Therapy licensing requires that I have earned a masters degree in occupational therapy, passed at least two credentialing and license exams, and participate in on going clinical education.

Working closely with physicians and receiving their referrals can be very helpful to me as a therapist with a complicated case. For example, working in a hospital with someone with a spinal cord injury, a stroke, or a severe traumatic injury. However, working in an outpatient clinic - I mainly see sports injuries, torn muscles, chronic pain conditions, or posture related deficits. My clinical training has prepared me adequately to treat these types of injuries without a referral.

Obtaining referrals can be an active barrier to my practice, especially as someone working outside the insurance system. If a client comes to me with a shoulder injury, with no insurance, it will be very difficult for them to afford not only to come to me but also to go to a doctors visit to establish a medical necessity for therapy. It may take them weeks to get into the physician, and then weeks for the physician to get the referral to me. All in that time, the client's shoulder continues to cause them pain, limit their function, and the original injury becomes worse. Also from a business stand point - I am missing out on weeks of payments, they are potentially missing weeks of work, and weeks of money that is not stimulating the local economy. All from a simple requirement for a referral.

Please consider following the forward moving vision of many other states by waiving the need for referrals, or at least limiting the types of conditions that require a referral for Occupational Therapy service.

Thank you so much for your service, Gov. Walker - please help Occupational Therapists do our service!

Sincerely,
Rita Burlingame, MS, OTR/L

I am writing this letter in regard to the up coming licensure changes for practice in Occupational Therapy. I am an OTR who lives in rural Wisconsin. I wish to start an independent business servicing clients for therapy. Having each client required to have a physician referral limits my small business. I am hopeful that the Occupational Therapy techniques I have learned in combination with the Myofascial Techniques I have pursued with my continuing education will help improve peoples quality of life physically and mentally in my hometown. The requirement of the physician order limits my ability to make a living where I am. Many states allow a person to self refer for therapy.

Many people are living with chronic conditions or even recent injuries and are well aware of their problems, diagnosis, and limitations. Requiring them to go and get a doctors permission delays treatment and incurs extra expense. OTRs are trained at looking for limitations we are not there to diagnose but we do evaluate before treatment. The greatest asset we have is the persons self-report and examination of the limitations not the doctors orders. Most orders read evaluate and treat anyway. My point is an OT is liable to the licenses they hold so why no self referral? Hold us to our continued growth and educational requirements but let us have a chance making it in a small rural setting.

Jennifer Flanigan OTR

Amend Wisconsin Statutes to Permit Direct Access to Outpatient Occupational Therapy Services

In Wisconsin, the practice of occupational therapy by licensed and highly trained health care professionals is contingent upon a physician referral. This requirement does not serve the needs of patients who require occupational therapy and who must first be seen by a physician to receive a referral for needed therapy. This practice results in costly treatment delays, restricted access to needed services, patient frustration, and a loss of business revenue while patients wait unnecessarily for needed services.

The physician referral requirement is particularly burdensome for private outpatient therapy clinics and private practice therapists. In outpatient settings, the referral requirement causes unnecessary delays in care, creates additional work for outpatient providers, and serves as a deterrent for private pay clientele. All of which results in higher operating costs and lost revenues for small outpatient clinics.

Legislating direct access to outpatient occupational therapy services in Wisconsin will benefit small business owners and patients. How? By expanding access to care, by increasing patient choice in selecting their health care professional, and by providing private outpatient clinics with the opportunity to provide patients with less expensive and more timely care.

At the clinic I run for children with behavioral issues I frequently work with children on the autism spectrum, or children with mental illness and/or developmental disabilities. I am not providing typical OT it is behavior management often for sensory issues. Because they have a medical condition I have to send them to get a referral from their Doctor for me to evaluate them or provide any interventions. Removing the requirement for a physician referral would allow children to access the services I provide without incurring the cost of a doctor visit.

Thank you for your consideration, An Occupational Therapist in Appleton WI.

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Jennifer Flanigan OTR

5-13-2013

To: Brett Davis
% Department of Health Services

Regarding: How current Licensure requirements for physician referral restrict patient access to health care services, i.e., Occupational Therapy Services while also increasing health care costs.

The current licensure requirement for physician referral to access OCCUPATIONAL THERAPY EVALUATION & TREATMENT results in the following:

- Limitation of patient access to independent health care organizations secondary to the large HMO's refusing to allow physician's within their HMO to refer patient's 'out of system', even for services not provided in house.
- Large HMO's limit patient access by refusing to allow outside providers to be a part of their system, thus again limiting competition.
- Health care cost increase secondary to lack of competition, for example, SaluCare Rehab charges \$60.00 for occupational therapy evaluation and \$160.00/hour for occupational treatment whereas the same service(s) within the local HMO(s) are billed at a much higher hourly rate.
- Patient's are unable to access services that are less costly while at the same time more effective than those provided 'in-house'. In essence, quality of care & lower costs fail to increase referrals due to blockage of those referrals by the large systems.
- The ability of the small health care business to survive is compromised secondary to the large system's demand that their physician's keep referrals 'in house'.
- If direct access without physician referral was allowed, it would be a first step in "opening up the market place" to 'access by all'.

Sincerely yours,

Judith Schabert

Judith A. Schabert, President