

ARIZONA STATE SENATE

RESEARCH STAFF



TO: JOINT LEGISLATIVE AUDIT COMMITTEE
Senator Robert Blendu, Chairman
Representative John Nelson, Cochair

HEATHER OWENS
LEGISLATIVE RESEARCH ANALYST
HEALTH COMMITTEE
Telephone: (602) 926-3171
Facsimile: (602) 926-3833

DATE: December 3, 2007

SUBJECT: Sunset Review of the Board of Occupational Therapy Examiners

Attached is the final report of the sunset review of the Board of Occupational Therapy Examiners, which was conducted by the Senate Health and House of Representatives Health Committee of Reference.

This report has been distributed to the following individuals and agencies:

Governor of the State of Arizona
The Honorable Janet Napolitano

President of the Senate
Senator Tim Bee

Speaker of the House of Representatives
Representative James Weiers

Senate Members
Senator Tom O'Halleran, Cochairman
Senator Barbara Leff
Senator Paula Aboud
Senator Thayer Verschoor
Senator Amanda Aguirre

House Members
Representative Bob Stump, Cochairman
Representative Nancy Barto
Representative Rick Murphy
Representative David Bradley
Representative Linda Lopez

Board of Occupational Therapy Examiners
Arizona State Library, Archives & Public Records
Office of the Auditor General

Senate Majority Staff
Senate Research Staff
Senate Minority Staff
Senate Resource Center

House Majority Staff
House Research Staff
House Minority Staff
Chief Clerk

HO/jas
Attachment

***Senate Health and House of Representatives Health
Committee of Reference Report***

BOARD OF OCCUPATIONAL THERAPY EXAMINERS

Background

Pursuant to Arizona Revised Statutes (A.R.S.) § 41-2953, the Joint Legislative Audit Committee (JLAC) assigned the sunset review of the Board of Occupational Therapy Examiners (Board) to the Senate Health and House of Representatives Health Committee of Reference.

The Board was established in 1990 to license and regulate Occupational Therapists and Occupational Therapy Assistants in order to standardize occupational therapy practices. The mission of the Board is to ensure the public's health, safety and welfare by licensing and regulating individuals who provide occupational therapy services. The Board's duties include: setting standards for licensure examinations, evaluating applicants' qualifications, collecting fees, collecting applicant fingerprints for the purpose of criminal background checks, adopting rules, and conducting investigations and hearings in disciplinary matters.

Pursuant to A.R.S. § 32-3405, the State Treasurer collects all monies received by the Board and deposits ten percent of the monies and all civil penalties imposed on licensees into the state General Fund. The remaining 90 percent of monies received are deposited in the Occupational Therapy Fund and are used by the Board for all necessary Board expenses.

Committee of Reference Sunset Review Procedures

The Committee of Reference held one public meeting on November 6, 2007, to review the Board's responses to the sunset factors as required by A.R.S. § 41-2954, subsections D and F, and to hear public testimony. The Board's responses to the 12 sunset factors and four additional questions are attached.

Committee of Reference Recommendations

The Committee of Reference recommends continuing the Board for ten years.

Attachments

1. Staff memo.
2. Sunset report requirements pursuant to A.R.S. § 41-2954, subsections D and F.
3. Meeting notice.
4. An excerpt of the minutes of the Committee of Reference meeting relating to the Board.

ARIZONA STATE SENATE

RESEARCH STAFF



TO: MEMBERS OF THE HOUSE AND SENATE
HEALTH COMMITTEE OF REFERENCE

HEATHER OWENS
ASSISTANT ANALYST
HEALTH COMMITTEE
Telephone: (602) 926-3171
Facsimile: (602) 926-3833

DATE: October 10, 2007

SUBJECT: Sunset Review of the Arizona State Board of Occupational Therapy Examiners

The Arizona State Board of Occupational Therapy Examiners (Board) is scheduled to sunset on July 1, 2008 (A.R.S. § 41-3008.09). The following is a brief description of the history and duties of the Board, as well as the Board's response to the sunset questionnaire. As part of the sunset submittal, the Board has also provided a binder containing copies of its enabling statutes, administrative rules, licensing time frame compliance reports for FY 2004-2005 to FY 2006-2007, the initial application for licensure, the biannual license renewal form, the Board's 2007 2nd quarter performance measures, the Board's Appropriations Report, pages from the Board's website, a five-year review progress report, a Board action sheet, a memo from the Office of the Attorney General and the Board's FY 2006-2007 meeting minutes. These documents are on file with Senate Research staff should you wish to see them.

A public meeting is scheduled for November 6, 2007, to allow you to ask questions of the Board, take public testimony and make a final recommendation on the Board's continuation. If you have any questions or need further assistance, please feel free to contact me.

BOARD HISTORY AND MISSION

The Board was established in 1990 to license and regulate occupational therapists and occupational therapy assistants, in order to standardize occupational therapy practices. The mission of the Board is to ensure the public's health, safety and welfare by licensing and regulating individuals who provide occupational therapy services. Pursuant to A.R.S. § 32-3401, occupational therapy services include the following: 1) training in activities of daily living and social skills, including play, self-help skills, work and related activities; 2) evaluating and facilitating developmental, perceptual-motor, neuromuscular and sensory-integrative function; 3) enhancing functional achievement, prevocational skills and work capabilities through therapeutic, kinetic, functional, manual and creative activities or exercises; 4) training an individual in the use of orthotic, prosthetic and adaptive devices when necessary; 5) administering manual muscle, sensory and range of motion tests as an aid to treatment; and 6) assessing and adapting environments for individuals with handicaps and those at risk for dysfunction.

ORGANIZATION AND DUTIES

The Board consists of five members appointed by the Governor. Two members must be public members who are not directly or indirectly engaged in the provision of health care services. The other three members must be licensed occupational therapists and have a minimum of three years of experience in occupational therapy or teaching in an accredited occupational therapy education program immediately prior to appointment. The Board members serve three-year terms and may not serve more

MEMORANDUM

October 10, 2007

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than two consecutive terms (A.R.S. § 32-3402). The Board may employ an executive director and other employees as it deems necessary.

The Board's duties include: setting standards for licensure examinations, evaluating applicants' qualifications, collecting fees, collecting applicant fingerprints for the purpose of criminal background checks, adopting rules, and conducting investigations and hearings in disciplinary matters. The Board aims to issue, renew or deny a license, permit or registration within 30 days. In addition, the Board investigates and adjudicates complaints with an average turnaround time of 120 days of receiving a complaint. In FY 2006-2007, the Board reports that it received 245 initial applications for a license, and the average time frame for issuing the license was 30 days. The Board also received 564 license renewal applications and again the average turnaround time was 30 days. In FY 2006-2007, the Board received 25 complaints and licensure incidents and issued 11 disciplinary actions.

FISCAL ISSUES

The Board's total operating budget in FY 2007-2008 is \$239,900. The Board currently has three full-time equivalent (FTE) positions. Pursuant to A.R.S. § 32-3405, the State Treasurer collects all monies received by the Board and deposits ten percent of the monies and all civil penalties imposed on licensees into the state General Fund. The remaining 90 percent of monies received are deposited in the Occupational Therapy Fund and are used by the Board for all necessary Board expenses.

LEGISLATIVE ISSUES

The Board indicates a desire for legislative action to amend the statute governing applications for licensure. The current statute requires an applicant to show that he or she has not been convicted of a crime of moral turpitude. The Board recommends changing this to require the applicant to show that he or she has not been convicted of a felony within five years, because the current language limits the Board's discretion to consider each case on its own merits.

ADDITIONAL BACKGROUND

Several other organizations familiar with the Board offered input on the Board's performance and impact on the public. (Please see letters attached with the sunset response).

Nina Castillo, President of the Arizona Occupational Therapy Association (ArizOTA), indicates that ArizOTA supports the continued state regulation of the occupational therapy profession and writes that "Arizona's occupational therapy practitioners and their clients greatly benefit from [the Board's] responsibilities to respond to concerns, complaints, and licensure requests."

According to Charles Willmarth, the Director of the American Occupational Therapy Association, Inc. (AOTA), the occupational therapy profession is regulated in all 50 states, and the AOTA supports the continued regulation of occupational therapy in Arizona. AOTA believes that the Board's conduct has resulted in the highest degree of professional conduct by occupational therapy practitioners and protects the public from incompetent and unauthorized personnel.

HO/jas

State Board of Occupational Therapy Examiners

Sunset Factors

September 2007

1. THE OBJECTIVE AND PURPOSE IN ESTABLISHING THE BOARD

In 1990, the Arizona State Board of Occupational Therapy Examiners was established to license and regulate Occupational Therapists (OTs) and Occupational Therapy Assistants (OTAs). The practice of Occupational Therapy is written under A.R.S. 32-3401 *et. seq.* and A.A.C. Rules R4-43-101 *et. seq.*

The intent in establishing the Board was to provide consumer protection and to standardize Occupational Therapy practices by setting minimum standards of operations and principals of good practice.

Occupational Therapists and Occupational Therapy Assistants are employed in a variety of settings. The field of Occupational Therapy is expanding, therefore employment opportunities include public or private: educational facilities, hospitals, clinics, mental health centers, community health organizations, physician practices, and home health care agencies. Clients are served throughout the lifespan and with a variety of disabling conditions, with the primary focus on engagement in activities. Documentation is used in each of these environments to reflect a client's participation and performance in Occupational Therapy and a client's change in functional performance.

- **Evaluation** – a comprehensive overview of a client's functioning to determine if a client qualifies for intervention. Areas addressed during the evaluation include: motor control, cognitive ability, mental status, response to sensory stimulation, self-care skills, communication/interaction skills, and occupational performance. Evaluation tools frequently used could include both standardized and non-standardized assessments. Specific evaluative measures might entail client observation, interview with client and/or family members, review of previous medical and educational history, assessment of muscle strength and range of motion, developmental assessment, and samples of work-related materials.
- **Treatment** – Intervention activities specific to the disability, age, culture, and environment of the client to promote function and development. A treatment plan is completed with the client and other health team members to outline strategies to achieve mutually agreed upon goals and objectives. Treatment techniques focus on development of skills, and may involve environmental modifications, modalities, assistive technology, or training in the use of adaptive devices or modified techniques to foster independence and success.

- **Assessment** – The review of a client’s status throughout the course of occupational therapy is conducted to verify progression toward identified goals. The treatment plan is periodically revised to reflect changes as well as determine when to terminate services.

The mission of the Board is to ensure the public’s health, safety and welfare by licensing and regulating individuals who provide Occupational Therapy services.

The Goals of the Board are to ensure the legal operations, ethical practices and quality practice in the OT and OTA profession by:

1. Ensure qualified applicants are issued a license or permit
2. Ensure license renewal applicants are issued a renewal license
3. Investigate and adjudicate complaints.

The Board has two primary programs: Licensing and Regulation of OTs and OTAs.

1. Licensing and Regulation – The Board strives to issue, renew or deny a license, permit, or registration within 30 days.
2. The Board receives, investigates, and adjudicates complaints consistent with an average turnaround of 120 days, and the Board takes disciplinary action when evidence of violations occur.

2. THE EFFECTIVENESS WITH WHICH THE BOARD HAS MET ITS OBJECTIVES AND PURPOSE AND THE EFFICIENCY WITH WHICH IT HAS OPERATED.

The Board carries out its statutory mandate and meets its objectives. The Board also efficiently operates as demonstrated below:

1. Licensure – As required by A.R.S. 32-3421, 32-3426, and 32-3428, the Board has been in compliance with its licensing time frames. Please refer to:
 - Tab 3 – Licensing Time Frame Compliance Reports for FY 2005-2007

Each new license application contains 6 items that must be reviewed and approved by staff and then the Board. In addition, each applicant for original licensure, license renewal, license reinstatement, or a limited permit that has not previously done so must submit a full set of fingerprints to the Board for the purpose of obtaining a state and federal criminal records background check pursuant to A.R.S. 41-1750 and public law 92-544. Staff will review the results of each applicant’s records background check and compare it with the applicant’s disclosures on the application form. On average it takes no longer than 30 days to process a new application, however extra time is required for the fingerprint report to arrive. In FY 2007, the Board received 245 initial applications. The average time frame for issuing an initial license was 30 days. Once licensed, the licensee must renew their license bi-annually.

During license renewal, each licensee must submit 3 items for staff review and approval. This process takes no longer than 30 days to complete. In FY 2007, the Board received 564 license renewal applications. The average time frame for issuing a renewal was 30 days

- Tab 4 – Initial Application for Licensure
- Tab 5 – Bi-annual License Renewal Form

2. Complaint Process – The anticipated time frame from receipt of a complaint to its resolution is 120 days.

- a. A.R.S. 32-3442 and 32- 3443 allows the Board to investigate complaints and hold hearings. The Board strives to resolve complaints that allege less serious violations within a 120 day time frame. An example of a complaint alleging a less serious violation is: failing to document or maintain client treatment records; or failing to prepare client reports within 30 days.

In FY 2007, the Board reviewed 25 complaints and/or licensure incidents. The Board issued 11 disciplinary actions (2 of the complaint matters were carried-over from FY 06); issued 3 letters of concern; and dismissed 9 complaints. 21 complaints were resolved within 120 days, and there are 2 pending complaint matters.

- b. Complaints with more serious allegations such as billing for services not rendered; falsifying documents including applications; occupational therapy assistants practicing outside their training; or practicing occupational therapy without a license may take significantly longer to investigate. Investigations may include having to issue subpoenas for client records, interview the complainant, licensee and any witnesses. At the conclusion of the investigation, the information is reported to the Board, and they evaluate and determine if there may be evidence of a possible violation. If the Board determines that a violation may have occurred, they will hold an Informal Interview with the licensee to determine possible disciplinary action.

- Tab 6 – 2007 2nd Quarter Performance Measures Table (calendar year)

3. Budget – The Board operates within its Legislative Appropriation. In fact, the Board has never over-spent its appropriation. Please refer to:

- Tab 7 – FY 2008 – 2009 Appropriations Report.

4. The Board has a very positive relationship with the regulated community. Please refer to:

- Tab 8 – Letter from the American Occupational Therapy Association, Inc.
Letter from the Arizona Occupational Therapy Association

3. THE EXTENT TO WHICH THE BOARD HAS OPERATED WITHIN THE PUBLIC INTEREST.

The Board has operated, and will continue to operate within the public interest as demonstrated by:

1. Members of the Board possess the Occupational Therapy knowledge and expertise in areas such as:
 - Client Evaluation and assessment – understanding of the patient/client occupational history and experiences including activities of daily living, development, activity demands, values, and needs including temporal, spiritual and cultural.
 - Client Intervention – ability to implement a variety of strategies to improve a client's functional skills.
 - Documentation – the ability to report and interpret results, justify treatment strategies, and modify interventions to facilitate development and determine cohesiveness of intervention with expected outcomes
2. The licensure process provides public assurances that the OTs and OTAs provide quality service to clients, meet minimum licensure requirements and have principals of good practice.
3. The complaint process provides due process for the licensees. The complainants are also involved in the process and have an opportunity to present their concerns at a public Board meeting.
4. Open meeting laws are strictly followed and public record requests are provided in a timely manner.
5. Any member of the public may call the Board office during regular working hours and receive public information regarding a licensee, to include dates of licensure, accreditation and if applicable, any disciplinary actions or non-disciplinary letters of concern. Upon written request, copies of public records are available for a copying fee or review at the Board office.
6. The Board continues to maintain a website (<http://azot/@mindspring.com/~abote>) that provides Board information, laws and rules, complaint forms, application forms, and licensee information. The Board also posts any proposed statutes or rules on the website.
7. The Board takes very seriously the notification to all licensees of proposed amendments to rules and statutes. The matter is always placed on the Board agenda which is mailed upon request. The Board has identified the following two changes to the website:

- a. The need to post meeting agendas, meeting minutes, and the complaint and licensure process on the website.
- b. The desire to conform to the Governor's Information Technology Agency (GITA).

The agency desires to change the website and email addresses to the GITA's networks for information technology. This will enable the agency to address any technical problems more efficiently and effectively. The Board anticipates completion of the transition no later than December, 2007.

Please refer to:

- Tab 9 – Board's website

4. THE EXTENT TO WHICH RULES ADOPTED BY THE AGENCY ARE CONSISTENT WITH THE LEGISLATIVE MANDATE.

The Board's administrative rules, 4 A.A.C. 43, articles 1 through 4, are authorized by the agency's general rulemaking authority contained in A.R.S. §32-3404(A)(4).

Article 1, Article 2, Article 3, and Article 4 became effective in 1992.

Although current rules are consistent with its statutes, the Board drafted proposed rule amendments to update and clarify several of its rules. The Board has targeted three specific rule amendments that were identified in their 2003, 5-Year- Rules Review Report. They are: R4-43-101 Definitions; R4-43-102 Fees; and R4-43-103 Service by the Board. The amendments have been drafted and approved by the Board, and will be reviewed by a rule writer attorney to help ensure the amendments conform to the agency's statutes. The Board anticipates final rulemaking no later than March, 2008 which will be within the approved time frame for completion by the Governor's Regulatory Review Council (GRRC).

- Tab 10 – Five Year Review Progress Report

In addition to the three rule changes above, the Board drafted amendments to the following rules: R4-43-201 Initial Application; R4-R4-43-202 Renewal of License; R4-43-203 Continuing Education of Renewal of License; R4-43-206 Procedures for Submitting Fingerprints; and R4-43-401 Supervision of Occupational Therapy Assistants. These amendments will be reviewed by a rule writer attorney no later than March, 2008. The rule writer will review the rules to ensure the amendments conform to the agency's statutes. All proposed rules will be amended to:

- Conform to current rulemaking format and style requirements;
- Improve the rules' clarity, conciseness, and understandability;
- Ensure consistency with state statutes and rules;
- Better protect the public; and

- Enhance regulatory oversight of Occupational Therapists and Occupational Therapy Assistants practicing in Arizona.

5. THE EXTENT TO WHICH THE BOARD HAS ENCOURAGED INPUT FROM THE PUBLIC BEFORE ADOPTING ITS RULES AND THE EXTENT TO WHICH IT HAS INFORMED THE PUBLIC AS TO ITS ACTION AND THEIR EXPECTED IMPACT ON THE PUBLIC.

The Board complies with *A.R.S. 41-1023. Public participation; written statements; oral proceedings* in the promulgation of all Board rules. All proposed rule revisions are discussed at regularly scheduled Board meetings. The Board meetings comply with Open Meeting Laws and notices are sent to all interested parties and posted in accordance with state law. In the most recent proposed rulemaking, the Board considered the draft proposed rules at open meetings held throughout several open meetings in 2004 through 2006.

The Board solicits and considers comments it receives during the rules promulgation process. Because of the nature of the rule change, the Board often conducted informal meetings to better understand constituent concerns. The Board makes every effort to include stakeholders in the process and receive public comment prior to opening a docket and submitting a proposed rule package to GRRC.

In addition:

- The Board publishes its statutes and rules, including proposed rule packages on the Board's website.
- Proposed rules, including a notice of dates and locations of hearings being held to obtain public comment, are published in the Arizona Administrative Register.
- All new license applicants receive a copy of the statutes and rules with the application packet.

6. THE EXTENT TO WHICH THE BOARD HAS BEEN ABLE TO INVESTIGATE AND RESOLVE COMPLAINTS THAT ARE WITHIN ITS JURISDICTION.

The Board's authority is sufficient to give it the ability to investigate and resolve complaints.

The Board maintains accurate and complete complaint information. Below is a list of established complaint-handling procedures that have been implemented since the last sunset audit in 1996.

1. The Board establishes a complaint file only when the information indicates a violation of its statutes or rules.
2. The Board ensures each closed complaint file contains complete documentation. The complaint file includes:
 - a. a summary of the complaint
 - b. a complaint number
 - c. a statement of the nature of the violation
 - d. background information regarding how and when the complaint was received
 - e. an outline of investigative actions
 - f. a notice of hearing if one is warranted
 - g. a final disposition or order including the date of the final decision
 - h. notification letter of the action is sent to the complainant, and licensee.
3. The Board ensures that a copy of any disciplinary action is placed in the licensing file of the licensee.
4. The Board has refined its investigative report writing process by providing an overview of the allegations made by complainants against licensees. A chronological framework is provided as well as a listing of the alleged violations of professional conduct codes contained in A.R.S.§32-3401. Please refer to:
 - Tab 11 – Board action sheet

7. THE EXTENT TO WHICH THE ATTORNEY GENERAL OR ANY OTHER APPLICABLE AGENCY OF STATE GOVERNMENT HAS THE AUTHORITY TO PROSECUTE ACTIONS UNDER THE ENABLING LEGISLATION.

Judicial review of suspension or revocation of a license is available as provided in *Title 12, Chapter 7, Article 6*. The Board may seek injunctive relief through the attorney general or the county attorney may apply to the superior court of Maricopa County for an injunction restraining individuals from violating the statutes governing the Board.

In addition, an assistant attorney general currently, and in the past advise the Board on legal matters at each of the Board meetings held monthly.

8. THE EXTENT TO WHICH THE BOARD HAS ADDRESSED DEFICIENCIES IN ITS ENABLING STATUTES THAT PREVENT IT FROM FULFILLING ITS STATUTORY MANDATE.

In the past five years, the Board has experienced a trend in receipt of complaints and/or applications involving convictions of a crime. The Board sought the help and guidance of their assistant attorney general to help develop examples of facts that define *crimes involving moral turpitude and crimes that DO NOT involve moral turpitude*. The Board uses discretion in extraordinary circumstances only when determining whether the crime is one of moral turpitude.

Please refer to:

- Tab 12- Memorandum from the Office of the Attorney General Licensing & Enforcement Section

9. THE EXTENT TO WHICH CHANGES ARE NECESSARY IN THE LAWS OF THE AGENCY TO ADEQUATELY COMPLY WITH THESE FACTORS.

The Board has identified the following statute for amendment:

A.R.S. §32-3423(1) Application for licensure; qualifications; examinations

The current statute states: An applicant for licensure as an occupational therapist or as an occupational therapy assistant shall file a written application, provided by the Board, showing to the satisfaction of the Board that the applicant: **1. Is of good moral character and has not been convicted of a crime of moral turpitude.**

The Board will propose an amendment to read: **1. Is of good moral character and has not been convicted of A FELONY WITHIN 5 YEARS.**

The Board believes an amendment is necessary because current law limits the Board's discretion and ability to consider each case on its own merits.

10. THE EXTENT TO WHICH THE TERMINATION OF THE BOARD WOULD SIGNIFICANTLY HARM THE PUBLIC HEALTH, SAFETY OR WELFARE.

The Arizona Board of Occupational Therapy Examiners believes that the elimination of this Board would negatively impact the quality of the Occupational Therapy profession in the state of Arizona. The deregulation of Occupational Therapists and Occupational Therapy Assistants could lead to abuse in the health care sector and significantly reduce consumer (client) protection. The educational demands of the profession dictate a firm foundation in areas of anatomy, physiology, psychology, growth and development,

disabilities, technology, and analysis of human performance. Rigorous training is essential in both the assessment and treatment process as demonstrated by successful completion in internships. During the internship process, an occupation therapy professional must demonstrate understanding and impact of physical disabilities and mental health on a client's function. Persons claiming to provide occupational therapy without such education and training could lead to serious consequences in client care.

Occupational Therapists frequently interact on an intimate basis with clients who may be vulnerable to improprieties or are unable to protect themselves due to the nature of their illness or disability. Without licensure there would be no vehicle for reporting and investigating such improprieties.

Practitioners in private practice are not subject to controls other than those provided by licensure. The internal and external control over a therapist's accountability is provided by larger facilities such as hospitals, educational facilities, and clinics. Such oversight does not occur with therapists within the private practice sector. As areas of practice continue to emerge in the occupational therapy profession, more practitioners may not have controls other than licensure.

11. THE EXTENT TO WHICH THE LEVEL OF REGULATION EXERCISED BY THE BOARD IS APPROPRIATE AND WHETHER LESS OR MORE STRINGENT LEVELS OF REGULATION WOULD BE APPROPRIATE.

At this time, the Board believes the level of regulation is appropriate, however the Board is cognizant that as changes in the occupational therapy profession occur, revisions to regulation may be needed.

12. THE EXTENT TO WHICH THE BOARD HAS USED PRIVATE CONTRACTORS IN THE PERFORMANCE OF ITS DUTIES AND HOW EFFECTIVE USE OF PRIVATE CONTRACTORS COULD BE ACCOMPLISHED.

The Board has not utilized private contractors to a large extent. Currently, the Board utilizes an outside contractor to update and install program enhancements to its website. On occasion, the Board utilized contracts for professional rule writers. The Board could utilize the professional rule writer more frequently to accomplish its rule writing outcome more efficiently and effectively.

ADDITIONAL QUESTIONS:

1. AN IDENTIFICATION OF THE PROBLEMS OR THE NEEDS THAT THE BOARD INTENDS TO ADDRESS.

A. The following are legislative considerations for the Board:
Amend all of the articles in statute to:

- Conform to current statute format and style requirements;
- Improve the statutes clarity, conciseness, and understandability;
- Ensure consistency with statutes and rules;
- Enhance regulatory oversight of occupational therapists and occupational therapy assistants

2. A STATEMENT, TO THE EXTENT PRACTICABLE, IN QUANTITATIVE AND QUALITATIVE TERMS, OF THE OBJECTIVES OF THE BOARD AND ITS ANTICIPATED ACCOMPLISHMENTS.

Licensing:

- The Board's legislative intent to issue licenses to Occupational Therapists and Occupational Therapy Assistants that meet the minimum requirements for licensure will continue.
- The Board will continue to meet the statutory time frames for issuing initial licenses, renewals, and permits.

Complaints:

- The Board will ensure the grounds for disciplinary action and the disciplinary processes are enforced, and in a timely manner.
- The Board will continue to work with licensees to correct deficiencies or violations through the disciplinary process to ensure patient protection.

3. AN IDENTIFICATION OF ANY OTHER BOARDS OR AGENCIES HAVING SIMILAR, CONFLICTING OR DUPLICATIVE OBJECTIVES, AND AN EXPLANATION OF THE MANNER IN WHICH THE BOARD AVOIDS DUPLICATION OR CONFLICT WITH OTHER SUCH AGENCIES.

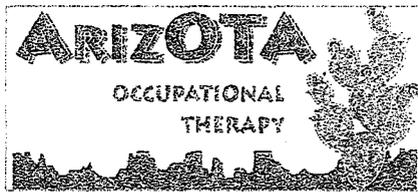
The Arizona Board of Physical Therapy licenses Physical Therapists. They provide similar services to patients such as functional training in self-care and in home, community or work reintegration. However the extent of their services include performing specific designated tasks related to therapeutic exercise, manual therapy techniques, therapeutic massage, pulmonary hygiene, debridement and wound care. The educational criteria for a Physical Therapist differs from the educational criteria required of an Occupational Therapist.

The Board does not believe that the regulation provided by the Physical Therapy Board is conflicting or duplicative of the Board's legislative mandate or regulatory responsibilities.

4. AN ASSESSMENT OF THE CONSEQUENCES OF ELIMINATING THE BOARD OR OF CONSOLIDATING IT WITH ANOTHER BOARD OR AGENCY.

In addition to the Board's response to Sunset Factor 10, the Board believes the consolidation of the Board with another agency or agencies would be extremely detrimental to its licensees and the consumer for the following reasons:

1. The 90/10 regulatory boards serve a vast array of constituents. To consolidate the agencies and their regulatory needs, with such diversity, would require an infrastructure that would be very costly. The time, effort and costs to such a project, if done correctly, would take years.
2. The regulated community will lose "its own identity".
3. Bigger does not always mean better service and efficiency.
4. The regulated community will lose its "own" personnel/agency, the personnel/agency with the knowledge and experience of their specific profession or industry.
5. Economies of scale – the number of services that could be shared – accounting services, attorney general services, records storage, DOA building rent – are already being paid by the 90/10 board either by its 10% to the general fund, or direct payments.
6. The 90/10 regulatory boards are not a "drain" on the general fund, in fact, the board provides funding for the general fund and many of the other general fund agencies.
7. As a rule, the regulatory boards are well managed and respected by their specific professions/industries.
8. Consolidation may very well result in a tax increase of the regulated community, same amount of fees with less specialized service.
9. Diversity in licensing and reporting requirements of the various professions and industries would not result in a lot of commonality.
10. The potential loss of the Board members time and energy may be lost if the Board members are not provided the same amount of experience and knowledgeable staff support.
11. The staff of the Occupational Therapy Board of Examiners carries out the administrative responsibilities of the Board of Athletic Training.



August 17, 2007

Linda Wells
Chairperson
Arizona Board of Occupational Therapy Examiners
5060 North 19th Avenue, Suite 209
Phoenix, AZ 85015

RE: Legislative Sunset Audit Review

The Arizona Occupational Therapy Association (ArizOTA) strongly supports the Arizona Board of Occupational Therapy Examiners (ABOTE). ABOTE serves occupational therapy practitioners in the state by dealing with issues regarding service delivery, supervision of occupational therapy assistants, billing, renewing licenses and granting initial licenses following criminal history checks by fingerprinting. This ensures the safety and high standards of care for occupational therapy clients. ABOTE has also taken the time to meet with the ArizOTA board and its members to discuss possible changes in the ABOTE's statutes and rules.

Arizona's occupational therapy practitioners and their clients greatly benefit from ABOTE's responsibilities to respond to concerns, complaints, and licensure requests. We support the continued state regulation of the occupational therapy profession here in Arizona.

Sincerely,

Nina Castillo, MS, OTR/L

Nina Castillo, MS, OTR/L
ArizOTA President

August 3, 2007

Kathryn Babits, MS OTR/L
Chairperson
Arizona Board of Occupational Therapy Examiners
5060 North 19th Avenue, Suite 209
Phoenix, Arizona 85015

RE: Legislative Sunset Audit Review

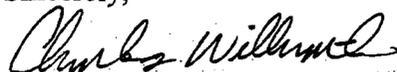
On behalf of the American Occupational Therapy Association, Inc. (AOTA), which represents the professional interests of more than 36,000 occupational therapists and occupational therapy assistants throughout the country, including nearly 500 members in the state of Arizona, thank you for the opportunity to comment on the Legislative Sunset Audit Review of Arizona Board of Occupational Therapy Examiners. AOTA strongly supports the continued state regulation of occupational practice in Arizona.

For more than 25 years, AOTA has worked with state occupational therapy associations to enact practice acts. The occupational therapy profession is regulated in all 50 states, the District of Columbia, Guam and Puerto Rico. AOTA supports licensure for occupational therapists and occupational therapy assistants because it provides guidelines and standards that protect consumers and improve the profession as a whole. We believe that it is important to assure consumers that occupational therapy practitioners meet strict education, training and examination requirements. Arizona's licensure requirements are consistent with AOTA's professional standards. I have attached a copy of AOTA's Standards of Practice for the Board's reference.

AOTA commends the Arizona Board of Occupational Therapy Examiners for the work it has done to implement and enforce the state's Occupational Therapy Practice Act since it was enacted in 1989. We know that the Board has used its authority to assure the highest degree of professional conduct on the part of occupational therapy practitioners and to protect the public from incompetent and unauthorized personnel.

Again, we support the continued state regulation of the occupational therapy profession in Arizona. Please contact me if you have questions or need additional information.

Sincerely,



Charles Willmarth
Director, State Affairs

cc: Nina Castillo, MS, OTR/L, President, Arizona Occupational Therapy Association

STANDARDS OF PRACTICE FOR OCCUPATIONAL THERAPY

Preface

This document defines minimum standards for the practice of occupational therapy. The *Standards of Practice for Occupational Therapy* are requirements for occupational therapists and occupational therapy assistants for the delivery of occupational therapy services. *The Reference Manual of Official Documents* contains documents that clarify and support occupational therapy practice (American Occupational Therapy Association [AOTA, 2004]). These documents are reviewed and updated on an ongoing basis for their applicability.

Education, Examination, and Licensure Requirements

All occupational therapists and occupational therapy assistants must practice under federal and state law.

To practice as an occupational therapist, the individual trained in the United States

- has graduated from an occupational therapy program accredited by the Accreditation Council for Occupational Therapy Education (ACOTE®) or predecessor organizations;
- has successfully completed a period of supervised fieldwork experience required by the recognized educational institution where the applicant met the academic requirements of an educational program for occupational therapists that is accredited by ACOTE® or predecessor organizations;
- has passed a nationally recognized entry-level examination for occupational therapists; and
- fulfills state requirements for licensure, certification, or registration.

To practice as an occupational therapy assistant, the individual trained in the United States

- has graduated from an associate- or certificate-level occupational therapy assistant program accredited by ACOTE® or predecessor organizations;
- has successfully completed a period of supervised fieldwork experience required by the recognized educational institution where the applicant met the academic requirements of an educational program for occupational therapy assistants that is accredited by ACOTE® or predecessor organizations;
- has passed a nationally recognized entry-level examination for occupational therapy assistants; and
- fulfills state requirements for licensure, certification, or registration.

Definitions

Assessment. Specific tools or instruments that are used during the evaluation process.

Client. A person, group, program, organization, or community for whom the occupational therapy practitioner is providing services.

Evaluation. The process of obtaining and interpreting data necessary for intervention. This includes planning for and documenting the evaluation process and results.

Screening. Obtaining and reviewing data relevant to a potential client to determine the need for further

evaluation and intervention.

Standard I: Professional Standing and Responsibility

1. An occupational therapy practitioner (occupational therapist or occupational therapy assistant) delivers occupational therapy services that reflect the philosophical base of occupational therapy and are consistent with the established principles and concepts of theory and practice.
2. An occupational therapy practitioner is knowledgeable about and delivers occupational therapy services in accordance with AOTA standards, policies, and guidelines, and state and federal requirements relevant to practice and service delivery.
3. An occupational therapy practitioner maintains current licensure, registration, or certification as required by law or regulation.
4. An occupational therapy practitioner abides by the AOTA *Occupational Therapy Code of Ethics* (AOTA, 2000).
5. An occupational therapy practitioner abides by the AOTA *Standards for Continuing Competence* (AOTA, 1999) by establishing, maintaining, and updating professional performance, knowledge, and skills.
6. An occupational therapist is responsible for all aspects of occupational therapy service delivery and is accountable for the safety and effectiveness of the occupational therapy service delivery process.
7. An occupational therapy assistant is responsible for providing safe and effective occupational therapy services under the supervision of and in partnership with the occupational therapist and in accordance with laws or regulations and AOTA documents.
8. An occupational therapy practitioner maintains current knowledge of legislative, political, social, cultural, and reimbursement issues that affect clients and the practice of occupational therapy.
9. An occupational therapy practitioner is knowledgeable about evidence-based research and applies it ethically and appropriately to the occupational therapy process.

Standard II: Screening, Evaluation, and Re-evaluation

1. An occupational therapist accepts and responds to referrals in compliance with state laws or other regulatory requirements.
2. An occupational therapist, in collaboration with the client, evaluates the client's ability to participate in daily life activities by considering the client's capacities, the activities, and the environments in which these activities occur.
3. An occupational therapist initiates and directs the screening, evaluation, and re-evaluation process and analyzes and interprets the data in accordance with law, regulatory requirements, and AOTA documents.

4. An occupational therapy assistant contributes to the screening, evaluation, and re-evaluation process by implementing delegated assessments and by providing verbal and written reports of observations and client capacities to the occupational therapist in accordance with law, regulatory requirements, and AOTA documents.
5. An occupational therapy practitioner follows defined protocols when standardized assessments are used.
6. An occupational therapist completes and documents occupational therapy evaluation results. An occupational therapy assistant contributes to the documentation of evaluation results. An occupational therapy practitioner abides by the time frames, formats, and standards established by practice settings, government agencies, external accreditation programs, payers, and AOTA documents.
7. An occupational therapy practitioner communicates screening, evaluation, and re-evaluation results within the boundaries of client confidentiality to the appropriate person, group, or organization.
8. An occupational therapist recommends additional consultations or refers clients to appropriate resources when the needs of the client can best be served by the expertise of other professionals or services.
9. An occupational therapy practitioner educates current and potential referral sources about the scope of occupational therapy services and the process of initiating occupational therapy services.

Standard III: Intervention

1. An occupational therapist has overall responsibility for the development, documentation, and implementation of the occupational therapy intervention based on the evaluation, client goals, current best evidence, and clinical reasoning.
2. An occupational therapist ensures that the intervention plan is documented within the time frames, formats, and standards established by the practice settings, agencies, external accreditation programs, and payers.
3. An occupational therapy assistant selects, implements, and makes modifications to therapeutic activities and interventions that are consistent with the occupational therapy assistant's demonstrated competency and delegated responsibilities, the intervention plan, and requirements of the practice setting.
4. An occupational therapy practitioner reviews the intervention plan with the client and appropriate others regarding the rationale, safety issues, and relative benefits and risks of the planned interventions.
5. An occupational therapist modifies the intervention plan throughout the intervention process and documents changes in the client's needs, goals, and performance.

6. An occupational therapy assistant contributes to the modification of the intervention plan by exchanging information with and providing documentation to the occupational therapist about the client's responses to and communications throughout the intervention.
7. An occupational therapy practitioner documents the occupational therapy services provided within the time frames, formats, and standards established by the practice settings, agencies, external accreditation programs, payers, and AOTA documents.

Standard IV: Outcomes

1. An occupational therapist is responsible for selecting, measuring, documenting, and interpreting expected or achieved outcomes that are related to the client's ability to engage in occupations.
2. An occupational therapist is responsible for documenting changes in the client's performance and capacities and for discontinuing services when the client has achieved identified goals, reached maximum benefit, or does not desire to continue services.
3. An occupational therapist prepares and implements a discontinuation plan or transition plan based on the client's needs, goals, performance, and appropriate follow-up resources.
4. An occupational therapy assistant contributes to the discontinuation or transition plan by providing information and documentation to the supervising occupational therapist related to the client's needs, goals, performance, and appropriate follow-up resources.
5. An occupational therapy practitioner facilitates the transition process in collaboration with the client, family members, significant others, team, and community resources and individuals, when appropriate.
6. An occupational therapist is responsible for evaluating the safety and effectiveness of the occupational therapy processes and interventions within the practice setting.
7. An occupational therapy assistant contributes to evaluating the safety and effectiveness of the occupational therapy processes and interventions within the practice setting.

References

- American Occupational Therapy Association. (1999). Standards for continuing competence. *American Journal of Occupational Therapy*, 53, 599–600.
- American Occupational Therapy Association. (2000). Occupational therapy code of ethics (2000). *American Journal of Occupational Therapy*, 54, 614–616.
- American Occupational Therapy Association. (2004). *The reference manual of the official documents of the American Occupational Therapy Association* (10th ed.). Bethesda, MD: Author.

Authors

The Commission on Practice:

Sara Jane Brayman, PhD, OTR/L, FAOTA, Chairperson
Susanne Smith Roley, MS, OTR/L, FAOTA, Chairperson-Elect
Gloria Frolek Clark, MS, OTR/L, FAOTA
Janet V. DeLany, DEd, MSA, OTR/L, FAOTA
Eileen R. Garza, PhD, OTR, ATP
Mary V. Radomski, MA, OTR/L, FAOTA
Ruth Ramsey, MS, OTR/L
Carol Siebert, MS, OTR/L
Kristi Voelkerding, BS, COTA/L
Lenna Aird, COTA/L, ASD Liaison
Patricia D. LaVesser, PhD, OTR/L, SIS Liaison
Deborah Lieberman, MHSA, OTR/L, FAOTA, AOTA Headquarters Liaison

for

The Commission on Practice

Sara Jane Brayman, PhD, OTR/L, FAOTA, Chairperson

Adopted by the Representative Assembly 2005C218

NOTE: This document replaces the 1994 *Standards of Practice for Occupational Therapy*. These standards are intended as recommended guidelines to assist occupational therapy practitioners in the provision of occupational therapy services. These standards serve as a minimum standard for occupational therapy practice and are applicable to all individual populations and the programs in which these individuals are served.

Previously published and copyrighted in 1998 by the American Occupational Therapy Association in the *American Journal of Occupational Therapy*, 52, 866–869.

ARIZONA STATE SENATE

INTERIM MEETING NOTICE OPEN TO THE PUBLIC

SENATE HEALTH AND HOUSE HEALTH COMMITTEE OF REFERENCE

Date: Tuesday, November 6, 2007

Time: 9:30 A.M.

Place: SHR 1

AGENDA

1. Call to Order
2. Opening Remarks
3. Sunset Review of the Board of Homeopathic Medical Examiners
 - Presentation by Auditor General
 - Response by Board of Homeopathic Medical Examiners
 - Public Testimony
 - Discussion
 - Recommendations by the Committee of Reference
4. Sunset Review of the Regulatory Board of Physician Assistants
 - Presentation by Regulatory Board of Physician Assistants
 - Public Testimony
 - Discussion
 - Recommendations by the Committee of Reference
5. Sunset Review of the Board of Behavioral Health Examiners
 - Presentation by Board of Behavioral Health Examiners
 - Public Testimony
 - Discussion
 - Recommendations by the Committee of Reference
6. Sunset Review of the Acupuncture Board of Examiners
 - Presentation by Acupuncture Board of Examiners
 - Public Testimony
 - Discussion
 - Recommendations by the Committee of Reference
7. Sunset Review of the Board of Occupational Therapy Examiners
 - Presentation by Board of Occupational Therapy Examiners
 - Public Testimony
 - Discussion
 - Recommendations by the Committee of Reference

8. Sunrise application of the Arizona Alliance of Non-Physician Surgical Assistants
 - Presentation by Arizona Alliance of Non-Physician Surgical Assistants
 - Public Testimony
 - Discussion
 - Recommendations by the Committee of Reference
9. Sunrise application of the Southern Arizona Behavioral Health Coalition
 - Presentation by Southern Arizona Behavioral Health Coalition
 - Public Testimony
 - Discussion
 - Recommendations by the Committee of Reference
10. Sunrise application of the Arizona Dental Association
 - Presentation by Arizona Dental Association
 - Public Testimony
 - Discussion
 - Recommendations by the Committee of Reference
11. Sunrise application of Radiology Practitioner Assistants
 - Presentation by Radiology Practitioner Assistants
 - Public Testimony
 - Discussion
 - Recommendations by the Committee of Reference
12. Adjourn

Members:

Senator Tom O'Halleran, Co-Chair
Senator Paula Aboud
Senator Amanda Aguirre
Senator Barbara Leff
Senator Thayer Verschoor

Representative Bob Stump, Co-Chair
Representative Nancy Barto
Representative David Bradley
Representative Linda Lopez
Representative Rick Murphy

10/18/07
10/19/07
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Persons with a disability may request a reasonable accommodation such as a sign language interpreter, by contacting the Senate Secretary's Office: (602)926-4231 (voice). Requests should be made as early as possible to allow time to arrange the accommodation.

ARIZONA STATE LEGISLATURE
Forty-eighth Legislature – First Regular Session

**SENATE HEALTH AND HOUSE HEALTH
COMMITTEE OF REFERENCE**

Minutes of Interim Meeting
Tuesday, November 6, 2007
Senate Hearing Room 1 – 9:30 a.m.

Chairman O'Halleran called the meeting to order at 9:32 a.m. and attendance was noted by the secretary.

Members Present

Senator Tom O'Halleran, Co-Chair
Senator Amanda Aguirre
Senator Barbara Leff
Senator Thayer Verschoor

Representative Bob Stump, Co-Chair
Representative Nancy Barto
Representative David Bradley
Representative Linda Lopez
Representative Rick Murphy

Members Absent

Senator Paula Aboud

Speakers Present

Kim Hildebrand, Performance Audit Manager, Office of the Auditor General
Todd Rowe, Board of Homeopathic Medical Examiners
Christine Springer, Board of Homeopathic Medical Examiners
Jerry Weinsheink, representing himself
Marianne Cherney, representing herself
Neil Garfield, Association for Public Access to Medicine
Barney Nugent, representing himself
Linda Heming, CHOICE
Iris Bell, Doctor, Arizona Homeopathic and Integrative Medical Association
Cliff Heinrich, Doctor, representing himself
Kathleen Fry, Doctor, representing herself
Denise Nugent, representing herself
Lee Bakunin, Attorney, representing herself
Bruce Shelton, Doctor, Arizona Homeopathic and Integrative Medical Association
Amanya Jacobs, Director of Evolution of Self School of Homeopathy
Cindy Zukerman, representing herself
Shelly Malone, representing herself
Stan Klusky, representing himself
Gladys Conroy, representing herself

Joan Reynolds, Regulatory Board of Physician Assistants
Debra Rinaudo, Board of Behavioral Health Examiners
Stuart Goodman, Board of Behavioral Health Examiners
Bev Hermon, BH Consulting
Richard Poppy, Therapeutic Practitioners Alliance of Arizona (The Alliance)
Rachael Hopkins, representing herself
Ronald Anton, representing himself
Josephine Sbrocca, representing herself
Cedric Davis, Board of Behavioral Health Examiners
Della Estrada, Arizona Acupuncture Board of Examiners
Kathryn Babits, Arizona State Board of Occupational Therapy Examiners
Eugene Smith, Arizona Alliance of Non-Physician Surgical Assistants
Susie Cannata, Arizona Alliance of Non-Physician Surgical Assistants
Rory Hays, Arizona Nurses' Association
Scott Leckie, Radiology Practitioner Assistants
Jane Van Valkenburg, Certification Board for Radiology Practitioner Assistants (CBRPA)
Mary Connell, M.D., representing herself
Christine Lung, American Society of Radiologic Technologists (ASRT)
John Gray, Grand Canyon University
Joyce Geysler, Arizona Radiological Society
James Abraham, National Society of Radiology Practitioner Assistants
Heather Owens, Senate Health Analyst
Aubrey Godwin, Medical Radiologic Technology Board of Examiners (MRTBE)
Teresa Rodgers, Behavioral Health Coalition of Southern Arizona
David Giles, Behavioral Health Coalition of Southern Arizona
Holly Baumann, Southwest Autism Research and Resource Center
John MacDonald, Arizona Dental Association (ADA)
Rick Murray, Arizona Dental Association
Anita Elliott, Arizona Dental Association
Nicole Laslavic, Arizona State Dental Hygienists' Association
Janet Midkiff, Arizona State Dental Hygienists' Association
Nicole Albo, Arizona Dental Assistants' Association
Alisa Feugate, Arizona Dental Hygienists' Association

OPENING REMARKS

Chairman O'Halleran welcomed everyone and requested that the speakers keep their comments as brief as possible, as the committee members are well-versed in the issues to be discussed today.

SUNSET REVIEW OF THE BOARD OF HOMEOPATHIC MEDICAL EXAMINERS

Presentation by Auditor General

Kim Hildebrand, Performance Audit Manager, Office of the Auditor General, gave a presentation on their findings issued in August, 2007 (Attachment 1). She described the history

about the length of the continuation.

Recommendations by the Committee of Reference

Cochairman Stump moved that the Senate and House Health Committee of Reference recommend the continuation of the Board of Behavioral Health Examiners for five years and that the Joint Legislative Audit Committee consider scheduling a performance audit in due haste.

Senator Leff asked if the committee could reconvene after the audit is completed.

Cochairman Stump withdrew his motion.

Cochairman Stump moved that the Senate and House Health Committee of Reference recommend the continuation of the Board of Behavioral Health Examiners for five years and that the Joint Legislative Audit Committee consider scheduling a performance audit as soon as possible with a legislative committee review at the end of such audit. The motion carried by a voice vote.

Chairman O'Halleran recessed the committee at 1:31 p.m.

Chairman O'Halleran reconvened the committee at 2:11 p.m.; all members were present except Senator Aboud and Senator Aguirre.

SUNSET REVIEW OF THE ACUPUNCTURE BOARD OF EXAMINERS

Presentation by Acupuncture Board of Examiners

Della Estrada, Arizona Acupuncture Board of Examiners, explained that the Board provides regulatory oversight of the almost 450 active licensed acupuncturists in Arizona and has successfully accomplished its mandate to ensure the safety of the general public (Attachment 12).

Recommendations by the Committee of Reference

Cochairman Stump moved that the Senate and House Health Committee of Reference recommend the continuation of the Acupuncture Board of Examiners for ten years. The motion carried by a voice vote.

SUNSET REVIEW OF THE BOARD OF OCCUPATIONAL THERAPY EXAMINERS

Presentation by Board of Occupational Therapy Examiners

Kathryn Babits, Arizona State Board of Occupational Therapy Examiners, addressed the board to stress that the Board continues to meet its statutory mandate to ensure the public health by licensing and regulating individuals who provide occupational therapy services.

Recommendations by the Committee of Reference

Cochairman Stump moved that the Senate and House Health Committee of Reference recommend the continuation of the Board of Occupational Therapy Examiners for ten years. The motion carried by a voice vote.

SUNRISE APPLICATION OF THE ARIZONA ALLIANCE OF NON-PHYSICIAN SURGICAL ASSISTANTS

Presentation by Arizona Alliance of Non-Physician Surgical Assistants

Eugene Smith, Arizona Alliance of Non-Physician Surgical Assistants, addressed the committee to explain that the application now requires licensure rather than certification, which is voluntary.

Senator Leff explained that non-physician surgical assistants are currently in limbo because, although they work in the operating room under a surgeon, they do not have a separate license. She stated they were not getting paid because insurance companies did not recognize their service as they recognize a surgical nurse or a physician's assistant. Hence, she stated, this profession must be licensed by the state. Further, she said, the Arizona Medical Board is now saying that these individuals are practicing medicine without a license, which can jeopardize the supervising surgeon's medical license.

Public Testimony

Susie Cannata, Arizona Alliance of Non-Physician Surgical Assistants, addressed the committee to state that this is an attempt to legitimize what is currently going on.

Rory Hays, Arizona Nurses' Association, stated that she is neutral on this but does have concerns regarding educational training, testing, scope of services, and regulation. She also spoke about grandfathering, which is an important step to be taken, but with assurances regarding testing and educational programs.

Recommendations by the Committee of Reference

Senator Leff moved that the Senate and House Health Committee of Reference recommend the Legislature approve the sunrise application submitted by the Arizona Alliance of Non-Physician Surgical Assistants. The motion carried by a voice vote.

SUNRISE APPLICATION OF RADIOLOGY PRACTITIONER ASSISTANTS

Presentation by Radiology Practitioner Assistants

Scott Leckie, Radiology Practitioner Assistants, explained that while radiology assistants (RAs) and radiology practitioner assistants (RPAs) are very similar entities, there is no legislation that recognizes RPAs, which is a fairly new sub-specialty of radiology. He described RPAs as

Janet Midkiff, Arizona State Dental Hygienists' Association, stated that they support the concept of training community people to be dental health representatives, and that the definition of the COHR does make sense to them. She stated concerns about the education, licensing, or certification of the people who fill the COHR positions. She said that her organization would like to work with the ADA and to be a part of the access to care issue.

Nicole Albo, Arizona Dental Assistants' Association, stated her support for the COHR program provided that the positions will be filled by certified dental assistants with additional training components. She stated that she has been working with the ADA to develop a curriculum for expanded COHR training.

Representative Murphy asked if the committee could approve the concept but not specify the details, letting the Legislative process do that. Mr. Murray stated that the supervision issue is the biggest concern.

Alisa Feugate, Arizona Dental Hygienists' Association, stated that she supports the concept of the COHR but is neutral on the application at this time due to concerns about supervision and scope of practice.

Recommendations by the Committee of Reference

Cochairman Stump moved that the Senate and House Health Committee of Reference recommend that the Legislature amend the statutes of the Arizona Board of Dental Examiners to create a new certified professional, the Community Oral Health Representative, to coordinate community-based oral health promotion and provide specified dental care under the general supervision of a licensed dentist. The motion carried by a voice vote.

Without objection, the meeting adjourned at 4:15 p.m.

Jane Dooley, Committee Secretary
November 6, 2007

(Original minutes, attachments and audio on file in the Office of the Chief Clerk; video archives available at <http://www.azleg.gov/>)