

January 9, 2025

Jacintha Duthu
Executive Staff Officer
Louisiana State Board of Medical Examiners
630 Camp Street
New Orleans, LA 70130

RE: Comments on proposed occupational therapy regulations

Dear Jacintha:

The American Occupational Therapy Association (AOTA) is the national professional association representing the interests of more than 213,000 occupational therapists, occupational therapy assistants, and students of occupational therapy. The practice of occupational therapy is science-driven, evidence-based, and enables people of all ages to live life to its fullest by promoting health and minimizing the functional effects of illness, injury, and disability. AOTA supports the State Board of Medical Examiners (The Board) in its mission to protect the health, safety, and welfare of Louisiana consumers and the authority of the Board to create regulations to achieve this mission.

On behalf of AOTA, I am writing to provide comment on the recently proposed changes to the occupational therapy rules, specifically regulations §1967 and §4930.

With regard to §1967 and §4930, we request clarification as to whether the Board's intent is consider courses approved under AOTA's Approved Provider Program as acceptable. The revised §1967 says "To be acceptable as qualified continuing education under these rules a program shall be approved by AOTA, LOTA, or NBCOT." Further, in §4930, in section A. 2. a., the newly proposed text requires courses to be completed in certain topic areas and that these courses be obtained "from a LOTA, AOTA or NBCOT approved continuing education provider." Other regulations specifically reference AOTA Approved Providers, except for §§1967 and 4930. The definition of "Approved course" includes AOTA Approved Providers and §1969A states that:

"Any program, course, seminar, workshop, self-study, independent study or other activity meeting the standards prescribed by §1967.A.-D sponsored or offered by the AOTA, by an AOTA approved provider, the NBCOT, or the LOTA shall be presumptively deemed approved by the board for purposes of qualifying as an approved continuing professional education program under these rules."

We are confident that the intention of the Board in revising these regulations is to accept courses offered by AOTA Approved Providers, but still request clarification on this point to avoid any confusion for occupational therapy practitioners in Louisiana.

Additionally regarding §1967, we ask that language be added to allow for supervision of a doctoral capstone student to be an acceptable continuing education activity. We are glad to work with the Board to revise the language of this regulation to effectuate this change if the Board chooses to do so.

We also very much appreciate the Board's inclusion in §1903 of references to AOTA's *Code of Ethics, Standards for Continuing Competence in Occupational Therapy, Standards of Practice for Occupational Therapy*, and AOTA official documents generally. Part of the intention of these documents is to advise state licensing agencies on how to address licensing policies and requirements that are consistent with national standards.

Thank you for the opportunity to comment on the proposed changes and if it would be helpful, we could be available at a future meeting to discuss our proposal. Please contact me at kneville@ota.org or 240-800-5981 if you have questions or need additional information about AOTA's position.

Sincerely,



Kristen Neville
Manager, State Affairs

cc: Jennifer Hluchy, MS, LOTR, President, Louisiana Occupational Therapy Association

FW: Clarification of rules and regs

From Linda Alwood <linda@rivermgt.com>
Date Thu 1/9/2025 3:21 PM
To publiccomment <publiccomment@lsbme.la.gov>

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From: Jennifer Hluchy <jenniferhluchy@gmail.com>
Sent: Thursday, January 9, 2025 3:04 PM
To: Linda Alwood <linda@rivermgt.com>
Subject: Clarification of rules and regs

- Pg. 1907: License and Permits: C: Would there be a \$50 fee (same rate) for OT and OTA temp permits?
- There are a lot of “additional fees, reinstatement fee, applicable fees, costs” referred to several times in the document. It would be nice to see those itemized.
- Pg. 1908: Physical Agent Modalities: The term “purposeful activity” is used but not defined. Could “occupational performance” take the place here?
- Pg. 1909:
 - - Qualifications for License: “#5. Present proof of current certification...” –Can this be deleted since #3 requires the applicant to take and pass the NBCOT Examination? Or are we requiring continued NBCOT certification for licensure renewal?
 - #6: What is an acceptable score on the TOEFL?
 - Pg. 1912: “C. Title of Doctor”: What about the credential DrOT that many OTs with post-professional doctorates already use?
 - Pg. 1913:
 - - “Continuing Professional Education Requirement”: Will LSBME monitor for suitable 1hr courses on Ethics and provide one to licensees if needed?
 - “Delegated duties and responsibilities”: #5: What type of expenses will this reimbursement be for? What will the budget be for this and where will the funds come from?
 - Pg. 1914:
 - - “Approval of Program Sponsors”: What are the “additional nationally accredited organizations and entities whose programs, courses...shall be deemed approved by the board?” Do we have a list of these?

- “Waiver of Continuing Professional Education Requirements”: How much time will be allotted for the applicant to fulfill the requirements?
- Pg. 1915:
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 - “Referral”: E: What constitutes a “wellness” and/or a “community” setting?
 - “Referral”: What about referral to early intervention (as far as requiring a referral from a specific professional)?
- Pg. 1916:
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 - “Intervention Process”: C: 1: Should OTP be changed to OT in regards to modification to intervention plan, since #2 under C states the role of the OTA in modification of the intervention plan?
- Pg. 1918: “Dry Needling”: What will LSBME do with this information? Will there be a registry, etc?

FW: FW: OT regulation changes

From Linda Alwood <linda@rivermgt.com>

Date Thu 1/9/2025 3:20 PM

To publiccomment <publiccomment@lsbme.la.gov>

From: Evans, Lawenica <lawenica.evans@lsuhs.edu>

Date: Wednesday, January 8, 2025 at 2:19 PM

To: Dennis, Emily <emily.dennis@lsuhs.edu>

Subject: OT regulation changes

To Whom It May Concern:

I am writing to express my deep concern regarding the recent changes to occupational therapy and occupational therapy assistant (OT/OTA) supervision guidelines, which have essentially been removed and left to the discretion of individual occupational therapists. While professional autonomy is important, this shift raises significant concerns about the potential for inconsistent supervision practices. Unfortunately, some practitioners may lack the professional ethics or foresight to mandate increased supervision when necessary. Additionally, in today's profit-driven healthcare environment—particularly in skilled nursing facilities (SNFs)—business priorities often take precedence over client and practitioner safety. New graduate OT and OTA practitioners are frequently overloaded with medically complex clients who require higher levels of supervision, yet without clear guidelines, this necessary oversight may not occur. To address this issue, I strongly recommend the implementation of a **minimum requirement of two hours of on-site, face-to-face supervision per week for OTAs with less than two years of experience**. Additionally, for OTAs with 2-5 years of experience there should also be some type of monthly observation of treatment sessions to verify that skills and services quality is optimal

I firmly believe that OT practitioners (OT/OTAs) should have **at least one year of experience before working in the home health setting** to ensure safety and service competency. Home health clients are often medically complex, and each home environment presents unique challenges requiring advanced clinical reasoning and professional experience. Without structured and consistent supervision requirements, this vulnerable population is at greater risk of receiving suboptimal care or even care that jeopardizes their safety due to knowledge deficits.

The OT profession is built on advocacy for our clients, and part of that advocacy includes ensuring that services are delivered safely by competent practitioners with adequate supervision. The removal of structured supervision guidelines and the push for entry-level practitioners to work in home health and early intervention services do not align with the profession's mission to promote safe, high-quality care.

Louisiana is home to outstanding OT practitioners, but it is essential that **state practice regulations and laws uphold the highest standards of service delivery** to protect both clients and practitioners. New graduates and therapists with less than two years of experience require **adequate, in-person supervision** from experienced mentors to ensure they are providing the highest standard of care. Without explicit supervision mandates, it is naive to

assume that businesses will prioritize supervision time that is not explicitly required by regulations.

I urge you to reconsider updating the practice supervision guidelines to **reinstate structured supervision requirements, particularly for new graduates**. These safeguards are necessary to protect client safety, maintain high standards of care, and support the professional development of new practitioners.

Thank you for your time and consideration of this critical matter.

Wendy Evans, DrOT, LOTR, C/NDT

Assistant Professor

LSU Health Shreveport

School of Allied Health Professions

Occupational Therapy Program

318-813-3008

lawenica.evans@lsuhs.edu

Proposed OT Regulations

From David Thompson <dthompson01@cox.net>

Date Wed 1/8/2025 3:26 PM

To Jacintha Duthu <jduthu@lsbme.la.gov>

[You don't often get email from dthompson01@cox.net. Learn why this is important at <https://aka.ms/LearnAboutSenderIdentification>]

I am a current Licensed Certified Occupational Therapist Assistant having practiced for the past 33 years. In reviewing credentials that could be used in the proposed updates, would it be appropriate that a practitioner such as myself could use the letters "LCOTA" as appropriate? I did not see that listed; however the "LOTR " designation could be used for such individuals being Licensed and Registered OTs. Please advise.

Thank you,
Paula M. Thompson, COTA/L

Sent from my iPhone

Regarding new OT rules & regulations

From Evans, Lawenica <lawenica.evans@lsuhs.edu>

Date Wed 1/8/2025 6:45 PM

To Jacintha Duthu <jduthu@lsbme.la.gov>

Cc publiccomment <publiccomment@lsbme.la.gov>

Some people who received this message don't often get email from lawenica.evans@lsuhs.edu. [Learn why this is important](#)

To Whom It May Concern:

I would like to express my concerns about several changes to the new OT rules & regulations. The new rules and regulations do not include the verbiage for recognition of **DrOT** doctoral abbreviations. Many universities and national organizations utilize the abbreviation DrOT to differentiate post professional occupational therapist from entry level doctoral students. I would like to humbly request that DrOT be included as an accepted doctoral abbreviation to differentiate practitioner experience and educational advancement differences.

Secondly, I am writing to express my deep concern regarding the recent changes to occupational therapy and occupational therapy assistant (OT/OTA) supervision guidelines, which have essentially been removed and left to the discretion of individual occupational therapists. While professional autonomy is important, this shift raises significant concerns about the potential for inconsistent supervision practices. Unfortunately, some practitioners may lack the professional ethics or foresight to mandate increased supervision when necessary. Additionally, in today's profit-driven healthcare environment—particularly in skilled nursing facilities (SNFs)—business priorities often take precedence over client and practitioner safety. New graduate OT and OTA practitioners are frequently overloaded with medically complex clients who require higher levels of supervision, yet without clear guidelines, this necessary oversight may not occur. To address this issue, I strongly recommend the implementation of a **minimum requirement of two hours of on-site, face-to-face supervision per week for OTAs with less than two years of experience**. Additionally, for OTAs with 2-5 years of experience there should also be some type of monthly observation of treatment sessions to verify that skills and services quality is optimal

Thirdly, I firmly believe that OT practitioners (OT/OTAs) should have **at least one year of experience before working in the home health setting** to ensure safety and service competency. Home health clients are often medically complex, and each home environment presents unique challenges requiring advanced clinical reasoning and professional experience. Without structured and consistent supervision requirements, this vulnerable population is at greater risk of receiving suboptimal care or even care that jeopardizes their safety due to knowledge deficits.

The OT profession is built on advocacy for our clients, and part of that advocacy includes ensuring that services are delivered safely by competent practitioners with adequate supervision. The removal of structured supervision guidelines and the push for entry-level practitioners to work in home health and early intervention services do not align with the profession's mission to promote safe, high-quality care. I would like to request that more experience and supervision requirements be added to the home health setting.

Louisiana is home to outstanding OT practitioners, but it is essential that **state practice rules, regulations, and laws uphold the highest standards of service delivery** to protect both clients and practitioners. New graduates and therapists with less than two years of experience require **adequate, in-person supervision** from experienced mentors to ensure they are providing the highest standard of

care. Without explicit supervision mandates, it is naive to assume that businesses will prioritize supervision time that is not explicitly required by regulations.

I urge you to reconsider updating the practice supervision guidelines to **reinstate structured supervision requirements, particularly for new graduates**. These safeguards are necessary to protect client safety, maintain high standards of care, and support the professional development of new practitioners.

Thank you for your time and consideration of this critical matter. If you have any questions or need any additional details, please feel free to contact me on my cell (318-393-5340) or office numbers.

Sincerely,

Wendy Evans

LaWenica (Wendy)Evans, DrOT, LOTR, C/NDT

Assistant Professor

LSU Health Shreveport

School of Allied Health Professions

Occupational Therapy Program

318-813-3008

lawenica.evans@lsuhs.edu

Rules and Reg feedback

From Ann Borreson <annborreson@gmail.com>

Date Wed 1/8/2025 3:21 PM

To Jacintha Duthu <jduthu@lsbme.la.gov>

You don't often get email from annborreson@gmail.com. [Learn why this is important](#)

Hello, I am an OT and a physician working in pediatrics in both California and Louisiana. Thank you for the hard work you and your group have put in.

I have only a couple questions.

#1951 professional designation: Would you consider adding OTR/L to the list? This is the designation many states (including California) use in lieu of LOTR.

#4909 referral sources: Would this be the appropriate forum to petition LSBME to allow clients to self refer?

I know you are working against a tight deadline, so I do not expect a response.

Ann Borreson