

Hello, my name is Ela Dupont. I'm an occupational therapist of 22 years, with specialty certifications in home modifications and aging in place. I'm the Vermont delegate to the American Occupational Therapy Association Representative Assembly, which is the policy making body of the American Occupational Therapy Association. I currently work as a clinical occupational therapist for Bayada home health. I also work in the UVM OTD program and own a private practice that contracts with Age Well to provide occupational therapy services to their CAPABLE program that works to keep people in the community and out of facilities using motivational interviewing techniques and simple home modifications. I am testifying in support of H. 247. I would like to express my appreciation for your consideration of the Occupational Therapy Licensure Compact, the OT Compact. This measure is a joint initiative of the American Occupational Therapy Association and the National Board for Certification in Occupational Therapy.

The American Occupational Therapy Association (AOTA) is the national professional association established in 1917 to represent the interests and concerns of occupational therapy practitioners and students, and to improve the quality of occupational therapy services. The National Board for Certification in Occupational Therapy, Inc. (NBCOT®), is a national not-for-profit organization that provides certification for occupational therapy professionals. NBCOT develops, administers, and continually reviews its certification process based on current and valid standards that provide reliable indicators of competence of occupational therapy practice. Above all else, NBCOT's mission is to serve the public interest.

The OT Compact utilizes a "mutual recognition" model of interstate practice, whereby Compact member states agree to "recognize" valid licenses issued by other member states. This approach is made possible by the fact that core licensure requirements for Occupational Therapists and Occupational Therapy Assistants are virtually the same across all 50 states. To utilize the Compact, an occupational therapist or occupational therapy assistant must have a license in good standing in their home state—their primary state of residence—and the home state must be a member of the OT Compact. When a licensee wants to work in another member state (known as a "remote state"), the licensee obtains a "compact privilege" from the OT Compact Commission, the interstate body composed of member state officials tasked with administering the Compact upon its enactment by ten states. A compact privilege is equivalent

to a license to practice occupational therapy in the remote member state.

The OT Compact preserves the regulatory authority of each compact member state to protect public health and safety through the existing state regulatory structure. Unlike national licensure initiatives that supersede state regulatory authority, interstate occupational licensure compacts allow a member state to continue to determine the requirements for licensure in that state, as well as to maintain that state's unique scope of practice for all members of a profession practicing in that state, whether through a state-issued license or through a compact privilege.

The OT Compact has many benefits for Vermont:

- Improves access to occupational therapy providers;
- Preserves the existing state-based licensure system;
- Improves communication between states:
 - Mandates full participation in a licensing and disciplinary data system
 - Ensures that all adverse actions and disciplinary sanctions are reported regularly to Commission and shared with member states;
 - Facilitates sharing of investigatory information.
- Requires criminal background checks;
- Improves continuity of care for the citizens of Vermont
- Improves licensure portability for occupational therapists and occupational therapy assistants;

Some of my other occupational therapy colleagues have gone over some of the details and reasons why we feel the OT Compact should move forward. I'm here to talk about some personal experiences.

I came to Vermont as a traveling health care professional, planning to only stay for 3 months (I'm now at 18+ years living and working in Vermont). By the time I had an assignment in Vermont, I was already licensed in 4 other states. To get my OT license in Vermont, the 4 other states had to verify that I was in good standing. Because the processes for this verification varies

state to state, this process took 4 months. Had there been an OT Compact, I could have started my assignment in the state sooner to meet the needs of the facility and provide access to care to those clients in the nursing home more expediently.

I stayed in Vermont and moved into management and leadership roles in the SNF and home health setting, where I stayed for just under 15 years. In that time, the OT compact would have helped with access to care issues I encountered as a manager. While managing the rehab department in a nursing home in a rural Vermont county, I needed to rely on traveling health care professionals to meet the daily occupational therapy needs of the clients in the nursing home. There were no staff to hire in this rural area and without travel health care professionals, people would not have had access to occupational therapy care. During this time, I had clinicians trying to come to Vermont to work, only to be held up by the slow process of Vermont state therapy licensing when you have multiple licenses. There were times that people waited up to 3 months to start an assignment with me. During the 4 years I managed in the SNF environment, the occupational therapy department was fully staffed for about 6 months. All the other times, we relied on travel health care professionals to help us provide care. When they were delayed, I had to both manage and treat, often working 12-hour days, 6 days a week for months at a time until we could get travel staff to come to the facility for 13- or 26-week assignments. The OT compact would have facilitated improved staffing in this rural facility and prevented the burn out I felt as a manager who also had to function as a full-time therapist.

When I changed settings to rural home health care management, the staffing problems intensified. At one point, it took me close to 4 years to fill an open occupational therapist position. I needed supplemental staffing and traveling health care professionals to meet staffing needs, and they also experienced delays in licensure that delayed their start dates with our agency. We needed health care professionals to ensure access to occupational therapy in rural settings. I believe the OT compact would have helped make this easier, both through improved communication between states, and by reducing the time it takes for a travel professional to begin an assignment.

The OT compact can facilitate practice in multiple states in those corners of the state that border

other states. In this manner it can facilitate New York and Massachusetts therapists coming over the border to work at Vermont facilities without the need for three separate state licenses. This would have been helpful in my role in managing the SNF rehab department, as I could have had therapists from sister facilities in Massachusetts come to help staff the department.

In addition, the OT compact can facilitate personal development. Specialty practice opportunities in Vermont are rare, such as those in certified hand therapy. If an opportunity is open at CVPH as a CHT, the compact could facilitate an OT working in that facility to get specific exposure in that practice area, and then bringing that experience back to serve the needs of the state here when an opportunity arises. The OT compact can facilitate professional development, and help specialists bring their expertise to practice in Vermont, without the barrier of state borders affecting where people can practice.

Overall, the OT Compact will improve access to and continuity of care for Vermont residents, and increase license portability for occupational therapy professionals based in Vermont, while maintaining the current system of state licensure. Additionally, by ensuring the sharing of investigative and disciplinary information among member states, the OT Compact will allow member state regulatory entities to better protect the public. I am asking you to support the OT compact as a clinical practitioner, as a former health care manager, as a private practice owner, and as the Vermont delegate to the AOTA RA. Thank you.