

Good afternoon Health Care Committee, my name is Hannah Bloom. I am the owner and solo practitioner with Play and Bloom, Therapy, a neuro-inclusive pediatric occupational therapy practice. I am a Vermont-licensed and Nationally registered occupational therapist. I have been practicing for 14 years, 10 in New Mexico and 4 in Vermont. I am testifying in support of House Bill 247 to adopt the Occupational Therapy Licensure Compact - the OT Compact in the state of Vermont.

As an OT, I have been actively involved with the American Occupational Therapy Association (AOTA), which is the national association responsible for representing the interests and concerns of occupational therapy practitioners and students, the National Board for Certification in Occupational Therapy, Inc. (NBCOT), which develops, administers, and continually reviews the certification process, based on current and valid standards that provide reliable indicators of competence of OT practice, these organizations have collaborated in drafting and supporting an interstate compact for OT practitioners. Both organizations hold the public interest and the standard of best practice as their missions. I have been a member and currently hold a seat on the board of the Vermont Occupational Therapy Association and while in New Mexico, I was a member of the NM OT Association.

I have two personal stories to share with you today that will highlight the impact the OT compact will have on families and practitioners in Vermont, then I will review the projected impact stated by the American Occupational Therapy Association and the National Board for Certification in Occupational Therapy, and then if there are questions or concerns I would be happy to address any thoughts.

The first story is about my journey as a therapist. From many conversations and shared connections with other OTs, I can also say this is a common story and loved thread for many OTs. As a pediatric therapist, I have an amazing opportunity to create therapeutic relationships with families that can last for many years. Some families I work with I have known since their child's birth and long, harrowing stay in the neonatal intensive care unit. While in New Mexico, I was a part of a community of families and advocates for disability rights. My clinical work was directly with clients and families. When my own family moved into a stage of life that required me to return to Vermont, I decided to move away from those connections and consequently lost some of the access to be a part of the core team for families, as their children grew and changed, and as their needs changed, at times, becoming more complicated and difficult. Multiple families reached out asking if I would continue to be available as a resource. For many reasons, I have continued to be present and active with a handful of these teams. The OT compact proposed could allow me to continue that work in a clinical role without the burden of maintaining two state licenses or transferring the burden of payment onto the family in need.

The second anecdote is about my search for a feeding specialist, either an OT or Speech Pathologist, during my second child's infancy. We struggled with feeding difficulties from day one. Through the haze of postpartum, I pushed and searched for a clinician who could guide me to help decrease the pain and increase the function of feeding my baby. Had we been able to search across state lines, with other states that have adopted the compact, I could have found a

specialist whose waiting list was not, at minimum, three months long. I needed immediate assistance for our quality of life and the development of functional feeding patterns for my newborn.

The proposed legislation would change both of these stories by allowing the practice of occupational therapy services to be rendered in the remote state under the laws and rules of the home state for the practitioner.

The OT Compact utilizes a “mutual recognition” model of interstate practice, where Compact member states agree to “recognize” valid licensees issued by other member states. This approach is made possible by the fact that the core licensure requirements for Occupational Therapists and Occupational Therapy Assistants outlined are the same or very closely aligned.

According to the AOTA the following benefits are projected for the states who enter into the OT compact:

The OT Compact has many benefits for Vermont:

- Improves access to occupational therapy providers;
- Increases choice of occupational therapy providers;
- Preserves the existing state-based licensure system;
- Creates an alternative path to licensure for compact privilege holders who change their primary state of residence between two compact member states;
- 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 the 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;
- Facilitates alternate delivery methods such as telehealth:
- Simplifies and speeds up the current process;
- Addresses portability and barriers to access;
- Ensures the understanding that the practice of occupational therapy occurs in the state where the client is located at the time.
- Requires continuing education for all who practice under the Compact;
- Improves portability for military families.

Thank you for your time today. I am available for questions or to address concerns.

Hannah Bloom, MOTR/L