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Advocacy Efforts for the Occupational Therapy Licensure Compact

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Abstract

Advocacy efforts for the occupational therapy profession are critical in order to promote the scope of practice and what benefits occupational therapy can provide to consumers. However, many occupational therapists and occupational therapy students find there are many barriers to becoming involved in advocacy efforts. The barriers to advocacy decrease the amount of individuals involved in advocacy efforts that allow forward progress within our profession. Clinicians and students need to be involved in the advocacy efforts at the policy level and engage in conversations with legislators. There are pieces of legislation that exist at the state-policy level that would advance our field that many people may not be knowledgeable about. Without advocacy for these important pieces of legislation, the profession would not advance forward at the state-policy level. HB 4169 and HB 4170 were introduced in the State of Michigan in March 2023 to enact the occupational therapy licensure compact. These two bills would increase access to services, provide continuity of care, and allow for licensure portability for military spouses.

Introduction to Capstone Project

The concentration area for this doctoral capstone experience was advocacy. The majority of the objectives and focus of the experience were advocating for the occupational therapy profession as well as the interstate licensure compact. The main population served by this doctoral capstone was the occupational therapy profession as well as those served by occupational therapists. The occupational therapists in the State of Michigan were served as they would benefit from advocacy efforts for the profession at the state-policy level. The interstate licensure compact would benefit those who are often mobile, including military spouses. Additionally, the consumers of occupational therapy services benefit from this doctoral capstone due to the advantages of Michigan joining the licensure compact.
The setting of this capstone experience was mostly remote work. The capstone experience utilized many platforms including Zoom, Webex, Google Meet, and Facetime in order to collaboration across the profession. The site of this doctoral capstone experience was the Michigan Occupational Therapy Association (MiOTA), specifically within the advocacy committee. This association is composed of occupational therapists, occupational therapy assistants, and students within the State of Michigan. The advocacy committee is composed of a small group of individuals who are extremely passionate about advocacy efforts for the profession. The site mentor, Denise Henderson, was the Director of MiOTA’s Advocacy Committee during this capstone experience. Denise has a vast background of experiences and roles including many areas of practice, academic settings, and professional organization involvement. Her role during this capstone experience was to guide student advocacy efforts and supplement knowledge with her vast experiences and connections.

**Literature Review of Capstone Topic**

Licensure portability has been a topic of discussion in the healthcare field for many years. However, during times of crisis, such as the COVID-19 pandemic, many healthcare systems are strained due to the current lack of licensure portability. The pandemic has exhibited how beneficial licensure portability can be to ease the strain and low staffing issues experienced by healthcare organizations. Currently, the state of Michigan faces political pushback for enacting an occupational therapy licensure compact despite 20 states currently being a part of the compact. The occupational therapy licensure compact would benefit both clinicians and patients receiving services, and is an important piece of legislation to advocate for on behalf of our profession and patients.

**COVID-19 and Healthcare Licensing Regulations**
Throughout the COVID-19 pandemic, the staffing of healthcare professionals was difficult to maintain. There was limited ability of medical professionals to provide care in other states that desperately needed it because of limited license portability. Thus, this reduced the supply of medical professionals and limited geographic mobility and contributed to a shortage in high-need areas (Timmons & Norris, 2022). In times of crisis, many licensing regulations are waived. However, the COVID-19 pandemic exhibited how beneficial it can be to allow geographic mobility within healthcare licensing. The pandemic shed light on many inefficiencies involved in the licensing process and service delivery that can be improved upon in the future.

For example, it was evident that limited licensure portability can create further strain on healthcare systems when low staffing occurs (Timmons & Norris, 2022). Timmons and Norris demonstrate the difficulty the healthcare system can face when licensing limits or even decreases access to patient care. An occupational therapy licensure compact would allow occupational therapists to have increased mobility during emergencies such as the COVID-19 pandemic.

Additionally, licensure portability was maintained for physicians during the COVID-19 pandemic to ease the strain on healthcare in the US. Now that the pandemic has lightened, many physicians are contemplating how to handle the clients they had been treating via telehealth that reside in other states. Many consider the challenge to obtain an additional state license as a barrier to provide that client care, and ultimately refer them to other services (Slomski, 2020). It is mentioned that national licenses for healthcare professionals should be done as a preemptive measure prior to disasters or healthcare crises. For example, during Hurricane Katrina, emergency medical attention was impossible to provide if one did not reside in Louisiana (Slomski, 2020). The increased licensure portability would have increased capacity to provide care to those who desperately needed it. Still, little progress has occurred since Hurricane Katrina
and now the COVID-19 pandemic. It has been demonstrated through both of these events that increased licensure portability decreases the strain on local and statewide medical professionals.

Ultimately, the COVID-19 pandemic illustrated how beneficial a national licensing system can be. The many benefits include increased access to care, decreased travel time and expenses, and decreased delay of care (Mullangi et al., 2021). The US Department of Veterans Affairs telehealth program has bypassed the individual state licensing program and clinicians are allowed to provide care regardless of geographic location. This example has provided the evidence that state medical licensure systems delay access as well as lead to a slowdown in economic growth (Mullangi et al., 2021).

A main concern with licensure portability is regarding occupational therapy service delivery via telehealth. It has been found there is no significant difference between effectiveness of service delivery between virtual and in person OT, thus indicating that telehealth is an important way to meet with our clients’ needs (Cason, 2014). Also, it goes without saying that clients can receive services via telehealth regardless of geographic location if the licensure compact were passed. For individuals with specific needs, they often spend lots of money and time traveling to see a specialist. With the interstate compact, individuals could receive services virtually instead of traveling to a specialist in a different location (Cason, 2014). The access to medical specialists is generally centralized surrounding larger cities and can be quite burdensome to travel to. The amount of time and money spent traveling to receive high quality or specialty can be greatly reduced with the use of telehealth. For example, one study found that there was an 80% reduction in travel distance and 86% of participants found telehealth beneficial as it makes medical care more accessible (Jue et al., 2017). An additional benefit of using telehealth is in regard to decreased caregiver burden to
travel to multiple healthcare appointments. From a caregiver perspective, telehealth increases access to care in rural areas while still supporting caregiver concerns (Gardner et al., 2016). So, the occupational therapy licensure compact benefits both the client receiving occupational therapy services and their caregiver as many of the barriers to receiving high quality and specialized care are decreased.

The American Occupational Therapy Association also presents the importance of telehealth service delivery for occupational therapy practitioners. The compact is mentioned in the context of the federal rule that allows licensure portability when providing services to veterans. A main issue presented at the time of this article is that Medicaid was not paying for OT services via telehealth, which is something to consider about the compact (Telehealth in Occupational Therapy, 2018). The compact may have implications for reimbursement that should be considered by the Compact Commission as they begin drafting bylaws and policies.

A main concern with increasing access to telehealth with licensure portability is patient satisfaction with their occupational therapy experience. However, in a systematic review it was found that patient satisfaction was overall high when receiving OT, PT, and SLP services via telehealth (Patterson et al., 2021). The main concerns reported were low quality of videos or low volume from the other end of the device. A main limitation of telehealth is the internet quality of each person using a device and should be considered prior to receiving telehealth services (Patterson et al., 2021). Patient satisfaction scores remaining high with telehealth has huge implications for advocating for the licensure compact. The amount of services that could be provided via telehealth would increase with the licensure compact, and patients would remain happy with their services.

Political Involvement
A current setback for licensure portability in the state of Michigan is in regard to political opinion and the governor’s ability to veto a bill. In 2021, a licensure compact for nurses was introduced based off of projections that some states will have RN shortages while others have excess. The legislation would’ve allowed RN’s to move freely in order to reduce those disparities in nursing staff across the country. However, Governor Whitmer vetoed the bill for a nursing compact in late 2020 with no comment (McClallen, 2021). There are similar concerns with an occupational therapy licensure compact in the state as well due to continued political pushback.

The occupational therapy licensure compact would decrease the burden of complex and costly processes to obtain licenses in multiple states. If the licensure compact were passed, access to services would be increased and OT’s in different states would have similar trainings in order to obtain licensure (Willmarth & Conway, 2021). Additionally, it allows for an easier exchange of information between states regarding any investigatory and disciplinary actions that have occurred (Willmarth & Conway, 2021). If the compact existed during the pandemic, individuals would have had increased access to services virtually from a clinician who lives in a compact privilege state. The need for an occupational therapy licensure compact in the state of Michigan is crucial and 20 states have already enacted the compact.

By examining the existing literature, it can be assumed that both practitioners and patients benefit from increased licensure portability. However, there is little dissemination and advocacy regarding the benefits of licensure portability, specifically for occupational therapy. The existing barriers regarding public policy implementation and political pushback continue to increase cost of licensing for healthcare professionals while creating difficulty with accessing
care for patients. Therefore, the advocacy efforts for an occupational therapy licensure compact need to be clearly disseminated to increase support in the state of Michigan.

**Needs Assessment**

The gap addressed within this doctoral capstone experience was the lack of advocacy efforts for the occupational therapy profession. Additionally, student advocacy makes up a smaller portion of advocacy efforts within MiOTA. The student involvement in advocacy efforts for the future profession they will be involved in were severely lacking. However, many students feel they do not know how to advocate or feel they do not have the resources to begin advocating. For example, many occupational therapy programs in the state of Michigan only require one course that includes advocacy education. Unfortunately, some universities in the State of Michigan may not include education on how to be involved in state associations, advocacy efforts, or intra-professional collaboration at the policy level.

Many students and clinicians may not be aware of the benefits of the interstate licensure compact. This doctoral capstone project aimed to disseminate information to students and clinicians to increase understanding of the proposed legislation. It is vital that those within the occupational therapy profession understand the implications of legislation that will affect their practice.

The following table is the initial SWOT analysis performed by the student prior to beginning the doctoral capstone experience with MiOTA.

<table>
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<th>Strengths</th>
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Objectives Achieved during the Capstone

Objective 1, Sub-objective 2: Prior to the end of the DCE, the student will disseminate information in regard to the benefits and barriers of Michigan becoming an occupational therapy compact state

Objective 1, Sub-objective 2 was met via the student participating in multiple educational webinars and participating in Lansing Lobby day. The educational webinars were hosted through the Indiana Occupational Therapy Association (IOTA) and the Michigan
Occupational Therapy Association (MiOTA). These events were open to both members and nonmembers and included clinicians and students who registered. The participation in Lansing Lobby Day included presenting at the start of the event regarding the main lobbying points of 2023 to discuss with legislators while at the State Capitol. Prior to these events, many pieces of educational information and infographics were created. The learning activities included researching the current status of the occupational therapy compact, telehealth, and the SHARES Act. Additionally, it was critical to understand the current nature of the state government in Michigan during this capstone. The learning activities focusing on understanding legislation included watching Senate meetings, House of Representative meetings, the House Health Policy committee meetings, the House Behavioral Health subcommittee meetings, and tracking new bills when they were introduced. The literature review conducted prior to the beginning of this doctoral capstone allowed for a knowledge base to communicate about the compact, though staying up to date with the occupational therapy compact website was essential.

Objective 2: Student will gather data regarding gaps in knowledge on the licensure compact among clinicians and students prior to the end of the DCE.

Objective 2 was met following the creation, distribution, and analysis of a survey given to clinicians and students. The survey included questions regarding general advocacy efforts as well as questions specific to the occupational therapy licensure compact. The survey statistics can be found in the Appendix of this document.

Objective 2, sub-objective 2: Prior to the end of the DCE, the student will disseminate information regarding the implications of Michigan joining the licensure compact
Objective 2, sub-objective 2 was met throughout this capstone experience during events the student had an opportunity to share information at. Throughout the educational webinars mentioned above, the student was able to disseminate information about the effects of Michigan becoming an occupational therapy licensure compact state. The student performed learning activities including joining online meetings with the OT compact commission to understand the current status of documents created by this commission. The student also participated in compact commission committee meetings including the finance committee and rules committee. The finance committee provided the student with information regarding the budget for the compact to be carried out as well as information on the cost of a compact privilege for a clinician. This allowed the student to answer a common question during webinars posed by clinicians as to how the compact will change the cost of occupational therapy licensing processes. By attending the rules committee meetings, the student gained knowledge on terms, definitions, and the rules of carrying out the compact. The student listened to discussion from committee members regarding creating initial documentation creating terms such as compact privilege, home state, unencumbered license, and minor infraction as it relates to a clinician gaining compact privileges.

**Implications of Capstone**

This doctoral capstone experience added valuable resources to the MiOTA community from the aforementioned educational webinars as well as student resources published online. The dissemination efforts impacted the occupational therapy community as it spread a knowledge base regarding advocacy efforts and the occupational therapy licensure compact. The capstone site will continue to urge students to become involved in advocacy efforts long after the end date of this doctoral capstone experience. The advocacy committee plans to continue to recruit
students to advocate year round as well as on particularly important lobbying days at the State Capitol. The relationship between the student and the doctoral capstone site will continue as advocacy efforts will continue to be pursued by the student.

**Conclusion**

After the completion of this doctoral capstone, there are conclusions that can be drawn from the survey results. The 89 responses in the survey relay an important message regarding advocacy efforts. The majority of respondents, 67%, have never been involved in advocacy efforts. This result shows the importance of disseminating materials and equipping the occupational therapy profession with knowledge on how advocacy benefits the profession. Additionally, 75% of survey respondents reported not knowing how to join advocacy efforts. In an attempt to break down this barrier, the doctoral capstone student emphasized how to join MiOTA’s advocacy committee by providing resources to locate email addresses and meeting links in multiple online platforms. The remaining survey results can be located in Appendix G.

In the future, the site itself and the site mentor will continue to advocate for the occupational therapy profession. The doctoral capstone student plans to continue the professional relationship built by the experience and continue advocacy efforts. The doctoral capstone student can continue encouraging students to join the advocacy committee as well as share resources to future advocacy capstone students at this site.

The remainder of materials created throughout this doctoral capstone experience can be located in the Appendix. The appendix includes materials created to disseminate information to the occupational therapy profession as well as links to multiple presentations the doctoral capstone student participated in.
Appendix

a. February 2\textsuperscript{nd} MiOTA Lansing Lobby Day Preparation Webinar
b. February 6\textsuperscript{th} IOTA Lobby Day Preparation Webinar
c. March 3\textsuperscript{rd} Lansing Lobby Day Infographic
d. April 6\textsuperscript{th} MiOTA CEU Course
e. Student Toolkit on MiOTA’s Website
f. MiOTA Facebook Blast 4/2
g. OT Compact Canva
h. Canva for OT Compact Language
i. MiOTA April Newsletter
Advocacy Report

Lobby Day Outcomes
Lansing Lobby Day was an amazing opportunity for students, educators, and clinicians to advocate for the occupational therapy profession in the State of Michigan. Nearly 100 individuals advocated for occupational therapy on Lobby Day, March 2, 2023 at the state capitol attending the senate session, the house session, and a behavioral health subcommittee meeting. There were several members of the House of Representatives that were able to have sit-down meetings with our participants. The participants were able to share the three main talking points of lobby day this year including the interstate licensure compact, mental health, and ‘what can OT do for you’. This was a great opportunity for our representatives to ask questions and get clarification on the profession of occupational therapy within our state. Continue to advocate year round by writing your representative, supporting the compact bill, and advocating with other professionals. Send your advocacy action wins to advocacy@miota.org so we can share your time, efforts, and passion for OT with others throughout our website and social media platforms.

Compact/Bill introduced
On March 1st, House Bill 4169 was introduced by the House Health Policy Chair Rep. Julie Rogers. Additionally, Representative Doug Wozniak introduced House Bill 4170 on March 1st. The combination of these two bills will enact legislation in the State of Michigan to allow for licensure portability within the occupational therapy profession. It is critical to reach out to the sponsors and cosponsors of these bills to thank them for their support. These two bills will allow OT’s to work in other states that have passed compact licensure, increased access to care for consumers of services in the state, especially in rural areas near our borders. Additionally, continuity of care will be increased, as well the ability to carry out telehealth services. The increased portability of an occupational therapy license will increase military spouses’ ease securing work in states with licensure compacts. Please reach out to your legislators to thank them for supporting these two important bills for the occupational therapy profession! Click on a legislator below to locate their email in order to thank them for their support.
Sponsors: Douglas Wozniak, Joseph Fox, Julie Rogers, Robert Bezotte, Veronica Paiz, Carol Glanville, Jenn Hill, Jennifer Conlin, Jason Morgan, John Fitzgerald, Samantha Steckloff, Felicia Brabec, John Roth, Jamie Thompson, Carrie Rheingans, Rachel Hood, Jim Haadsma, Phil Green, Ann Bollin, Kristian Grant, Penelope Tsernoglou, Erin Byrnes, Helena Scott, Betsy Coffia, Tom Kunse, Stephanie Young, Alabas Farhat, Mike McFall, Jimmie Wilson Jr., Pat Outman, Amos O'Neal, Cynthia Neeley, Laurie Pohutsky, Karen Whitsett, Abraham Aiyash

Denise Hoffman, OTRL
Caitlyn Cornish, OTS
j. OT Advocacy Survey Results

OT Advocacy
89 responses

Which title best describes you?
89 responses

- Occupational Therapy Student: 29.2%
- Occupational Therapy Assistant Student: 7.9%
- Occupational Therapist: 59.6%

Have you ever been involved in state or federal advocacy efforts for the OT profession?
88 responses

- Yes: 67%
- No: 27.3%
- I'm not sure: 5.7%
If you have not been involved in OT Advocacy efforts, what barriers do you face to becoming involved?

64 responses

- Limited time to commit to advocacy efforts: 30 (60.9%)
- Limited knowledge on how to join advocacy efforts: 48 (75%)
- Disinterest in joining advocacy efforts: 5 (7.8%)
- Limited knowledge on how advocacy will benefit the…: 8 (12.5%)
- Finances and scheduling: 1 (1.6%)
- New graduate hoping to get established as clinician b…: 1 (1.6%)

Do you know how to become involved in state-level advocacy efforts for the OT profession?

89 responses

- Yes: 53.9%
- No: 46.1%
Are you familiar with the Occupational Therapy Licensure Compact?
89 responses

- Yes: 46.1%
- No: 43.8%
- Maybe: 10.1%

Do you understand the benefits of your state becoming an OT compact state?
89 responses

- Yes: 43.8%
- No: 25.8%
- Unsure: 30.3%
- Unsure of the benefits of the licensure compact: 30.3%
The OT Licensure Compact will do all of the following EXCEPT:

77 responses

- Create an interstate licensure data system: 12 (15.6%)
- Negate single-state OT licenses: 48 (62.3%)
- Allow increased licensure portability for military spouses: 17 (22.1%)
- Increase access to Telehealth: 14 (18.2%)
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https://doi.org/10.1001/jamainternmed.2020.8710


