



March 29, 2013

ENGROSSED HOUSE BILL No. 1152

DIGEST OF HB 1152 (Updated March 27, 2013 12:37 pm - DI 104)

Citations Affected: IC 25-23.5.

Synopsis: Practice of occupational therapy. Revises the definition of "practice of occupational therapy". Adds a definition of "occupational therapy services". Adds osteopaths or physician assistants to the practitioners that may provide a referral or order to an occupational therapist. Provides that an occupational therapist must report to the practitioner as specified by the practitioner who provided the referral or order. However, if the practitioner does not specify a reporting requirement, the occupational therapist shall report to the practitioner upon completion or termination of occupational therapy services. Makes a conforming change.

Effective: July 1, 2013.

Kirchhofer, Bacon, Klinker, Riecken

(SENATE SPONSOR — MILLER PATRICIA)

January 23, 2013, read first time and referred to Committee on Public Health.
February 18, 2013, amended, reported — Do Pass.
February 20, 2013, read second time, ordered engrossed. Engrossed.
February 21, 2013, read third time, passed. Yeas 95, nays 0.

SENATE ACTION

February 27, 2013, read first time and referred to Committee on Health and Provider Services.
March 28, 2013, reported favorably — Do Pass.

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EH 1152—LS 6938/DI 77+



March 29, 2013

First Regular Session 118th General Assembly (2013)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2012 Regular Session of the General Assembly.

ENGROSSED HOUSE BILL No. 1152

A BILL FOR AN ACT to amend the Indiana Code concerning professions and occupations.

Be it enacted by the General Assembly of the State of Indiana:

1 SECTION 1. IC 25-23.5-1-5, AS AMENDED BY P.L.197-2007,
2 SECTION 61, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3 JULY 1, 2013]: Sec. 5. "Practice of occupational therapy" means the
4 functional assessment of learning and performance skills and the
5 analysis, selection, and adaptation of exercises or equipment for a
6 person whose abilities to perform the requirements of daily living are
7 threatened or impaired by physical injury or disease, mental illness, a
8 developmental deficit, the aging process, or a learning disability. The
9 term consists primarily of the following functions:

10 (1) Planning and directing exercises and programs to improve
11 sensory-integration and motor functioning at a level of
12 performance neurologically appropriate for a person's stage of
13 development.

14 (2) Analyzing, selecting, and adapting functional exercises to
15 achieve and maintain a person's optimal functioning in daily
16 living tasks and to prevent further disability.

17 **therapeutic use of everyday life occupations and occupational**

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- 1 therapy services to:
- 2 (1) aid individuals or groups to participate in meaningful roles
- 3 and situations in the home, school, workplace, community or
- 4 other settings;
- 5 (2) promote health and wellness through research and
- 6 practice; and
- 7 (3) serve individuals or groups who are well but have been or
- 8 are at risk for developing an illness, injury, disease, disorder,
- 9 condition, impairment, disability, activity limitation, or
- 10 participation restriction.

11 The practice of occupational therapy addresses the physical,

12 cognitive, psychosocial, sensory, and other aspects of performance

13 in a variety of contexts to support engagement in everyday life

14 activities that affect a person's health, well-being, and quality of

15 life throughout the person's life span.

16 SECTION 2. IC 25-23.5-1-6.5 IS ADDED TO THE INDIANA

17 CODE AS A NEW SECTION TO READ AS FOLLOWS

18 [EFFECTIVE JULY 1, 2013]: Sec. 6.5. "Occupational therapy

19 services" means services that are provided to promote health and

20 wellness, prevent disability, preserve functional capabilities,

21 prevent barriers for occupational performance from occurring,

22 and enable or improve performance in everyday activities,

23 including services that do the following:

- 24 (1) Establish, remediate, or restore a skill or ability that is
- 25 impaired or not yet developed. Occupational therapy services
- 26 include recognizing speech, language, and hearing that may
- 27 be impaired or not yet developed but does not include the
- 28 remediation of these skills and abilities.
- 29 (2) Modify or adapt a person or an activity or environment of
- 30 a person or compensate for a loss of a person's functions.
- 31 (3) Evaluate factors that affect daily living activities,
- 32 instrumental activities of daily living, and other activities
- 33 relating to work, play, leisure, education, and social
- 34 participation. These factors may include body functions, body
- 35 structure, habits, routines, role performance, behavior
- 36 patterns, sensory motor skills, cognitive skills, communication
- 37 and interaction skills, and cultural, physical, psychosocial,
- 38 spiritual, developmental, environmental, and socioeconomic
- 39 contexts and activities that affect performance.
- 40 (4) Perform interventions and procedures relating to the
- 41 factors described in subdivision (3), including the following:
- 42 (A) Task analysis and therapeutic use of occupations,



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- 1 exercises, and activities.
 2 **(B) Education and training in self-care, self-management,**
 3 **home management, and community or work reintegration.**
 4 **(C) Care coordination, case management, transition, and**
 5 **consultative services.**
 6 **(D) Modification of environments and adaptation**
 7 **processes, including the application of ergonomic and**
 8 **safety principles.**
 9 **(E) Assessment, design, fabrication, application, fitting,**
 10 **and training in assistive technology, adaptive devices, and**
 11 **orthotic devices, and training in the use of prosthetic**
 12 **devices. However, this does not include the following:**
 13 **(i) Gait training.**
 14 **(ii) Training in the use of hearing aids,**
 15 **tracheoesophageal valves, speaking valves, or**
 16 **electrolarynx devices related to the oral production of**
 17 **language.**
 18 **(iii) Remediation of speech, language, and hearing**
 19 **disorders.**
 20 **(iv) Fabrication of shoe inserts.**
 21 **(F) Assessment, recommendation, and training in**
 22 **techniques to enhance safety, functional mobility, and**
 23 **community mobility, including wheelchair management**
 24 **and mobility. However, this does not include gait training.**
 25 **(G) Assessment and management of feeding, eating, and**
 26 **swallowing to enable eating and feeding performance.**
 27 **(H) Application of physical agent modalities and use of a**
 28 **range of specific therapeutic procedures, including**
 29 **techniques to enhance sensory-motor, perceptual, and**
 30 **cognitive processing, manual therapy techniques, and**
 31 **adjunctive and preparatory activities for occupational**
 32 **performance. However, manual therapy does not include**
 33 **spinal manipulation, spinal adjustment, or grade 5**
 34 **mobilization.**

35 SECTION 3. IC 25-23.5-3-1.5, AS AMENDED BY P.L.134-2008,
 36 SECTION 35, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 37 JULY 1, 2013]: Sec. 1.5. (a) Except as provided in subsection (b), an
 38 occupational therapist may not provide occupational therapy services
 39 to a person until the person has been referred to the occupational
 40 therapist by **or the occupational therapist is acting on the order of**
 41 one (1) of the following:

- 42 (1) A physician **or osteopath** licensed under IC 25-22.5.



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- 1 (2) A podiatrist licensed under IC 25-29.
- 2 (3) An advanced practice nurse licensed under IC 25-23.
- 3 (4) A psychologist licensed under IC 25-33.
- 4 (5) A chiropractor licensed under IC 25-10.
- 5 (6) An optometrist licensed under IC 25-24.
- 6 (7) **A physician assistant licensed under IC 25-27.5.**
- 7 **The occupational therapist shall report to the practitioner as**
- 8 **specified by the practitioner who provided the referral or order.**
- 9 **However, if the practitioner does not specify a reporting**
- 10 **requirement, the occupational therapist shall report to the**
- 11 **practitioner upon completion or termination of occupational**
- 12 **therapy services.**
- 13 (b) An occupational therapist may provide the following services
- 14 without a referral from a ~~physician licensed under IC 25-22.5~~, a
- 15 ~~podiatrist licensed under IC 25-29~~, an advanced practice nurse licensed
- 16 ~~under IC 25-23~~, a psychologist licensed under IC 25-33, a chiropractor
- 17 ~~licensed under IC 25-10~~, or an optometrist licensed under IC 25-24:
- 18 **person listed in subsection (a):**
- 19 (1) Ergonomic or home assessment.
- 20 (2) Injury or illness prevention education and wellness services.
- 21 (3) Occupational therapy activities provided in an educational
- 22 setting.
- 23 (4) Occupational therapy activities that the board determines,
- 24 after reviewing the recommendations of the committee, are
- 25 appropriate to be conducted in a community based environment.

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COMMITTEE REPORT

Mr. Speaker: Your Committee on Public Health, to which was referred House Bill 1152, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

Page 2, line 26, delete "identifying" and insert "**recognizing**".

Page 2, line 26, delete "is" and insert "**may be**".

Page 3, after line 34, begin a new paragraph and insert:

"SECTION 3. IC 25-23.5-3-1.5, AS AMENDED BY P.L.134-2008, SECTION 35, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2013]: Sec. 1.5. (a) Except as provided in subsection (b), an occupational therapist may not provide occupational therapy services to a person until the person has been referred to the occupational therapist by **or the occupational therapist is acting on the order of** one (1) of the following:

- (1) A physician **or osteopath** licensed under IC 25-22.5.
- (2) A podiatrist licensed under IC 25-29.
- (3) An advanced practice nurse licensed under IC 25-23.
- (4) A psychologist licensed under IC 25-33.
- (5) A chiropractor licensed under IC 25-10.
- (6) An optometrist licensed under IC 25-24.
- (7) **A physician assistant licensed under IC 25-27.5.**

The occupational therapist shall report to the practitioner as specified by the practitioner who provided the referral or order. However, if the practitioner does not specify a reporting requirement, the occupational therapist shall report to the practitioner upon completion or termination of occupational therapy services.

(b) An occupational therapist may provide the following services without a referral from a ~~physician licensed under IC 25-22.5; a podiatrist licensed under IC 25-29; an advanced practice nurse licensed under IC 25-23; a psychologist licensed under IC 25-33; a chiropractor licensed under IC 25-10; or an optometrist licensed under IC 25-24;~~ **person listed in subsection (a):**

- (1) Ergonomic or home assessment.
- (2) Injury or illness prevention education and wellness services.
- (3) Occupational therapy activities provided in an educational setting.

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(4) Occupational therapy activities that the board determines, after reviewing the recommendations of the committee, are appropriate to be conducted in a community based environment.". Renumber all SECTIONS consecutively.

and when so amended that said bill do pass.

(Reference is to HB 1152 as introduced.)

CLERE, Chair

Committee Vote: yeas 11, nays 0.

COMMITTEE REPORT

Madam President: The Senate Committee on Health and Provider Services, to which was referred House Bill No. 1152, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill DO PASS.

(Reference is made to House Bill 1152 as printed February 18, 2013.)

MILLER PATRICIA, Chairperson

Committee Vote: Yeas 9, Nays 0.

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