

# HOUSE BILL No. 1152

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## DIGEST OF INTRODUCED BILL

**Citations Affected:** IC 25-23.5-1.

**Synopsis:** Practice of occupational therapy. Revises the definition of "practice of occupational therapy". Adds a definition of "occupational therapy services".

**Effective:** July 1, 2013.

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## Kirchhofer

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January 23, 2013, read first time and referred to Committee on Public Health.

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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.

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## 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**



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 identifying speech, language, and hearing that is  
 27 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.

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