



Maryland Occupational Therapy Association

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Committee:	Senate Education, Health, and Environmental Affairs Committee
Bill Number:	Senate Bill 139
Title:	Interstate Occupational Therapy Licensure Compact
Hearing Date:	January 26, 2021
Position:	Support with Amendment

The Maryland Occupational Therapy Association (MOTA) strongly supports *Senate Bill 139 – Interstate Occupational Therapy Licensure Compact*. This bill would enter Maryland into the Interstate Occupational Therapy Licensure Compact. This compact was developed by the American Occupational Therapy Association (AOTA), in partnership with the National Board for Certification in Occupational Therapy (NBCOT).

What the Compact Does

The Interstate Occupational Therapy Licensure Compact will become effective once 10 states pass identical legislation. Once this occurs, occupational therapists (OTs) and occupational therapy assistants (OTAs) will be able to work in states which have entered the compact. Currently, occupational therapy practitioners are required to obtain licensure in each state they want to practice in.

Occupational therapy practitioners licensed in Maryland would still be required to meet all licensure requirements set out by the Maryland Board of Occupational Therapy Practice. In addition, individuals licensed in other states would be subject to Maryland's laws and regulations when providing services in Maryland through the compact.

Status of Compact in Neighboring States

We are expecting at least 13 states to consider compact bills this year, so it is feasible that the Interstate Occupational Therapy Licensure Compact could be activated in the near future. Maryland has the unique opportunity to improve access to occupational therapy in our region, as Virginia and Delaware are planning to introduce compact legislation this year, and we understand that Pennsylvania may be considering legislation as well.

Benefits of the Compact

Increased Access to Care through Telehealth: Compacts provide for increased access, including telehealth services across state lines. Even though the interest and use of telehealth has increased over the past several years, occupational therapists still face a myriad of differing state laws, including requirements that

OT practitioners be licensed in the state the patient is located. For consumers, this means many are unable to access services via telehealth from an OT practitioner if they are not located in the same state, even if services are provided through telehealth.

Improved Continuity of Care: One of the major benefits of establishing a compact in Maryland is allowing consumers to access their provider when the provider resides or relocates to another state. As each state has its own unique rules regarding reciprocity, delays in obtaining licensure are commonplace when moving from one state to another. Compacts have the benefit of ensuring that individuals will be able to more readily begin providing services when relocating, while still meeting an agreed upon set of education and training standards. While this benefits the OT practitioner and consumers, it also benefits employers, such as local school systems, hospitals, and long-term care facilities, which often experience workforce shortages and may need to recruit out-of-state providers.

Thank you for your consideration of our testimony, and we urge a favorable vote. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.