Second Regular Session Seventy-second General Assembly STATE OF COLORADO

REENGROSSED

This Version Includes All Amendments Adopted in the House of Introduction

LLS NO. 20-0511.01 Richard Sweetman x4333

HOUSE BILL 20-1230

HOUSE SPONSORSHIP

Singer and Larson, Caraveo, Cutter, Gonzales-Gutierrez, Holtorf, Jaquez Lewis, Landgraf, Liston, Michaelson Jenet, Mullica, Pelton, Young, Buentello, Duran, Esgar, Lontine, Sandridge, Valdez D.

SENATE SPONSORSHIP

Fields,

House Committees

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Senate Committees

Public Health Care & Human Services Finance Appropriations

AGENCIES.

A BILL FUR AN ACT	
CONCERNING THE CONTINUATION OF THE "OCCUPATIONAL THER	APY
PRACTICE ACT", AND, IN CONNECTION THEREW	ITH,
IMPLEMENTING THE RECOMMENDATIONS CONTAINED IN	THE
2019 SUNSET REPORT BY THE DEPARTMENT OF REGULAT	ORY

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at http://leg.colorado.gov/.)

Sunset Process - House Public Health Care and Human Services Committee. The bill implements, with amendments, the

HOUSE srd Reading Unamended March 9, 2020

> HOUSE Amended 2nd Reading March 6, 2020

Shading denotes HOUSE amendment.

Capital letters or bold & italic numbers indicate new material to be added to existing statute.

Dashes through the words indicate deletions from existing statute.

recommendations of the department of regulatory agencies (department) in its sunset review and report on the licensing of occupational therapists and occupational therapy assistants (OTAs) by the director of the division of professions and occupations in the department. Specifically:

- ! Sections 1 and 2 of the bill continue the "Occupational Therapy Practice Act" (act) for 10 years, until 2030, rather than for 7 years, as recommended by the department;
- ! Sections 3 and 4 modify the legislative declaration and definitions related to the scope of practice of occupational therapy;
- ! Section 5 designates "occupational therapy consultant", "M.O.T.", "M.O.T./L.", "occupational therapy assistant", and "O.T.A." as protected titles under the act and clarifies that individuals who legally practice temporarily as occupational therapists in Colorado may use protected titles:
- ! Sections 7, 8, and 14 reorder and amend certain provisions of the act concerning examinations and applications for licensure by occupational therapists and OTAs;
- ! Sections 11 and 13 add certain prohibited behaviors as grounds for discipline and reorder certain provisions concerning disciplinary proceedings; and
- ! Sections 6, 9, 10, and 12 make technical corrections throughout the act.
- 1 Be it enacted by the General Assembly of the State of Colorado:
- 2 **SECTION 1.** In Colorado Revised Statutes, **amend** 12-270-120
- 3 as follows:
- 4 **12-270-120. Repeal of article review of functions.** This article
- 5 270 is repealed, effective September 1, 2020 2030. Before the repeal, the
- 6 director's powers, duties, and functions under this article 270 are
- 7 scheduled for review in accordance with section 24-34-104.
- 8 **SECTION 2.** In Colorado Revised Statutes, 24-34-104, **repeal**
- 9 (19)(a)(VII); and **add** (31)(a)(V) as follows:
- 10 **24-34-104.** General assembly review of regulatory agencies
- and functions for repeal, continuation, or reestablishment legislative

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1	declaration - repeal. (19) (a) The following agencies, functions, or both,
2	are scheduled for repeal on September 1, 2020:
3	(VII) The licensing of occupational therapists and occupational
4	therapy assistants in accordance with article 270 of title 12;
5	(31) (a) The following agencies, functions, or both, are scheduled
6	for repeal on September 1, 2030:
7	(V) THE LICENSING OF OCCUPATIONAL THERAPISTS AND
8	OCCUPATIONAL THERAPY ASSISTANTS IN ACCORDANCE WITH ARTICLE 270
9	OF TITLE 12.
10	SECTION 3. In Colorado Revised Statutes, 12-270-102, add
11	(1)(b.3), (1)(b.5), and (1)(b.7) as follows:
12	12-270-102. Legislative declaration. (1) The general assembly
13	hereby finds, determines, and declares that:
14	(b.3) OCCUPATIONAL THERAPY PRACTICE CONSISTS OF CLIENT
15	MANAGEMENT, WHICH INCLUDES OCCUPATIONAL THERAPY DIAGNOSIS AND
16	PROGNOSIS TO OPTIMIZE OCCUPATIONAL PERFORMANCE;
17	(b.5) OCCUPATIONAL THERAPY INCLUDES CONTRIBUTIONS TO
18	PUBLIC HEALTH SERVICES THAT ARE INTENDED TO IMPROVE THE HEALTH
19	OF THE PUBLIC;
20	(b.7) The professional scope of occupational therapy
21	PRACTICE EVOLVES IN RESPONSE TO INNOVATION, RESEARCH,
22	COLLABORATION, AND CHANGE IN SOCIETAL NEEDS; AND
23	SECTION 4. In Colorado Revised Statutes, 12-270-104, amend
24	(3), (4), and (6); and add (2.2), (2.4), (2.6), (4.8), (8.3), and (8.5) as
25	follows:
26	12-270-104. Definitions. As used in this article 270, unless the
27	context otherwise requires:

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1	(2.2) "BEHAVIORAL HEALTH CARE SERVICES" MEANS SERVICES TO
2	FACILITATE THE PREVENTION, DIAGNOSIS, AND TREATMENT OF, AND FOR
3	THE RECOVERY FROM, MENTAL HEALTH AND SUBSTANCE USE DISORDERS
4	WITHIN THE SCOPE OF PRACTICE OF OCCUPATIONAL THERAPY.
5	(2.4) "CLIENT" MEANS AN INDIVIDUAL, GROUP, POPULATION,
6	COMMUNITY, OR ORGANIZATION THAT RECEIVES OCCUPATIONAL THERAPY
7	SERVICES.
8	(2.6) "FUNCTIONAL COGNITION" MEANS THE WAY IN WHICH AN
9	INDIVIDUAL UTILIZES AND INTEGRATES THE INDIVIDUAL'S THINKING AND
10	PROCESSING SKILLS TO ACCOMPLISH EVERYDAY ACTIVITIES IN CLINICAL
11	AND COMMUNITY LIVING ENVIRONMENTS.
12	(3) "Instrumental activities of daily living" means activities that
13	are oriented toward interacting with the environment and that may be
14	complex. These activities are generally optional in nature and may be
15	delegated to another person. "Instrumental activities of daily living"
16	include care of others, care of pets, child-rearing, communication device
17	use, community mobility, financial management, health management and
18	maintenance, home establishment and management, meal preparation and
19	cleanup, safety procedures and emergency responses, and shopping.
20	(4) "Low vision rehabilitation services" means the evaluation,
21	diagnosis, management, and care of the low vision patient in visual
22	acuity, and visual field, AND OCULOMOTOR PERFORMANCE as it affects the
23	patient's occupational performance, including low vision rehabilitation
24	therapy, education, and interdisciplinary consultation.
25	(4.8) "OCCUPATION" MEANS AN EVERYDAY, PERSONALIZED
26	ACTIVITY IN WHICH PEOPLE PARTICIPATE AS INDIVIDUALS, FAMILIES, AND
27	COMMUNITIES TO OCCUPY TIME AND BRING MEANING AND PURPOSE TO

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LIFE. "OCCUPATION" INCLUDES AN ACTIVITY THAT A PERSON NEEDS TO DO,
 WANTS TO DO, OR IS EXPECTED TO DO.

3 "Occupational therapy" means the therapeutic use of 4 OCCUPATIONS, INCLUDING everyday life activities with individuals, or 5 groups, for the purpose of POPULATIONS, OR ORGANIZATIONS, TO SUPPORT 6 participation, PERFORMANCE, AND FUNCTION in roles and situations in 7 home, school, workplace, community, and other settings. OCCUPATIONAL 8 THERAPY IS PROVIDED FOR HABILITATION, REHABILITATION, AND THE 9 PROMOTION OF HEALTH AND WELLNESS TO PERSONS WHO HAVE, OR ARE AT 10 RISK FOR DEVELOPING, AN ILLNESS, INJURY, DISEASE, DISORDER, 11 CONDITION, IMPAIRMENT, DISABILITY, ACTIVITY LIMITATION, OR 12 PARTICIPATION RESTRICTION. OCCUPATIONAL THERAPY USES EVERYDAY 13 LIFE ACTIVITIES TO PROMOTE MENTAL HEALTH AND SUPPORT FUNCTIONING 14 IN PEOPLE WHO HAVE, OR WHO ARE AT RISK OF EXPERIENCING, A RANGE OF 15 MENTAL HEALTH DISORDERS, INCLUDING PSYCHIATRIC, BEHAVIORAL, 16 EMOTIONAL, AND SUBSTANCE USE DISORDERS. OCCUPATIONAL THERAPY 17 ADDRESSES THE PHYSICAL, COGNITIVE, PSYCHOSOCIAL, 18 SENSORY-PERCEPTUAL, AND OTHER ASPECTS OF PERFORMANCE IN A 19 VARIETY OF CONTEXTS AND ENVIRONMENTS TO SUPPORT ENGAGEMENT IN 20 OCCUPATIONS THAT AFFECT PHYSICAL HEALTH, MENTAL HEALTH, 21 WELL-BEING, AND QUALITY OF LIFE. The practice of occupational therapy 22 includes:

(a) Methods or strategies selected to direct the process of interventions such as Evaluation of Factors affecting activities of Daily Living, instrumental activities of Daily Living, rest and Sleep, education, work, play, leisure, social participation, and Health Management, including:

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1	(1) Establishment, remediation, of restoration of a skin of ability
2	that has not yet developed or is impaired CLIENT FACTORS, INCLUDING
3	BODY FUNCTIONS SUCH AS NEUROMUSCULOSKELETAL, SENSORY, VISUAL,
4	PERCEPTUAL, MENTAL, COGNITIVE, AND PAIN FACTORS; BODY STRUCTURES
5	SUCH AS CARDIOVASCULAR, DIGESTIVE, NERVOUS, INTEGUMENTARY, AND
6	GENITOURINARY SYSTEMS; STRUCTURES RELATED TO MOVEMENT; AND A
7	CLIENT'S VALUES, BELIEFS, AND SPIRITUALITY.
8	(II) Compensation, modification, or adaptation of an activity or
9	environment to enhance performance Habits, ROUTINES, ROLES, RITUALS,
10	AND BEHAVIOR PATTERNS;
11	(III) Maintenance and enhancement of capabilities without which
12	performance of everyday life activities would decline PHYSICAL AND
13	SOCIAL ENVIRONMENTS; CULTURAL, PERSONAL, TEMPORAL, AND VIRTUAL
14	CONTEXTS; AND ACTIVITY DEMANDS THAT AFFECT PERFORMANCE; AND
15	(IV) Promotion of health and wellness to enable or enhance
16	performance in everyday life activities; and PERFORMANCE SKILLS,
17	INCLUDING MOTOR, PRAXIS, PROCESS, SENSORY, PERCEPTUAL, EMOTIONAL
18	REGULATION, AND COMMUNICATION; SOCIAL INTERACTION SKILLS; AND
19	FUNCTIONAL COGNITION.
20	(V) Prevention of barriers to performance, including disability
21	prevention;
22	(b) Evaluation of factors affecting activities of daily living,
23	instrumental activities of daily living, education, work, play, leisure, and
24	social participation, including METHODS OR APPROACHES SELECTED TO
25	DIRECT THE PROCESS OF INTERVENTIONS SUCH AS:
26	(I) Client factors, including body functions such as
27	neuromuscular, sensory, visual, perceptual, and cognitive functions, and

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1	body structures such as cardiovascular, digestive, integumentary, and
2	genitourinary systems Establishment, remediation, or restoration
3	OF A SKILL OR ABILITY THAT HAS NOT YET DEVELOPED, IS IMPAIRED, OR IS
4	IN DECLINE;
5	(II) Habits, routines, roles, and behavior patterns Compensation,
6	MODIFICATION, OR ADAPTATION OF AN ACTIVITY OR ENVIRONMENT TO
7	ENHANCE PERFORMANCE OR TO PREVENT INJURIES, DISORDERS, OR OTHER
8	CONDITIONS;
9	(III) Cultural, physical, environmental, social, and spiritual
10	contexts and activity demands that affect performance; and
11	MAINTENANCE AND ENHANCEMENT OF CAPABILITIES WITHOUT WHICH
12	PERFORMANCE IN EVERYDAY LIFE ACTIVITIES WOULD DECLINE;
13	(IV) Performance skills, including motor, process, and
14	communication and interaction skills Promotion of Health and
15	WELLNESS, INCLUDING THE USE OF SELF-MANAGEMENT STRATEGIES, TO
16	ENABLE OR ENHANCE PERFORMANCE IN EVERYDAY LIFE ACTIVITIES; AND
17	(V) PREVENTION OF BARRIERS TO PERFORMANCE AND
18	PARTICIPATION, INCLUDING INJURY AND DISABILITY PREVENTION;
19	(c) Interventions and procedures to promote or enhance safety and
20	performance in activities of daily living, instrumental activities of daily
21	living, REST AND SLEEP, education, work, play, leisure, and social
22	participation, AND HEALTH MANAGEMENT, including:
23	(I) Therapeutic use of occupations, exercises, and activities;
24	(II) Training in self-care; self-management; SELF-REGULATION;
25	HEALTH MANAGEMENT AND MAINTENANCE; home management; and
26	community, VOLUNTEER, and work INTEGRATION AND reintegration;
27	SCHOOL ACTIVITIES; AND WORK PERFORMANCE;

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1	(III) Identification, development, remediation, or compensation
2	of physical, cognitive, neuromuscular NEUROMUSCULOSKELETAL, sensory,
3	VISUAL, PERCEPTUAL, AND MENTAL functions; sensory processing;
4	FUNCTIONAL COGNITION; PAIN TOLERANCE AND MANAGEMENT;
5	DEVELOPMENTAL SKILLS; and behavioral skills;
6	(IV) Therapeutic use of self, including a person's personality,
7	insights, perceptions, and judgments, as part of the therapeutic process;
8	(V) Education and training of individuals, including family
9	members, caregivers, GROUPS, POPULATIONS, and others;
10	(VI) Care coordination, case management, and transition services;
11	DIRECT, INDIRECT, AND CONSULTATIVE CARE; ADVOCACY AND
12	SELF-ADVOCACY; AND OTHER SERVICE DELIVERY METHODS;
13	(VII) Consultative services to INDIVIDUALS, groups, programs,
14	organizations, or communities;
15	(VIII) Modification of environments such as home, work, school,
16	or community and adaptation of processes, including the application of
17	ergonomic principles;
18	(IX) Assessment, design, fabrication, application, fitting, and
19	training in assistive technology and adaptive and orthotic devices and
20	training in SEATING AND POSITIONING AND IN the use of prosthetic
21	devices, excluding glasses, contact lenses, or other prescriptive devices
22	to correct vision unless prescribed by an optometrist;
23	(X) Assessment, recommendation, and training in techniques to
24	enhance functional mobility, including wheelchair management COMPLEX
25	SEATING AND MANAGEMENT OF WHEELCHAIRS AND OTHER MOBILITY
26	DEVICES;
27	(XI) Driver rehabilitation and community mobility;

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1	(XII) Management of feeding, eating, and swallowing to enable
2	SUPPORT eating and feeding performance NECESSARY FOR NUTRITION,
3	SOCIAL PARTICIPATION, OR OTHER HEALTH OR WELLNESS
4	CONSIDERATIONS;
5	(XIII) Application of physical agent modalities and therapeutic
6	procedures such as wound management; techniques to enhance,
7	MAINTAIN, OR PREVENT THE DECLINE OF sensory, perceptual, and
8	PSYCHOSOCIAL, OR cognitive processing; MANAGEMENT OF PAIN; and
9	manual techniques to enhance, MAINTAIN, OR PREVENT THE DECLINE OF
10	performance skills; and
11	(XIV) The use of telehealth, TELEREHABILITATION, AND
12	TELETHERAPY pursuant to rules as may be adopted by the director;
13	$(XV)\ Low vision rehabilitation services and vision the rapy$
14	SERVICES UNDER THE REFERRAL, PRESCRIPTION, SUPERVISION, OR
15	COMANAGEMENT OF AN OPHTHALMOLOGIST OR OPTOMETRIST;
16	(XVI) FACILITATION OF THE OCCUPATIONAL PERFORMANCE OF
17	GROUPS, POPULATIONS, OR ORGANIZATIONS THROUGH THE MODIFICATION
18	OF ENVIRONMENTS AND THE ADAPTATION OF PROCESSES;
19	(XVII) SENSORY-BASED INTERVENTIONS INCLUDING EQUIPMENT,
20	ENVIRONMENT, AND ROUTINE ADAPTATIONS THAT SUPPORT OPTIMAL
21	SENSORY INTEGRATION AND PROCESSING; AND
22	(XVIII) BEHAVIORAL HEALTH CARE SERVICES TO ENHANCE,
23	MAINTAIN, OR PREVENT THE DECLINE OF OCCUPATIONAL PERFORMANCE
24	WITHIN THE SCOPE OF PRACTICE OF OCCUPATIONAL THERAPY.
25	(8.3) "TELEHEALTH" MEANS THE USE OF ELECTRONIC
26	INFORMATION AND TELECOMMUNICATIONS TECHNOLOGY TO SUPPORT AND
27	PROMOTE ACCESS TO CLINICAL HEALTH CARE, CLIENT AND PROFESSIONAL

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1	HEALTH-RELATED EDUCATION, PUBLIC HEALTH, AND HEALTH
2	ADMINISTRATION.
3	(8.5) "Telerehabilitation" or "teletherapy" means the
4	DELIVERY OF REHABILITATION AND HABILITATION SERVICES VIA
5	INFORMATION AND COMMUNICATION TECHNOLOGIES, COMMONLY
6	REFERRED TO AS "TELEHEALTH" TECHNOLOGIES.
7	SECTION 5. In Colorado Revised Statutes, amend 12-270-105
8	as follows:
9	12-270-105. Use of titles restricted. (1) Only a person licensed
10	as an occupational therapist IN THIS STATE OR WHO IS A LEGALLY
11	QUALIFIED OCCUPATIONAL THERAPIST FROM ANOTHER STATE OR COUNTRY
12	PROVIDING SERVICES ON BEHALF OF A TEMPORARILY ABSENT
13	OCCUPATIONAL THERAPIST LICENSED IN THIS STATE, IN ACCORDANCE WITH
14	SECTION 12-270-110 (1)(d), may use the title "occupational therapist
15	licensed", "licensed occupational therapist", "occupational therapist", or
16	"doctor of occupational therapy", or "OCCUPATIONAL THERAPY
17	CONSULTANT"; use the abbreviation "O.T.", "M.O.T.", "O.T.D.",
18	$"O.T.R.", "O.T./L.", "O.T.D./L.", "M.O.T./L.", or "O.T.R./L."; or \verb"USE" any$
19	other generally accepted terms, letters, or figures that indicate that the
20	person is an occupational therapist.
21	(2) Only a person licensed as an occupational therapy assistant IN
22	THIS STATE may use the title "OCCUPATIONAL THERAPY ASSISTANT",
23	"occupational therapy assistant licensed", or "licensed occupational
24	therapy assistant"; use the abbreviation "O.T.A./L." or "C.O.T.A./L."
25	ABBREVIATION "O.T.A.", "O.T.A./L.", "C.O.T.A.", OR "C.O.T.A./L."; or
26	use any other generally accepted terms, letters, or figures indicating that
27	the person is an occupational therapy assistant.

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1	SECTION 6. In Colorado Revised Statutes, 12-270-106, amend
2	(1)(a) and (2) as follows:
3	12-270-106. License required - occupational therapists -
4	occupational therapy assistants. (1) (a) On and after June 1, 2014,
5	except as otherwise provided in this article 270, a person shall not
6	practice occupational therapy or represent himself or herself as being able
7	to THAT THE PERSON MAY practice occupational therapy in this state
8	without possessing a valid license issued by the director in accordance
9	with this article 270 and rules adopted pursuant to this article 270.
10	(2) On and after June 1, 2014, except as otherwise provided in this
11	article 270, a person shall not practice as an occupational therapy assistant
12	or represent himself or herself as being able to THAT THE PERSON MAY
13	practice as an occupational therapy assistant in this state without
14	possessing a valid license issued by the director in accordance with this
15	article 270 and any rules adopted under this article 270.
16	SECTION 7. In Colorado Revised Statutes, 12-270-107, amend
17	(2), (3), and (5)(c) as follows:
18	12-270-107. Licensure of occupational therapists - application
19	- qualifications - rules. (2) [Similar to subsection (3)] Application.
20	(a) When an applicant has fulfilled the requirements of subsection (1) of
21	this section, the applicant may apply for examination and licensure upon
22	payment of a fee in an amount determined by the director. A person who
23	fails an examination may apply for reexamination upon payment of a fee
24	in an amount determined by the director Examination. EACH APPLICANT
25	MUST PASS A NATIONALLY RECOGNIZED EXAMINATION, APPROVED BY THE
26	DIRECTOR, THAT MEASURES THE MINIMUM LEVEL OF COMPETENCE
27	NECESSARY FOR PUBLIC HEALTH, SAFETY, AND WELFARE.

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1	(b) The application shall be in the form and manner designated by
2	the director.
3	(3) [Similar to subsection (2)] Examination. Each applicant shall
4	pass a nationally recognized examination approved by the director that
5	measures the minimum level of competence necessary for public health,
6	safety, and welfare Application. After an applicant has fulfilled
7	THE REQUIREMENTS OF SUBSECTIONS (1) AND (2) OF THIS SECTION, THE
8	APPLICANT MAY APPLY FOR LICENSURE UPON PAYMENT OF A FEE IN AN
9	AMOUNT DETERMINED BY THE DIRECTOR. THE DIRECTOR SHALL
10	DESIGNATE THE FORM AND MANNER OF THE APPLICATION.
11	(5) Licensure by endorsement. (c) Upon receipt of all
12	documents required by subsections (5)(a) and (5)(b) of this section, the
13	director shall review the application and make a determination of the
14	applicant's qualification QUALIFICATIONS to be licensed by endorsement.
15	SECTION 8. In Colorado Revised Statutes, 12-270-108, amend
16	(2), (3), and (5)(c) as follows:
17	12-270-108. Occupational therapy assistants - licensure -
18	application - qualifications - rules. (2) [Similar to subsection
19	(3)] Application. (a) When an applicant has fulfilled the requirements of
20	subsection (1) of this section, the applicant may apply for licensure upon
21	payment of a fee in an amount determined by the director Examination.
22	EACH APPLICANT MUST PASS A NATIONALLY RECOGNIZED EXAMINATION,
23	APPROVED BY THE DIRECTOR, THAT MEASURES THE MINIMUM LEVEL OF
24	COMPETENCE NECESSARY FOR PUBLIC HEALTH, SAFETY, AND WELFARE.
25	(b) The applicant must submit an application in the form and
26	manner designated by the director.
27	(3) [Similar to subsection (2)] Examination. Each applicant must

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pass a nationally recognized examination, approved by the director, that
measures the minimum level of competence necessary for public health,
safety, and welfare Application. After an applicant has fulfilled
THE REQUIREMENTS OF SUBSECTIONS (1) AND (2) OF THIS SECTION, THE
APPLICANT MAY APPLY FOR LICENSURE UPON PAYMENT OF A FEE IN AN
AMOUNT DETERMINED BY THE DIRECTOR. THE DIRECTOR SHALL
DESIGNATE THE FORM AND MANNER OF THE APPLICATION.
(5) Licensure by endorsement. (c) Upon receipt of all
documents required by subsections (5)(a) and (5)(b) of this section, the
director shall review the application and make a determination of the
applicant's qualification QUALIFICATIONS to be licensed by endorsement
as an occupational therapy assistant.
SECTION 9. In Colorado Revised Statutes, 12-270-110, amend

SECTION 9. In Colorado Revised Statutes, 12-270-110, **amend** (1)(a), (1)(b), and (1)(c); and **add** (1)(c.5) as follows:

12-270-110. Scope of article - exclusions. (1) This article 270 does not prevent or restrict the practice, services, or activities of:

- (a) A person licensed or otherwise regulated in this state by any other law from engaging in his or her THE PERSON'S profession or occupation as defined in the part or article under which he or she THE PERSON is licensed;
- (b) A person pursuing a course of study leading to a degree in occupational therapy at an educational institution with an accredited occupational therapy program if that person is designated by a title that clearly indicates his or her THE PERSON'S status as a student and if he or she THE PERSON acts under appropriate instruction and supervision;
- (c) A person fulfilling the supervised fieldwork experience requirements of section 12-270-107 (1) if the experience constitutes a part

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1	of the experience necessary to meet the requirement of section
2	12-270-107 (1) and the person acts under appropriate supervision; or
3	(c.5) A PERSON FULFILLING AN OCCUPATIONAL THERAPY
4	DOCTORAL CAPSTONE EXPERIENCE IF THE PERSON ACTS UNDER
5	APPROPRIATE SUPERVISION; OR
6	SECTION 10. In Colorado Revised Statutes, amend 12-270-111
7	as follows:
8	12-270-111. Limitations on authority. (1) Nothing in this article
9	270 shall be construed to authorize an occupational therapist to engage in
10	the practice of medicine, as defined in section 12-240-107; physical
11	therapy, as defined in article 285 of this title 12; vision therapy services
12	or low vision rehabilitation services, except under the referral,
13	prescription, supervision, or comanagement of an ophthalmologist or
14	optometrist; OPTOMETRY, AS DESCRIBED IN ARTICLE 275 OF THIS TITLE 12;
15	or any other form of healing except as authorized by this article 270.
16	(2) NOTHING IN THIS SECTION PREVENTS AN OCCUPATIONAL
17	THERAPIST FROM MAKING AN OCCUPATIONAL THERAPY DIAGNOSIS WITHIN
18	THE OCCUPATIONAL THERAPIST'S SCOPE OF PRACTICE.
19	SECTION 11. In Colorado Revised Statutes, 12-270-113, amend
20	(1) introductory portion, (1)(a), and (1)(b) as follows:
21	12-270-113. Protection of medical records - licensee's
22	obligations - verification of compliance - noncompliance grounds for
23	discipline - rules. (1) Each occupational therapist and occupational
24	therapy assistant responsible for patient CLIENT records shall develop a
25	written plan to ensure the security of patient CLIENT medical records. The
26	plan must address at least the following:
27	(a) The storage and proper disposal of nations CLIENT medical

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1	records;
2	(b) The disposition of patient CLIENT medical records if the
3	licensee dies, retires, or otherwise ceases to practice or provide
4	occupational therapy services to patients CLIENTS; and
5	SECTION 12. In Colorado Revised Statutes, 12-270-114, amend
6	(1), (2)(c), (2)(d)(II), (2)(l), and (5); repeal (6); and add (2)(n), (2)(o),
7	and (2)(p) as follows:
8	12-270-114. Grounds for discipline - disciplinary proceedings
9	- definitions - judicial review. (1) The director may take disciplinary
10	action against a licensee if the director finds that the licensee has
11	represented himself or herself as THAT THE LICENSEE IS a licensed
12	occupational therapist or occupational therapy assistant after the
13	expiration, suspension, or revocation of his or her THE LICENSEE'S license.
14	(2) The director may take disciplinary or other action as
15	authorized in section 12-20-404 against, or issue a cease-and-desist order
16	under the circumstances and in accordance with the procedures specified
17	in section 12-20-405 to, a licensee in accordance with this section, upon
18	proof that the licensee:
19	(c) Is an excessive or habitual user or abuser of alcohol or
20	habit-forming drugs or is a habitual user of a controlled substance, as
21	defined in section 18-18-102 (5), or other drugs having similar effects;
22	except that the director has the discretion not to discipline the licensee if
23	he or she THE LICENSEE is participating in good faith in a program to end
24	the use or abuse that the director has approved;
25	(d) (II) Has failed to act within the limitations created by a
26	physical illness, physical condition, or behavioral, mental health, or
27	substance use disorder that renders the person unable to practice

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1	occupational therapy with reasonable skill and safety or that may
2	endanger the health or safety of persons under his or her THE LICENSEE'S
3	care; or
4	(l) Has failed to provide adequate or proper supervision of a
5	licensed occupational therapy assistant, of an aide, or of any unlicensed
6	person in the occupational therapy practice; or
7	(n) HAS FAILED TO MAKE ESSENTIAL ENTRIES ON CLIENT RECORDS
8	OR FALSIFIED OR MADE INCORRECT ENTRIES OF AN ESSENTIAL NATURE ON
9	PATIENT RECORDS;
10	(o) HAS COMMITTED ABUSE OF HEALTH INSURANCE AS SET FORTH
11	IN SECTION 18-13-119 (3); OR
12	(p) HAS COMMITTED A FRAUDULENT INSURANCE ACT, AS
13	DESCRIBED IN SECTION 10-1-128.
14	(5) (a) THE DIRECTOR SHALL CONDUCT disciplinary proceedings
15	shall be conducted in accordance with section 12-20-403 and article 4 of
16	title 24. The director has the authority to MAY exercise all powers and
17	duties conferred by this article 270 during the disciplinary proceedings.
18	(b) [Similar to subsection (6)(a)] NO LATER THAN THIRTY DAYS
19	AFTER THE DATE OF THE DIRECTOR'S ACTION, THE DIRECTOR SHALL NOTIFY
20	A LICENSEE DISCIPLINED UNDER THIS SECTION OF THE ACTION TAKEN, THE
21	SPECIFIC CHARGES GIVING RISE TO THE ACTION, AND THE LICENSEE'S RIGHT
22	TO REQUEST A HEARING ON THE ACTION TAKEN. THE DIRECTOR SHALL
23	PROVIDE THE NOTICE BY SENDING A CERTIFIED LETTER TO THE MOST
24	RECENT ADDRESS PROVIDED TO THE DIRECTOR BY THE LICENSEE.
25	(c) [Similar to subsection (6)(b)] WITHIN THIRTY DAYS AFTER THE
26	DIRECTOR SENDS THE NOTICE DESCRIBED IN SUBSECTION (5)(b) OF THIS
27	SECTION, THE LICENSEE MAY FILE A WRITTEN REQUEST WITH THE

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1 DIRECTOR FOR A HEARING ON THE ACTION TAKEN. UPON RECEIPT OF THE 2 REQUEST, THE DIRECTOR SHALL GRANT A HEARING TO THE LICENSEE. IF 3 THE LICENSEE FAILS TO FILE A WRITTEN REQUEST FOR A HEARING WITHIN 4 THIRTY DAYS, THE ACTION OF THE DIRECTOR BECOMES FINAL ON THAT 5 DATE 6 (d) [Similar to subsection (6)(c)] A LICENSEE'S FAILURE TO 7 APPEAR AT A HEARING WITHOUT GOOD CAUSE IS DEEMED A WITHDRAWAL 8 OF THE LICENSEE'S REQUEST FOR A HEARING, AND THE DIRECTOR'S ACTION 9 BECOMES FINAL ON THAT DATE. THE DIRECTOR'S FAILURE TO APPEAR AT 10 A HEARING WITHOUT GOOD CAUSE IS DEEMED CAUSE TO DISMISS THE 11 PROCEEDING. 12 (6) (a) No later than thirty days following the date of the director's 13 action, a licensee disciplined under this section shall be notified by the 14 director, by a certified letter to the most recent address provided to the 15 director by the licensee, of the action taken, the specific charges giving 16 rise to the action, and the licensee's right to request a hearing on the 17 action taken. 18 (b) Within thirty days after notification is sent by the director, the 19 licensee may file a written request with the director for a hearing on the 20 action taken. Upon receipt of the request, the director shall grant a 21 hearing to the licensee. If the licensee fails to file a written request for a 22 hearing within thirty days, the action of the director shall be final on that 23 date. 24 (c) Failure of the licensee to appear at the hearing without good 25 cause shall be deemed a withdrawal of his or her request for a hearing,

and the director's action shall be final on that date. Failure, without good

cause, of the director to appear at the hearing shall be deemed cause to

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1 dismiss the proceeding. 2 **SECTION 13.** In Colorado Revised Statutes, 12-270-117, amend 3 (1) as follows: 4 12-270-117. Mental and physical examination of licensees. 5 (1) If the director has reasonable cause to believe that a licensee is unable 6 to practice with reasonable skill and safety, the director may order the 7 licensee to take a mental or physical examination administered by a 8 physician or other licensed health care professional designated by the 9 director. Except where due to circumstances beyond the licensee's control, 10 if the licensee fails or refuses to undergo a mental or physical 11 examination, the director may suspend the licensee's license until the 12 director has made a determination of the licensee's fitness to practice. The 13 director shall proceed with an order for examination and shall make his 14 or her A determination in a timely manner. 15 **SECTION 14.** In Colorado Revised Statutes, 10-1-128, amend 16 (1) as follows: 17 10-1-128. Fraudulent insurance acts-immunity for furnishing 18 information relating to suspected insurance fraud - legislative 19 **declaration.** (1) For purposes of this title 10, articles 40 to 47 of title 8, 20 articles 200, 215, 220, 240, 245, 255, **270**, 275, 285, 290, and 300 of title 21 12, and article 20 of title 44, a fraudulent insurance act is committed if a 22 person knowingly and with intent to defraud presents, causes to be 23 presented, or prepares with knowledge or belief that it will be presented 24 to or by an insurer, a purported insurer, or any producer thereof any

written statement as part or in support of an application for the issuance

or the rating of an insurance policy or a claim for payment or other

benefit pursuant to an insurance policy that the person knows to contain

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1	false information concerning any fact material thereto or if the person
2	knowingly and with intent to defraud or mislead conceals information
3	concerning any fact material thereto. For purposes of this section, "written
4	statement" includes a patient CLIENT medical record as such term is
5	defined in section 18-4-412 (2)(a) and any bill for medical services.
6	SECTION 15. In Colorado Revised Statutes, 12-270-112, amend
7	(1)(b) introductory portion and (1)(b)(III) as follows:
8	12-270-112. Continuing professional competency - definition.
9	(1) (b) The director shall establish a continuing professional competency
10	program that includes: at a minimum, the following elements:
11	(III) Periodic demonstration of knowledge and skills through
12	documentation of activities necessary to ensure at least minimal ability to
13	safely practice the profession; except that an occupational therapist or
14	occupational therapy assistant licensed pursuant to this article 270 need
15	not retake the examination required by section 12-270-107 (3) (2) or
16	12-270-108 (3) (2), respectively, for initial licensure.
17	SECTION 16. Act subject to petition - effective date. This act
18	takes effect at 12:01 a.m. on the day following the expiration of the
19	ninety-day period after final adjournment of the general assembly (August
20	5, 2020, if adjournment sine die is on May 6, 2020); except that, if a
21	referendum petition is filed pursuant to section 1 (3) of article V of the
22	state constitution against this act or an item, section, or part of this act
23	within such period, then the act, item, section, or part will not take effect
24	unless approved by the people at the general election to be held in
25	November 2020 and, in such case, will take effect on the date of the

official declaration of the vote thereon by the governor.

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