

Oregon OT Licensing Board  
**SPECIAL Board Meeting – Public Session**  
Executive Session, Friday, June 1, 2018  
Portland State Office Building, 800 NE Oregon St. Suite 407, Portland, OR 97232

**PUBLIC Board Minutes**

The Oregon Occupational Therapy Licensing Board held a Special Board meeting on Friday, June 1, 2018 at 1:30 pm. Board members: Linda Smith, OTR/L, Board Chair was present; Sybil Hedrick Park, OTR/L, CHT, CSCS phoned in, Vice Chair; Kari Hill, COTA/L phoned in; public member Clyde Jenkins was present and public member Erion Moore phoned in. Nancy Schuberg, Executive Director was present and AAG, Katharine DiSalle phoned in.

With a quorum present, Board Chair Linda Smith called the Friday meeting to order at 1:37pm.

**1. Motions:**

**OT 2018-04:**

**2018-04** A MOTION WAS MADE BY Erion Moore AND SECONDED BY Sybil Hedrick Park TO GRANT A PROBATIONARY LICENSE. THE MOTION PASSED WITH ALL PRESENT VOTING IN FAVOR

**OTA 2018-06:**

**2018-06:** A MOTION WAS MADE BY Sybil Hedrick Park AND SECONDED BY Erion Moore TO CONTINUE THE CASE. THE MOTION PASSED WITH ALL PRESENT VOTING IN FAVOR

**OT 2018-08:**

A MOTION WAS MADE BY Linda Smith AND SECONDED BY Kari Hill TO APPROVE THE LICENSE TO BE ISSUED. MOTION PASSED WITH ALL PRESENT.

**2. Low Level Light Therapy (LLLT)**

The specific laser type is photobiomodulation therapy laser used for topical heating for the treatment of pain, stiffness, and to improve circulation.

Katharine DiSalle, AAG verified that in Oregon, OTs could lawfully use a level 4 laser for inflammation reduction (but not wound care). While it is a class IV laser, it is not considered a surgical or industrial laser, but rather a deep tissue therapy laser that is considered a (LLLT) low level laser therapy laser. That is, there is no cellular destruction or damage; no tissue ablation or coagulation. It was verified that there is no conflict with the Medical Board. However, they warned that lasers may cause injury if used incorrectly. At low heat they could cause burning if left too long on one spot. Eye protection is necessary.

In Oregon, we do not require any special certification for modalities. If any question came up however, a therapist must always be able to show they have the education, training and experience to perform the task.

The PT board made the determination to allow the use of LLLT lasers. The determination was that they are already covered under scope as a physical therapy intervention, and that existing rules would cover regulation of use expectations.

**Low Level Laser Therapy:** MOTION WAS MADE BY Kari Hill AND SECONDED BY Linda Smith TO NOT RESTRICT THE USE OF LLLT. MOTION PASSED WITH ALL PRESENT.

### **3. Advanced Pelvic Floor Therapy**

The Board is considering Tracy Arnold, OTR/L's request to approve Advanced Pelvic Floor Therapy in Oregon. She gave a presentation at the May 11 Board meeting. Currently the AOTA has no national stance.

*“Advanced” therapy includes:*

“Internal pelvic floor treatment including standardized digital exams of the vagina &/or rectum along with palpation to assess tissue mobility &/or pain in the pelvic floor & surrounding tissues, & treatment interventions to treat pelvic issues including biofeedback, as well as other treatment modalities such as therapeutic exercise, external manual therapy, & myofascial release.”

Tracy reported that one in every five Americans at every age will suffer from a type of pelvic dysfunction at some point in their life.

AAG Katharine DiSalle has determined it is lawful within the OT statutes for OTs to do this type of therapy. Board director will check with Nursing, Medical and PT board to be sure there is no conflict in scope. The PT Board will discuss it at their August 3<sup>rd</sup> meeting. The Director has surveyed all other states and will share the feedback at the next meeting.

### **4. 2019-21 Budget**

The Director reviewed the budget projections in detail with public member Clyde Jenkins prior to the meeting.

Costs of the IT Migration, IT support and new database were provided. One time migration costs: \$10,285 which will be absorbed in the 17-19 budget. \$50,000 projected biennial 19-21 costs, for IT support and new database. The Board will also request an increase in administrative staff at the cost of \$35,008 to meet growing licensure numbers.

At the meeting, the Board was presented with a difficult task of making a decision whether or not to raise licensure fees. At the current prediction, with the added IT and FTE costs, the ending balance is much lower than what the Board is usually left with, 12 months instead of 22 months. The board needs to make sure that we have at least 9 months of ending balance. The recent 2018 renewal, the board had predicted to lose 14% of licensee as in the past but almost 19% did not renew. Revenue is hard to predict two years in advance. The board has to be careful not to have too much ending balance.

**FEES:** A MOTION WAS MADE BY Erion Moore AND SECONDED BY Kari Hill TO RAISE OT AND OTA FEES. MOTION PASSED WITH ALL PRESENT.

Details are provided below:

The estimated biennial revenue generated from licensure fee increase is \$72,975.00. The costs of the two programs is \$85,000. The board will absorb the remaining \$12,000 in the existing budget.

Current FEES:

OT Application: \$175 – 2 year fee / \$100 – 1 year fee

OTA Application: \$120 – 2 year fee / \$70 – 1 year fee

OT Renewals: \$150

OTA Renewal: \$100

OT Reinstatement: \$200 – 2 year fee / \$125 – 1 year fee  
( \$150 + \$50 late fee / \$75 + \$50 late fee )

OTA Reinstatement: \$150 – 2 year fee / \$100 – 1 year fee  
( \$100 + \$50 late fee / \$50 + \$50 late fee )

Board Approved Raised FEES:

OT Application: \$195 – 2 year fee / \$120 – 1 year fee

OTA Application: \$140 – 2 year fee / \$90 – 1 year fee

OT Renewals: \$175

OTA Renewal: \$120

OT Reinstatement: \$225 – 2 year fee / \$150 – 1 year fee  
( \$175 + \$50 late fee / \$100 + \$50 late fee )

OTA Reinstatement: \$170 – 2 year fee / \$120 – 1 year fee  
( \$120 + \$50 late fee / \$70 + \$50 late fee )

Note: OT Board has not raised fees since 2006.

The meeting adjourned at 3:28 PM.