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**NOTICE OF PROPOSED RULEMAKING**  
INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 339  
OCCUPATIONAL THERAPY LICENSING BOARD

**FILED**

05/14/2024 3:13 PM  
ARCHIVES DIVISION  
SECRETARY OF STATE

FILING CAPTION: Updates the rule (6)(c)(L) under Definitions in regards to feeding and eating.

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 06/24/2024 12:00 PM

*The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.*

*A public rulemaking hearing may be requested in writing by 10 or more people, or by a group with 10 or more members, within 21 days following the publication of the Notice of Proposed Rulemaking in the Oregon Bulletin or 28 days from the date the Notice was sent to people on the agency mailing list, whichever is later. If sufficient hearing requests are received, the notice of the date and time of the rulemaking hearing must be published in the Oregon Bulletin at least 14 days before the hearing.*

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NEED FOR THE RULE(S)

Aligns the definition with the AOTA Practice act.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE

OAR Chapter 339  
2022 AOTA Practice Act  
Documents available through the Occupational Therapy Licensing Board office.

STATEMENT IDENTIFYING HOW ADOPTION OF RULE(S) WILL AFFECT RACIAL EQUITY IN THIS STATE

The amendment will not affect racial equity in Oregon

FISCAL AND ECONOMIC IMPACT:

None

COST OF COMPLIANCE:

*(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).*

None

DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF THESE RULE(S):

Small businesses were not directly involved. The board's licensees are all individual practitioners, although many are

small business owners.

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WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? NO IF NOT, WHY NOT?

The proposed rule is sent to all licensees, stakeholders, state association and the Oregon legislature for comment. It is also published on the Board's website.

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AMEND: 339-010-0005

RULE SUMMARY: Updates the rule (6)(c)(L) under Definitions in regards to feeding and eating , aligning it with the 2022 AOTA Practice Act.

CHANGES TO RULE:

339-010-0005

Definitions ¶¶

- (1) "Supervision," is a process in which two or more people participate in a joint effort to promote, establish, maintain and/or evaluate a level of performance. The occupational therapist is responsible for the practice outcomes and documentation to accomplish the goals and objectives. Levels of supervision:¶¶
- (a) "Close supervision" requires daily, direct contact in person at the work site;¶¶
- (b) "Routine supervision" requires the supervisor to have direct contact in person at least every two weeks at the work site or via telehealth as defined in OAR 339-010-0006(9) with interim supervision occurring by other methods, such as telephone or written communication;¶¶
- (c) "General supervision" requires the supervisor to have at least monthly direct contact in person with the supervisee at the work site or via telehealth as defined in OAR 339-010-0006(9) with supervision available as needed by other methods.¶¶
- (2) "Leisure," as it is used in ORS 675.210(3) means occupational behavior that is developed as part of an individual occupational therapy evaluation and treatment process. This process is goal oriented toward the maximum health of the patient by the interaction of self-care, work and leisure, and is not used as an isolated recreation activity. The use in this way does not include leisure activities as used by therapeutic recreation specialists.¶¶
- (3) "Licensed occupational therapy practitioner," for purposes of these rules, means an individual who holds a current occupational therapist or occupational therapy assistant license.¶¶
- (4) "Occupational therapy aide," as it is used in OAR 339-010-0055, means an unlicensed worker who is assigned by the licensed occupational therapy practitioner to perform selected tasks.¶¶
- (5) "Mentorship," as it is used in these rules, is a collaborative experience of direct contact between currently licensed occupational therapy practitioners for the purpose of updating professional skills. Mentorship may include, but is not limited to, mentee observation of the mentor's practice, classroom work, case review and discussion, and review and discussion of professional literature.¶¶
- (6) "Occupational Therapy" further defines scope of practice as meaning the therapeutic use of everyday life activities (occupations) with individuals or groups for the purpose of participation in roles and situations in home, school, workplace, community, and other settings. Occupational therapy services are provided for the purpose of promoting health and wellness and to those who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction. Occupational therapy addresses the physical, cognitive, psychosocial, sensory, and other aspects of performance in a variety of contexts to support engagement in everyday life activities that affect health, well-being, and quality of life:¶¶
- (a) Occupational Therapists use selected methods or strategies to direct the process of interventions such as:¶¶
- (A) Establish, remediate or restore skill or ability that has not yet developed or is impaired;¶¶
- (B) Compensate, modify, or adapt activity or environment to enhance performance;¶¶
- (C) Maintain and enhance capabilities without which performance in everyday life activities would decline;¶¶
- (D) Promote health and wellness to enable or enhance performance in everyday life activities;¶¶
- (E) Prevent barriers to performance, including disability prevention.¶¶
- (b) Occupational Therapists evaluate factors affecting activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation, including:¶¶
- (A) Client factors, including body functions (such as neuromuscular, sensory, visual, perceptual, cognitive) and body structures (such as cardiovascular, digestive, integumentary, genitourinary systems);¶¶
- (B) Habits, routines, roles and behavior patterns;¶¶
- (C) Cultural, physical, environmental, social, and spiritual contexts and activity demands that affect performance;¶¶

- (D) Performance skills, including motor, process, and communication/interaction skills.¶
- (c) Occupational Therapists use the following interventions and procedures to promote or enhance safety and performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation, including¶
- (A) Therapeutic use of occupations, exercise, and activities;¶
- (B) Training in self-care, self-management, home management and community/work reintegration;¶
- (C) Development, remediation, or compensation of physical, cognitive, neuromuscular, sensory functions and behavior skills;¶
- (D) Therapeutic use of self, including one's personality, insights, perceptions, and judgments, as part of the therapeutic process;¶
- (E) Education and training of individuals, including family members, caregivers, and others;¶
- (F) Care coordination, case management, and transition services;¶
- (G) Consultative services to groups, programs, organizations, or communications;¶
- (H) Modification of environments (home, work, school, or community) and adaptation of processes, including the application of ergonomic principles;¶
- (I) Assessment, design, fabrication, application, fitting, and training in assistive technology, adaptive device, and orthotic devices, and training in the use of prosthetic devices;¶
- (J) Assessment, recommendation, and training in techniques to enhance functional mobility, including wheelchair management;¶
- (K) Driver rehabilitation and community mobility;¶
- (L) Management of feeding ~~and eating to enable swallow~~, eating, and swallowing to enable eating and feeding performance;¶
- (M) Application of physical agent modalities, and use of a range of specific therapeutic procedures (such as wound care management; techniques to enhance sensory, perceptual, and cognitive processing, manual therapy techniques) to enhance performance skills as they relate to occupational therapy services.
- Statutory/Other Authority: ORS 675.320(11), (13), (14)
- Statutes/Other Implemented: ORS 675.210(4), 675.320(13)