

SENATE BILL REPORT

ESHB 3072

As of February 22, 2010

Title: An act relating to wound care management in occupational therapy.

Brief Description: Including wound care management in occupational therapy.

Sponsors: House Committee on Health Care & Wellness (originally sponsored by Representatives Morrell, Driscoll, Crouse, Wallace and Parker).

Brief History: Passed House: 2/11/10, 97-0.

Committee Activity: Health & Long-Term Care: 2/22/10.

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Staff: Edith Rice (786-7444)

Background: Occupational therapy is the scientifically-based use of purposeful activity that maximizes independence, prevents disability, and maintains the health of individuals who are limited by physical injury or illness, psychosocial dysfunction, developmental or learning disabilities, or the aging process. Some examples of the practice of occupational therapy include: using specifically-designed activities and exercises to enhance neuro-developmental, cognitive, perceptual motor, sensory integrative, and psychomotor functioning; administering and interpreting tests such as manual muscle and sensory integration; teaching daily living skills; and adapting environments for persons with disabilities.

An occupational therapist is a person licensed by the Board of Occupational Therapy Practice (Board) to practice occupational therapy. An occupational therapy assistant is a person licensed by the Board to assist in the practice of occupational therapy under the supervision of, or with the regular consultation of, a licensed occupational therapist.

Statutory provisions do not list wound care as within the scope of practice of occupational therapists or occupational therapy assistants. The Board has issued an informal opinion stating occupational therapy includes wound care management, and has considered adopting an official interpretive statement that occupational therapy includes wound care management and sharp debridement (the removal of dead or contaminated tissue from a wound). In response to a draft interpretive statement issued by the Board, the Attorney General issued an opinion concluding that sharp debridement is not included in the scope of practice for

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

occupational therapists. The Attorney General's opinion did not address the issue of whether wound care in general is within the scope of practice.

Summary of Bill: Wound care is made part of the scope of practice of an occupational therapist. An occupational therapist may provide wound care management under the referral and direction of a physician or other authorized health care provider. The referring provider must examine the patient prior to the referral.

Wound care management is defined as the part of occupational therapy treatment that facilitates healing, prevents edema, infection, and excessive scar formation, and minimizes wound complications. Wound care includes: assessment; application of dressings and topical medications; cleansing; and sharp debridement, which is defined as the removal of devitalized tissue from a wound with scissors, a scalpel, or tweezers without anesthesia. An occupational therapist may not delegate wound care management.

In order to be authorized to perform wound care, except sharp debridement, an occupational therapist must submit an affidavit to the Department of Health (DOH) attesting to his or her education and training, which includes a minimum of 15 hours of mentored training in a clinical setting.

In order to be authorized to perform sharp debridement, an occupational therapist must have specialized training. Training in debridement may be provided through continuing education, mentoring, co-treatment, and observation. A minimum of 2,000 hours in clinical practice and an additional 15 hours of mentored sharp debridement training must be documented.

The education and training requirements may also be satisfied if the occupational therapist is certified as a hand therapist by the Hand Therapy Certification Commission or as a wound care specialist by the National Alliance of Wound Care, or equivalent organization approved by the Board.

Appropriation: None.

Fiscal Note: Available.

Committee/Commission/Task Force Created: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony: PRO: This is providing the right care at the right time for the right price. Although occupational therapists have done this in the past, the practice was called into question. This bill will allow for appropriate practice. Some of us who had concerns are now neutral.

Persons Testifying: PRO: Representative Morrell, prime sponsor; Joann Keller Green, Washington Occupational Therapy Association of Washington; Melissa Johnson, Physical Therapy Association; Gail McGaffick, Washington State Podiatric Medical Association.