

Georgia Occupational Regulation Review Council (GORRC)

08/13/2019

Georgia State Capitol, Room 450, 11am-12pm

Meeting Minutes

I. Attendees

GORRC Members	Other Attendees and Affiliation
Anna Wrigley Miller, Chair, Governor's Office of Planning and Budget	Advocates:
Chairman Chuck Hufstetler, Senate	<ul style="list-style-type: none">• Dr. Brent Wolfe• Sandra Rangel• Laura Kelly• Angie Pihera• Allison Kronyak• Meagan Moss• Tom Bauer• Jeremy Maddox
Chairman Alan Powell, House of Representatives	OPB Staff:
Kelly Dudley, State Accounting Office	<ul style="list-style-type: none">• Cody Pyle• Cassie Scoggins
Jonna West, Department of Agriculture	
Brent Vendola, Department of Natural Resources	
Jessica Simmons, Department of Revenue	
Gabriel Sterling, Secretary of State	
Christina Ferguson, Department of Public Health	

II. Explanation of GORRC's Purpose and Process:

- a. The purpose of the first meeting is to introduce the legislation
- b. At the second meeting staff will present findings, including background, other states' practices, complaint data and other findings. Additionally, the Council will hear public testimony regarding the proposed legislation.
- c. The third meeting will call on Council to make a recommendation on whether regulation of the occupation is needed, and if so, to recommend the most appropriate and least restrictive way to implement the legislation. By law, the Council considers the following factors when determining whether or not a profession or business should be regulated:
 - i. Whether the unregulated practice of the occupation may harm or endanger the health, safety, and welfare of citizens of this state and whether the potential for harm is recognizable and not remote;
 - ii. Whether the practice of the occupation requires specialized skill or training and whether the public needs and will benefit by assurances of initial and continuing occupational ability;

- iii. Whether the citizens of this state are or may be effectively protected by other means;
- iv. Whether the overall cost effectiveness and economic impact would be positive for citizens of this state; and
- v. Whether there are means other than state regulation to protect the interests of the state.

III. Speakers (Testimony)

Cassie Scoggins, Office of Planning and Budget:

Today, this council is considering HB 704—the actual bill and a summary can be found in your binders. The sponsor of this bill is Representative Jan Tankersley. The bill would create the Georgia Board of Recreational Therapy, which would regulate the licensure of recreational therapists throughout the state of Georgia. According to the bill, recreational therapy means the application of recreation utilizing a treatment plan to assist with the improvement or maintenance of status or the development of functional abilities to facilitate engagement in recreational or leisure activities. This board would be made up of five members serving three-year terms, all appointed by the governor and confirmed by the senate. Member eligibility and qualifications can be found in the bill. The board will have the authority to issue, renew, deny, or revoke licenses based on the criteria of applicant eligibility found in the bill. Licenses would be renewed every two years. Certain groups, which are listed in the bill, are excluded from the applicability of this legislation. I will now turn it back over to Chairwoman Wrigley Miller

Anna Wrigley Miller, Office of Planning and Budget:

So Just in time for the presentation. So, what I like to do is have a representative of the profession come and give an overview of what the profession is, as a member of that organization, why it... they deem it necessary to kind of have this legislation go forward. So, kicking it over to Dr. Brent Wolfe, a professor at Georgia Southern University, to kind of that tells a little bit about recreational therapists do.

Dr. Brent D. Wolfe, PhD, CTRS, FDRT:

Excellent. Thank you very much. I appreciate the opportunity to be here, and to talk with you all. Apologies for the slow technical side of things. That's my fault on that. I do thank the committee for your patience and the time that we have to talk to you all. Also, I want to make sure that we thank Representative Tankersley for her support and her willingness to kind of take

this on as well. So, really what I want to talk about is kind of helping explain what recreational therapy is. It's a profession that is not always understood, or not always well known anyways. And so, what I want to try to do is kind of get into that.

But before I do, I want to set a little bit of my credentials, my background. I've been a certified recreational therapist since nineteen ninety-eight (1998). I have... My practice, before I ended up going to school, was an adolescent psych. I worked in a locked residential treatment unit with adolescents with emotional behavior disorders. And so, I spent a few years doing that, and then after I had done that for a while I said, "I want to learn more." And so, I ended up going to graduate school. I went to graduate school at the University of Georgia. I did my masters and my PhD there at U.G.A. From there, I ended up taking my first job as a professor at the University of Southern Mississippi. I was there for three years, and then end up moving here, back to Georgia, to Georgia Southern University. On the professional side of things outside of academics, I have served as the president of the National Therapeutic Recreation Society. I did that... I was on that board for several years, and then serving as the president. I currently am serving as the treasurer for the American Therapeutic Recreation Association. It is the one professional association we have within the field of recreational therapy; so, I've been on that board for five years now. And just last year, I was identified, and selected by, my peers to be a distinguished fellow in recreational therapy.

I've been in the recreational therapy world for a little over twenty years at this point and time, and I have seen a lot of change. I would like to give just a little bit of a crash course on rec therapy, and then some of the reasons why we think that regulation of the field is an important piece.

So, in a nutshell, it's obviously in the bill, but I want to kind of give you a little bit more about what recreational therapy is, and basically what we're trying to do is use recreation purposefully and intentionally to help improve the quality of life of individuals that we might serve. So, individuals from some type of disability, disabling condition, medical illness, we want to try to purposefully intentionally use recreation activities to help them improve the overall quality of life in some way, shape, or form. Of some...the key here is that we are trying to utilize evidence, research studies, that have demonstrated that recreation interventions are effective at working with these individuals that we work with. And so, this is not we're going to play kickball so people can have a good time, this is the purposeful use so that our clients, our participants, have the opportunity to intentionally improve in certain areas. We can see this happening in several areas. I'm not going to belabor this point but looking at studies where they have looked

at the use of yoga to prevent falls working with geriatrics, older adults. Looking at studies, just engaging in recreation and leisure, how that reduces depressive symptoms, but it's not just we're gonna participate. It's going to be we are going to do it purposefully and intentionally to help reduce those depressive symptoms. Using video games to improve posture and balance, working with individuals who are stroke survivors, we try to help them regain that functioning.

But again, we look at these, and playing video games, even that word "play" kind of comes into our nomenclature, and the idea here is that we're gonna take that, as a recreational therapist, and we're gonna help people realize that this can be used as something that they can do long-term, something that they might enjoy that helps improve the overall quality of life that they're looking, and that we're looking, to try and help. A recent study done right here in the state of Georgia, from the Shepherd Center, has identified that increased time in recreational therapy services actually leads to decrease in experience of depression, increases life satisfaction, and so, just the participation of recreational therapy, and spending time in that, is something that has positive benefits.

And so, what we do is more than play games. What we do is we use the recreation activities very intentionally to try and help individuals improve that quality of life. You know, this is by no means trying to be an exhaustive list of things, but just to give folks on the committee an idea of who we work with, we serve individuals who have developmental disabilities, people with autism, all sorts of cognitive impairments, HIV/AIDS, spina bifida, multiples sclerosis. There's... The list is lengthy. We see two growing areas, and this is across healthcare. This is not unique to rec therapy, but when we look at the idea of working with individuals with mental illnesses. We look at the idea of working with individuals who have substance abuse issues, or opioid crisis, this is who recreational therapists work with. And a growing area is obviously our veterans as well, so working with veterans on the cognitive, the emotional side of things, along with the physical side of things as well. One of the things we realize is that life... life is enjoyable.

But what we do in recreational therapy really helps people once they come through some type of an illness or an issue. It all of a sudden, now it's like all I can... life is worth living. Now, I want to do some things, and we'll share a couple stories about that here in a few moments. Some different things that we do in recreational therapy: we do a lot of different types of interventions. Basically, if it's something that somebody enjoys, we want to help them figure out how can they continue to do that even as they may be experiencing some conditions, some

challenge, to what they... what they've always enjoyed doing. An example that I did use a lot is the idea of the golfer who has had a spinal cord injury that wants to be able to figure out, "how do I continue to play golf?" The recreational therapist is involved in that process. In helping that individual not just regain functioning as a part of a team, but also in just realizing that that is a possibility that I could continue to engage in even after I've had an injury.

Some of the just different, you know, examples: hippotherapy is the therapeutic use of horses. Where we would use therapeutic riding as a means of treatment that we would... that we would do.

I do want to mention with all these it is very rare that the recreational therapist operates in a vacuum. Recreational therapist is typically part of a team providing treatment services to individuals. We work with many other allied health professionals. Kind of a continuation of that, you know one... we treat, we educate people about what is possible; what is not possible. Just being able to realize that there are things that I can do that I never envisioned that I would be able to do. Somebody has a cognitive impairment; they may not realize the opportunities that lie ahead of them and the things that they might be able to engage in. That's part of our work. We utilize what we call the APIED process: Access, Plan, Implement, Evaluate, and Document.

It's not a unique concept to what we do, to recreational therapy, but that's kind of the form of our services and kind of how they flow. But that collaboration piece is vital to what the recreational therapist does in that working with other allied health professionals in the care of the individuals that we were all trying to serve. We do work on a continuum of care, and so we don't just work in a hospital. We might work in a park and recreation setting where that recreational therapist is intentionally designing recreation activities to help the individuals there improve their overall quality of life, so it's a wide area, but it is that continuum of care that we are certainly a part of.

The National Council for therapeutic recreation certification: they've identified some different task areas, and this entity is the entity that does our current certification. They are the ones that certify recreational therapist at a national level. There is also an international certification outside of the United States. Canada is the most... has the most certificates of any other country, but they've identified, and job... they do a job task analysis and they've identified the job tasks of recreational therapist. In this list is what they've identified as what recreational therapists do. The last study was done in two thousand fourteen (2014). I actually just received an email yesterday asking for information for the two thousand and nineteen (2019) job analysis. So, that process is under way through that... that service.

But a lot of what you see up here are some different things that I've already mentioned as far as what we do as a recreational therapist... there's more.

So, I think this is a key piece to the recreational therapist idea is that what a recreational therapists needs to know, needs to understand, is issues about illness, issues about disability, issues about different conditions that individuals might have, and that can be quite lengthy and quiet exhaustive, but the recreational therapist needs to be aware of those things. They also need to understand recreation activities, but more than the activity of recreation, they need to understand how to use recreation activities intentionally in a therapeutic manner. And at the end of the day, the recreational therapist job is to match the right client with the right intervention at the right time, and that takes work, that takes knowledge, that takes practice. And that is not something we would argue that any person can do who might walk off the street that might call themselves a recreational therapist. So, at the end of the day, we need training, we need preparation, to be able to do these particular tasks that we've identified. Hopefully as this starts to change, one of the things you'll see...

I've got some images now of people doing different activities. This is adaptive water skiing. This is put on... a clinic that is put on by recreational therapist at the shepherd center. And this is an area where you want somebody who knows what they are doing with adaptive water ski to be able to teach people how to do this. So, individuals with spinal cord injury, we want to make sure that they are sized correctly to be able to use that ski. We want one to make sure that the safety of the people who are participating is paramount in what is going on.

Let's see... So, in... I think, you know, what I would say kind of next with this is that... I think this is the next slide. If not, we will just go a little bit out of order here. It's not moving forward? There we go. Oh, okay. So, as recreational therapists, we do work with the most vulnerable of Georgians. We're working with the citizens who have disabilities, illnesses, medical conditions. We're working with children. We're working with adolescents, working with adults and older adults, and so we are working with vulnerable individuals across our state. And there is evidence, and there the evidence shows that what we do in recreational therapy does have the ability to have a positive impact on those that we work with.

Logically, we have to realize that if there's an opportunity for a positive impact that there's also opportunity that there could be harm that occurs as a result of what we are doing. Because we are unregulated at this point in time, we don't have a number of cases of where harm has occurred to individuals. We do have anecdotes. We do have stories that people have shared with us, but as an unregulated industry, at this point time, we don't know. Now, we do have some evidence that points to this, but as far as the hard number of cases, that piece is not

there because we are unregulated at this time. We looks to... you know one of the things regarding regulation, one thing the committee is interested in is how can we potentially regulate without license or how can this be done in a different... different manner, and I think one of the first things that gets looked at is our certification process. Within the field, that is the gold standard that I guess you could say, of being able to show that you are qualified provider of recreational therapy services. This is the training that has to happen for somebody to be eligible to become a recreational therapist. There's course work that they need to take in a variety of areas. There's a five hundred and sixty (560) hour internship that they are required to take. In addition, different universities would add on to these criteria as they are listed here. The passage of our national certification exam, along with the continuing education that goes along with that, is how we currently, in most states, all but four, regulate the profession through this certification process. And so, people need an educational background. People need a practical, hands on background in order to be able to do and practice recreational therapy. Right now, these are the requirements for that.

Within the state of Georgia, looked up some very as recent numbers as I could find, according to the N. C. T. R. C., and these are as of a couple of weeks ago, there are three hundred and thirty-one (331) certified therapeutic recreation specialists within the state of Georgia. Those are people who have passed a certification exam. They are in good standing. That may not mean that they are actually practicing, or not, but this is... this is the role, who was on the role for being certified. According the bureau of labor statistics, their four hundred and seventy (470) recreational therapist in the state of Georgia. Now, what this ends up meaning as we look at these numbers is that there's a hundred and thirty-nine (139) unregulated individuals who are saying, 'I can do recreational therapy,' even though they may not have had the training, or the background, or the education, or the experiences to do so. And we start to look at who we work with as recreational therapist, we work with some of the most vulnerable Georgians. This becomes problematic because we want to make sure that we're taking care of our citizens in the best way possible, and as of right now, about a third of those who're in the state are not even meeting that baseline standards that have been set by the N. C. T. R. C..

I want to come back to this slide here real quickly. There's one addition it's on the bottom of this, and this is the limitation with using certification as a means of regulating the profession. That limitation is that certification is strictly voluntary. It's a voluntary process, and when the certification is not required individuals are allowed to be able to practice, even call themselves recreational therapists, even though they may not have that background, they may not have that minimum experience and qualifications.

A couple images, I won't elaborate too much on these. I think that what they're going to try, and hopefully show, is what we do, we want people who know what they're doing in these images. Whether we are teaching people who have had spinal cord injuries to be able to get out, and to be able to shoot rifles again. We want individuals to have been trained to know how to do this, know how to use this in a therapeutic context who are engaging in these activities. We want people, when we're teaching individual about quad rugby, we want them to know about how to take care of our participants skin, and the breakdowns that could occur, quite easily if those, if that skin is not protected correctly. Same when we look at the idea of a wheelchair basketball. One of things I think this image shows very clearly to us though is it certainly shows that individuals who have experienced a traumatic injury or some type of illness or disability can have an amazingly high quality of life if we start to provide recreational services to them. If we use the services that a recreational therapist can provide.

There is a pretty video. I don't know if it's going to show, but it highlights, I can talk you just real quickly talk to you, talk to you about it. It highlights, well here's another water ski, adaptive water-skiing image. Let's see if this will play. If not, it highlights an individual who had multiple sclerosis, who is an older adult who is learning how to play golf from a very specialized wheelchair, having an opportunity to see that that is a possibility that she can actually engage in that again when she might not have realized that that was a possibility for her. Again, having somebody who is trained, having somebody who knows what they're doing becomes important in this.

I'll close with this, and this is a, kind of on a personal note side of things. My mother, when she was young, she contracted polo. Polo, thankfully, is one of those disease that we have pretty much eradicated at this point and time, but my mom spent her junior year of high school in a full body cast in the hospital. She, as a result of that, has had significant mobility impairments throughout her entire life. To the point where she, at this age is in her 70s now, she needs to use a wheelchair, she has a motorized scooter that she uses when we go outside of the house. We need rec therapy for people like my mother because my mom has not had, even though she has been through surgery, after surgery, after surgery, to have the opportunity to have somebody show her how she can engage in quality of life activities that are going to allow her to be able to experience the best of life. That is what we need. We need individuals to realize the amazing things that they can engage in even after they've experienced a traumatic illness or have a traumatic injury, or any other type of condition or experience that they might have. And recreational therapists have the opportunity to make people's lives different. We have the ability to work and impact and change people's lives and make them better than they are.

Thank you.

Anna Wrigley Miller

So, now I am going to open it up to questions from committee members.

No? Okay, I have a couple.

What schools in the state offer this program?

Dr. Brent D. Wolfe

There is one school in the state, and that is Georgia Southern University.

Anna Wrigley Miller

How many students go through this program?

Dr. Brent D. Wolfe

We have currently about a little over a hundred (100) students who are currently enrolled in the program, and one of the things I am certain proud to say is that those students, once they graduate, they are successful in finding employment opportunities. I just did some work for another project. We're identifying students... jobs in the State of Georgia in recreational therapy. And as was looking into those, the number of Georgia Southern Alumni is continuing to grow. I take my class on several trips around the state, so they have an opportunity to see what recreational therapy looks like first hand. And we visit seven (7) different sites, and at every one of those seven (7) different sites there is a now Georgia Southern alumni, and in many cases that is the point person who is the contact for establishing those relationships that we have.

Anna Wrigley Miller

How many of the students stay in the state?

Dr. Brent D. Wolfe

I don't know that information off the top of my head. I can tell you, anecdotally for what this is worth, that because most of our students are from the state of Georgia, many of them elect to stay in the state of Georgia upon graduation. We do have students that get the bug every now and again, and they go out west. They say, "this beautiful heat and humidity that we have here is not for me any longer, and we'd like to go out west," but the majority, and again, I apologize I don't... it's anecdotally, the majority of our students do stay here in the state.

Anna Wrigley Miller

How many schools in the Southeast offer this program? Is it at least one in every state kind of thing?

Dr. Brent D. Wolfe

Pretty close, yes. Across the United States, there are about 85 colleges and universities that offer recreational therapy at some level within the Southeast. To our south in Florida, Nova Southeastern offers recreational therapy as a strictly online program, but Florida International University would be the real kind of closest piece. To our south, Clemson University... excuse me, to our north Clemson University. When we start to go west, it's University of Tennessee, Knoxville, that becomes our closest on that side of things. There are two (2) states... two (2) colleges in Alabama and two (2) in Mississippi that offer recreation therapy. North Carolina is... has the most universities that offer educational programs in recreational therapy across the country. North Carolina also as licensure. And so, they have licensure for recreational therapy. They have one of the highest numbers of states with jobs for recreational therapists as well.

Anna Wrigley Miller

So, that kind of ran into another question. The states, there are four states, and for everybody in your packet, it's in the back... front folder. There are four states that have full licensure?

Dr. Brent D. Wolfe

Yes.

Anna Wrigley Miller

As a graduate, are they going to these four states? Is a state having a licensure a reason that somebody would want to move to that state and practice rather than of the states that are using?

Dr. Brent D. Wolfe

Not necessarily, no. Not necessarily something that is drawing people to the state because of licensure. I'm even trying to think through that answer. "I don't know" I think is the safest answer for me to offer on that. I know that it is a valued piece in those states. I know those states tout that piece quite heavily that they are a licensed to state, but I don't know if it causes individuals to move to those states.

Anna Wrigley Miller

Okay, just a couple more questions. Obviously, this is a medical kind of thing, so does having a license change, or maybe allow you guys to have different reimbursements from insurance or Medicaid? Would having a license change anything like that?

Dr. Brent D. Wolfe

It would. It would have an impact, yes. Because as some language is written, services can be provided by a licensed professional, and so, when that language is written then this would have... then this would have the potential to be.

Anna Wrigley Miller

So, right now, you can't? But if this past, you could?

Dr. Brent D. Wolfe

That is... that is correct, yes. Yeah, and that would be up to have the individual administrators on how they interpreted that, but the possibility would be there where the possibility is not there now.

Kelly Dudley, State Accounting Office

I have a connected question to that. You'd mentioned, you know, you sometimes are working with a team of people to help an individual or group. Name some of who's on that team, and are they licensed individuals and you're the only one that is not?

Dr. Brent D. Wolfe

Correct, yes, and so, some individuals on that team typically, very traditionally would be occupational therapist, physical therapist, speech language pathologists, social workers, or individuals in orthotics and prosthetics, depending on the site themselves. Other individuals that could be on the team could be nurses, physicians, psychiatrists.

Kelly Dudley

And are most of those, obviously I know some of them are not.

Dr. Brent D. Wolfe

Many of them are licensed professionals, yes.

Kelly Dudley

Any of them that are not that you know?

Dr. Brent D. Wolfe

When we get into... some cases we would be having like schoolteachers that would be on those, but potentially not in that case.

Anna Wrigley Miller

So, just as a point of clarification for people that are not as familiar, can you explain the difference between recreational therapy and occupational therapy?

Dr. Brent D. Wolfe

This is a... This is a constant question that we get, and I would start by saying the two are complimentary in what they do. In by no means is what we're trying to do an attempt to move into what occupational therapist do. They provide services that are incredibly beneficial and very much needed in the treatment of individuals. I think what recreational therapists offer that is different, that of carves out our tiny piece of the pie, is the idea that we are very, very focused on the use of recreation to improve that quality of life as opposed to kind of, maybe necessarily, any specific domain or specific components. So, what we're trying to do is show people the ways that they can enhance their life after they have gotten into, after they have finished their treatment.

I had a student one time who explained it like this: he said that, 'you know, recreational therapists, we save people's lives,' and my initial responses was, 'we absolutely do not.' That is not part of our mission, that is not part of what we do, and then he went on to finish it by saying, 'after their lives have been saved.' And so, the concept there is that once people have gone through, once people can regain functioning, once they have the ability to do things that they... as much function as they might be able to regain. What's next? What is it that makes our life enjoyable? And that is our participation in recreation activities, and what we as recreational therapists... they think that separates us out is by trying to show individuals that they can have that quality of life. Now that they have gone through occupational therapy, and they have improved some of those fine motor skills, or they've been able to embrace and master some

those activities of daily living, what do I do with those? It's great to be able to brush my teeth but brushing my teeth doesn't make life worth living. That's what we bring. That is what is different to what goes on.

Anna Wrigley Miller

Is there any instance of where somebody would be an occupational therapist and recreational therapist? Can somebody be both?

Dr. Brent D. Wolfe

Actually, yes. The quick answer to that is yes, and we've had a numerous students who have gone through our academic program at Georgia Southern who have used recreational therapy as a springboard moving into occupational therapy in fact.

Anna Wrigley Miller

Would people practice as both? Could you offer both?

Dr. Brent D. Wolfe

It's unlikely that somebody would practice as a recreational therapist and an occupational therapist simultaneously just because of the job requirements that might be there, but it is certainly possible that they could be certified as a recreational therapist and be licensed as an occupational therapist.

Anna Wrigley Miller

Any other questions?

Kelly Dudley

I had one other. You mentioned also that there was some evidence so can you send us some citings, those journal articles? On impact.

Dr. Brent D. Wolfe

Absolutely, yes. Of the effectiveness of recreational therapy? ... yes.

Brent Vendola, Georgia Department of Natural Resources

And then you had also mentioned that due to lack of regulation in Georgia, it's hard to say, there's no hard numbers to harm that has potentially been done to the patients, but with the states that have been regulated, is there any data?

Dr. Brent D. Wolfe

There is data from other states. We've been in conversation with North Carolina specifically, just because their proximity to us, in identifying new cases of harm in those states, and we can certainly provide that to the committee. You know one of the things with... it was interesting about North Carolina, once they... when they... they've had license for several years now, and one of the things that they initially saw was that there was a decrease in causes of harm to individuals, which is what we would hope to see from this. And so, that was a very effective piece, and so they are now limited... those numbers of cases of harm are coming down, but they have identified things, you know, individuals who are under the influence of alcohol who have driven clients somewhere as a recreational therapist. So there are cases of harm. We can provide a list to the committee.

Anna Wrigley Miller

More questions? So in the interest of time, I just want to point out to everybody that we've talked about the 4 states have licensure, and they are, New Hampshire, North Carolina, Oklahoma, and Utah. And this is in the back of everybody's binder. And then the second packet information is... OPB did a little background research on what other states were doing. So, we also put gathered states and districts, D.C., that have something else, like a certification, or a registration in some sort, and those states are Alabama, California, New Mexico, Washington, Washington DC. And that is it of those... That just kind of shows what other states are doing, so in the interest of kind of allowing our public, the people here to speak and go over that, I wanted to point everybody to that. That's kind of the background research that I had done. Thank you, Doctor Wolfe.

Dr. Brent D. Wolfe

Thank you.

Anna Wrigley Miller

So, I'm gonna go in order. Everybody that signed up, if you can be brief because I'm trying to stick to our time schedules, so the Sandra... Rangel? Sorry, I am bad at reading hand writing.

Sandra Rangel, Rangel, MS, CTRS, President -Georgia Therapeutic Recreation Association

Good afternoon I'm Sandra Rangel. I have served in the field of recreational therapy for over 13 years, and currently, I am serving as the president of the Georgia Therapeutic Recreation Association. So, I will make a statement on behalf of the association and represent our thoughts about licensure. And of course, to know we support licensure and really want to see recreation therapists licensed in the state of Georgia, but to understand 'our why' it's important to know 'our what.' So, Doctor Wolfe did a really great job describing what recreation therapy is, so I won't go into a lengthy description about recreation therapy, but basically it's just the systematic application of using recreational and activity based interventions to help meet the client's assessed need in various domains. Physical, social, emotional, spiritual, and helping them to enhance their quality of life.

So, with that being said, GTRA. What is our purpose? What is our mission for being here in the state? So, we have a specific mission and that's going to be to promote the excellence of recreational therapy across the state, and the care for our consumers, and also to make sure that there are educational opportunities available and support that evidence based practice. It is very valuable to us, very important. And of course, seeking out client's protection and consumer protection. Alright? So, we are many different things to many different people. So, to the public, of course, it's advocating for recreation therapy, explaining exactly what recreational therapy is, and how we work in a team of allied professionals. And to the profession itself, we really want to build a network, a strong workforce of recreation therapists across the state. We want to validate and really support those standards of practice. We want to partner and the continuum of care with other community providers so patients can have wraparound services. They can have options to help them at achieving the best high quality of life.

To the legislative body, we are here to advocate for recreational therapy, such as the passing of laws. H.B. 704 would advocate for the... basically putting our recreation therapy professionals, and regulating our profession, to make sure we can put into the hands of the consumers qualified services. And to the academic community, we seek to promote and understand the evidence that's out there that supports recreational therapy, and also the

advancement of the profession. We value students. Students are going to be the next line of providers. We feel like appropriate training and appropriate understanding of the research out there will lead to appropriate delivery of services. And at the end of the day, that's really what it's about is providing quality of care. Alright, so given our statement of purpose in our mission, we are actively engaged in seeking licensure, and it's mainly for consumer protection and making sure that we provide these services. And we want you to provide the recommendation for our recreation therapy profession to be regulated so we can safeguard those vulnerable populations that doctor Wolfe was discussing across the state. So, populations across the state that could utilize recreation therapy services to aid in their quality of life. So, just joining that mission, along with Jan Tankersley, and the other 4 representatives that stood behind us in this bill, we want to say thank you to them and also joining... join them and joining us in helping to provide these services; services the population, such as our senior citizens, our veterans that are dealing with PTSD, children and adults with various disabilities, and individuals with mental health issues just helping them to find ways to connect and to improve the quality of their life. So that would be a professional statement on GTRA.

Just my own personal statement, and I'll make it very brief. I got is recreational therapy, and I'm gonna be honest with you because all good professional working relations are built on honesty. So, I got into recreational therapy due to my own family being a part of the vulnerable population. We've had several mental illnesses in my family, and I felt passionate to try to provide services and to help other individuals with different types of issues. So, 19 years ago when I entered into the program, and got my masters at the University of Tennessee, I came wanting to be helpful. So, in order to be helpful, I just want to make sure to provide services, and you can never really be sure from a disability or cured from mental health diagnosis, but you can learn to cope, and I feel like our recreational therapy services help to build those coping strategies. So, how do you see the change? You see it in a smile, engaging in social activities, you see it in a sense of accomplishment when engage in adaptive sports, you see it in a sigh of relief after expressing difficult emotions through a piece of art. So, please help us and to make the change, and let professionals deliver the services so that the clients can have real services by real professionals that can seek real change in their lives. Thank you.

Anna Wrigley Miller

Next, we're gonna have a Laura Kelly.

Laura Kelly, GTRA and Sterling Estates

Good thing I don't have to stand, I'm really tall. Alright, so I am Laura Kelly. I actually work at Sterling Estates. It's a senior living community in Marietta, Georgia. I began in 2010 practicing. I actually started at a skilled nursing facility, Manor Care in Marietta, Georgia. That's where I kind of gained all my clinical skill sets after my master's degree at UNC Greensboro. So, I do... I'm very aware of how the licensure effect impacts North Carolina when I was there as a grad student. It just so happens my husband went to Georgia Tech, so here I am in Georgia. But I do want to advocate for older adults because baby boomers, we all know, jobs are increasing. When I first started at Manor Care, I was the first CTRS. Typically, a lot of activity directors dominate the skilled nursing, but we found when you compliment activity directors with rec therapists that they're really complementary services, they work very well together, and at Manor Care, we actually now have two CTRSs at that facility, and at Sterling, when I got hired there, same concept of an activity director, and they have a wellness model. And they have hired, myself, last May, so I was the first CTRS there, and now we now have 2 CTRSs and 1 P.R.N. So, it's just to show you that the acuity is growing in older adult settings; dementia falls, were even seeing a lot of influx of acute rehab stroke on a respite unit, and then skilled nursing, so the a level of competency to deliver those services is really needed for older adults in those settings. And I just want to kind of go back to the evidence of even in older adults settings, were sometimes people wouldn't view were I'm at in a community, but not being clinical, I'm still getting physician recommendations, I am working with home health, P. T. and O. T., speech. I am working with the activity director. We are all working as an allied health, and I am gaining standardized assessment documentation. Do upon... even in my community setting, I'm doing a geriatric depression scale, I'm doing a senior fitness test, I'm doing the 290 balance scale, I'm doing a cognitive assessment, and I am articulating that to other professions, and we co-treat with O.T. and P. T. and speech as well. So for example, if I'm doing an animal assisted therapy intervention, and I'm co-treating with an occupational therapist, in that part, they're maybe more working on the arm, and I'm doing more of the cognitive communication, depressive symptoms, if that makes sense. So, that's kind of the nice thing of the rec therapist is we can kind of adapt to the domain. So if I am cotreating with the physical therapist, then they're more likely going to be working on mobility while I might be, on that moment, working more on their arms, communication, cognitive, and community reentry, so it really depends on the kind of treatment.

So, I just want to speak a little bit to that, but I also was an adjunct at Georgia Southern for 5 years. And it gives you the educational component and the practical component, and that's all coming together, and I am, for the past year, I've been on the American Therapeutic

Recreation Association Board with Brent (Dr. Brent D. Wolfe). I'm kind of the newbie, but I think it's important that we continue to support students for George Southern and promote those leadership roles, as I do see the jobs growing immensely in this area, especially for older adult populations. I even have a student from Pennsylvania who was willing to come too... For the past 8 years, I've had students from Oklahoma, Idaho, Pennsylvania. They are willing to travel to where rec therapy is thriving in older adult settings. Also, when you think of interventions for rec therapy in older adults, what do you think of? *Don't say it*, but we have a typical thing people say "Oh, you play bingo!" No, I didn't get my master's degree in Bingo, thank you. I'm paying a lot of Sallie Mae here.

But we do aquatic therapy, we do adaptive sports with older adults. We did a research project at Manor Care for adaptive sports leagues, and that's one of our goals is we've got great evidence from that decreasing depression, increasing competence, and their skill sets, and we are... we're working on making adapted sports league in the Marietta/Atlanta area. Just to give you an idea of, even at the older adult level, it is more than cognitive and emotional. We are also doing physical. That video didn't work, but that's one of our clients using a paraglider, which she's max assist, it's actually lifting her up completely, its max assist transfer, and you want people competently to use that. And for the pool, you have a chair lift. So just those little things, but overall, we are an evidence based practice, and as far as the revenue side of things, we've been able to prove since starting rec therapy in these buildings: we're decreasing falls, we're decreasing medication use, and we're currently working on a journal article from that adaptive sports to prove that this is important, and it's working, and if we can emulate that in other older adults settings, we can make a change.

Anna Wrigley Miller

Thank you. So, next we have Angie Pihera..

Angie Pihera, Shepherd Center

Hello, I am Angie. I am a recreation therapist at the Shepherd Center, which is the largest employer of rec therapists in the state. I work on an interdisciplinary treatment team right alongside physical therapist, occupational therapist, speech therapist, medical providers, psychologists, nurses, case managers. We are an integral and equal part of that treatment team. We see clients or patients as they come into our facility days, weeks, months post a life changing injury. These clients and patients, their lives will not be the same as they

were before, and we are implementing recreation therapy from the day they enter our building. We do that in a way that you guys hopefully have an understanding of, based on what everybody else has talked about, before we get to know that patient, we get to know what makes them who they are. You guys can identify that in yourselves what is your... your recreation if you didn't have to work another day, what would you do? And that is such a huge key in the recovery for these patients have been through a traumatic brain injury, a stroke, spinal injury.

And one unique thing that the recreation therapist role focuses on, especially the Shepherd Center, is community reentry. We are the ones that are advocating for these patients to get out of the hospital. While they're still under that medical treatment, we are going out into the community. We're taking them out to eat, we're taking them into the mall, we're taking them to a Braves game, or taking them to do the things that not only give them a break, a respite from just that medical level of care that they need at that time, but to give them that little taste of their life back. And these are not patients necessarily that are safe and ready to be living outside of the hospital. These are people that have been through dramatic medical events. A lot of them have acute medical needs still that we are trained and certified based on our education, and specific training at our agencies, to assist with. Whether it's something as simple as just using a wheelchair and using their, you know, the mobility... the, you know, the personal things like bladder care in the community. Things like respiratory care, if they're using a ventilator to breathe. We have the expertise to assist with those. We're not solely responsible, we're working on a team, we're working with other professionals that have those expertise as well, but we are trained to assist with those medical needs because of the education and certification that we have.

And now from my perspective my main goal for these patients of mine is to send them home to live their lives where they don't necessarily have to have a recreation therapist to help them go out to eat, or to go to the mall with their friends, or to go participate in adaptive sports. However, there are providers in the communities that can support them in those endeavors, if they need them, and it is my ultimate hope that those people are competent in what they're doing to help my patients continue on that positive trajectory, to be able to get back into their lives. It is my fear that people are in the community providing recreation therapy services without the training in, you know, all of those areas that impact their... their safety, and that they potentially could be the subject of harm doing something that they love, and doing something that we have encouraged them to do, and doing something that has given them the motivation

to live their lives again after such a change... a huge change in our lives. And so that from my perspective is my... kind of my... my passion. What... what's... what spurs my passion for licensure is for the continuum of care for these patients that... that they are safe, and that they are supported, and that they are able to continue on with their recovery long after their inside of the... the safety bubble of a hospital, like Shepherd, were we're able to provide that... that expertise and that specific training and care. You know, they're not going to live there forever. We want them to go on, and be safe, and be fully living their lives for... for the rest of their lives. Thank you.

Anna Wrigley Miller

So next, Allison Kronyak.

Allison Kronyak, Sterling Estates

Hi, my name is Allison Kronyak, and I am one of the students that Laura has as her intern. I'm the one from Pennsylvania. So, I did travel all this way. You might notice my New Jersey license plates, as well. So, as a student, I have acquired a lot of knowledge, skills, and abilities through my education, specifically, to be able to work with the public and make sure that they're safe. Without completing the necessary education or having the experiences through either volunteer work or this internship, specifically, I really wouldn't feel that I would be competent enough to be able to serve the public in the safe way. And then being able to translate the education and the experiences into real life situations where you're physically working with these individuals that we serve, and being able to find the evidence based research behind what we're doing, and how it's benefiting all these individuals is really a... a competency that doesn't really come naturally. It's something that you need to have the education and experience to go through in order to be able to really serve them.

And a personal experience that I've had was at my internship is that when we work with older adults, you might come into situations where someone might tell you that they're feeling suicidal. They're not really having this quality of life that they expected, or their life is changed in ways that they could not expect at all, and they need assistance getting through this time. Being able to have the personal experiences and the education, through either my internship or my school in Pennsylvania, being prepared to react to something like that, and to really hear this from a real individual and not a scenario in a classroom, it's something that's extremely important to have and something to really talk about with other students that are coming into this

field as the next generation of rec therapist. And it's also something that you don't want to prepare for, but it's something that you have to prepare for it, whether it's in the classroom, or in the situation of an internship, or in a community that you're in. And it's really important to have that to ensure that these vulnerable individuals are feeling like they're being taken care of. That you're doing the necessary precautions to make sure that they are safe, and that you're helping them find a purpose in their life and meaning in their life through recreation therapy. Thank you.

Anna Wrigley Miller

Thank you. We're almost done you guys. I promise. Meagan Moss.

Meagan Moss, Sterling Estates and Georgia Southern University

Good Morning. Good noon. My name is Meagan. I am Georgia born; George bred. I went to a Georgia school, and I will probably spend the rest my life in Georgia. I'm a member of both the American Therapeutic Recreation Association and the George Therapeutic Recreation Association, and I studied under both Laura and Brent. Today is actually the second day of my internship, so I'm a little bit of a baby, and I'm very nervous, but I care about this, so I'm here. And I apologize if I read a little bit for those reason. I have completed all of the coursework mentioned by Doctor Wolfe in the power point, and over 200 hours of experiential learning outside the classroom through both practical experiences and volunteer work within the past year because I changed my major 7 times and decided on this senior year. But as a student with the education that I have, and still learning, I wouldn't trust anyone to do this job without it. Without the... the education and the training and the continued education that is required by voluntary certification, but also required by and licensure. Thank you.

Anna Wrigley Miller

Tom.

Tom Bauer, Georgia Occupational Therapy Association

I'll be brief. Good morning or afternoon, I'm Tom Bauer. I'm the lobbyist for the Georgia Occupational Therapy Association, as these 2 gentleman know. I think you've heard a little bit today that there's a lot of overlap between the 2 professions, and for that reason, I want to say thank you. I have to thank these folks, and Doctor Wolfe and to Representative Tankersley, because of bill 2 years ago was sort of all over the place and very broad. And we think this bill is

much tighter, and... and we don't really have a problem with it, but I do have a suggestion for some legislative... for a language change to be considered. It's not in terms of... really directly on the scope of therapy, just the insertion of the word recreational therapy in a couple places.

For the definition of a treatment plan, on line 24. Well, that would actually be a part of recreational therapy definition. In line 29, treatment plan. Back in the back on line 175, were it says, "conducting an individualized assessment in order to develop goals and recreational therapy interventions" we would suggest "to develop recreational therapy goals," just to make it clear that you're not sort of wiggling off into a mental health treatment, or other things. Frankly, I think as this progresses, my group is really probably a lot less turf oriented than some, and you'll probably be helped by those suggestions. Thank you.

Anna Wrigley Miller

We can't rewrite the bill. I can't, but we will make a note of that in our report. Thank you. Okay, and then lastly we have Jenny that.

Jeremy Maddox, Shepherd Center Board, Georgia Therapeutic Recreation Association

Hey, guys. I really appreciate y'all taking the time for us to come up here to speak this morning. Tom, thank you for representing the O.T. group here, today. A little about me, I'm not a rec therapist. I didn't go to school to be a rec therapy. I got a business management economy degree. I've had a couple good companies, been able to thrive in life and do a lot of things. But as you can tell, I suffered a catastrophic injury at the age of 16. Something like that, when you're someone like me, I was invincible. I was performing at the national level in multiple sports, traveling... traveling around the southeast performing and competing. And just living a very good life for a 16-year-old. But in that instant that life was taken away. That's something that could not only happen to me but happen to anyone here. And so, from that background and going through the rehabilitation services, I can speak from someone who witnessed this and experienced it, not who teaches it or does it for a living. And so that's my background. That's why I'm here today.

A couple of these guys spoke earlier on the difference between recreational therapy, physical therapy, and occupational therapy. And they were very professional, you know, very eloquent in their terms, but I think from the average person, someone like me, when I describe the 3 things in those categories and how they're different to me. You know, someone who is a

physical therapist, they help you be mobile. They help you get back strong. When you tear your rotator cuff, get your hip replaced, get a knee replacement, they're the ones who come in, that you get pissed off at. They keep pushing you. You know they just... they make you perform because they know at the day, that pain pushing you through that, will make you better. An occupational therapist is someone who, you know, after your stroke, their teaching you how to get dressed again. They're teaching you, you know, why you need to get up, and you know, and get going and how to get going because your grandkids are coming over later, and you need your teeth brushing, get your hair brushed. And that's what they do.

So, to me those two are very, very important and very, very integral in the rehabilitation process. The third is teaching you about life, and how to function in life. A recreational therapist teaches you why you want to live life. They're the grandkids that come over that you wanna play with. It's going out and playing golf with your buddies, or just sitting on the couch listening, you know, to the TV all day. It's the things that create a quality of life that makes life worth living. And that's what I really love, and through that, you know, I've been very blessed so about 6 or 7 boards and organizations. We're going to be one of the top rehab hospitals in U. S. Multiple sports organizations that were spawn off from the 96 Olympics. Different athletic groups and counseling organizations that allow me to take my experiences and my knowledge and pour back into the people. So, one of the biggest things I want to come and talk about today and end with is two things.:

Rec therapy, an integration of it in my life has allowed me to reach, teach, and talk to people that I've never talked to otherwise. I've won gold medals, I've traveled the world, I competed on the world stage on many things. And now I get to implement, lead, or organize four or five different programs in multiple hospitals that help produce results from the people. And all those go hand in hand with rec therapy. We also now have, through me and a couple organizations, we have seven kids now in college, due to sports giving us scholarships, that they never would have because they went through programs in rec therapy that taught them they could play sports again. They could go out and ride four-wheelers. They can go out and go hunting, go fishing, go scuba diving. And through those things, they found ways to take that and implement them in their own life, now they're getting educated and being a lot more productive member of society, but also a lot of our kids, who have spina bifida, through sports and other things that their learning through rec therapists, is that, they're getting social skills and making friends and learning how to do things that a rec therapist, or a physical therapist, or a occupation therapist can't necessarily teach them. A) due to red tape, or B) lack of experience.

So, the closing argument, you know, I don't care who you are. Crap happens in life. Everybody in life has an issue, you can see one of mine. Now, It doesn't matter if you're young, being born, or about the leave this earth. There are instances that can happen that put you in a position of a catastrophic injury or some other illness that requires you to have the services of recreational therapist. Or your parent, or your child. Do you want that person that's servicing you, your parent, or your child to be educated and certified in what they're doing to prevent their safety and increase our quality of life, or not? Thank you for your time.

IV. Closing

Anna Wrigley Miller

So I'm gonna wrap this meeting up today. I'm trying to keep us on time. So, only seven minutes over. How I want to move forward with this is I'd like to ask Secretary of State's office to kind of do a cost about what it would be to set up this board with the numbers that Doctor Wolfe submitted about what the potential population would be for this, and then between now and the meeting next Friday, we will put some preliminary drafts together. It will be extremely preliminary because I'd also like to have the harm [data] you guys were asking for from North Carolina and everything submitted to us. I'll email it to you guys as soon as I do you get it. We can have a conversation midweek, next week, to figure out how we kind of want to put the draft together to present next Friday. Our next meetings, I have in the back folder of everybody's. We had the two scheduled, and we went ahead and scheduled our final meeting September 5. It's gonna be, not this room, but Mezz 1, around the corner. The same time, on September 5.

And then for the rest of the committee, I just want to let everybody know that we've got a new bill that we're gonna be working on. House Bill 417, Chairman Powell's bill, and we'll start that bill when we finish this one. So, on September 5 we'll wrap this bill up, and we'll start that one. And we're in the middle of putting together all the background research and everything for that one, but it is related to trauma scene cleanup. I will be sending out requests for meeting dates again for those two meetings subsequent after that. Any final thoughts?

Chuck Hufstetler, Senator

I just wanted to say, and I think I said this when I scheduled I should be there for the third meeting, but the second meeting I've got a conflict I haven't been able to work out.

Sometimes with conflicts, it's a possibility. Can I make a little statement about the philosophy of program?

Anna Wrigley Miller

Sure.

Chuck Hufstetler

I do anesthesia., and Tom knows this. That is my day job. And we do a very good job of treating people when they're sick. We do a terrible job of keeping people from getting to the operating room, you know? Somebody can sit there diabetes out of control, and you know, maybe they're not active, watching TV, eating ice cream. Well, let's just give them more insulin, which is at extortion rates right now. Smoking is one out of every five deaths, and so I don't know what the data will be there but. We spent an enormous amount of money doing things that, with some encouragement or help on the front end, and do it. We see it on our state healthcare plan. We pay people \$250 to go see their doctor, and get the blood work done because we know that's gonna save money. We get on the see coach, and so, philosophically, I think this is a good thing. And it's not just about the, you know, the malpractice that might be going on. It's about compensation too. We need to address both of those. So, I don't know if the data is going to tell us, but I think philosophically, I think this is a good thing to do. You know, it is better than \$100,000 on a heart surgery that I was in yesterday that if the guy had just not smoked, he probably wouldn't have been then there, you know? So, just wanted to put my input in on that.

Anna

Alright, thank you guys. Thanks everybody for being here.