



October 6, 2026

Sandra Harrison
Executive Director
Oklahoma Board of Medical Licensure and Supervision
101 NE 51st St
Oklahoma City, OK 73105-1821

RE: ATA Action Comments in Support of Proposed Amendments to OAC 435:30, Occupational Therapists and Assistants

Dear Members of the Board,

On behalf of ATA Action, I am writing in support of the Board's proposed amendments to Chapter 30 of Title 435, governing occupational therapists and occupational therapy assistants. The proposed telehealth provisions represent a meaningful modernization of Oklahoma's occupational therapy rules, and we commend the Board for undertaking them.

ATA Action is the affiliated policy and legislative advocacy arm of the American Telemedicine Association. ATA Action is the leading advocacy organization dedicated to advancing policy and accelerating the adoption of technology-enabled healthcare. Working collaboratively with federal and state legislators and policymakers, our organization drives industry momentum by influencing legislative and regulatory developments in telehealth, virtual care, remote patient monitoring, artificial intelligence in health, health data privacy, private sector healthcare investment, and more. We represent a diverse membership – including hospital systems, technology companies, professional associations, direct-to-consumer digital health providers, payers, pharmaceutical manufacturers, digital therapeutics developers, and remote monitoring organizations.

Alignment with the Oklahoma Telemedicine Act

ATA Action strongly supports the Board's decision to replace the chapter's standalone telehealth definitions with cross-references to the Oklahoma Telemedicine Act and the Occupational Therapy Practice Act. Aligning administrative rules with governing statute is sound regulatory practice, and it produces a substantively better standard here.

The revised definition of "Telemedicine" at 435:30-1-2 adopts the framework at 36 O.S. § 6802, which expressly encompasses synchronous mechanisms, asynchronous mechanisms including store-and-forward transfers and online exchange of health information, remote patient monitoring and other electronic means supporting clinical care and professional consultation. This replaces a definition that affirmatively excluded telephone consultations and made no provision for asynchronous care at all. Asynchronous modalities have well-established clinical applications in occupational therapy, including home exercise program review, functional assessment through recorded task performance, environmental and home safety evaluation and adaptive equipment consultation. Recognizing these modalities expands access without lowering the standard of care.

We likewise support the conforming revisions to "Distant site" and "Originating site." Adopting the statutory originating site definition, which provides that the site may include a patient's home, workplace,

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or school, resolves ambiguity that has constrained care delivery and reflects where occupational therapy is most effectively provided, in the environment where the patient actually performs the occupations being addressed. The addition of a “Telerehabilitation” definition tied to 59 O.S. § 888.3(9) provides further useful clarity.

Removal of the Telehealth-Specific Continuing Education Mandate

ATA Action particularly supports the deletion of 435:30-1-18(f), which required licensees delivering services via telehealth to complete two continuing education units in telehealth practice each reporting period. Modality-specific continuing education mandates impose a compliance burden on telehealth that is not imposed on equivalent in-person care, and they operate as a deterrent to adoption without a demonstrated corresponding benefit to patients. The existing requirement at 435:30-1-18(e)(4) that a licensee be proficient in the technology used, together with the general continuing education obligations at 435:30-1-5 and the standard-of-care requirements that apply regardless of delivery modality, address competence appropriately. Removing the separate mandate is an appropriate and positive change.

Supervision Flexibility

We also support the revisions recognizing telehealth in the supervisory context: the amended definition of “General supervision” permitting consultation via telehealth, the provision at 435:30-1-16(e)(3) recognizing electronic presence via telehealth and the substitution of “electronic communication” for “telecommunication” throughout 435:30-1-16. Retaining the in-person requirement where direct on-site supervision is required preserves appropriate oversight while allowing routine and general supervision to occur through the modality best suited to the circumstances. This is a well-calibrated distinction.

One Recommendation: Conform 435:30-1-18(d) to the Revised Definitions

ATA Action offers one recommendation. As proposed, 435:30-1-18(d) is unchanged and continues to provide that audio and video equipment must allow for interactive, real-time communications permitting the practitioner and the patient to see and hear each other, which is not required by the standard of care referenced in 435:30-1-18(e)(1).

This provision sits in tension with the modality-neutral framework the Board is otherwise adopting. Having incorporated a statutory definition that expressly includes asynchronous store-and-forward mechanisms and remote patient monitoring, the rule then imposes an operative technology requirement that only synchronous audio-video delivery can satisfy. We note that the second sentence of subsection (d) already contemplates “video and non-video connections” in its confidentiality provision, which suggests the first sentence was not intended to foreclose other modalities. As written, however, a practitioner reading the chapter would reasonably conclude that real-time audio-video remains mandatory, limiting the access gains the Board is working to achieve from being realized in practice.

We respectfully recommend that subsection (d) be revised so that the real-time audio-video specification applies to services delivered through synchronous mechanisms, rather than to all telehealth delivery, with the confidentiality and HIPAA requirements continuing to apply across all modalities. A revision along these lines would require no change to the Board’s substantive policy judgment and would complete the alignment with the Oklahoma Telemedicine Act that this rulemaking otherwise accomplishes.



Thank you for the opportunity to comment and for the Board's work to modernize these rules. Please let us know if there is anything we can do to assist. If you have any questions or would like to discuss the telehealth industry's perspective further, please contact me at hyoung@ataaction.org.

Kind regards,

A handwritten signature in black ink that reads "Hunter Young". The script is fluid and cursive, with the first letters of "Hunter" and "Young" being capitalized and prominent.

Hunter Young
Head of State Government Relations
ATA Action