

Essentially Covered

Defining Essential Health Benefits

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The Affordable Care Act (ACA), which was signed into law in 2010, established federal requirements for what private insurance plans must cover after 2014. Previously, such requirements were usually left to states and state insurance agencies to determine. But what are *essential health benefits*? The new, federal definition created a framework for coverage that will guide federal agencies and the states in determining what benefits and services will be covered. The ACA includes various categories of benefits under which occupational therapy could be covered, including hospital-based services; ambulatory or outpatient services; newborn care; mental health and substance abuse; prevention and wellness; and, most significantly, rehabilitative and habilitative services and devices.

The profession scored a key victory with inclusion in the rehabilitation and habilitation category, but much work remains to be done to ensure that this success is not undermined during implementation and regulation of the ACA.

The essential benefits categories are subject to several limitations and guiding principles set by the law. Most importantly, the essential health benefits package must be determined to be effectively similar—or technically, “actuarially equivalent”—to typical employer-based coverage today. To make benefits as affordable as possible for employers, Congress directed the Department of Health and Human Services (HHS) to determine current benchmarks of existing plans to guide coverage under the new requirements. To inform those benchmarks and to obtain guidance on fleshing out the

details of the essential benefits packages, Congress provided specific guidance to HHS, which is also responsible for establishing the benefits package.

Among the ways AOTA is working to influence the execution of the ACA and details of the essential benefits packages is that we successfully lobbied for the National Association of Insurance Commissioners, which created a glossary of medical terms to inform and educate consumers, to include *occupational therapy* in the definitions of habilitation and rehabilitation that consumers will receive. In addition, AOTA worked to influence recommendations by the Institute of Medicine (IOM) to HHS regarding what process and policies HHS should consider when establishing and updating specific benefits. IOM's October report to HHS focused more narrowly than AOTA believed appropriate on small-employer plans, rather than on more comprehensive benefits offered by larger employers, and AOTA continues to advocate with HHS regarding the results of the IOM report.

AOTA is also advocating directly with HHS and the U.S. Department of Labor (DOL) regarding the incompleteness of a survey and related report that HHS asked DOL to conduct on employer-based plans to inform the benchmarking process. DOL received no additional funding, so it repurposed an established survey querying human resources departments of companies about what services their health care plans cover. Because that survey used overly broad categories, the report to HHS on employer-based plans provided an incomplete analysis and failed to offer useful data regarding the true scope of currently established

coverage. The report provided no substantive discussion of rehabilitation services, although it mentioned occupational therapy—along with physical therapy and speech services—as an oft-covered service.

Most recently, AOTA Federal Affairs staff recruited volunteer member advocates around the country to testify at HHS Essential Health Benefits Listening Sessions. AOTA staff presented at the first session, in Washington, DC, and then member leaders testified at subsequent sessions in New York, Georgia, Colorado, California, and Washington state. The message was clear and consistent: Occupational therapy is a core rehabilitation benefit, widely covered by the overwhelming majority of existing health plans, and recognized and covered by every existing federal health plan, and it improves impairments of function so that people can live life to its fullest.

HHS is expected to release proposed regulations in spring 2011. In the meantime, AOTA is taking every opportunity to influence HHS' decisions. The main goal: Explicit federal recognition of occupational therapy as an essential health benefit under the category of rehabilitative and habilitative services and devices. As we work toward achieving this, we continue to need occupational therapy practitioners to be the local and constant voice for the profession in Washington and around the country. Together we will continue to achieve great things. Visit www.aota.org/healthcarereform for more information on ACA, occupational therapy, and how to get involved. ■

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