

## **Comments for Essential Health Benefits Listening Session**

My name is \_\_\_\_\_ and I am an occupational therapist, a member of the American Occupational Therapy Association. My specific areas of practice include \_\_\_\_\_.

Occupational therapy helps reduce the cost of health care by helping people gain, restore and maintain function so that they can live life to its fullest by being as independent and productive as possible. This helps reduce the rate of re-hospitalization or placement in long term care facilities.

Occupational therapy is currently covered by Medicare, Medicaid, TRICARE, and nearly all private insurance plans and it is utilized by individuals across the lifespan from the Neonatal Intensive Care Units to hospice care and at nearly every health care, rehabilitation and long-term care setting in between. Occupational therapy is an essential service for people recovering from injury, illness or developmental delay that cause impairments of function.

Under the Affordable Care Act occupational therapy fits into several essential health benefit categories including:

- Ambulatory Patient Services
- Hospitalization
- Newborn care
- Mental health and substance abuse disorder services
- Preventive and wellness services and chronic care management
- Pediatric services including oral and vision care
- Rehabilitative and habilitative services and devices

In regard to rehabilitative and habilitative services and devices occupational therapy was even explicitly included in the National Association of Insurance Commissioner's NAIC consumer information forms and glossary of medical terms that the Department of Health and Human Services has proposed to provide to beneficiaries of exchange based plans.

AOTA supports the perspective of the following definitions of rehabilitation and habilitation from the glossary suggested by the NAIC and proposed by HHS. These can appropriately educate consumers regarding coverage and benefits under exchange plans:

### ***Rehabilitation Services***

*Health care services that help a person keep, get back or improve skills and functioning for daily living that have been lost or impaired because a person was sick,*

*hurt or disabled. These services may include physical and occupational therapy, speech-language pathology and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.*

### ***Habilitation Services***

*Health care services that help a person keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology and other services for people with disabilities in a variety of inpatient and/or outpatient settings.*

Clearly the rehabilitation and habilitation benefits required under the ACA must include full coverage of occupational therapy, as well as physical therapy and speech language pathology services. OT, PT and SLP services represent the three skilled therapies covered under existing plans including Medicare and Medicaid.

The Institute of Medicine did a thorough evaluation of the processes with which the Department of Health and Human Services should evaluate, determine and re-evaluate coverage and benefits. While AOTA has some concern about the discretion for coverage the IOM seems to be allowing states we do approve of the IOM's recognition of ensuring affordability by relating covered services under the exchange plans to services currently covered in the existing insurance markets. As occupational therapy is almost universally covered, we see this as a strong evidence and support for the inclusion of occupational therapy.

We recommend that the cost of occupational therapy and other rehabilitation services should be controlled through the use of periodic utilization reviews and appeals procedures conducted by discipline specific peers to ensure appropriate access and utilization, rather than the use of arbitrary visit limits that disrupt medically necessary care.

Excessive co-payments in rehabilitation and habilitation should not be considered as a method for preventing over-utilization because they provide an excessive out-of-pocket expense to all beneficiaries since these services require multiple visits over an extended period of time.

To prevent discrimination against individuals because of their age, disability status, or expected length of life the department should explicitly exclude the consideration of these characteristics in determining premiums and cost sharing. The Department should reinforce accessibility requirements that facilitate access to care for people with disabilities.

Strong models of coverage for rehabilitation benefits include Medicare, and Federal Employee Health Plans. In addition, Medicare has been a reasonable model for providing a process for updating benefits over time by allowing periodic review of

coverage determination policies, reviewing recently published research and inviting in-put from providers.

In conclusion it is essential to the effectiveness and quality of a reformed health care system to ensure that beneficiaries receive comprehensive care from acute to post-acute and from prevention to rehabilitation. Occupational therapy is a key part of the health care solution because it is a critical link between acute, post-acute, rehabilitative and preventive care.