CAPITAL BRIEFING

AOTA, State Associations Collaborate on Health Reform Advocacy

Dan Brown

This summer has been abuzz with health care reform implementation activities. One activity with significant implications for occupational therapy is the adoption of essential health benefit (EHB) benchmark plans. The federal government has empowered each state to choose an EHB benchmark plan, which would serve as a model for the services covered in its small group and individual health insurance markets. Should a state fail to select a plan by September 30, 2012, the federal government's default option takes effect. For roughly half of the states, that deadline has provided sufficient incentive to choose a benchmark plan. Yet few states have actually finalized their decisions.

Which plan each state chooses is important to the profession of occupational therapy for several reasons. Most obviously, the plans will influence the scope and limitations of covered services for millions of people, determining the extent of occupational therapy coverage in EHB categories such as rehabilitative and habilitative services and devices. Additionally, habilitative services, an EHB category under which occupational therapy should be included, is rarely provided as a benefit in commercial health plans and has therefore not yet been defined for the purpose of the EHBs. To a greater extent than the other EHB categories, that lack of a definition creates an opportunity for occupational therapy advocates to influence how habilitative services are covered in benchmark plans.

Although the requirements of the EHBs do not take effect until 2014, decisions regarding the EHBs are being made now. The American Occupational Therapy Association (AOTA) and state occupational therapy associations have been partnering to advocate for occupational therapy as states select EHB benchmark plans and define coverage for habilitative services. The following examples show how this process is playing out in select states.

In **Washington state**, the benchmark plan was established through legislation; however, the process did not end there. The Washington insurance commissioner was required to establish rules related to EHBs. In doing so, the commissioner scheduled public meetings and is in the process of establishing a habilitative services workgroup. AOTA has strategized with the Washington Occupational Therapy Association (WOTA) about advocacy efforts. In addition, AOTA collaborated with WOTA on a comment letter, and WOTA is working with its lobbyist to get a seat on the habilitative services workgroup.

In **Utah,** legislation was passed that delegated EHB decision making to the insurance commissioner, but only after an existing health reform task force made a recommendation. That task force first formed a workgroup to study the issue. The workgroup held public meetings, and members of the Utah Occupational Therapy Association testified at one of those meetings about the importance of occupational therapy. AOTA supported their efforts by providing information on EHBs and the process taking place in Utah.

Kentucky's process has been less formal. Its Insurance Department held forums around the state to discuss health care reform implementation. It also posted information on EHB benchmark plan options on its Web site and requested comments from stakeholders. The Kentucky Occupational Therapy Association, with the help of its lobbyist, scheduled a meeting with key decision makers to advocate for occupational therapy coverage in the benchmark plan. AOTA provided support and assisted with drafting a comment letter.

California will have identified its benchmark plan and defined habilitative services through the legislative process, assuming Governor Brown signs the related bills that the state's legislature has already passed. The Occupational Therapy Association of California (OTAC), its lobbyist, and AOTA worked together to influence the legislative process, particularly the definition of habilitative services. The health insurance industry was a formidable opponent in these efforts, significantly altering the definition that OTAC and AOTA proposed. However, the final product retains the fingerprints of occupational therapy advocates, who helped foster a better outcome than would otherwise have likely occurred.

Similar to Utah, **Maryland** passed legislation delegating selection of the EHB benchmark plan to a health reform council, which itself established an advisory committee to evaluate options. The Maryland Occupational Therapy Association, in coordination with AOTA, attended public hearings and provided written and oral testimony that supported a strong habilitative services benefit.

AOTA will continue to work with state occupational therapy associations on health care reform implementation activities. Your support makes these efforts possible. ■

Dan Brown is AOTA's senior state policy analyst.