he health policy environment in the states is currently very dynamic. In addition to the ever-present issues that affect occupational therapy, like scope of practice, most states have assumed an integral role in implementing federal health care reform. The political leadership in many states has taken a hands-off approach to “Obamacare.” However, even in most of those cases, there are subtle but important ways that state governments are playing a role in administering and enforcing the Patient Protection and Affordable Care Act (ACA).

How can the profession of occupational therapy identify and react to the opportunities and challenges created as 50 states implement their unique versions of the ACA? The answers are collaboration and active membership. State occupational therapy associations are the critical first responders to any activity that affects the profession in a particular state. Active membership in state associations is vital for them to function effectively. The same is true for AOTA; your membership in AOTA supports a staff of policy professionals dedicated to representing the interests of the profession. The solution for the profession is maintaining strong state and national associations and ensuring ongoing collaboration that draws on the strengths of each.

An Example From Colorado
AOTA policy staff members have been monitoring implementation of the ACA since its enactment in 2010 in order to identify its impact on the profession, and ultimately advocate for the most favorable implementation. The insurance plans sold on the ACA’s marketplaces are subject to “essential health benefit” (EHB) requirements established by the ACA. The EHB requirements are a boon for occupational therapy practitioners and consumers because they require coverage of habilitative services, which have often been denied by health plans in the past. Late last year, AOTA staff were evaluating select marketplace plans in certain states to ensure that they complied with the EHB requirements. As a result, we discovered that certain Colorado plans were not covering outpatient occupational therapy as the ACA and Colorado require.

As a result, AOTA staff contacted the leaders of the Occupational Therapy Association of Colorado (OTAC) to share this information. Ongoing conversations between OTAC leaders, AOTA staff, and OTAC’s lobbyists led to drafting a letter to the Colorado insurance commissioner, who is responsible for enforcing that state’s EHB requirements. As a result, we discovered that certain Colorado plans were not covering outpatient occupational therapy as the ACA and Colorado require. As a result, AOTA staff contacted the leaders of the Occupational Therapy Association of Colorado (OTAC) to share this information. Ongoing conversations between OTAC leaders, AOTA staff, and OTAC’s lobbyists led to drafting a letter to the Colorado insurance commissioner, who is responsible for enforcing that state’s EHB requirements. As a result, we discovered that certain Colorado plans were not covering outpatient occupational therapy as the ACA and Colorado require.

Lessons Learned
Success could not have been achieved without the partnership between AOTA and OTAC. As OTAC President Audrey Aguilar, OTR, said, “This was a team effort, and we could not have accomplished the outcome of awareness and changes to be made in the future without the two groups working together.”

Perhaps more importantly, the active membership of OTAC enabled the association to hire a lobbyist, and together with the persistence of OTAC’s volunteer leaders, they were able to do what was necessary to ensure decision makers took action to resolve the problem. This success in Colorado, and other efforts like it, have prompted AOTA to invest in developing additional resources to engage in similar advocacy partnerships in other states. Your membership in AOTA and your state association makes these efforts possible.