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## Occupational Therapy Mental Health Parity Act (S. 1592)

The profession of occupational therapy (OT) began more than a century ago in mental health treatment settings, and it remained an integral part of the interdisciplinary mental health team for decades. The number of occupational therapy practitioners working with those with mental and behavioral health disorders has declined, and OT service in community-based mental and behavioral health settings are particularly limited. This is despite the fact that occupational therapy focuses on the promotion of functional skills and independence, and coverage for OT services is already allowed under Medicare and Medicaid.

**In the 118<sup>th</sup> Congress, Senators Maggie Hassan (D-NH) and Tim Scott (R-SC) reintroduced the *Occupational Therapy Mental Health Parity Act (S. 1592)* to expand access to OT services for mental and behavioral health disorders, without changing current Medicare and Medicaid benefits or scope of services.**

### BACKGROUND

The key goal of occupational therapy services is to help a person maintain or regain their functional capabilities – those skills needed to function independently regardless of an individual’s diagnosis. OT services can be provided to a person who has a mental health or substance use diagnosis if the disorder causes challenges with daily function; however, such services have been under-utilized for years.

The *OT in Mental Health Parity Act* seeks to remove barriers to the provision of occupational therapy services for someone with a mental health diagnosis under Medicare and Medicaid where these services are already an allowed benefit. This would help Medicare and Medicaid recipients more readily access occupational therapy services for behavioral health challenges impacting functional skills and help address the current shortage of behavioral health professionals.

#### **Services under Medicare**

**This legislation requires the Secretary of the Department of Health and Human Services (HHS) to provide education and outreach to stakeholders about the provision of occupational therapy services to a person with a mental health or substance use disorder under Medicare.**

Occupational therapy is already a standard rehabilitation service provided under Medicare to seniors in a wide array of outpatient rehabilitation settings. However, there remains a lack of clarity regarding the role of occupational therapy in meeting the psychosocial needs of beneficiaries in these settings to improve functional skills and engagement in daily activities.

#### **Services under Medicaid**

**This legislation requires the Secretary of HHS to issue guidance to states that occupational therapy can be provided under Medicaid to a person with a mental health or substance use disorder, ending the current confusion on this issue.**

Medicaid coverage for occupational therapy services provided to a person with a mental health or substance use disorder, remains a complicated patchwork of policies and assumptions that varies from state to state. CMS guidance would help clarify the role of occupational therapy in providing these services. It would highlight how these services are an avenue to help meet the mental and behavioral health needs of States, within an existing Medicaid benefit. This is particularly crucial as states begin implementing the recent expansion of Certified Community Behavioral Health Centers.

#### **Increasing the Behavioral Health Workforce Without Changing OT Scope of Services**

There is a documented shortage of mental health professionals in America with at least 152 million Americans living in a mental health professional shortage area. While occupational therapy practitioners already provide services in multiple mental and behavioral health settings, they remain an under-utilized part of this workforce. S. 1592 would help address this need within existing benefits and scope of OT services.

**Help to expand access to occupational therapy mental and behavioral health services.  
Co-sponsor the Occupational Therapy Mental Health Act (S. 1592) today.**