

A New Year of Advocacy Begins

Ralph Kohl

The new year got off to a very fast start on Capitol Hill, raising dust around a lot of issues needing advocacy—by AOTA and by you—for occupational therapy.

On January 2, 2013, faced with the looming “fiscal cliff,” the now-closed 112th Congress, as one of its last actions, passed the American Taxpayer Relief Act (P.L. 112-240), which was a mixed bag for occupational therapy. The law prevented, at least for a while, the fall over the fiscal cliff of significant cuts to spending that were to go into effect January 1. In addition, the bill averted a 27.4% Medicare Physician Fee Schedule reduction for all outpatient Medicare providers and extended the Medicare Part B Outpatient Therapy Caps exceptions process for all of 2013.

Although these were big victories for the profession, the bill also included an increase to the Multiple Procedure Payment Reduction (MPPR) policy. This change will cut even more from payment for occupational therapy when multiple procedures are billed on the same day. The MPPR change calls for an additional cut in the practice expense portion of Medicare payments, raising the cut from 20% in private practice and physician offices and 25% in facility settings to 50% across the board. This will result in an effective 7% cut. Despite exhaustive efforts from AOTA, the American Physical Therapy Association, and the American Speech-Language-Hearing Association, the final legislation included the increase but did not correct what AOTA believes is a misinterpretation of Medicare law—the application of the MPPR across the separate Medi-

care benefits of occupational therapy, physical therapy, and speech-language pathology services.

Although the extension of the exceptions process was a victory, much remains to be addressed in the new, 113th Congress. The current debate in Washington is being shaped by differing opinions on the best way to address spending, revenue, and the nation’s debt in general. This has led to a scramble for any possible way to curb government spending and begin to rein in our national debt. The scramble for cuts can lead to short-sighted, wrongheaded policies, like the MPPR on therapy.

Over the next several months, Congress will need to address the debt limit, a mechanism to fund the government for the remainder of this year and the next fiscal year, and the “sequestration” postponed by the fiscal cliff legislation. This sequestration, designed in 2011 as a (failed) way to force tough choices at the time by defaulting to extensive cuts that few would support, includes a 2% across-the-board cut to Medicare due in the beginning of March and an 8% cut to other federal discretionary spending, including defense and education programs. Decisions on each of these significant issues will be a tough battle between President Obama and the Republican-controlled House. The Senate, which remains in Democratic hands, still has leverage, but not as much. But they all need to hear from citizens. So it is imperative we make our voices heard loudly in the next several months in these fiscal debates.

In addition, the tragedy at Newtown has put violence, guns, and our schools in the forefront. AOTA

weighed in on Vice President Biden’s recommendations to the president, and President Obama has now put forward his proposals to Congress, including requests to provide funding and resources for new efforts to address mental health in schools, train mental health providers, and address societal factors that affect youth violence. AOTA was in the forefront on this issue in 2008 when a Societal Statement on Youth Violence was made part of the Association’s official documents and policy (<http://tinyurl.com/a8447oz>). It recognizes the “occupational nature of violence” as well as possible solutions through engagement in occupation. Further, AOTA has a Fact Sheet titled *Occupational Therapy and School Mental Health* (<http://tinyurl.com/ac2upp3>) and a School Mental Health Kit available in the Children and Youth section of our Web site.

AOTA has ideas about how occupational therapy can help, but we must educate Congress about the potential benefit of including occupational therapy in these mental health and safety bills as they come forward. Yes, it will be a busy year, but one full of opportunities. To take advantage, we must work together.

Grassroots advocacy will be key to all these issues. We must make it clear what the consequences are when someone who needs or could be helped by occupational therapy is denied access to care. Occupational therapy helps people live life to its fullest, in safety and good health. We need to make sure Congress knows that. ■

Ralph Kohl is AOTA’s legislative representative.