The American Occupational Therapy Association, Inc.

Occupational Therapy: Living Life to Its Fullest

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AOTA Response to Senate Finance Committee: Policy Options to Provide Affordable Coverage to All Americans May 22, 2009

The American Occupational Therapy Association (AOTA) is pleased to submit these written comments on the Senate Finance Committee's description of policy options regarding expanding health care coverage contained in the document, "Expanding Health Care Coverage: Proposals to Provide Affordable Coverage to All Americans" (May 14, 2009). AOTA is the nationally recognized professional association representing the interests of more than 140,000 occupational therapists, occupational therapy assistants and students of occupational therapy. These comments are in addition to AOTA's previous submission on May 15, 2009 in regard to the Committee's policy options for reforming the health care delivery system.

As the profession is dedicated to the improvement and maximization of function and performance, occupational therapy and AOTA are committed to providing quality health care, prevention, wellness and rehabilitation services to individuals across the life-span. We look forward to sharing additional views on health care with the Committee as strategies for health care reform continue to develop and progress. Below are AOTA's specific comments related to proposals suggested by the Committee in regard to expanding and improving health care coverage for all Americans. AOTA appreciates the Committee's efforts to not only expand affordable coverage but to improve the efficiency and effectiveness of the health care system as a whole.

Benefit Options

AOTA understands the challenge the Committee faces when considering options for defining a benefits package for covered services, and equipment under plans within the proposed Exchange and in any new public plan that may be created through the health reform process. Establishing a range of actuarial values that plans must meet is an effective strategy for ensuring enough resources are available to provide adequate health care coverage; however, AOTA believes that additional guidance is necessary from the Committee to ensure that an adequate range of services are available. Each level of coverage, from the high option to the lowest option, must be designed in such a way to provide true health care coverage that will meet the needs of beneficiaries, not just when healthy but when health care is needed the most after an injury, with a chronic illness or at the onset of another condition. In 1998, the President's Advisory Commission on Consumer Protection and Quality in the Health Care Industry stated that, *"The purpose of the health care system must be to continuously reduce the impact and* ***burden of illness, injury, and disability****, and to improve the* ***health and functioning*** *of the people of the United States."* This statement is as true today as when crafted over a decade ago and argues persuasively for the Committee to ensure that not only actuarial equivalency is met under the various coverage options but that the full range of necessary and appropriate services are

available to all beneficiaries. AOTA recommends requiring that plans provide various segments of services including acute care, post-acute care, medications and rehabilitation services including the skilled therapies currently covered by Medicare such as occupational therapy. Acute care incidences are rarely resolved without the need for follow-up post-acute care and the most significant injuries and illnesses often require rehabilitation services and supportive devices to ensure a return to maximum health, function, independence and productivity. Without adequately ensuring access to skilled rehabilitation services the health care system would not be fulfilling its obligation to reduce the impact and burden of illness, injury and disability. Such a gap would cost the system far more in long term care costs and lost productivity. This is particularly true for today's patients that present with complex medical conditions and co-morbidities that require rehabilitation services to regain independence and function.

Public Health Insurance Option

AOTA believes that any public plan needs to include coverage for a full range of necessary and appropriate services. In order to assure patients covered under this plan have access to all services necessary to achieve optimal health outcomes the proposed plan needs to include coverage for skilled rehabilitation therapy services, including occupational therapy. Skilled therapy services have an integral role in addressing a wide variety of conditions making access to and coverage of these services a necessary component for the success of any proposed public plan in achieving optimal health for all Americans.

AOTA believes that any public health insurance plan should not include provisions to mandate provider participation. AOTA urges the committee to construct a public plan option that will draw in skilled health care providers and encourage participation rather then compelling it. Voluntary participation will be imperative to the long term success of a public health insurance plan. Such a strategy has had demonstrated success with voluntary participation in Medicare.

Medicaid Program Payments

AOTA fully supports the Committee's proposal to tie Medicaid payment rates to a specific percentage of Medicare reimbursement. Historically, Medicaid reimbursement has been inadequate to ensure participation and reasonable payment of a sufficient number of health care professionals, particularly in rural and medically under-served areas. Additionally, wide variations in reimbursement rates across jurisdictions and for various services are problematic for providers. The proposed linkage to Medicare payment would help resolve both issues and help ensure access to quality practitioners for Medicaid beneficiaries.

Options for Medicaid Coverage

As a long-time member of the Consortium for Citizens with Disabilities and as a profession dedicated to improving function and quality of life, AOTA and our members are committed to meeting the needs of people with disabilities. The Medicaid program is unique in its role in providing necessary health, rehabilitation, and supportive services to meet the needs of individuals with disabilities. AOTA supports the Committee's suggested Approach 2 in this area. As the safety-net program, the legal entitlement to coverage and services for Medicaid beneficiaries must be maintained. Improving the efficiency of the system by providing coverage

under the Exchange for certain populations is appropriate as long as entitled benefits are provided to Medicaid eligible beneficiaries through the Medicaid program when the need for services, supports and equipment exceed the limits of Exchange coverage. AOTA is comfortable with providing states and Medicaid with flexible options for delivering services as long as the entitled services remain available. AOTA particularly acknowledges the Committee's statement that Medicaid would continue to provide Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services as well as school-based services and appropriate transportation.

The Children's Health Insurance Program

The Committee's proposal to shift CHIP enrollees to primary coverage through the Health Insurance Exchange seems practical as long as CHIP will continue to provide the full range of services currently available to CHIP beneficiaries even if they may not be provided through the Exchange. While this appears to be the Committee's clear intent, AOTA would encourage the Committee to re-affirm that services, particularly early intervention and school-based services, remain fully available for all CHIP enrollees.

Dual Eligibles

AOTA recognizes the unique nature and needs of the dual eligible population. In line with the Consortium for Citizens with Disabilities position, AOTA has concerns about increasing the role of Medicare Advantage Special Needs Plans (SNPs) for coordinating the care of the dual eligible population. AOTA urges caution in allowing plans with financial incentives to manage and coordinate care for those with disabilities, chronic conditions or other overarching problems. SNPs have not demonstrated special capacity to meet the needs of dual eligibles and have especially not demonstrated knowledge of or effort to coordinate benefits with state Medicaid programs. Where we have seen success is when coordination occurred due to state initiatives developed over many years rather than through SNP initiatives. The Committee should be sure that appropriate protections to mitigate the potential negative impact of any proposed changes on the quality of care received by the dual eligible population are in place before implementing such a proposal.

Medicare Coverage

Reduce or Phase-Out the Medicare Disability Waiting Period

While AOTA recognizes that phasing-out the Medicare disability waiting period will cost money, it is time to eliminate the unnecessary and burdensome waiting period to help ensure that eligible individuals with disabilities have access to essential medical coverage through the Medicare program in a timely manner. AOTA supports Approach 4 coupled with Approach 3 as the most efficient and expedient way to address the phase-out. It is important to AOTA and our members that the phase-out be complete and ultimately eliminate the waiting period rather than reducing the wait to one year. Additionally, we see the cost savings achieved by maintaining the waiting period for individuals with private health insurance coverage and agree that COBRA coverage unless subsidized by the former employers should not be considered private insurance coverage for the purposes of this provision. AOTA suggests that additional consideration be given to the adequacy of the private insurance plan to meet the health, rehabilitation and medical equipment needs of the beneficiary. For beneficiaries with significant disabilities the medical

benefits provided by some basic private insurance plans might not adequately meet the needs of the beneficiary during the 24-month waiting period.

Personalized Prevention Plan and Routine Visit

AOTA commends the committee for its emphasis on promoting health and wellness with the proposed utilization of personalized prevention plans and comprehensive health risk assessments (HRA).

AOTA urges the Committee to include a focus on injury and specifically falls prevention when considering wellness and prevention options. Preventing older adult falls provides major health benefits for older adults as well as significant reductions in health care expenses. Falls are currently the leading cause of fatal and nonfatal injuries in the United States. The Center for Disease Control reports that mortality rates from falls for older Americans increased 39% from 1999 to 2005 and reports that $19.2 billion is spent annually to treat older adults for the effects of falls. The prevention of falls can play a vital role in prevention and wellness and falls risk assessment performed by a qualified provider, including occupational therapists need to be included in personalized prevention plans and comprehensive risk assessments. For example, the findings of the USC Well Elderly study (JAMA, 1997; 278:1321-25; J Am Geriatr Soc, 2002; 50:60-63) indicate that preventative occupational therapy cost-effectively slowed down the declines associated with aging and improved health in the elderly.

AOTA strongly supports the utilization of comprehensive HRAs, and urges the committee to include skilled therapists, including occupational therapists as qualified to participate in and provide, comprehensive HRAs, and as a qualified provider of preventative services included in a patients personalized plan or assessment. Through participation in falls risks assessment, smoking cessation, obesity interventions and a variety of other lifestyle management techniques occupational therapists provide a unique skill set and expertise vital to the formulation of comprehensive, successful personalized prevention plans and HRAs. The utilization of personalized health plans that include input from appropriate health care professionals, including occupational therapists can help increase patient compliance and ensure positive outcomes for patients while helping to reduce long term health care costs.

Access to Preventive Services in Medicaid

AOTA supports an expansion of the scope of services covered in Medicaid to include those given an A or B rating by the United States Preventives Service Task Force (USPSTF). However, AOTA also supports the ability of physicians to prescribe necessary and appropriate services that are not currently listed with an A or B rating or have not yet been evaluated by the USOSTF such as occupational therapy. AOTA can present research on the effectiveness of occupational therapy in preventing negative health outcomes and other positive benefits.

AOTA urges inclusion of occupational therapy services in the list of approved preventive services that states would be required to provide to receive the 1% increase in Federal Medical Assistance Program (FMAP). AOTA would again take this opportunity to stress the importance of including falls prevention in the definition of screening and preventative services in Medicaid

and recognition of occupational therapy practitioners as qualified providers of preventative services.

Incentives to Utilize Preventive Services and Engage in Healthy Behaviors
AOTA supports the option to remove or limit beneficiary cost sharing and the establishment of refunds or other incentives for participation in behavior modification programs and urges inclusion of a comprehensive and appropriate list of qualified service providers, including occupational therapy practitioners as eligible to participate in the provision of behavior modification programs. Occupational therapy practitioners provide a unique skill set and expertise to these programs for smoking cessation strategies, obesity interventions, medication management and a variety of other self-management approaches.

Prevention and Wellness Innovation Grant
AOTA supports the establishment of a competitive grant program to promote health and human services integration, improve care coordination and increase access to necessary, beneficial services, including occupational therapy.

AOTA specifically supports the utilization of multidisciplinary community health teams composed of all appropriate service providers, including occupational therapy practitioners. AOTA believes that skilled therapists including occupational therapy practitioners play an integral role in the multidisciplinary approach proposed by the committee and should be specifically included in the range of services needed to maintain and improve health. The proposed multidisciplinary approach needs to include all necessary and qualified providers to ensure recipients are receiving the most appropriate and effective care.

Employer Wellness Credits
AOTA supports the proposal to provide a tax credit for employers who implement a "qualified wellness program" during a taxable year. AOTA urges the Committee to adopt a definition of a wellness program that includes all appropriate interventions, including occupational therapy.

Occupational therapy practitioners can play a vital role in qualified wellness programs through general health performance evaluations, work hardening and work conditioning programs, stress management techniques, ergonomic evaluations and problem abatements and a variety of other appropriate intervention strategies. Occupational therapy practitioners possess the unique ability to evaluate workers' interaction with their environment through a detailed and scientifically based task analysis. Occupational therapy practitioners can evaluate and understand the environmental impact of wellness, cognition, physical disabilities, and medical conditions which all contribute to health and wellness in the workplace

Long Term Services and Supports
Medicaid HCBS State Plan Option
AOTA supports the Committee's efforts to expand access to home and community based services. AOTA specifically supports the proposed change to allow Medicaid beneficiaries to

participate in more than one waiver program. We strongly support the elimination of the requirement that beneficiaries must need an institutional level-of-care before becoming eligible for HCBS waivers. AOTA believes Approach 2 for increasing access to HCBS, which would prohibit states from using waiting lists to prevent eligible Medicaid beneficiaries from accessing HCBS, is most appropriate. Providing health care and supportive interventions early and in a thorough manner will result in improved outcomes for beneficiaries and reduce long term costs to the overall health system. Finally AOTA supports the Committee's proposal to increase federal matching funds by 1 percent for Medicaid HCBS. This incentive will help increase access to HCBS and is another step toward reducing the institutional bias that remains in the Medicaid program

Options to Address Health Disparities

AOTA supports the Committee's efforts to reduce health disparities, particularly the elimination of the five year waiting period for non-pregnant adult immigrants. AOTA would take this opportunity to raise two additional thoughts for the Committee's consideration.

AOTA supports the identification and inclusion of people with disabilities as a distinct population in regard to health disparities. Problems of access, continuity of care and providers' lack of training to adequately assess and treat people with disabilities combine to create health disparities for people with disabilities. The Committee should support providing primary and secondary prevention programs for individuals with disabilities to lower incidence of conditions that arise as a result of 'being disabled." For example, inactivity and limited access to health and wellness programs (employer, medical and/or community) adapted to meet needs and abilities of individuals with disabilities can lead to increased incidences of obesity and additional related disabilities as people age.

AOTA also recognizes the lack of diversity in the health care workforce as a significant contributing factor to the problem of health disparities. AOTA has been engaged in efforts to actively recruit minorities to the profession of occupational therapy for many years and encourages the Committee to implement grant programs and incentives to draw more people from ethnically and racially diverse backgrounds into the health care sector. One strategy to address this might be providing incentives for state universities to provide a wider range of health care programs such as schools of occupational therapy.

Conclusion

AOTA appreciates the Committee's consideration of these comments. Access to health care services can only be truly meaningful and effective if they meet the constellation of needs that exists for consumers. Expanding health care coverage to the un-insured and providing quality, affordable care to all Americans requires forethought and a significant investment in the health care system. The availability of primary, acute, prevention and wellness and rehabilitation services are all necessary to ensure that the system is responsive to the needs of beneficiaries. AOTA and the profession of occupational therapy looks forward to helping the Committee establish a system that reduces the impact of illness, injury and disability and improves the health, function and quality of life of all Americans.