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STATEMENT  
OF  
**THE AMERICAN OCCUPATIONAL THERAPY ASSOCIATION**

PRESENTED  
TO  
THE UNITED STATES HOUSE OF REPRESENTATIVES  
COMMITTEE ON APPROPRIATIONS

SUBCOMMITTEE ON LABOR,  
HEALTH AND HUMAN SERVICES,  
EDUCATION AND RELATED AGENCIES

**SUMMARY RECOMMENDATIONS FOR FISCAL YEAR 2011 FUNDING:**

**NIH and Medical Rehabilitation Research**

- 6.7% increase for NIH overall and at least a 6.7% increase for Medical Rehabilitation Research;
- \$5 million increase (above the + 6.7% base adjustment ) for the National Center on Medical and Rehabilitation Research to increase emphasis on institutional and career development awards to assist under-represented groups in health research including occupational therapy.

**CDC: +\$3 million for the Center for Injury Prevention and Control**

- Increase funding for CDC's Falls Prevention Program and Older Driver Initiatives

**HRSA: +\$9.15 billion in funding for FY 2011**

- \$9.15 billion for HRSA in FY 2011 reflects the minimum amount necessary for the agency to adequately meet the needs of the populations it serves.
- Support Health Workforce Information and Analysis (+\$5.949 million)

**Administration on Aging: +\$3 million**

- **Increase funding to test and bring to market assistive technologies of value to older Americans**

**Title VII Funding: +\$330 million**

- Increase funding for the health professions education programs, authorized under Titles VII and VIII of the Public Health Service Act and administered through the Health Resources and Services Administration (HRSA) is necessary to address critical

workforce shortages

### **Older American Act Funding**

- Increase OAA funding to levels as proposed in the Administration's Caregiver Initiative
- Increase all other OAA funding by 12%

### **Medicare Demonstration Program**

- Instruct CMS to implement a demonstration program to study the efficacy and cost effectiveness of occupational therapy practicing as a qualifying service in Medicare home health for rehabilitation only cases pursuant to a physician's order.

### **Increased funding for the Veterans Administration (VA)**

- Increase for mental health care services at the VA, including treatment of post-traumatic stress disorder (+\$5.2 billion)
- Increase VA Medical and Prosthetic Research Program (+\$120 million)
- Increase VA Research Infrastructure Funding (+300 million)

### **Mental Health +\$110 million (SAMHSA) +3% for NIMH and Related Institutes**

- Increase funding for mental health services and research including efficacy of various therapeutic interventions is critical.

### **Education Funding +\$3.5 billion**

- Increase discretionary spending for the Department of Education is particularly important because of the current shortfalls in state and local education budgets.
- AOTA is concerned regarding the Administration's proposal to consolidate 38 programs into 11 funding streams. It is essential that programs and services, particularly for children with disabilities are maintained and improved under the consolidation plan.

### **Funding for Professions of National Need under the Higher Education Act +\$20 million**

- Funding for this critical program, which has yet to be implemented, will help address health care workforce shortages, including in occupational therapy especially in the national need areas such as autism.

The American Occupational Therapy Association (AOTA) is the national association representing the professional interests of more than 140,000 occupational therapists, occupational therapy assistants, and students of occupational therapy nationwide. We would like to thank the committee for affording AOTA the opportunity to submit these recommendations.

## **OCCUPATIONAL THERAPY**

**Occupational therapy is a science -driven, evidence-based profession that enables people of all ages live life to its fullest by helping them to promote health, make lifestyle or environmental changes, and prevent--or live better with--injury, illness or disability. Occupational therapy designs strategies for everyday living and to maximize potential.**

**By taking the full picture into account—a person's psychological, physical, emotional, environmental and social make-up—occupational therapy assists people in**

- **achieving their goals,**
- **functioning at the highest possible level,**
- **concentrating on what matters most to them,**
- **maintaining or rebuilding their independence, and**
- **participating in the everyday activities that they need to do or that simply make life worth living.**

**It helps individuals design their lives, develop skills, adjust home, school or work environments, and build health-promoting habits and routines. Occupational therapy uses everyday activities as the means to enable people to thrive. Occupational therapy creates ways for individuals to live life to its fullest no matter what**

Therapy interventions are provided for people of all ages and occur in a wide range of settings including schools, hospitals, skilled nursing facilities, home health, outpatient rehabilitation clinics, psychiatric facilities, and community health programs.

Occupational therapy is a diverse profession, with much to offer society for children and adults with disabilities, those who are aging, people injured needing supports to work, people needing ergonomically correct workplaces and also in promoting wellness and healthy lifestyles for all. Lower health care costs and improved quality of life for individuals, families, and caregivers are also evident byproducts of occupational therapy services.

**In virtually all of the service programs under the jurisdiction of the Subcommittee, occupational therapy has or could have a role in making those programs work for the American people.**

**NIH; Center for Medical Rehabilitation Research: +\$1 billion**

AOTA particularly supports \$500 million for Clinical and Translational Science Awards. Because of AOTA's interest in rehabilitation research AOTA supports the proposed 4% increase for the National Center for Medical Rehabilitation Research (NCMRR) under National Institute for Child Health and Human Development (NICHD) which totals an additional \$3.14 million.

Centers for Disease Control and Prevention (CDC): +\$3 Million for the Center for Injury Prevention and Control

Center for Injury Prevention and Control: Falls are a leading cause of mortality of adults age 65 and older, and that one out of every three older Americans, or about 12 million seniors, fall each year. Falls are the leading cause of non-fatal injuries for all but the 12 to 24 age group and result in over \$19.5 billion of direct medical costs each year. The Committee is pleased that the CDC has initiated a falls prevention and safety program to teach older Americans how to prevent falls. CDC is working across agencies to improve the policy response to falls treatment and prevention

**Title VII of the Public Health Service Act Funding: + \$330 million**

Robert Martiniano and Jean Moore from The Center for Health Workforce Studies in Albany, NY, reported in June 2006 on "Health Care Employment Projections: An Analysis of Bureau of Labor Statistics Occupational Projections, 2004-2014." The report affirms that occupational

therapists and occupational therapy assistants are two of the 17 fastest growing health occupations. New jobs from 2004-2014 are projected to grow by 34%, not including therapists and assistants needed to replace existing workers who may retire or leave their jobs for other reasons. This means there will be 43,000 total new job openings due to growth and net replacements from 2004-2014.

While the projected need for practitioners is increasing dramatically the projected supply of occupational therapy practitioners is not increasing at an adequate rate to meet this demand. Occupational therapy practitioners provide essential services to a variety of populations in various settings across the lifespan including services in early intervention, with veterans, with the elderly, in home health settings, with autism clients and numerous other critical areas. The future need for qualified professionals is poised to drastically increase making it imperative that shortages in qualified occupational therapy practitioners are addressed to protect and promote the health and well-being of patients.

Title VII funding is the sole source of federal funds targeted to allied health professionals who provide so many critical services within the health and social service systems. Loan repayment and diversity expansion are critical areas that must be funded.

### **Funding for Professions of National Need under the Higher Education Act**

Congress passed a program during the reauthorization of the Higher Education Act in 2008 that has never been funded but could be used to address workforce shortages. Recently Occupational therapy was included as a profession of national need under this program is included in the College Opportunity and Affordability Act of 2008 (PL: 110-315). Under this program occupational therapists are eligible for loan forgiveness when they work with veterans, children and adolescents. AOTA urges Congress to fund this important new program.

AOTA believes that there is a dire need to address current and future workforce shortages in the field of occupational therapy. Limited access to qualified practitioners will adversely affect the ability of patients to receive the most appropriate services and will negatively impact patient outcomes. Continued workforce shortages will hinder the effectiveness of major health care reform if not addressed. Funding this program to address critical shortages should be a top priority.

### **Health Resources and Services Administration (HRSA): +9.15**

- **Health Workforce Information and Analysis: +\$5.949 million**

The relatively level funding HRSA has received over the past several years has undermined the ability of its successful programs to grow; much more is needed for the agency to achieve its ultimate mission of ensuring access to culturally competent, quality health services; eliminating health disparities; and rebuilding the public health and health care infrastructure.

HRSA plays a critical role in providing a foundation for health service delivery and ensuring that vulnerable populations transition smoothly into a new health system to receive quality health services, while continuing to strengthen our nation's health safety net programs. By supporting,

planning for and adapting to change, we can build on the successes of the past and address new gaps that emerge as a result of health system reform.

President Obama has called for an increase in funding for workforce studies to identify critical health care professions that are experiencing shortages. Identifying these shortages is the first and most critical step in addressing these shortages and insuring that all patients have access to all necessary and beneficial services including occupational therapy.

Occupational therapy practitioners play a critical role in our nation's health care system and a recent study by the Robert Wood Johnson Foundation estimates that by 2014 there will be a massive growth in the need for non-physician health professionals with an estimated 43,000 new positions in the field of occupational therapy alone.

According to the University of Illinois-Chicago, Midwest Center for Health Workforce Studies October 2007 report by Gail Fisher, MPA, OTR/L and Mary Keehn, PT, DPT, MHPE titled, "Workforce Needs and Issues in Occupational and Physical Therapy," a shortage of occupational and physical therapy practitioners currently exists as a result of both increased demand and reduced supply. These shortages are felt on a number of fronts, including faculty shortages and the availability of clinicians. Passage of health care reform legislation is likely to further deepen this trend.

#### **Substance Abuse and Mental Health Services Administration (SAMHSA): +\$110 million**

AOTA supports the President's proposed increases that would allow SAMHSA to:

- **Increase** by \$5 million the Children's Mental Health Program (Systems of Care grants), from \$121 to \$126 million;
- **Increase** by \$5 million the homelessness (PATH) program, from \$65 to \$70 million;
- **Increase** by \$13 million CMHS Programs of Regional and National Significance (PRNS), from \$361 to \$374 million, including a \$6 million increase for suicide prevention programs (Garrett Lee Smith Suicide Prevention; from \$48 to \$54 million), a \$2 million increase for Project Launch (from \$25 to \$27 million), a \$7.4 million increase for homelessness prevention (from \$32.3 to \$39.7 million) and a first-time investment of \$5 million for the new Community Resilience and Recovery Initiative;
- **Increase** by \$21 million the Center for Substance Abuse Prevention PRNS, from \$202 to \$223 million;
- **Increase** by \$34 million the Center for Substance Abuse Treatment PRNS, from \$453 to \$487 million, including an \$8 million increase for Screening, Brief Intervention and Referral to Treatment (SBIRT);
- **Level fund** Youth Violence Prevention programs (Healthy Students/Safe Schools (HS/SS); \$94.5M) and child-trauma services (\$40.8M);
- **Level fund** other key Programs of Regional and National Significance (PRNS), including the Transformation State Incentive Grants (\$26M), the Minority Fellowship program (\$4.1M), and the Jail Diversion program (\$6.7M);
- **Level fund** the Mental Health and Substance Abuse Block Grants (MHBG/SABG; \$420.8M/\$1798.6M); and
- **Level fund** the Protection and Advocacy program (\$36.4M).

#### **National Institute of Mental Health (NIMH) and Related Institutes +3%:**

The Administration is proposing an increase of slightly more than 3 percent for research activities at the National Institutes of Mental Health (to \$1540M), Drug Abuse (to \$1094M), and Alcohol Abuse and Alcoholism (to \$475M).

AOTA fully supports the President's proposed increases to mental health, and substance abuse research. Occupational therapy plays a unique role in addressing the functional performance needs of individuals with mental health and substance abuse issues. Additional research is needed regarding the efficacy of therapeutic interventions for these populations based on the recovery model. . Additionally, the occupational therapy research perspective is needed to inform other research studies regarding the occupational and functional impact of illness, addiction and related interventions.

### **Increased funding for the Veterans Administration**

It is essential that that the Veterans administration is provided the necessary funding to insure our Veterans are provided all necessary and essential services, including occupational therapy, to live health and productive lives after serving their country..

Occupational therapists have a unique skill set and expertise that allow them to provide a variety of critical services for veterans. Occupational therapists help veterans coping with burns wounds and amputations, traumatic brain injury (TBI), post traumatic stress disorder (PTSD) and spinal cord injuries by facilitating the resumption of daily activities and tasks that are meaningful to a person's life helping veterans to live their lives to the fullest extent possible.