

Occupational Therapy Mental Health Parity Act (H.R.8220/S.1592)

The profession of occupational therapy began in mental health settings at the beginning of the 20th century. The key outcome of occupational therapy services has always been to help a person maintain or regain their functional capabilities – those skills they need to function independently every day. This is regardless of an individual's diagnosis or what is causing challenges with daily function.

In the United States, OT practitioners often face difficulty providing and billing for services that do not address physically related performance deficits. This has led to occupational therapy practitioners being an untapped part of the behavioral health workforce. While today, occupational therapy practitioners provide services in community mental health settings such as Community Mental Health Centers (CMHCs), Certified Community Behavioral Health Clinics (CCBHCs), and Medicare Partial Hospital Programs (PHPs), their presence in these community-based mental health settings is not guaranteed and far too infrequent.

Under Medicare, occupational therapy services are an allowed benefit for someone with a mental health diagnosis. This legislation would require the Secretary of Health and Human Services (HHS) to provide education and outreach to stakeholders about the *existing benefit*. It would not add a new benefit. Rather, this education and outreach would help Medicare recipients with a mental health diagnosis to more easily access OT services. Not only would this improve outcomes for these beneficiaries, it would help to address the current shortage of behavioral health professionals.

Services under Medicare:

Occupational therapy is a standard rehabilitation service provided under Medicare to seniors in Skilled Nursing Facilities (SNFs) and a wide array of outpatient rehabilitation settings. The Part B statute also authorizes the provision of OT services to Medicare beneficiaries with a psychiatric disorder¹ and is a named service under Medicare partial hospitalization and Intensive Outpatient Programs.

Despite the current statement of coverage for OT services for a person with a mental health diagnosis, there is a lack of understanding about the role of occupational therapy in meeting the psychosocial needs of beneficiaries, and a lack of utilization of OT services for these purposes. Some of the confusion stems from the fact that occupational therapy practitioners do not use the "mental health services" CPT codes. Rather, they bill using standard occupational therapy CPT codes as they are still addressing challenges in cognition, activities of daily living, and independent activities of daily living whether the person has a mental health or physical health diagnosis.

This bill is modeled on a past incidence when clarifying language from CMS helped increase access to service. In 2001, CMS issued a transmittal clarifying that a person with dementia may benefit from OT and other therapy services, and that these services were an allowed benefit. Before this, the diagnosis of dementia resulted in a near automatic denial of therapy services. The transmittal changed this allowing people with dementia to receive the care they needed to help maintain independence for as long as possible. We believe a similar transmittal regarding occupational therapy services and mental health would have the same effect.

The H.R.8220/S.1592 bill language was included in the *Better Mental Health Care, Lower-Cost Drugs, and Extenders Act* (S.3430) that has passed the Senate Finance Committee. **As part of that bill, the Congressional Budget Office estimated that this legislation would have no impact on Medicare spending**².

In order to ensure that the language is included in an end of year package of legislation, I am asking you to please co-sponsor the *OT Mental Health Parity Act* (H.R.8220/S.1592).

¹ https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf

² https://www.finance.senate.gov/imo/media/doc/section by section analysis of the better mental health care lower-cost drugs and extenders act.pdf