



Submitted via email to secretary@hhs.gov

March 7, 2017

Secretary Thomas E. Price, MD
US Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

RE: The Value of Occupational Therapy, Physical Therapy, and Speech-Language Pathology

Dear Dr Price:

The undersigned organizations are writing to express our strong support for continued consumer access to rehabilitative and habilitative services provided by occupational therapists, physical therapists, and speech-language pathologists. The American Occupational Therapy Association (AOTA), the American Physical Therapy Association (APTA), and the American Speech-Language-Hearing Association (ASHA) collectively represent approximately 300,000 occupational therapists, physical therapists and speech-language pathologists. Our members provide therapy services to meet the needs of a wide variety of children and adults with impairments related to illness, injury, disease, or disability. Our organizations, which together represent the overwhelming majority of therapy providers, are dedicated to ensuring that Americans continue to have access to affordable, high-quality and patient-centered health insurance coverage.

Americans needing habilitation services and devices rely on their health care coverage to keep, learn, or improve skills and functioning for daily living so that they can live as independently as possible. Rehabilitation services and devices are essential in helping people keep, get back, or improve skills and functioning for daily living that may have been lost or diminished due to an injury, illness, or disability.

Prior to the enactment of the ACA, some, but not all, employer-sponsored health plans offered coverage for rehabilitation services and devices. Further, few Americans understood what habilitation is, let alone the benefit it brings to those who rely on these services and devices. In fact, only 3 states (Illinois, Maryland, and Oregon) adopted coverage requirements for habilitative services in the individual market. Since the enactment of the essential health benefits, the value of habilitative and rehabilitative services has been widely acknowledged, and access to these services has been expanded. The Uniform Glossary developed by the National Association of Insurance Commissioners acknowledges that habilitative services are medically necessary. This glossary—adopted by the US Department of Health and Human Services (HHS)—accompanies the Summary of Benefits and Coverage provided to millions of consumers with employer-sponsored and individual plans.^{1,2}

¹ <https://www.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/>

² <https://www.healthcare.gov/sbc-glossary/#medically-necessary>

To preserve current access, we strongly advise the inclusion of coverage of occupational therapy, physical therapy, and speech-language pathology for the purposes of both habilitation and rehabilitation services and devices in any action to reform the individual and small group markets.

As you consider reforms and revisions to the health care system and insurance markets, our organizations would like to share the following vignettes that represent real-life instances in which habilitation and rehabilitation services and devices have maximized health, function, and independence for those who have been able to access these critical services.

Habilitation Services for Infants and Children: Stuttering Disorder

James is a 7-year-old boy who has stuttered since he was in preschool. His speech deficits, blocks, and facial grimaces affect his ability to verbally express himself in school, at home, and during social interactions. His pediatrician referred James for a speech-language evaluation for stuttering and the increased anxiety that James experiences when speaking. During the speech-language evaluation, the frequency, duration, and type of stuttering were measured, and the presence of secondary behaviors, such as eye blinking, were identified by administering standardized fluency test measures. Treatment was recommended and will focus on developing strategies to improve speech through rate control, continuous phonation, easy onset of speech, and light articulatory contact. Reducing physical tension and desensitization strategies were additional treatment goals designed to reduce speaking anxiety. With appropriate speech-language treatment, James can become a more fluent and confident speaker.

Rehabilitation Services: Hip Fracture

Kent is a 42-year-old man who suffered a cracked pelvis bone after a fall in his home. He experienced severe numbness in his legs and intense pain in his groin and thigh, which prevented him from walking. Kent first received physical therapy while in the hospital to begin movement in his bed. He transitioned to standing and then walking with the assistance of a walker. Kent was transferred to a rehabilitation hospital, where he received additional therapy (twice daily) to eventually stand without assistance and walk short distances without the use of a walker or cane. Upon his return home, Kent's physical therapist assessed his home for risks of falls, and made recommendations to improve the safety of this home and prevent future falls. After a few weeks at home, and working with a nearby physical therapy clinic, Kent was nearly back to his former physical status, and walking roughly 2 miles per day near his home.

Habilitation Services for Adults: Multiple Sclerosis

Ann, a 32-year-old new mother with multiple sclerosis, was referred to occupational therapy for baby care skills and management of falls risk, balance, and fatigue. Ann described her primary roles as mother, wife, and homemaker. She reported having difficulty with household chores, specifically cleaning and ironing. She also reported becoming easily fatigued during the day. An occupational therapy practitioner instructed her on strategies for safely holding, feeding, and bathing her infant while managing fatigue and balance. The occupational therapy practitioner focused on identifying adaptive and compensatory strategies for completing household chores and taught her how to self-pace daily routines between demanding and undemanding activities to conserve energy. She also worked with Ann to identify, modify, or eliminate environmental hazards that could pose a risk for falls. Ann reported increased confidence in her ability to safely care for her child and was able to continue her daily routines with improved energy and effectiveness.

In closing, our organizations want to ensure Americans continue to have access to high-quality, affordable health care that meets their needs. We welcome the opportunity to work with HHS and would like you to consider us as a resource as you move forward.

We appreciate your consideration of our comments on this important topic. We hope to collaborate with you, because access to meaningful health care coverage is vital for all Americans.

If you have questions or would like to further discuss this information, please contact Daneen Grooms, MHSA, ASHA's director of health reform analysis and advocacy, at dgrooms@asha.org or 301/296-5651; Sharita Jennings, JD, APTA's senior regulatory affairs specialist, at sharitajennings@apta.org; or Laura Hooper, AOTA's manager, health policy at lhooper@aota.org.

Sincerely,



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