



The Connecticut Occupational Therapy Association

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www.connota.org

Testimony of Susan Goszewski, President
Connecticut Occupational Therapy Association
Supporting

Raised Bill No. 5249

AN ACT CONCERNING COPAYMENTS FOR OCCUPATIONAL THERAPY SERVICES.

Before the Insurance and Real Estate Committee

March 6, 2014

Dear Co-Chairs, Ranking Members, and Members of the Insurance and Real Estate Committee:

My name is Susan Goszewski and I am the President of the Connecticut Occupational Therapy Association (ConnOTA). ConnOTA represents Occupational Therapists and Occupational Therapy Assistants practicing in a variety of settings (hospitals, schools, rehab facilities, nursing homes, outpatient facilities, private practice) in nearly every city and town across Connecticut. ConnOTA respectfully requests that you pass Raised Bill No. 5249 to limit co-pays for Occupational Therapy, which would be an extension of last year's Public Act No. 13-307 (House Bill 6546).

The passage of Public Act No. 13-307 served to limit co-payments for physical therapy services alone. Our state's position on Essential Health Benefits, as required by the Affordable Care Act, state that coverage in "rehabilitation and habilitation" be limited to "40 visits *shared* among PT, (and) OT...". Public Act No. 13-307 therefore, potentially limits a patient's access to Occupational Therapy as a simple matter of cost-saving strategy versus medical/health necessity and what is best for the patient's unique needs.

Other states such as Arkansas (enacted 2013), Kentucky (enacted 2011) and South Dakota (enacted 2012) all passed some type of limitation on the copays for OTs. Other states are currently considering similar legislation as well to include Colorado, Iowa, Illinois, Massachusetts, Nebraska, New Hampshire, New Mexico, New York, South Carolina, Tennessee, Washington, West Virginia.

What is Occupational Therapy? In its simplest terms, Occupational Therapists and Occupational Therapy assistants help people across the lifespan participate in the things they want and need to do through the therapeutic use of everyday activities (occupations). Common Occupational Therapy interventions include helping children with disabilities to participate fully in school and social situations, helping people recovering from injury to regain skills, and providing supports for older adults experiencing Physical and cognitive changes. Occupational Therapy services typically include:

- an individualized evaluation, during which the client/family and Occupational therapist determine the person's goals,
- customized intervention to improve the person's ability to perform daily activities and reach the goals, and
- an outcomes evaluation to ensure that the goals are being met and/or make changes to the intervention plan.

Occupational Therapy services may include comprehensive evaluations of the client's home and other environments (e.g., workplace, school), recommendations for adaptive equipment and training in its use, and guidance and education for family members and caregivers. Occupational Therapy practitioners have a holistic perspective, in which the focus is on adapting the environment to fit the person, and the person is an integral part of the Therapy team.¹

OT & PT should be treated equally as a matter of policy, practicality, and, most importantly, to best promote patient function. Similar to the educational background of a Physical Therapist, Occupational Therapists enter the profession at the Master's degree level (minimum qualification) having completed 3 or more years of professional coursework alone that encumbers not only skill acquisition, but more so the theory to ground our practice as a professionally-sound science. OTs and PTs are both licensed professionals in the state of Connecticut by the Department of Public Health and are equally recognized by Medicare and the majority of private insurance carriers. In many cases OTs and PTs collaborate while working with a patient, such as someone recovering from a stroke or injury.

In my experience working at a large teaching hospital, I see firsthand how OTs and PTs work collaboratively with patients who are hospitalized and who go on to receive outpatient services and the tremendous recovery that is made as they return to live life to its fullest. I have seen this collaboration after a worker has fallen off of a high ladder and sustained major injuries to both

¹ Taken with permission from www.aota.org

the upper and lower extremities and with a child who is recovering after a large brain tumor resection that results in loss of function physically (ability to move arms / legs) as well as problem solving and sequencing tasks after surgery. In these cases, OT is critical to return function in daily living skills such as eating, dressing, bathing and higher-level executive cognitive skills. Although not an entirely accurate description, often times patients will tell us how PT helped them with their bigger muscle groups, while OT helped them out with their smaller muscle groups (upper extremities, fine motor coordination, and self-care).

I would now like to share with you patient stories and other similarities and differences between Occupational Therapy and Physical Therapy.

- A Certified Hand Therapist (CHT) is an Occupational Therapist or Physical Therapist who has a minimum of five years of clinical experience, including 4,000 hours or more in direct practice in hand Therapy. In addition, the Certified Hand Therapist has successfully passed a comprehensive test of advanced clinical skills and theory in upper quarter rehabilitation. Every CHT is required to demonstrate continued professional development and competency by recertifying every five years. Nationally, 86% of hand therapists are Occupational Therapists, and 14% are Physical Therapists.² It is not in the best interest of our patients to have co-pays limited when services are provided by a PT and high co-pays when an OT provides services.
- Think about a person living with a chronic and persistent mental illness whose depression was so severe that she stopped caring for her body and her environment and then became reliant on others to do this for her. While Physical Therapy focused on physical conditioning and fall prevention strategies, OT was using a Motivational Interviewing tool to hone in on her abilities, locus of control and willingness to change her negative thought patterns. Seven Occupational Therapy treatment sessions later this patient had re-engaged in valued social activities, was showering independently, had cleaned and straightened her room by herself and was reporting decreased signs and symptoms of depression. At her discharge treatment she thanked her OT for believing in her – it was the first time in two years that she was assuming responsibility for her life.
- Imagine having a child who suffered a brain injury as a result of a car accident and now has limitations in eating, participating in daily activities playing with friends, attending school and doing what children do. Having access to occupational therapy can have a positive affect in improving patient outcomes and helping children to live full and

² As cited on the Hand Therapy Certification Commission <http://www.htcc.org/consumer-information/the-cht-credential/who-is-a-cht>

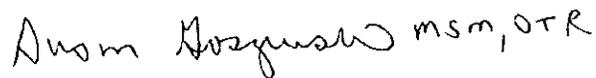
productive lives.

- Imagine being head of a household and experiencing a ruptured aneurysm that required 12 months of occupational therapy. This event was financially crippling to their family. Hefty co-pays would have plunged them deeply in debt or rendered therapy inaccessible—further devastating the lives of our three growing sons, along with the ripple affect on them and their future families. Reasonable access to occupational therapy enabled this person to return to *productive, full-time employment*.

I respectfully request your support in approving this raised bill to limit co-pays for services rendered by licensed Occupational Therapists as an amendment to the law passed last year similarly limiting the co-pays for Physical Therapy Services.

I would like to thank you for your time today. On behalf of the The Connecticut Occupational Therapy Association, we look forward to working with you on this issue, and any others as appropriate throughout this session. I can be reached at president@connota.org or on my cell phone at 203-430-0712 if you would like to discuss further.

Respectfully Submitted

msm, OTR

Susan Goszewski, MSM, OTR