Home Health: AOTA has worked with Congress and the Centers for Medicare & Medicaid Services (CMS) for many years to allow OTs to open Medicare home health therapy cases. Congressional champions were working with CMS in preparation to enact the Medicare Home Health Flexibility Act (HR3127/S1725) when the COVID-19 pandemic hit, and CMS then issued a rule that enabled OTs to open home health cases during the Public Health Emergency (PHE). To make this permanent, Congress enacted HR3127/S1725 as part of year-end Omnibus legislation, and CMS now has until January 1, 2022 to issue a rule to make this new policy effective.

Allied Health Workforce Diversity Act: The Allied Health Workforce Diversity Act (H.R. 3637/ S. 2747) would help to <u>increase the number of therapy professionals from underrepresented backgrounds</u>. This legislation was introduced in both chambers of Congress in 2019, and passed the House unanimously before the pandemic.

IDEA Waivers: AOTA worked with coalitions and engaged our grassroots to urge Congress to <u>reject a blanket waiver</u> authority for the Secretary of Education during this pandemic crisis in order <u>to protect access to special education services</u> for students with disabilities. Ultimately, this was successful and Congress did not allow the Secretary to roll-back the requirements of IDEA.

AOTA Congressional Success for Occupaitonal Therapy:

Fight Cuts to Occupational Therapy Reimbursement Values:

The Centers for Medicare and Medicaid Services (CMS) implemented a 9% cut to therapy services in order to pay for an increase in payments for primary care evaluation and management codes. AOTA worked a broad coalition of health care professionals effected by these cuts (including physician and non-physician professionals) to fight for legislative action. Ultimately, Congress reduced this cut to 3% for 2021. [Consolidated Appropriations and Coronavirus Response and Relief Act, PL 116-260]

Telehealth: AOTA lobbied for inclusion of telehealth provisions in the Coronavirus Aid, Relief, and Economic Security (CARES) Act, PL 116-136 (COVID-19 legislation). The bill included a provision that empowered the Centers for Medicare & Medicaid Services (CMS) to waive restrictions to enable OTs to provide services via telehealth to Medicare patients during the Public Health Emergency (PHE). After that success, AOTA lobbied for legislation to enable OT professionals to provide services via telehealth for Medicare beneficiaries on a permanent basis, and Reps Mikie Sherrill (D-NJ) and David McKinley (R-WV) introduced legislation to do that on November 16, HR8755, the Expanded Telehealth Access Act.

Protections for Independent Contractors: With a large portion of occupational therapy practitioners working as independent contractors, AOTA worked to ensure that the economic supports included in COVID-19 legislation were extended to independent contractors. These supports include expanded unemployment benefits and paid leave for COVID-19 related challenges. [Coronavirus Aid, Relief, and Economic Security (CARES) Act, PL 116-136; Consolidated Appropriations and Coronavirus Response and Relief Act, PL 116-260]

Student Loan Relief: As many practitioners were losing their jobs, and students were preparing to graduate without the ability to obtain a job, student loan relief was a priority. The Coronavirus Aid, Relief, and Economic Security (CARES) Act, PL 116-136, included a 6 month suspension on all federal student loan payments, as well as a clause that provided credit for that time for loan forgiveness programs. This suspension on student loan repayments was extended three times, now expiring on September 30th, 2021.

Advocate to Make Recent Telehealth Expansions Permanent:

AOTA is working to support reintroduction of legislation in the new Congress to add <u>occupational therapy practitioners to the list of healthcare providers who can provide services via telehealth under Medicare</u>. AOTA is also working to insure that any major legislation in the 117th Congress that extends PHE telehealth provisions includes OT/therapy on a permanent basis and also addresses other essential provisions such as the use of the patients home as the originating site and to insure that payment is made at the same rate for services provided via telehealth and in-person.

Advocate to Include OT as part of Amputee Research

Legislation: AOTA will continue efforts to insure that Occupational Therapy is listed as a significant provider of services for Amputees as part of legislation mandating a study of the issue. AOTA worked with Senate and House champions to address this in the previous Congress, and will do so again in the 117th Congress. A bill was introduced in the 116th Congress (S4343/HR8581) that included PT but not OT.

Fight Cuts to Occupational Therapy Reimbursement Values:

While AOTA and the coalition of health providers were successful in mitigating the cuts to Medicare Part B services for 2021, potential cuts to Medicare reimbursement, including for occupational therapy assistants, remain. AOTA will continue to fight these cuts and work to educate Congress about the crucial role of occupational therapists and occupational therapy assistants in our healthcare system.

Advocate for Access to Personal Protective Equipment:

Congress must continue to work ensure that <u>occupational therapy</u> <u>practitioners have access to needed personal protective</u> <u>equipment</u>. As the COVID-19 pandemic continues, access to PPE remains a challenge in many of the settings where occupational therapy practitioners work. AOTA continues to <u>work with</u> <u>Congress to ensure an adequate supply of PPE.</u>

Ensure Inclusion of Occupational Therapy Practitioners as
Frontline Health Workers: Throughout the COVID-19 pandemic,
occupational therapy practitioners are providing crucial services to
support the health and well-being of their clients, keeping people out
of the hospital and helping them to regain functional skills after
illness, injury, or disability. We continue to work to make sure
occupational therapy practitioners are included in any legislation that
recognizes frontline health workers with provisions such as loan
forgiveness and hazard pay.

Advocate for Increased Funding for Early Intervention Services and Special Education: Due to the serious and widespread <u>decline</u> of the number of children being seen by occupational therapy practitioners working in early intervention, AOTA has led the effort to draw attention to this underappreciated crisis in Early Intervention caused by the COVID pandemic, and fought to secure additional funding. Members of Congress are now asking Congressional leadership for more federal funding for IDEA Part C in order to ensure infants and toddlers are able to receive the early intervention services they need. AOTA is also working with a broad coalition of groups to increase IDEA Part B funding as well.