

# WyOTA NEWSLETTER

Wyoming Occupational Therapy Association  
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## Note from the President

Well I am sitting here finally on winter break writing this newsletter. There are some really exciting Changes from AOTA coming up. The changes should allow the National Association to respond to needs in the profession more rapidly and set policy and direction more efficiently. Under the new structure there will be the opportunity for new and existing leaders to serve on both extended and targeted time limited committees. Make sure you see the letter on page five calling for new volunteers and watch the AOTA website for future announcements.

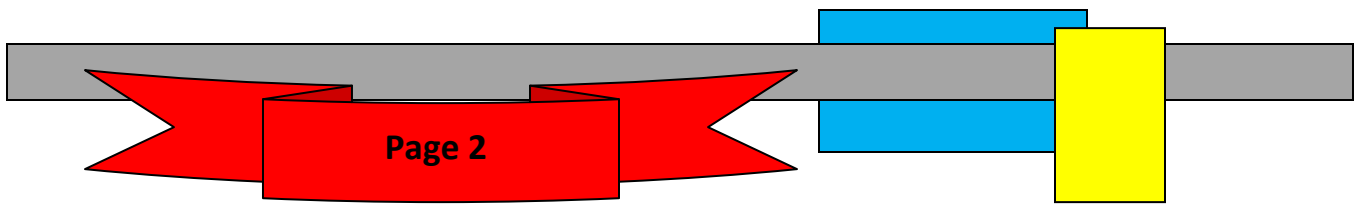
We have new leaders that have stepped up to serve WyOTA. I would like to welcome Laurie Hansen as our new Vice-President. In addition Tiffany Bader and Shannon Watkins have agreed to become the 2010 WyOTA conference chairpersons. Conference next year will be in Lander again and I am really excited to be there again!

We had a great conference this year in Sheridan. I heard really good comments about the content in both sessions and as always it was great to have the opportunity to network with other therapists in the state. Thank you again to our great conference committee in Sheridan.

I need your help! The WyOTA Board is planning on adopting a new association Logo. I would like you to give ideas about what you would like the new logo to convey. Keep in mind that the purpose of WyOTA is to promote the profession and serve its members. Please e-mail me your ideas so we can move forward on this project.

I also need your help on one more project. See the Article on page 3 related to Blue Cross Blue Shield of Wyoming.

Sarah King



## Senate Finance Committee Passes Bill: AOTA Victories!

The health care debate on Capitol Hill took a great leap forward with the passage by the Senate Finance Committee of the America's Healthy Future Act, on October 13. The Finance Committee was the last committee in either the House or Senate to act on health care reform. It is also the committee that worked the hardest to be bipartisan, though at the end all Democrats and only one Republican—Sen. Olympia Snowe (R-Maine) voted for the final proposal.

Several key victories were achieved for occupational therapy during the two weeks of deliberation by the Committee. For a full description of the bill go to [AOTA's Legislative Action Center Health Care Reform Hub](#).

AOTA and grassroots lobbying by you —the members—made all the difference to ensure that key provisions were included and harmful provisions were changed or deleted. Members and staff worked around the clock during the Finance Committee's deliberations—gathering information, analyzing the impact of amendments on occupational therapy, and generating grassroots responses. AOTA's Capitol Hill Day on October 5 and the education program directors' Capitol Hill Day on October 8 were perfectly timed to send the message that occupational therapy is part of the health care solution.

The achievements of AOTA were significant and show the influence of AOTA in protecting and promoting the profession:

**A 2-year extension of the exception process for the Medicare cap** on outpatient occupational therapy was included in the bill (and in all other health care reform proposals) to allow beneficiaries access to needed and appropriate care.

**Specifying rehabilitation and habilitation services** in the list of benefits that would be covered by new insurance products was championed by AOTA, in our capacity as a leader in the Consortium for Citizens with Disabilities. While rehabilitation considered to be covered under "outpatient services" or other categories), AOTA successfully lobbied senators to voice concern about and urge specific inclusion of this language. AOTA has been given assurance that rehabilitation and habilitation will be specified when the bill goes to the Senate floor. All other health care reform proposals include this category of services in their language.

**A direct access amendment** was proposed allowing physical therapists in rural areas the opportunity to provide services to Medicare beneficiaries without a physician referral or order. AOTA worked successfully to modify the amendment through direct lobbying with the sponsor, grassroots and leadership lobbying by Association members, and calling on occupational therapy's friends on the Committee. AOTA's efforts focused on assuring that occupational therapy was included in any changes related to direct access that the Committee adopted. Ultimately, the Committee significantly narrowed the scope of the amendment, authorizing the Centers for Medicare & Medicaid Services (CMS) to conduct a study to determine if efficiencies are achieved when direct access is allowed for any outpatient services. This means a study could be done of physical therapy, occupational therapy, or any other service. AOTA's position is that any change in physician referral requirements under Medicare should treat all therapy services equally to assure that beneficiaries have equivalent access to all the services they may need. Many Medicare beneficiaries receive both occupational and physical therapy services; that argument was successful in changing the amendment to be inclusive.

(Senate finance committee continued)

**Changes to payment and credentialing of providers of orthotics and prosthetics** were proposed to save money in Medicare. AOTA's interpretation of the language showed that occupational therapy practitioners' ability to provide services would be eliminated for certain practitioners after the year 2013. In addition, a new payment system was to be implemented that could have resulted in severe cuts to what Medicare pays occupational therapy practitioners for orthotics. AOTA spread the word to other affected parties, including the American Society of Hand Therapists and others, to get them to join in the effort to oppose this language. In the end, the proposal was deemed to be not politically feasible and was not introduced, owing to the influence of AOTA and the activism of our members in challenging it.

**Occupational therapy's role as part of the solution** to many of the problems of the health care system was highlighted by participants in the Hill Days. Wearing buttons that heralded this message and distributing talking points that were evidence-based, OT advocates promoted how occupational therapy should be included—at least for specific populations—in case management, care coordination, prevention, primary care, and the medical home concept. [See the talking points here.](#)

The battle is not over, though victory was achieved in this round. [The two Senate bills and the three House bills](#) must be combined in each chamber and then go to the floor for a vote by the House and Senate individually. This will be followed by a conference to work out the significant differences expected between the two sides. All this may take until the end of November or into December.

AOTA is still working hard to include a provision to allow occupational therapy to “open” home health cases when it is listed as a needed service on the physician's order for home health for patients who would benefit from occupational therapy as the first service they receive. AOTA is having a continual “virtual” Capitol Hill Day until health care reform is passed by both the House and Senate and sent to the President for signature. [Go to our Legislative Action Center for more details.](#)

Continue to work to keep occupational therapy in the policy spotlight!

### **AOTA announces New AOTA Emerging Leaders Program**

*New practitioners and students:* AOTA invites you to apply for the first Emerging Leaders Development Program, designed to help you develop the skills to become a future leader within AOTA and the profession, an essential step to achieving the goals of the Centennial Vision. New practitioners with 5 or fewer years of experience and students in their last year of school can apply. [Find more information and deadlines here.](#)

*Current leaders of AOTA:* AOTA invites you to participate in this exciting program by becoming a mentor to an emerging leader. [More information and how to apply.](#)

## **Blue Cross Blue Shield Update**

At the annual business meeting I discussed the narrow definition of occupational therapy that is currently part of Blue Cross Blue Shield policies in Wyoming. Recently I discussed this issue with Cathy Lewis in provider relations. While I am still working on the bigger issue of the narrow definition, she stated that hand or upper extremity therapy should always be covered by BCBS under Physical Therapy CPU's. I have heard from OTs that they were being told to bill as under physical therapy codes and they were uncomfortable with this. Unfortunately I do not know enough about third party reimbursement to address this with Ms. Lewis. What I need from you is any example that you have when it has been difficult to get coverage through BCBS, WY. I also need to have a conversation with therapists in the state who bill for OT services for any disability except stroke, head injury or spinal cord injury. I need your input so I can continue to work with BCBS. Call me at 307 778-2568 or drop me an e-mail and I will call you. [Sarah-a-king@bresnan.net](mailto:Sarah-a-king@bresnan.net)

## **Annual Report**

The following activities were completed in the 2008/09 fiscal year.

Maintain Strategic Plan

Support of student s at AOTA/NBCOT Student Conclave

Attendance at ASAP meetings online and in Houston

Brought in 3 New Leaders to WyOTA

Facilitated WyOTA library transfer to the Wyoming state Library System

Dear WyOTA Members,

“Change” has been the key word for our profession, and our society, in 2009. It has produced powerful grassroots advocacy from AOTA and your state association. Change is not over. Much lies ahead in 2010, and we will stay on the front lines for you. The advocacy of your associations is crucial. It has a direct impact on your daily life, your daily practice, and your ability to make a good living as an occupational therapy practitioner. It is about your job, your ethics, the best use of your knowledge—living occupational therapy to its fullest.

**Without AOTA:**

- Occupational therapy would not be recognized by public and private insurance programs such as Medicare, Medicaid, IDEA, workers’ compensation, and TRICARE.
- 500 occupational therapists, assistants, and students would not have brought the message of occupational therapy as part of the solution to health care to Capitol Hill this fall.
- Proposals to expand occupational therapy’s role in home health would not have been brought forward.
- Patient protections and training programs would not include occupational therapy.
- Key occupational therapy areas of practice, like orthotics, could have been decimated.

**Without state associations:**

- The occupational therapy profession would not be regulated in all 50 states, the District of Columbia, and Puerto Rico. Most states have licensure laws.
- Other professions could restrict occupational therapy’s scope of practice. Licensure laws assert and protect our scope of practice.
- New autism insurance coverage laws might not include occupational therapy services.
- Cuts to Medicaid funding for school-based services and other community services would go unchallenged.
- State health care programs might not include occupational therapy.

**It is important for you to be a part of both AOTA and your state association.** Joining both associations provides you with career protection, provides you with a voice, and protects what you value most—the identity and authenticity of occupational therapy and its ability to meet society’s needs. Not joining leaves the work undone, the challenges unmet, and the profession disadvantaged.

In this time when state budgets are being prepared with significant cuts to services, when the federal government may be implementing an entire new approach to health care reform, when many other professions are willing to say they do what occupational therapy does, none of us can afford to be bystanders. Make sure your voice is heard. Make sure your profession is preserved for the future. Make sure your livelihood continues to support you and your family.

If you are not a member of both AOTA and your state association, join now. Don’t stay on the sidelines. The challenges and struggles will continue. Occupational therapy’s success depends on your participation.

**Say yes. Be involved. Make a difference. Thank you for your support.**

Sarah King  
MSOT, OTR/L  
WyOTA President

Penelope Moyers Cleveland  
EdD, OTR/L, BCMH, FAOTA  
AOTA President

Florence Clark  
PhD, OTR/L, FAOTA  
AOTA President-Elect

# WYOMING OCCUPATIONAL THERAPY ASSOCIATION MEMBERSHIP APPLICATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PHONE CONTACT: \_\_\_\_\_

## Educational Level

\_\_\_\_\_ Associate    \_\_\_\_\_ Bachelor    \_\_\_\_\_ Master    \_\_\_\_\_ Doctorate

## Practice Specialty

\_\_\_\_\_ Mental Health    \_\_\_\_\_ Productive Aging

\_\_\_\_\_ Children and Youth    \_\_\_\_\_ Work and Industry

\_\_\_\_\_ Rehabilitation, Disability and Participation

## Professional Level Fees

\_\_\_\_\_ Student \$15.00    \_\_\_\_\_ OTA \$35.00

\_\_\_\_\_ OT \$35.00    \_\_\_\_\_ Non-OT \$35.00

**AOTA Membership Number** \_\_\_\_\_

I would like to become a mentor for a fellow WyOTA member. \_\_\_\_\_

I would be willing to serve as an officer of WyOTA. \_\_\_\_\_

I would be willing to serve on a committee. \_\_\_\_\_

I would like assistance from WyOTA in the following area: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Conference suggestions \_\_\_\_\_

- I am willing to have my e-mail address released to those advertising educational events
- I am willing to have my e-mail address released to those advertising job listings

## Make checks payable to WyOTA

Return completed form and payment to:

Heather Lyman, Secretary/Treasurer of WyOTA

3017 White Mountain Blvd

Rock Springs, WY 82901

307-389-8511

lymanh@sweetwatercdcwy.org