

THE ALLIED HEALTH WORKFORCE DIVERSITY ACT



What is it?
(H.R. 3320/S. 1679)

by: Justine Ramos (AOTA/MAOT Rep)

THE BILL

The bipartisan Allied Health Workforce Diversity Act (H.R. 3320/S. 1679) introduced by Reps. Bobby Rush (IL-01) and Markwayne Mullin (OK-02) in the House, and Sens. Bob Casey (PA), and Lisa Murkowski (AK) in the Senate,

“To amend title VII of the Public Health Service Act to authorize assistance for increasing workforce diversity in the professions of physical therapy, occupational therapy, respiratory therapy, audiology, and speech-language pathology, and for other purposes.”

A H W D

Provides grant funding to academic programs in (OT, PT, RT, SLP, & Audiology) to increase opportunities for individuals who are from underrepresented backgrounds, including students from racial and ethnic minorities



BACKGROUND

- Pushes Allied Health Programs to strengthen and expand the use of evidence-based strategies shown to increase the recruitment, enrollment, retention, and graduation of students from underrepresented and disadvantaged backgrounds.
- These strategies include
 - *outreach to the community*
 - *the creation or expansion of mentorship and tutoring programs*
 - *the provision of scholarships and stipends to students.*
- AHWD is modeled after the Title VIII Nursing Workforce Diversity program, which has successfully increased the percentage of racial and ethnic minorities pursuing careers in nursing.

THIS INCLUDES...

- **Providing student scholarships or stipends, including for—**
 - completion of an accelerated degree program
 - completion of an associate's, bachelor's, master's, or doctoral degree program
 - entry by a diploma or associate's degree practitioner into a bridge or degree completion program
- **Providing assistance for completion of prerequisite courses or other preparation necessary for acceptance for enrollment in the eligible entity;**
- **Carrying out activities to increase the retention of students in their program**

PROMOTES ACCOUNTABILITY

- The Secretary may require a program to report to the Secretary concerning the annual admission, retention, and graduation rates for eligible individuals in programs of the recipient leading to a degree
- **What if a program has falling diversity rates?**
 - Programs must provide the Secretary with plans for immediately improving such rates.
- **What if diversity rates continue to fall**
 - Programs will be ineligible for continued funding under this section if it fails to improve the rates within the 1-year period beginning on the date such plan is implemented

WHO IS ELIGIBLE FOR THESE SERVICES?

- Must be a member of a class of persons who are **underrepresented in the given profession** including but not limited to
 - racial or ethnic minorities
 - low-income students/individuals
 - individuals with disabilities
 - individuals who have an individualized education program
- **AND** demonstrates financial need

HOW CAN YOU SUPPORT?

1. Take 2 minutes to write a
letter to your legislatures

AND/OR

2. Call Members of Congress to
co-sponsor this bill

<https://tinyurl.com/AHWD2022>

LINK IN BIO

ENDORISING ORGANIZATIONS

- American Physical Therapy Association •
American Occupational Therapy Association •
American Speech-Language-Hearing Association
- American Academy of Audiology • American
Association for Respiratory Care • American
Academy of Physical Therapy • National
Association of Black Physical Therapists •
Asian/Pacific Occupational Therapy Association
- National Black Occupational Therapy Coalition •
Coalition of Occupational Therapy Advocates for
Diversity • Multicultural, Diversity, and Inclusion
Network • Association of University Centers on
Disability

STABILIZING MEDICARE ACCESS TO REHABILITATION AND THERAPY ACT



What is it?
(H.R. 5536)

by: Justine Ramos (AOTA/MAOT Rep)

THE BILL

The “Stabilizing Medicare Access to Rehabilitation and Therapy Act” or SMART Act (H.R. 5536) was introduced by Rep. Bobby Rush (D-IL) and Rep. Jason Smith (R-MO) in the United States House of Representatives.

“To amend title XVIII of the Social Security Act to revise certain payment rules for outpatient physical therapy and outpatient occupational therapy furnished in rural areas and medically underserved areas, and for other purposes.”

SO WHAT?

- Legislation would delay and mitigate the impact of a 15% cut to Medicare Part B services provided by occupational therapy assistants, set to begin in January 2022.
- These cuts don't just impact OTAs but the accessibility to OT services in rural areas

3 THINGS SMART WILL DO

1. Provides an exemption to the 15% payment differential for rural and underserved areas.

Rural and underserved areas tend to rely more heavily on occupational therapy assistants to provide access to occupational therapy services.



3 THINGS SMART WILL DO

2. Reduce the burden of direct supervision of therapy assistants in private practice settings

Medicare requires “general supervision” of OTAs in all settings except for private practice—placing an unnecessary burden on small therapy private practices, and failing to recognize the expertise of occupational therapy assistants.

3 THINGS SMART WILL DO

3. Delays the payment differential to January 1, 2023.

The pandemic has shown us how essential OTAs are in healthcare, now is not the time to implement a cut of this magnitude for our healthcare workers!



IT'S NOT TOO LATE!

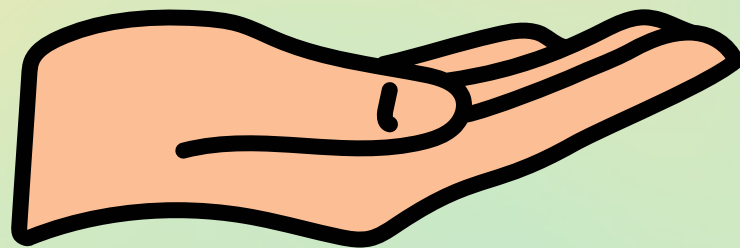
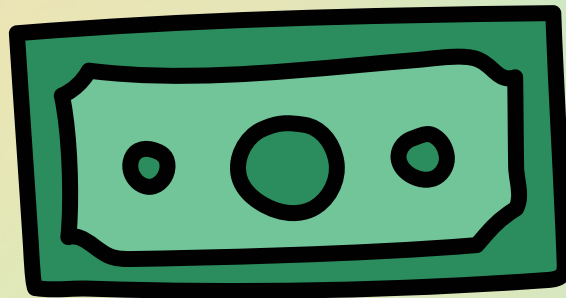
**1. Write a letter to your
representatives/ call your congress
member!**

<https://tinyurl.com/writeSMART2022>

2. Track the status of the bill

<https://tinyurl.com/trackSMART2022>

MENTAL HEALTH PROFESSIONALS WORKFORCE SHORTAGE LOAN REPAYMENT ACT



What is it?
(S.1578/H.R.3150)

by: Justine Ramos (AOTA/MAOT Rep)

THE BILL

In the 117th Congress, Sens. Tina Smith (D-MN) and Lisa Murkowski (R-AK), and Reps. Grace Napolitano (D-CA) and John Katko (R-NY) re-introduced the Mental Health Professionals Workforce Shortage Loan Repayment Act (S.1578/H.R.3150)

“To amend the Public Health Service Act to authorize a loan repayment program for mental health professionals to relieve workforce shortages, and for other purposes.”

(Yes! Including Occupational Therapy)

IN A NUTSHELL

Practitioners will agree to complete a period of service in a mental health profession where there is a shortage in exchange for a loan forgiveness plan on an eligible loan



FAQS

How long do I have to work in mental health?

“6 years full-time employment, with no more than one year passing between any two years of covered employment, as a mental health professional in the United States in a mental health professional shortage area.”

Up to how much will the gov. forgive?

up to \$250,000

HOW FORGIVENESS WORKS

For each year of service, the gov. shall make a payment of...

1. $\frac{1}{6}$ of the outstanding principal of and interest on each eligible loan on the date of agreement to service
2. the remainder of such principal and interest on the final (6th) year of service

FAQS

Which loans are eligible?

- Any loan for education in mental health or a related field leading to a master's degree, leading to a doctoral degree, or consisting of post-doctoral study.
- Any Federal Direct Stafford Loan, Federal Direct PLUS Loan, or Federal Direct Unsubsidized Stafford Loan, or Federal Direct Consolidation Loan (as such terms are used in section 455 of the Higher Education Act of 1965).
- Any Federal Perkins Loan under part E of title I of the Higher Education Act of 1965.
- Any other Federal loan as determined appropriate by the Secretary.

FAQS

What if I don't complete 6 years of service?

"The failure by an individual to complete the full period of service...shall not constitute a breach of the agreement, so long as the individual completed in good faith the years of service for which payments were made to the individual under this section."

WHAT CAN I DO?

**Write a letter to your representatives/
call your congress member!**

<https://tinyurl.com/byebyeloans>

EXPANDED TELEHEALTH ACCESS ACT



H.R.6202

by: Justine Ramos (AOTA/MAOT Rep)

THE BILL

Rep. Lloyd Doggett (D-TX) introduced The Telehealth Extension Act (H.R. 6202), a bill that would extend and expand access to telehealth services in the Medicare Program while imposing certain requirements for high-cost services.

To amend titles XI and XVIII of the Social Security Act to establish requirements for the provision of certain high-cost durable medical equipment and laboratory testing; to extend and expand access to telehealth services; and for other purposes.

(Basically, removes the burdensome telehealth restrictions under Medicare)

ENSURING ACCESS TO TELEHEALTH

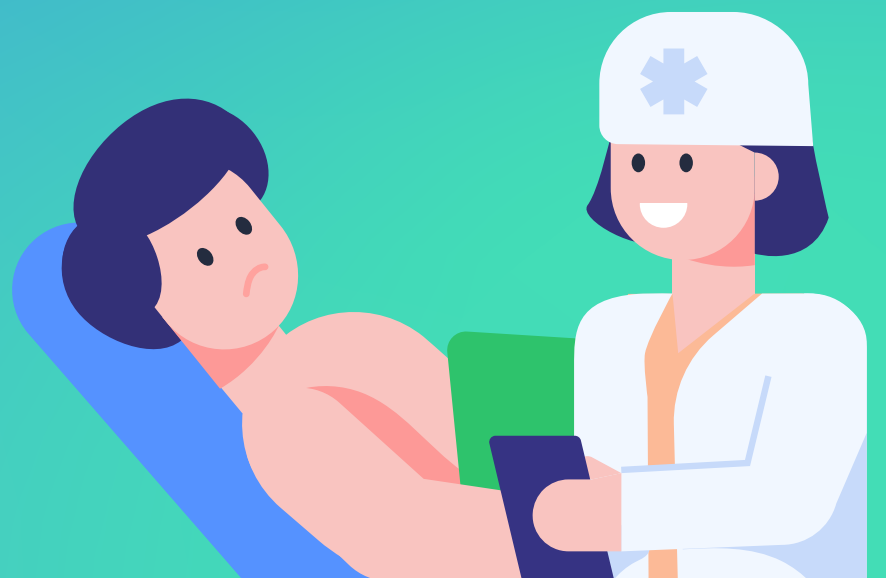
- Removes Geographic Telehealth restrictions
- Support the adoption of telehealth in underserved communities by ensuring Telehealth access to the following:
 - Federally Qualified Health Centers,
 - Rural Health Clinics
 - Indian Health Service facilities
 - Native Hawaiian Health Care Systems

ENSURING ACCESS TO TELEHEALTH

- Allow new types of providers to provide telehealth
- Allow for audio-only telehealth
- Provide broad authority for the Centers for Medicare & Medicaid Services to authorize telehealth flexibilities during future emergencies.

SO WHAT'S THE CATCH?

- Impose in-person requirements for certain services delivered via telehealth.
 - Required in-person visit within six months prior to the ordering of any high-cost durable medical equipment and high-cost lab tests.



WHY THE CATCH?

- To promote program integrity for telehealth services that have been targets of potential fraud
- **HOWEVER, there is always a concern about the impact of any in-person requirement for people with disabilities, people who are immunocompromised, and people who do not have access to transportation**