

MEMORANDUM

June 27, 2024

TO: GOTA Board

FROM: Tom Bauer

SUBJECT: Second Quarter Report

This is my second quarter report for 2024. As is traditional this is a short report, since the months immediately after the General Assembly are very slow. In addition, this is an election year. Thus, I will report briefly on the status of the main 2024 GOTA issues: reimbursement of pediatric OT services provided under the Medicaid program, efforts to secure Medicaid reimbursement of OTA services, and legislation to authorize occupational therapists (OTs) to perform dry needling.

Medicaid Reimbursement for Children's Intervention Services (CIS) Issues

As reported last quarter, in general although there was a lot of interest from legislators in increasing reimbursement rates for therapy services to children under the Medicaid Children's Intervention Services (CIS) program, on the final day the budget conference committee cut this item from a total of \$41.5 million (state and federal funds together which was roughly twice the amount disregarded by the governor last year) to a disappointing amount of about \$14.3 million. The stated goal was to increase OT, PT and Speech rates to 85% of the Medicare rate.

Whenever there is a change in the level of Medicaid reimbursement rates, the Department of Community Health (DCH) Board must approve the change before the Department can submit an amendment of the state Medicaid plan to the Centers for Medicare and Medicaid Services (CMS) for approval. The first step in that process, an initial announcement creating a 30 day comment period, was taken last week by the DCH board. I have drafted and President Stephanie Johnson has sent comments of support by GOTA to the Board. Final adoption approving the rate increase is expected next month.

Trialliance members were unsure what Medicare rate is to be applied to this budget increase- the rate for Atlanta, Georgia, or nationally. They have determined that the standard will be the Atlanta rate, which, they believe is the better of the three.

Reimbursement of OTA Services by Medicaid

Again, as reported in the first quarter, up until the last day of the 2024 session we were successful in securing support for reimbursement of OTA and PTA services provided under the Medicaid Children's Intervention Services program. In light of the healthcare workforce shortage both the House and Senate put in equal amounts totaling a little over \$4 million to fund this item. However, in an unusual move, despite apparent agreement

by the House and Senate Appropriations Committees the OTA/PTA reimbursement item was entirely eliminated by the conference committee.

I have been told that a policy change (to allow reimbursement of OTA and PTA services) can be made by DCH, which could then request funding to be in the governor's budget recommendations. I am currently investigating this possibility.

Dry Needling

I assume that the Georgia Board of OT, as well as GOTA will still be interested in adding dry needling to the scope of practice of an OT. Our current sponsor has expressed a willingness to pursue a bill again. If so, I would assume the starting point would be the version of HB 809 which was amended in the Senate Health and Human Services Committee.

Other Issues

Athletic Trainers- I would not be surprised if the athletic trainers again pursue a bill to increase their scope of practice by deleting the requirement that an "athletic injury" be a result of an injury incurred in athletic competition or exercise and authorizing ATs to treat a "condition" (as opposed to an "injury"). A new bill would have to be introduced next session.

OTs as Qualified Mental Health Providers- There has been renewed discussion on this topic. As I have explained, there is not a "QMHP" designation in Georgia. I believe the GOTA board has informally decided to examine how other states treat this issue. Since there is not a general designation in Georgia, the likely approach would need to be to add OTs to already existing specific statutes or programs (e.g. allowing OTs to sign forms for transferring a patient for involuntary evaluation or adding OTs as providers of services under Georgia's Medicaid Autism Benefit program).