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Therapeutic Recreation Legislative Update

Special Recreation Demonstration Program (sec. 316)

Over the past 19 years, many public park and recreation agencies have used funds from this program to initiate therapeutic and/or inclusive services for individuals with disabilities. Once these programs are in place, the communities generally continue investment in them; 75 percent of the Special Recreation programs continue after federal funding is discontinued. And these services often make a huge difference in the lives of the people they serve—assisting their independent functioning, ability to find work, and self-esteem.

Advocacy Need:

For fiscal years 2003 and 2004, the Administration requested no funds for this program, which usually receives \$2.6 million in the Department of Education budget for the Rehabilitation Services Administration. NRPA Public Policy, working with the Alliance for Disability, Recreation, and Sport, has advocated for reinstatement of these funds. The Senate Appropriations Committee report did include a reinstatement of funds for FY 03 and noted that “[recreational programs] aid in the employment, mobility, and socialization of individuals with disabilities [and are] having a national impact, as each new grant supports seed money for recreational programs throughout the United States.” The National Therapeutic Recreation Society urges support for this program.

Messages to Legislators -- go to the campaign to restore funds to send an email to your legislator at the [Recreation Program Campaign](#)

Individuals with Disabilities in Education Act Reauthorization

The Individuals with Disabilities in Education Act is the landmark legislation that requires public schools to provide free and appropriate education services to students with disabilities. Each student is required to have an Individualized Education Program (IEP) that describes his/her annual educational goals and the services that s/he will receive throughout the school year. Related services, including recreation and therapeutic recreation, are included among the services for students with disabilities eligible for reimbursement under this law. When therapeutic recreation is provided as a related service, it can help students develop functional, recreation, and academic skills necessary for development in the cognitive, physical, behavioral, social, and affective domains (Lawson, Coyle, & Ashton-Shaeffer, 2002). Therapeutic recreation could be helpful for infants and toddlers, under Part C, Early Intervention. In addition, therapeutic recreation can be a helpful transition service for students with disabilities, connecting them with community contacts and job-related skills that can help them transition into adulthood. **President Bush has requested \$1 billion in additional funds for IDEA in FY '04.**

Rehabilitation Act Reauthorization

The Rehabilitation Act was first authorized in 1973 and last amended in 1998. The Rehabilitation act provides grants to states for supportive employment programs and it funds federal programs of the Rehabilitation Services Administration (Department of Education), including the Special Recreation Demonstration Program (sec. 316) for individuals with disabilities.

The House of Representatives passed H.R. 1261, the Workforce Reinvestment and Adult Education Act of 2003, which would reauthorize the Rehabilitation Act until 2009. The bill would not make significant changes to the Rehabilitation Act. It would ask states to show how a broad range of assistive technology services and assistive technology devices would be provided to such individuals at each stage of the

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rehabilitative process and how transition services would be better coordinated with those services under the Individuals with Disabilities Education Act.

Medicaid Legislation

The Medicaid Community-Based Attendant Services and Supports Act (MICASSA), S. 971 and H.R. 2032, was introduced by Sen. Harkin (D-IA) in the Senate and Rep. Davis (D-IL) in the House of Representatives. MICASSA would amend title XIX of the Social Security Act to provide individuals with disabilities and older Americans with access to community-based attendant services and supports under the Medicaid program.

The Medicare Access to Rehabilitation Services Act of 2003, S. 569 and H.R. 1125, was introduced by Sen. Ensign (R-NV) in the Senate and Rep. English (R-PA) in the House of Representatives. The bill would amend title XVIII of the Social Security Act to repeal the Medicare outpatient rehabilitation therapy caps.

H.R. 319, introduced by Rep. Stupak (D-MI) would amend title XVIII of the Social Security Act to eliminate the 15 percent reduction in payment rates under the prospective payment system for home health services under the Medicare Program.

The Lifespan Respite Care Act of 2003 (S. 538 and H.R. 1083), introduced by Sen. Clinton (D-NY) in the Senate and Rep. Langevin (D-RI) in the House of Representatives, would amend the Public Health Service Act to establish a program to assist family caregivers in accessing affordable and high-quality respite care. Eligible recipients would be able to use the funds for: respite care services for family caregivers of children and adults with special needs; respite care worker and volunteer training programs; or training programs for family caregivers to assist such family caregivers in making informed decisions about respite care services. The Senate passed this bill on April 10.

Senator Paul Wellstone Mental Health Equitable Treatment Act (S. 486)

Millions of Americans with mental disorders do not have equal access to health insurance. Many health plans discriminate against these people by limiting mental health and substance abuse healthcare by imposing lower day and visit limits, higher co-payments and deductibles and lower annual and lifetime spending caps. Comprehensive health insurance parity legislation would ban these practices by requiring the same health insurance coverage for mental disorders as physical disorders. Conceivably, therapeutic recreation services could be covered under such legislation. To find out what you can do to help pass the Senator Paul Wellstone Mental Health Equitable Treatment Act, S. 486, go to: www.nmha.org/newsroom/.

State Actions

To date, 33 states have made into law some form of mental health parity. Several have enacted laws that require insurance parity only for a small set of specified diagnoses or serious mental illnesses, however. These laws discriminate against children and adult whose illnesses can be as disabling as those specified in the laws, but do not fit neatly within the statutes' criteria. Adults excluded from protection under these laws include those who have multiple personality disorders, anorexia nervosa and bulimia, post-traumatic stress syndrome, and substance abuse disorders. Children with serious emotional disturbances and substance abuse disorders are also excluded. The National Mental Health Association (NMHA) advocates for inclusion in laws all disorders listed in the Diagnostic and Statistical Manual of Mental Disorders—IV (DSM-IV).

The laws in three states can serve as models for legislation other states that are either considering the issue for the first time or are considering revising their existing parity law. These states are Vermont, Maryland and Connecticut.

Federal Parity

In 1996, Congress passed the Mental Health Parity Act (P.L. 104-204), which eliminated annual and lifetime dollar limits for mental healthcare for companies with more than 50 employees. Many employers have been able to skirt the spirit of the law, however, by placing new restrictions on mental health benefits, such as additional limits on outpatient office visits and number of days for inpatient care.

Transportation Equity Act 2003 Reauthorization—Health and Safety Issues

The Transportation Equity Act of the 21st Century (TEA-21) became law in 1998 and authorized federal surface transportation programs until 2003, when it will need to be reauthorized.

Needed Changes in Legislation

NRPA supports the inclusion of New Freedom demonstration and community grants that would help ensure transportation for persons with disabilities. This program could provide grants to local governments and non-profit organizations to develop transportation services that link people with disabilities to jobs and work support services. This program should allow eligible activities to include transportation to childcare, after school programs, and therapeutic recreation services.

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