

CHECKPOINT 9-2. IDENTIFY LEGISLATION AFFECTING THE LATE LIFESPAN				
		Legislation	Year	Public Law
1960s	1	Community Mental Health Act	1963	PL 8-164
	2	Title 18 of Social Security Act-Medicare	1965	Title 18
	3	Medicaid Act	1965	PL 89-97
	4	Older Americans Act (OAA)	1965	PL 89-73
1980s	5	Alcohol Abuse, Drug Abuse, and Mental Health Amendments	1984	HR- 5413
	6	State Mental Health Planning Act	1986	HR- 4326
	7	“Mental Health Systems Act” became the Omnibus Budget and Reconciliation Act (OBRA)	1981/1987	PL 97-35 PL 100-203
1990s	8	Britain-National Health Service and Community Care Act	1990	United Kingdom
	9	Mental Health Parity Act	1996	PL 104-204
	10	Individuals with Disabilities Act (IDEA) Americans with Disability Act (ADA)	1990 1990	PL 101-476 PL 101-336
2010s	11	Patient Protection and Affordability Act	2009	HR 3590
	12	The National Alzheimer’s Project Act	2011	PL 111-375
	13	Amendment to the Public Health Service Act	Proposed	HR 3762

inpatient care, home health care, and initial care provided in skilled nursing facilities. Medicare Part B typically covers outpatient care and care provided in skilled nursing facilities after coverage of Part A benefits are exhausted. Medicare legislation significantly affected how fees for service health care are provided in the United States. Medicare continues to undergo amendments and revisions to coverage affecting the provision of health care for many in this country.

Along with Medicare, Medicaid (PL 89-97) was enacted in 1965 as a combined federal and state insurance program for the indigent and those not covered by Medicare (Glantz & Richmann, 1998). Werner and Tyler (1993) identified that Medicare and Medicaid in the past, however, poorly addressed psychiatric health care. Over the years, Medicaid has increasingly become a managed care plan administered by each state, in part to control costs while meeting the health care needs of participants. TennCare in Tennessee is an example of a Medicaid managed care program.

The “Choices” program is one program offered by state Medicaid agencies that is designed to facilitate a participant’s return to the community after medical care. Additionally, care can be provided to aid individuals to remain in the community. Another program provided by TennCare is the Senior Citizen’s Home Assistance Program, which again is designed to assist individuals to remain in the community. Traditional occupational therapy services may be limited or not covered under TennCare as well as other Medicaid programs. Evidence-based practice, cost-effectiveness studies, and outcome-based studies suggest

that occupational therapy would be a beneficial service to help individuals remain in the community.

Finally, The Older Americans Act (OAA) of 1965 (PL 89-73) further expanded community-based services for the elderly (Department of Health and Human Services [DHHS], 2010). This act enabled funding for the “Meals on Wheels” program, community services employment for low-income older Americans, and elder rights protection. The OAA also created the Administration of Aging, which is part of the Department of Health and Human Services. Over the years, the OAA has undergone many revisions and amendments. A description of the OAA, which was updated in 2006, includes the following:

- Title I—Declaration of Objectives, Definitions
- Title II—Administration on Aging
- Title III—Grants for State and Community Programs on Aging
- Title IV—Activities for Health, Independence, and Longevity
- Title V—Community Service Senior Opportunities Act
- Title VI—Grants for Native Americans
- Title VII—Vulnerable Elders Rights Protection

The Administration on Aging provides a great deal of information to support the concerns of elderly persons in the community. Some agencies publish this supporting information in senior service directories or senior resource