Hippotherapy and Insurance: The Challenge in Providing Coverage

by

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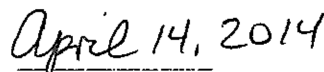

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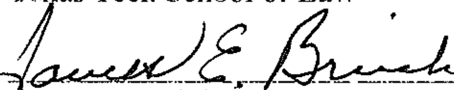

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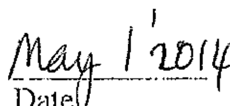

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Abstract – Hippotherapy and Insurance: The Challenge in Providing Coverage

This thesis was an interesting exploratory step into the field of legal writing. Though the subject matter and caliber are significantly different than that of a full-fledged legal scholar, the exercise in research and composition was similar enough to provide an educational experience.

The research focused on the practice of hippotherapy and the difficulties in providing insurance coverage for that treatment strategy. My interest in hippotherapy was inspired by my love of horses and experience working with children with various disabilities and conditions at a summer camp. Also, I volunteer at the Texas Tech Therapeutic Riding Center, which provides hippotherapy for local children. As a person with a congenital condition myself, I love to see the intersection of treatment with enjoyable life experiences.

Acknowledgments

First of all, I would like to thank my director, Professor Brian Shannon, for his willingness to listen and guide my often-scattered ideas. I would also like to thank Dr. Brink and Sarah Timmons for their guidance and patience with my many questions. Finally, I would like to thank Camp John Marc for the opportunity to discover the value of therapeutic activities in the outdoors.

HIPPOTHERAPY AND INSURANCE: THE CHALLENGE IN PROVIDING COVERAGE

*Erin C. Van Pelt**

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"No hour of life is lost that is spent in the saddle." – Winston Churchill[1]

I: Introduction

Jane Doe is a nine-year-old girl with moderate cerebral palsy.[2] Jane has been receiving physical and occupational therapy since she was an infant. Unfortunately, as Jane gets older, she becomes more and more resistant to her current treatment strategy. This disinterest leads to a decline in the effectiveness of the therapy. Her therapists have attempted all methods of traditional occupational and physical therapy. Frustrated, Jane's mother Googles alternative treatment strategies for children with cerebral palsy. She discovers the website for the American Hippotherapy Association. Intrigued, Mrs. Doe looks up facility contact information for therapists in her home state of Texas. After speaking with a therapy facility near their home, Mrs. Doe takes Jane for her first hippotherapy treatment and notices an immediate improvement in her daughter's mood. In fact, Mrs. Doe is so impressed that after the session, she schedules six weeks of sessions for Jane.

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[1] WINSTON L. CHURCHILL, MY EARLY LIFE 1874-1904, 45 (Touchstone 1930).

[2] Though hypothetical, this scenario is comparable to a real life situation the author encountered while serving as a Congressional intern.

Halfway through the scheduled six-week treatment period, Jane is thriving. Her attitude has improved, she has fallen in love with her therapy horse, Patches, and she is showing physical improvement as well. Mrs. Doe is ecstatic until she receives a notice in the mail apprising her that her government-sponsored insurance plan will not pay for Jane's treatment. Upset and alarmed, Mrs. Doe contacts the insurance company and inquires into the reasoning behind the lack of coverage. She discovers that hippotherapy is considered an experimental and unproven treatment and thus is ineligible for coverage. Mrs. Doe attempts to explain to her provider that hippotherapy has been the most effective treatment for Jane, both physically and emotionally, but is again told that hippotherapy is considered unproven. After disconnecting, Mrs. Doe considers her options and decides to contact her local Congressman for help. Mrs. Doe's Congressman sympathizes with her plight and immediately instructs his staff to being searching for a solution. A bill is drafted that requires coverage for hippotherapy from that particular federal insurance plan and the bill is sent to committee for consideration.

The story of Jane Doe is fictional, but not far from reality – it illustrates the struggle that many families face when pursuing insurance coverage for hippotherapy treatment. This thesis will first describe and define hippotherapy as a treatment strategy and provide historical background. Section II will explain how hippotherapy works and delve into research regarding its effectiveness as a treatment strategy. The next section will address certain legal issues in relation to insurance coverage for hippotherapy and examine two relevant court cases. The final section will examine a piece of pertinent legislation that has been introduced regarding therapy treatment and insurance coverage and make recommendations for broader legislation.

II: Definition and History

According to the American Hippotherapy Association, hippotherapy is often a useful strategy in an overall therapy treatment plan for children with physical and mental disabilities. The official American Hippotherapy Association [AHA] definition of hippotherapy is as follows:

> [A] term that refers to the use of the movement of the horse as a strategy by Physical Therapists, Occupational Therapists, and Speech-Language Pathologists to address impairments, functional limitations, and disabilities in patients with neuromusculoskeletal dysfunction. This strategy is used as part of an integrated treatment program to achieve functional outcomes.[3]

Crucially, this definition has allowed practitioners and researchers to define hippotherapy consistently.[4] Thus, research results and studies are easier to categorize and hippotherapy itself is simpler to explain to persons unfamiliar with the practice. Furthermore, a clear definition allows therapists to determine whether they are in fact using hippotherapy and, if so, whether they are using it correctly. Therapists worldwide adhere to this definition. Hippotherapy is, "accepted internationally as treatment with the help of the horse."[5] An international review authored by Jane Copeland Fitzpatrick found that the term "hippotherapy" is "generally understood by physiotherapists in 24 countries."[6] However, it is also important to understand the nuances of the

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[3] Joann Benjamin, INTRODUCTION TO HIPPOTHERAPY (2010), *available at* http://www.americanhippotherapyassociation.org/hippotherapy/introduction-to-hippotherapy/.

[4] Barbara T. Engel, *An Introduction to Hippotherapy Terminology and Definition, in* ENHANCING HUMAN OCCUPATION THROUGH HIPPOTHERAPY, A GUIDE FOR OCCUPATIONAL THERAPY 3, 4-5 (Barbara T. Engel, Joyce R. MacKinnon, eds., 2007).

[5] Engel, *supra* note 4, at 4.

[6] Jane Copeland Fitzpatrick, *Hippotherapy and Therapeutic Riding, An International Review,* PROCEEDINGS OF THE NINTH INTERNATIONAL THERAPEUTIC RIDING CONGRESS 1-12, 3 (1997).

therapy. To provide a better understanding of how hippotherapy actually works, AHA offers this more descriptive explanation:

> Specially trained physical and occupational therapists use this treatment for clients with movement dysfunction. In hippotherapy, the horse influences the client rather than the client controlling the horse. The client is positioned on the horse and actively responds to his movement. The therapist directs the movement of the horse; analyzes the client's responses; and adjusts the treatment accordingly. This strategy is used as part of an integrated treatment program to achieve functional outcomes.[7]

This definition provides more imagery and detail as to how hippotherapy actually functions. According to this definition, treatment is based on action from the horse and reaction from the client. The therapist's role is to direct and fine-tune the actions of the horse in such a way that they best meet the therapy goals of the client.

As the practice of using the horse's movement as therapy has evolved, it has been necessary to clarify and differentiate those practices. Two fairly straightforward categories emerge. Classic hippotherapy is concerned only with the responses of the client to the horse's movement.[8] In contrast, "hippotherapy" brings another element into the equation – the client's "adaptive responses" to the situation.[9] In other words, the client is no longer just a passive recipient of the therapy but is instead a partner in bringing about improvement. This is also what some researchers call "expert" hippotherapy – a therapy that is impossible without the horse and

[7] *See* AM. HIPPOTHERAPY ASS'N, HIPPOTHERAPY AS A TREATMENT STRATEGY (2010), *available at* http://www.americanhippotherapyassociation.org/hippotherapy/hippotherapy-as-a-treatment-strategy/.

[8] Barbara Heine, *Introduction to Hippotherapy,* ADVANCE FOR PHYSICAL THERAPISTS & PT ASSISTANTS vol. 11, issue 13 (2000), *reprinted from* NARHA STRIDES, vol. 3, no. 2 (April 1997).

[9] *Id.*

its movement.[10] Both forms of hippotherapy are very similar and both rely on the movement of the horse for patient improvement.

Distinct from therapeutic riding or other equine assisted therapy, hippotherapy is directed by a physical or occupational therapist.[11] The AHA has very specific and extensive training programs for therapists who are interested in adding hippotherapy to their treatment programs. Two accredited three-day courses are available for therapists: "Introduction to Hippotherapy – Principles and Applications" and the more advanced "Intermediate Hippotherapy – Clinical Problem Solving."[12] In order to be a registered provider of hippotherapy through the AHA, therapists must complete the introductory class.[13] This type of regulation and education ensures that therapists are using hippotherapy correctly and in the best interests of the client. Given the evolving nature of hippotherapy practices, it is important for therapists to have access to the most current research and information. In the United States, continuing education programs have been available from clinicians since the 1980s.[14]

The goal of hippotherapy also differs from the goal of therapeutic riding. Hippotherapy is not focused on teaching riding skills or teaching the patient how to perform better on horseback.[15] Therapeutic riding includes a therapeutic portion focused on physical improvement, but also the bond between horse and rider.[16] In contrast, the primary goal of hippotherapy is to

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[10] *Id.*

[11] John A. Sterba, *Does Horseback Riding Therapy or Therapist-Directed Hippotherapy Rehabilitate Children with Cerebral Palsy?*, 49 DEVELOPMENTAL MEDICINE & CHILD NEUROLOGY 68-73, 68 (2007).

[12] *See* AM. HIPPOTHERAPY ASS'N, PRESENT USE OF HIPPOTHERAPY IN THE UNITED STATES (2000), *available at* http://www.americanhippotherapyassociation.org/hippotherapy/present-use-of-hippotherapy/.

[13] Heine, *supra* note 8.

[14] *See* AM. HIPPOTHERAPY ASS'N, *supra* note 12.

[15] Copeland Fitzpatrick, *supra* note 6, at 2.

[16] Margaret M. Bass, Catherine A. Duchowny, Maria M. Llabre, *The Effect of Therapeutic Horseback Riding on Social Functioning in Children with Autism*, 39 JOURNAL OF AUTISM AND DEVELOPMENTAL DISORDERS 1261-67, 1261 (2009).

allow the patient to function more normally in their daily life – not on the horse.[17] Again, the horse is a tool used to help patients improve skills valuable to them in daily life.

Horses have long captured the imagination of humans. The influence of the horse on the history of humankind is unparalleled. The first mention of the horse in literature pertaining to well being was in an article written by Hippocrates in ancient Greece.[18] As far back as 1867 in West Germany, farm animals, including horses, were used as therapy for people with epilepsy.[19] Since then, the use of horses as partners in therapy has increased. The general consensus among researchers is the 1952 Olympic appearance of Liz Hartel brought the concept of horses as partners in therapy into more public prominence.[20] Liz Hartel contracted polio in 1934 and consequently relied on a wheelchair for mobility. However, she won a silver medal in dressage in 1952 and credited her recovery to her riding.[21,22] Hippotherapy spread from Europe into the United States as more and more therapists became familiar and interested in the practice. According to AHA records, the horse's movement has been used as a therapy strategy since the 1970s.[23] The American Hippotherapy Association itself was founded in 1992.[24] Since then, it has continued to grow and expand as more therapists become interested in utilizing hippotherapy in their treatment plans.[25]

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[17] Copeland Fitzpatrick, *supra* note 6, at 3.

[18] *See* AM. HIPPOTHERAPY ASS'N, HISTORY OF HIPPOTHERAPY AND AHA INC. (2000), *available at* http://www.americanhippotherapyassociation.org/hippotherapy/history-of-hippotherapy/.

[19] Michele L. Morrison, *Health Benefits of Animal-Assisted Interventions,* 12 COMPLEMENTARY HEALTH PRACTICE REVIEW, issue 1, 51-61, 52 (2007).

[20] *See* AM. HIPPOTHERAPY ASS'N, *supra* note 18.

[21] Renee L. Casady, Deborah S. Nichols-Larsen, *The Effect of Hippotherapy on Ten Children with Cerebral Palsy,* 16 PEDIATRIC PHYSICAL THERAPY 165-172, 165 (2004).

[22] Karen P. DePauw, *Horseback Riding for Individuals With Disabilities: Programs, Philosophy, and Research,* 3 ADAPTED PHYSICAL ACTIVITY QUARTERLY 217-26, 218 (1986).

[23] *See* AM. HIPPOTHERAPY ASS'N, *supra* note 18.

[24] *See* AM. HIPPOTHERAPY ASS'N, *supra* note 18.

[25] *See* AM. HIPPOTHERAPY ASS'N, *supra* note 18.

S. L. Hubbard provides an extensive overview of the history of research related to hippotherapy.[26] According to the review, research on the effect of the movement of the horse began as early as the late 1950s and continued until the last study cited, in 2004.[27] The review included 75 studies, the majority of which dealt solely with the movement of the horse on its own. Four comparison studies researched the effect of hippotherapy versus more traditional therapy.[28] Hubbard also explains that the specialization and rather limited access to hippotherapy are obstacles for researchers who are interested in exploring the topic.[29] However, as interest continues to grow, it is likely that hippotherapy will be more accessible to researchers interested in performing larger long-term studies that are very much needed.[30]

III: Effectiveness

Hippotherapy is a unique treatment strategy. The movement of the horse is key. According to AHA the "multidimensional movement, which is variable, rhythmic, and repetitive," provides the benefit to the client.[31] The AHA also describes the horse as a "dynamic base of support" which provides an excellent opportunity for trunk strengthening and balance improvement.[32] The horse also provides an extraordinary and unique opportunity for clients who suffer from a severe physical disability.[33] The client's response to the movement of the horse is "similar to human movement patterns of the pelvis while walking," providing a distinct

[26] Sandra L. Hubbard, *A Chronological and Historical Review of Research Related to Hippotherapy, in* ENHANCING HUMAN OCCUPATION THROUGH HIPPOTHERAPY, A GUIDE FOR OCCUPATIONAL THERAPY 47 (Barbara T. Engel, Joyce R. MacKinnon, eds., 2007).

[27] *Id.* at 49-51.

[28] *Id.* at 66.

[29] *Id.*

[30] *Id.*

[31] *See* AM. HIPPOTHERAPY ASS'N, *supra* note 7.

[32] *Id.*

[33] *Id.*

advantage for therapists who serve clients who do not have a normal movement pattern.[34] The client gets the benefit of natural human movement, possible through the movements of the horse.[35] Therapists are able to use this movement in an overall treatment plan to better serve the unique needs of their client.[36] It is precisely this movement that makes hippotherapy a valuable treatment tool.[37] The "variability" of the horse's movement allows the therapist to fine-tune the treatment modality to the specific needs of their client.[38] Treatment using hippotherapy is effective for a wide range of medical conditions partially because, "the equestrian environment and the horse provide challenges that are never constant. They offer a nonclinical atmosphere of excitement and new experiences."[39] The flexibility of hippotherapy in terms of modifying movement to meet goals is an extremely important part of its effectiveness.

Hippotherapy is efficacious for a wide population of individuals with a "mild to severe neuromusculoskeletal dysfunction."[40] However, it is not effective for all patients in all cases. In an international review conducted by Copeland Fitzpatrick, the seven disorders or conditions most commonly treated with hippotherapy were: cerebral palsy, traumatic brain injury or post traumatic syndrome, multiple sclerosis, hemiplegia or stroke, developmental delay or Down syndrome, and sensory integration deficit or spina bifida.[41] Casady and Nichols-Larsen conducted a study of the effect of hippotherapy on ten children with a primary diagnosis of

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[34] *Id.*
[35] *Id.*
[36] *See* AM. HIPPOTHERAPY ASS'N, *supra* note 12.
[37] *See* AM. HIPPOTHERAPY ASS'N, *supra* note 7.
[38] *See* AM. HIPPOTHERAPY ASS'N, *supra* note 12.
[39] Barbara T. Engel, *Hippotherapy in the Practice of Occupational Therapy*, *in* ENHANCING HUMAN OCCUPATION THROUGH HIPPOTHERAPY, A GUIDE FOR OCCUPATIONAL THERAPY 6, 6 (Barbara T. Engel, Joyce R. MacKinnon, eds., 2007).
[40] *See* AM. HIPPOTHERAPY ASS'N, *supra* note 7.
[41] Copeland Fitzpatrick, *supra* note 6, at 5-6.

cerebral palsy who had never previously used hippotherapy as a treatment strategy.[42] Their goals for the study cited general therapy goals for children with cerebral palsy – improved movement patterns, improved variety of movement, improving advanced motor skills, postural control, and balance.[43] Each participant underwent a pretest, treatment phase, and post treatment test.[44] The treatment phase lasted ten weeks with weekly hippotherapy sessions consisting of 20 – 30 minutes spent in actual therapy on the horse.[45] The results of this study were very favorable. According to the report, patients demonstrated a "statistically significant treatment effect after the hippotherapy treatment phase."[46] This data is encouraging for therapists and clients interested in using hippotherapy because it provides concrete information on expected outcomes.

Another slightly larger study done by MacKinnon, Noh, Lariviere, MacPhail, Allan, and Laliberte-Rudman focused on 19 children with "mild to moderate cerebral palsy."[47] Treatment took place over the course of six months with weekly one-hour sessions.[48] Specific discussion was given in regards to the difficulty of measuring improvement consistently because of the nature of hippotherapy – unlike tests and tools, horses are not "standardized" and each movement is unique.[49] Nevertheless, through parent surveys and limited direct observation, the study reported that children with moderate cerebral palsy showed improvement in self-esteem and ability to grasp objects.[50] This study is an example of the multifaceted benefits of

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[42] Casady & Nichols-Larsen, *supra* note 21, at 166-167.
[43] *Id.* at 166.
[44] *Id.* at 167.
[45] *Id.* at 168.
[46] *Id.* at 169.
[47] Joyce R. MacKinnon, Samuel Noh, Judith Lariviere, Ann MacPhail, Diane E. Allen, Deborah Laliberte-Rudman, *A Study of the Therapeutic Effects of Horseback Riding for Children with Cerebral Palsy, in* ENHANCING HUMAN OCCUPATION THROUGH HIPPOTHERAPY, A GUIDE FOR OCCUPATIONAL THERAPY 111, 111 (Barbara T. Engel, Joyce R. MacKinnon, eds., 2007).
[48] *Id.* at 112.
[49] *Id.* at 116-17.
[50] *Id.* at 117.

hippotherapy. Again, the children benefited physically from the treatment for their disability but also gained a greater sense of self worth – extremely important for children dealing with disabilities.[51]

Some research has already been conducted on the efficacy of recommending hippotherapy as a treatment strategy. J. A. Sterba conducted a literature review of eleven papers concerning the effectiveness of hippotherapy and horseback riding therapy as rehabilitative therapy for children with cerebral palsy.[52] Five of the papers dealt with hippotherapy.[53] Some of those papers are mentioned in this thesis. The review of the hippotherapy papers concluded that all five found that hippotherapy "was effective in improving gross motor function" in children with cerebral palsy.[54] Sterba determined therapists could recommend hippotherapy as medically effective therapy, based upon literature available at the time of the publication of the review.[55]

Another unique factor that distinguishes hippotherapy from more traditional therapies for populations with neuromusculoskeletal conditions is its novelty.[56] Some clients who use hippotherapy may never have had the opportunity to interact with a horse in such a hands-on setting.[57] Some clients may never have seen a horse outside of books or television. AHA notes that clients often "respond enthusiastically to this enjoyable experience in a natural setting,"[58] indicating that hippotherapy was more effective than traditional therapy simply because the children were having more fun. Barbara Heine, an acknowledged authority on hippotherapy,

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[51] *Id.* at 116.
[52] Sterba, *supra* note 11, at 68.
[53] *Id.*
[54] *Id.* at 70.
[55] *Id.* at 72.
[56] Janet Weisberg, *Determining the Goodness of Fit Between Occupational Therapy and Therapeutic Riding, in* ENHANCING HUMAN OCCUPATION THROUGH HIPPOTHERAPY, A GUIDE FOR OCCUPATIONAL THERAPY 11, 12 (Barbara T. Engel, Joyce R. MacKinnon, eds., 2007).
[57] Engel, *supra* note 39, at 7.
[58] *See* AM. HIPPOTHERAPY ASS'N, *supra* note 7.

describes the effect slightly differently. Hippotherapy addresses the specific needs of the client, as determined by the therapist, and provides meaningful activity on the horse.[59] The addition of meaning to therapy sessions can have several effects. As one study on the efficacy of hippotherapy remarked, "therapy always runs smoother with a willing participant."[60] Importantly, the same study found that parents thought that hippotherapy improved their child's sense of self.[61] Hippotherapy not only benefited the client physically, but emotionally as well.[62]

Additionally, hippotherapy provides an opportunity for clients who may normally need assistance with everyday tasks to build confidence and feel empowered knowing that they were able to make the horse stop and go during therapy.[63] The horse also provides an escape from the stigma of disabilities – the horse does not see a child in a wheelchair or a child with a severe physical deformity.[64] Hippotherapy includes a range of activities that are possible, but challenging, which allows a client to build confidence as they accomplish increasingly difficult tasks.[65] Hippotherapy is an "opportunity for autonomy" for many patients.[66] Treatment with the help of the horse celebrates the abilities of the client, not the disabilities.[67] Thus the client is able to focus on the therapeutic aspect of riding without focusing on physical differences or discrimination.

Using hippotherapy as a treatment strategy in occupational therapy accomplishes more than just the physical goals of the client. It also accomplishes the abstract goals of the therapy –

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[59] Heine, *supra* note 8.
[60] Beth L. Macauley & Karla M. Gutierrez, *The Effectiveness of Hippotherapy for Children With Language-Learning Disabilities,* 25 COMMUNICATION DISORDERS QUARTERLY 205-217, 209 (2004).
[61] *Id.* at 209.
[62] *Id.* at 210.
[63] Engel, *supra* note 39, at 9.
[64] Engel, *supra* note 39, at 6.
[65] *Id.* at 7.
[66] Weisberg, *supra* note 56, at 17.
[67] *Id.*

building confidence and accomplishing a meaningful task.[68] Christiansen defines occupations as "contexts" for building a unique identity and a meaningful life.[69] Thus, the goal of occupational therapy is not only physical improvement, but mental growth as well.

An important aspect of occupation as described by Christiansen is competency.[70] Competency is part of a person's unique identity. Christiansen studied a woman with a severe physical condition who was able to live on her own with limited assistance.[71] The study found that her motivation for adapting and striving to live on her own was the desire for others to view her as competent.[72] Hippotherapy provides an avenue for a client to develop competency. Using occupational therapy on the horse, the client is not held back by their disabilities; he or she is able to perform a task that contributes to the sense of unique identity.[73] Christiansen concludes with the assertion that, "therapy becomes identity building when therapists provide environments that help persons explore possible selves and achieve success in tasks that are instrumental to identities they strive to achieve, and when it enables them to validate the identities that they have worked hard to achieve in the past."[74] The intersection of therapy and identity building provides hippotherapy with an advantage over more traditional therapies.

Continuing into the diverse applications of hippotherapy, there has also been research into the effectiveness of hippotherapy as a treatment strategy for children with language learning

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[68] Charles H. Christiansen, *Defining Lives: Occupation as Identity: An Essay on Competence, Coherence, and the Creation of Meaning,* 53 AMERICAN JOURNAL OF OCCUPATIONAL THERAPY 547-558, 555 (1999).
[69] *Id.* at 547.
[70] *Id.* at 548.
[71] *Id.* at 548.
[72] *Id.*
[73] *Id.*
[74] *Id.*

disabilities.[75] Macauley and Gutierrez investigated the effect of hippotherapy treatment on three boys with language learning disabilities.[76]

One reason the researchers were interested in hippotherapy is because it is "dynamic and requires the integration of all body systems." [77] The participants received six weeks of hippotherapy treatments that entailed a one-hour session twice a week – twelve hours of therapy total.[78] At the end of the six-week period, both the participants and the parents filled out a questionnaire about their perception of the treatment – the participant questionnaire indicated that the three boys believed that hippotherapy did help advance their language skills.[79] The parents also noted that "hippotherapy was more effective than traditional therapy" for improving their child's language skill.[80] According to the questionnaire results, participants also thought that hippotherapy and the clinician improved speaking skills, a finding that the researchers designated as "noteworthy."[81] Overall, the findings indicated that those directly involved in the hippotherapy viewed it as a working treatment for language learning disabilities and attributed tangible results to the use of hippotherapy.[82]

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[75] Macauley & Gutierrez, *supra* note 60, at 205.
[76] *Id.* at 205-06.
[77] *Id.* at 206.
[78] *Id.* at 207.
[79] *Id.* at 207.
[80] *Id.* at 209.
[81] *Id.* at 212.
[82] *Id.* at 209.

One notable aspect of the study is the discrepancy between the parent and participant answers concerning the effectiveness of hippotherapy in improving speech skills in everyday life. The participants thought that traditional therapy was more effective in response to the statements, "My talking and understanding in everyday life is better," and, "The therapy activities will help me do better at school."[83] The researchers offered the explanation that because hippotherapy is not a traditional form of therapy, the children did not realize that they were undergoing therapy while on the horse.[84] Thus, they did not attribute any improvement in language to hippotherapy – they simply saw it as a fun, exciting new activity.[85] It is this perception of hippotherapy that sets it apart from traditional therapies.

Importantly, the parents also indicated "the participants were very motivated to attend the hippotherapy sessions."[86] This is evidence of the effectiveness of hippotherapy as it relates to lending meaning to therapy. Parents and participants agreed that hippotherapy helped to improve the self-image of the participants.[87] Also, the boys in the study seemed to be very proud of their treatment and to be willing to share their experience with friends – both of which are very helpful for removing the stigma that can be associated with therapy of any form.[88] Although this study is by no means perfect – it suffers from a small size, limited scope, and potential self-reporting errors – it is an instructive start for research into hippotherapy as a treatment strategy for language learning disabilities.

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[83] *Id.* at 212.
[84] *Id.* at 212.
[85] *Id.* at 212.
[86] *Id.* at 208.
[87] *Id.* at 209.
[88] *Id.* at 210.

IV: Insurance Coverage Issues

Hippotherapy has faced certain issues in the insurance industry because of the use of a large, independent animal in therapy in such a unique way. Obviously, the use of the horse carries unique risks – it is a "live, large, active and reactive animal."[89] Fortunately, horses used in hippotherapy are specially selected for certain characteristics.[90] Engel describes the perfect therapy horse as "trusting, reliable, and tolerant" while also having the training, correct gait, and body mechanics for therapy.[91] Horses selected for the traits described help alleviate the risks associated with hippotherapy.[92]

Nevertheless, many insurance companies do not cover hippotherapy. One of the oft-quoted reasons for lack of coverage is that hippotherapy is "experimental" or "investigational."[93,94] In other words, hippotherapy is considered "not medically necessary" because "it [has] not been medically proven necessary."[95] Excellus provides a rationale as to why the insurer does not offer coverage for hippotherapy, stating:

> A search of literature published in the past 5 years addressing hippotherapy for cerebral palsy (CP) and autism was completed. Three very small studies that included 7-17 patients were identified addressing CP; but none are large enough to permit scientific

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[89] Engel, *supra* note 39, at 9.

[90] *See* AM. HIPPOTHERAPY ASS'N, *supra* note 12.

[91] Barbara T. Engel, *Classical Dressage as the Underpinning of Hippotherapy*, *in* ENHANCING HUMAN OCCUPATION THROUGH HIPPOTHERAPY, A GUIDE FOR OCCUPATIONAL THERAPY 35, 41-42 (Barbara T. Engel, Joyce R. MacKinnon, eds., 2007).

[92] *Id.* at 42.

[93] Blue Cross Blue Shield of Texas. *Hippotherapy – THE803.022.* General Reimbursement Information > Medical Policies. Effective 9/1/2011. Web. 8/9/2013, *available at* http://www.medicalpolicy.hcsc.net/medicalpolicy/activePolicyPage?lid=ht6gjeko&corpEntCd=TX1.

[94] Blue Cross Blue Shield of Texas, HIPPOTHERAPY THE803.022, (Jan. 2003), *available at* http://www.bcbstx.com/provider/pdf/medicalpolicies/therapy/803-022.pdf.

[95] Excellus Blue Cross Blue Shield. *Medical Policy: 8.01.12.* Search > Policies > View Policies >Therapy and Rehabilitation > Physical Therapy (PT). Updated 8/22/2013. Web. 9/13/2013, *available at* https://www.excellusbcbs.com/wps/wcm/connect/b9daf658-895a-4272-b88b-ec708d36207b/mp+pt+mpc3+13.pdf?MOD=AJPERES&CACHEID=b9daf658-895a-4272-b88b-ec708d36207b.

conclusions regarding hippotherapy for patients with CP. No studies were identified that address autism.[96]

The most recent update to their coverage information was in August of 2013.[97] Blue Cross Blue Shield of Texas also cites a lack of medically significant evidence as rationale for not providing coverage.[98] This lack of medical evidence has given rise to several issues in the legal arena.

Recently, a California appeals court considered a case that focused directly on insurance coverage for hippotherapy.[99] The case deals with a girl named Natalie, who was born with cerebral palsy and anthrogyposis, a severe disorder that causes extreme joint stiffness.[100] Natalie required physical therapy to manage her condition.[101] For most of her life, her therapy was disjointed due to the nature and severity of her conditions and a series of illnesses and medical incidents.[102] California Children's Services (hereafter CCS) provided Natalie's therapy until "2004 or 2005" according to testimony from her mother.[103] However, CCS discontinues regular therapy when a child does not make progress, and because of her various problems, Natalie did not make the required progress and thus was dropped from regular therapy.[104] In summer 2009, Natalie's mother began therapy at the J.F. Shea Therapeutic Riding Center (Shea), which was paid for out of pocket.[105] She received hippotherapy during 2009 at Shea.[106]

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[96] *Id.* at 4.
[97] *Id.* at 1.
[98] *See* Blue Cross Blue Shield, *supra* note 93, at 1.
[99] Natalie D. v. State Dep't of Health Care Services, 217 Cal. App. 4th 1449 (Cal. App. 2013).
[100] *Id.* at 1451.
[101] *Id.*
[102] *Id.* at 1452.
[103] *Id.* at 1453.
[104] *Id.*
[105] *Id.*
[106] *Id.*

In November 2009, Natalie was evaluated by her orthopedist, who determined that the therapy was improving her condition and supported continuing the therapy.[107] Her orthopedist reported that she had improved in some areas such as gross motor control and hip flexion after the therapy in 2009.[108] Around the same time, Natalie's mother claimed that the original therapy received through CCS was ineffective, causing Natalie to pursue private therapy.[109] She then petitioned CCS to cover the therapy at Shea and additional non-hippotherapy treatment at another clinic.[110] CCS responded by offering additional and more extensive therapy, which Natalie's mother refused.[111] CCS declined to cover Natalie's therapy at Shea or the other therapy facility.[112] CCS cited California Health and Safety Code Section 123850 as the reason for denying coverage at Shea.[113] Section 123850 states that the director of CCS has the authority to determine the minimum services offered.[114] After CCS denied coverage, Natalie's family filed suit.

The issue before the court was whether or not CCS was correct in denying coverage to Natalie for outside therapy services.[115] A key piece of information at the proceedings was the testimony of a therapist at Shea who testified that the therapy focused on improving Natalie's head control could be done in a "non-hippotherapy setting."[116] Thus, hippotherapy did not appear to be the only treatment option available for Natalie.

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107 *Id.* at 1453-54.
108 *Id.*
109 *Id.* at 1454.
110 *Id.*
111 *Id.*
112 *Id.*
113 *Id.*
114 *Id.*
115 *Id.* at 1455.
116 *Id.* at 1453.

The court found that CCS was correct in denying coverage to Natalie for her hippotherapy treatment.[117] This decision was based upon evidence that the benefits could be achieved through more traditional therapy and the policy that the individual doctor is not the "sole arbiter of what is medically necessary."[118] The medical therapy conference jointly in charge of determining medical necessity found that hippotherapy was not in fact medically necessary in this case due to the evidence given for alternatives, notwithstanding that Natalie had benefited from her hippotherapy.[119] The court explained that medical necessity was determined by two important factors in Natalie's case: practicability and measurable goals.[120] The medical therapy conference determined that hippotherapy at Shea was not practical based on time and method, as opposed to the supposedly equally effective alternative.[121] Furthermore, hippotherapy did not provide a way to measure functional goals.[122] The court found that, based on the facts of the case and the applicable regulations, CCS had acted appropriately in denying Natalie coverage.

A similar case arose in north Texas, dealing with government-provided healthcare and hippotherapy. Kaitlyn is a teenager from Corpus Christi who was diagnosed with severe cerebral dysgenesis at seven months of age.[123] This condition causes severe scoliosis and muscle contortion and without physical therapy, her condition would worsen dangerously.[124] Furthermore, Kaitlyn's condition has also affected her mental development, leaving her with a

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[117] *Id.* at 1456.
[118] *Id.*
[119] *Id.*
[120] *Id.* at 1457.
[121] *Id.*
[122] *Id.*
[123] Kaitlyn's Foundation. *Kaitlyn's Foundation, Established 2013* (visited Aug. 9, 2013), *available at* http://www.kaitlynsfoundation.org/about-kaitlyn/.
[124] Leslie Minora, *Disabled Girl's Treatment Coverage Depends on Definition of "Hippotherapy,"* DALLAS OBSERVER (February 20, 2012), *available at* http://blogs.dallasobserver.com/unfairpark/2012/02/disabled_girls_treatment_cover.php.

cognitive delay and a seizure disorder.[125] Unfortunately, due to her mental and physical condition, Kaitlyn does not respond well to traditional forms of physical and occupational therapy.[126] Adding to her difficulties, Kaitlyn is uninterested and unengaged during traditional therapy and does not garner full benefit from the treatment.[127] These obstacles have created a significant challenge in finding a sustainable and effective method of treatment for Kaitlyn.[128]

One strategy has been identified that provides both the necessary physical benefit and keeps Kaitlyn engaged and happy. That strategy is hippotherapy. Kaitlyn started her hippotherapy treatment at Rocky Top Center in 2009, and immediately it was clear that this was a better fit for her.[129] A dispute arose, however, with the payment method and insurance coverage.

Kaitlyn's father is a captain in the U.S. Navy.[130] Thus, he is provided insurance under TRICARE, the "health care program for service members (active, Guard/Reserve, retired) and their families around the world."[131] Kaitlyn's therapy had previously been covered under TRICARE.[132] The hippotherapy treatment started in 2009 and was covered initially – but coverage was suddenly cut off in 2010, and TRICARE demanded that the family repay nearly $2000 in payments made for hippotherapy in 2009.[133] Kaitlyn's family appealed the decision,

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[125] *See* Kaitlyn's Foundation *supra* note 123.
[126] Minora, *supra* note 124.
[127] *Id.*
[128] Eric Nicholson, *A Navy Captain's Increasingly Absurd Fight Against Military Insurer to Pay For Disabled Daughter's Physical Therapy,* DALLAS OBSERVER (October 31, 2012), *available at* http://blogs.dallasobserver.com/unfairpark/2012/10/disabled_daughter_caught_in_li.php?page=all.
[129] *Id.*
[130] *See* Kaitlyn's Foundation, *supra* note 123.
[131] TRICARE, *About TRICARE* (updated February 20, 2014), *available at* http://www.tricare.mil/Welcome/About.aspx.
[132] Andrew Cohen, *The Pentagon Says No to Disabled Daughter of Navy Captain,* THE ATLANTIC (November 29, 2012), *available at* http://www.theatlantic.com/national/archive/2012/11/the-pentagon-says-no-to-disabled-daughter-of-navy-captain/265634/.
[133] *Id.*

reasoning that the treatment was simply therapy using the horse as a tool.[134] In Kaitlyn's case, the matter revolves around the definition of hippotherapy and its medical benefits as a treatment strategy for physical conditions.[135]

An extensive appeals process through the Department of Defense culminated in an appearance in a Dallas courtroom, where the judge decided in favor of Kaitlyn's family, finding that "just because physical therapy takes place on a horse doesn't mean it's not physical therapy."[136] The ultimate result was not so favorable, however.

Despite the court ruling, TRICARE refused to cover hippotherapy. After the judge's decision, the appeal moved to the deputy chief of TRICARE, who declined coverage after conducting a literature review and concluding that hippotherapy is not "medically or psychologically necessary."[137] Unfortunately, the court decision was nonbinding and the final outcome depended also on the decision of the insurer's administrative officials.[138] It should be noted that Kaitlyn would qualify for coverage for hippotherapy under Medicaid.[139]

Kaitlyn and her family are still struggling with this issue. After the TRICARE decision, they reached out to Congressman Michael Burgess (TX-26) for assistance.[140] In response to Kaitlyn's plight, Congressman Burgess (along with Arkansas Congressman Tom Cotton), introduced H.R. 1705, the "Rehabilitative Therapy Parity for Military Beneficiaries Act."[141] This bill would mandate that TRICARE provide coverage for therapies such as, "therapies provided

[134] Nicholson, *supra* note 128.
[135] Minora, *supra* note 124.
[136] Nicholson, *supra* note 128.
[137] *Id.*
[138] *Id.*
[139] Minora, *supra* note 124.
[140] Leslie Minora, *Keller family battles TRICARE, a military health care provider, for disabled daughter's horse therapy,* DALLAS NEWS (March 9, 2012), *available at* http://www.dallasnews.com/news/local-news/20130309-keller-family-battles-tricare-a-military-health-care-provider-for-disabled-daughters-horse-therapy.ece.
[141] Letter from the Honorable Michael C. Burgess to House of Representatives Colleagues, re H.R. 1705 (April 25, 2013). (Copy on file with Author).

on a horse, balance board, ball, bolster, and bench."[142] Importantly, for Kaitlyn, this bill would provide coverage for her hippotherapy treatment. H.R. 1705 is currently under review by the Subcommittee on Military Personnel in the House Armed Services Committee.[143]

As of December 2012, Kaitlyn was able to continue her therapy thanks to a very generous donation from a private individual in the Dallas area.[144] Furthermore, the law firm Akin Gump Strauss Hauer & Feld has now taken up Katilyn's case *pro bono*, as their fight to get coverage under TRICARE continues.[145] Proceedings in this case are ongoing.

The Natalie and Kaitlyn cases provide two examples of the struggles that clients face because of the confusion and misinformation that exists concerning hippotherapy. The AHA explains that a code exists for hippotherapy in some insurance plans, but it mistakenly describes the therapy as "equestrian," which "implies the recreational activities of horseback riding."[146] The code differentiates hippotherapy from physical/occupational therapy, which is incorrect.[147] According to the Executive Director of the American Hippotherapy Association, Jacqueline Tiley, hippotherapy does not need a separate code.[148] It is not a separate therapy; rather the horse is a tool that the therapist uses to accomplish physical or occupational therapy goals.[149] This ambiguity has led to confusing payment and reimbursement policies. AHA is aware that

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[142] H.R. 1705, 113th Cong. § 2 (2013).

[143] *H.R. 1705 – Rehabilitative Therapy Parity for Military Beneficiaries Act,* 113th Cong., *available in* CONGRESS.GOV, *at* http://beta.congress.gov/bill/113th-congress/house-bill/1705.

[144] Cohen, *supra* note 132.

[145] *Id.*

[146] *See* AM. HIPPOTHERAPY ASS'N, PRESENT USE OF EQUINE MOVEMENT BY PT, OT, AND SLPS IN THE UNITED STATES (2013), *available at* http://carlisleacademymaine.com/wp-content/uploads/2013/05/PositionStatement_AHAHandout.pdf.

[147] *See id.*, at 1.

[148] Telephone interview by Author with Jacqueline Tiley, Executive Director, Am. Hippotherapy Ass'n., Ft. Collins, CO, on November 4, 2013.

[149] *Id.*.

"reimbursement policies and practices vary considerably."[150] It is precisely this variability that caused challenges for Natalie and Kaitlyn - and undoubtedly others - who utilize hippotherapy.

V: Providing a Solution

One solution to the problem of insurance coverage is to require uniformity. Despite the research concluding that hippotherapy is a medically effective treatment strategy in physical and occupational settings and endorsements from the American Physical Therapy Association and the American Occupational Therapy Association, many insurance companies do not cover it.[151] This disparity was clear in Kaitlyn's case, as she qualified for coverage for hippotherapy under a Medicaid plan, but not under the government-issued TRICARE plan.[152] The major goal of bringing hippotherapy under insurance coverage is to allow more patients to have access to care that has the potential to help them.[153] If uniformity is accomplished, even only within government provided plans, patients will benefit. A plan to provide insurance coverage must address several areas of deficit on the path to uniformity.

The first step to providing a solution is the dissemination of information. A definition of hippotherapy that is clear to both experts and those who are new to the field must be established.[154] It would be impossible to communicate the benefits of hippotherapy to the public if conflicting definitions existed. Then, the effectiveness of hippotherapy must be evident to more than just a specialized group of experts, such as "medical/professional and educational

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[150] Greg Borzo, *Horse Power: When Riding Turns Into Treatment,* AM. HIPPOTHERAPY ASS'N (June 17, 2002), *available at* http://www.americanhippotherapyassociation.org/uncategorized/horse-power/.
[151] Copeland Fitzpatrick, *supra* note 6, at 7, 8.
[152] *See* Kaitlyn's Foundation, *supra* note 123.
[153] *See* AM. HIPPOTHERAPY ASS'N, *supra* note 146, at 2.
[154] Copeland Fitzpatrick, *supra* note 6, at 3.

communities."[155] M. Redard, a physical therapist who uses hippotherapy, describes the problem this way:

> I think that the bigger battle is education of the efficacy of hippotherapy. It is still considered alternative by many. The public still, at times, thinks this is just a glorified riding lesson. Yes, having insurance pay for it more readily would help. But that is going to take a changed perception, in general, to what hippotherapy really is, and how effective it can be. That, hopefully, will come as we continue doing research and can present the results with more documented data.[156]

Greater public knowledge could contribute to increased research, funding, and availability. Professionals interested in working with various forms of therapy would add to the growing body of research. In turn, this research could lead to the availability of increased funding for the larger and more diverse studies that are so desperately needed. As hippotherapy grows in research recognition, more therapists will become familiar with it and be able to use it with more patients. Also, greater use would promote improvement in hippotherapy techniques as the practice becomes more widespread. As therapists become more involved in hippotherapy, it is possible that even more uses for the therapy will be discovered.

Furthermore, increased popularity could increase donations (time, money, equipment, and horses) to facilities that employ hippotherapy, which would in turn allow the cost of therapy to go down. If the cost is lower, insurance companies, and ultimately clients, will save money. This will greatly benefit clients who many be unable to use hippotherapy currently because of the associated cost.

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[155] *See* AM. HIPPOTHERAPY ASS'N, *supra* note 12.

[156] Interview by Author with Mindy Redard on November 5, 2013.

Second, research concerning hippotherapy must be expanded and standardized. That is, a method of objectively measuring a client's improvement from therapy must be discovered and implemented. The AHA supports the explanation that:

> One reason HPOT is hard to study is that scientists have yet to devise ways to measure its impact objectively. The Institute for Human Performance, Rehabilitation and Biomedical Research at the State University of New York's Upstate Medical University has set out to rectify this, combining clinical and applied research spaces. Two case studies using computerized gait analysis have demonstrated that HPOT improves kinematic parameters of gait in children with CP.[157]

A standard method of measurement would allow researchers and therapists to easily record and verify client improvement as a result of hippotherapy. Given that the most often cited reason for lack of coverage is medical efficacy, a standard method of review would greatly improve the chances that hippotherapy would be considered for insurance coverage.[158] A standard measurement would allow insurance companies to assess hippotherapy for coverage objectively.

VI: Parity Law

It is possible that federal legislation will be needed to address the lack of insurance coverage for hippotherapy. An instructive model for introducing potential legislation can be found in H.R. 6983: the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008.[159] This bill, which passed the House in 2008 during the 110th Congress and

[157] Borzo, *supra* note 150.
[158] Copeland Fitzpatrick, *supra* note 12, at 3.
[159] H.R. 6983, 110th Cong. (2008), *available at* http://beta.congress.gov/bill/110th-congress/house-bill/6983?q=%7B%22search%22%3A%5B%22hr+6983%22%5D%7D.

has since been implemented, requires that insurance coverage offered for mental health/substance abuse benefits be equal to benefits offered for physical treatment.[160] The summary of the bill states that the MHPAEA amends the ERISA act of 1974, the Internal Revenue Code, and the Public Health Service Act to require group health plans that include mental health or substance use disorder benefits to observe the following mandates:

> (1) the financial requirements, such as deductibles and copayments, applicable to such mental health or substance use disorder benefits are no more restrictive than the predominant financial requirements applied to substantially all medical and surgical benefits covered by the plan;
>
> (2) there are no separate cost sharing requirements that are applicable only with respect to mental health or substance use disorder benefits;
>
> (3) the treatment limitations applicable to such mental health or substance use disorder benefits are no more restrictive than the predominant treatment limitations applied to substantially all medical and surgical benefits covered by the plan; and
>
> (4) there are no separate treatment limitations that are applicable only with respect to mental health or substance use disorder benefits.[161]

The goal of this bill was to require equal coverage for treatment of mental disorders and substance abuse and prevent discrimination based on the condition being treated.[162] Experts hope that MHPAEA will allow more people access to the treatment they need and hopefully allow

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[160] *Id.*
[161] *Id.*
[162] *See* AM. PSYCHOLOGICAL ASS'N, *Mental Health Parity and Addiction Equity Act* (August 2009), *available at* http://www.apa.org/helpcenter/parity-law.aspx?item=1.

them to come into treatment before their condition becomes difficult to manage.[163] The American Psychological Association praises this law for encouraging insurance companies to, "[treat] the whole person, both mind and body."[164] The Act "broadly defines mental health and substance use disorder benefits to mean benefits with respect to services for mental health conditions and substance use disorders, as defined under the terms of the plan and in accordance with applicable federal and state law."[165] Fundamentally, this rule requires equality regardless of diagnosis and validates mental and substance use disorders as legitimate problems requiring care. MHPAEA came into effect for most health plans on January 1, 2010.[166] Final regulations were published in late 2013 and will be fully effective by early 2014.[167]

This legislation is important because it acknowledges and seeks to correct an unspoken and often unnoticed deficit in healthcare and insurance – that certain diagnoses are discriminated against because of social stigmas.[168] These issues are often invisible and socially unacceptable and thus could be controversial to legitimize by providing insurance coverage. Also, it is a federal mandate, which trumps any state laws that may conflict with it. Under the doctrine of federal supremacy, a federal statute pertaining to hippotherapy will take precedence over contrary state law.

Though MHPAEA is a vital improvement, it is important to note the areas not addressed by this legislation. MHPAEA only requires equal benefits *if* mental health and/or substance use

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[163] Jonel Aleccia, *Experts praise 'historic' mental health, addiction parity rule,* NBC NEWS (November 8, 2013), *available at* http://www.nbcnews.com/health/mental-health/experts-praise-historic-mental-health-addiction-parity-rule-f8C11565155.
[164] *See* AM. PSYCHOLOGICAL ASS'N, *supra* note 162.
[165] *See id.* at 2.
[166] *See id.* at 2.
[167] *See* CENTERS FOR MEDICAID AND MEDICARE SERVICES, *The Mental Health Parity and Addiction Equity Act* (No date provided), *available at* http://cms.hhs.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/mhpaea_factsheet.html.
[168] *See* AM. PSYCHOLOGICAL ASS'N, *supra* note 162, at 1.

benefits are included in the original plan – it does not require plans to include those benefits if not already present.[169] The legislation will not force health insurance providers to add those benefits to existing plans. It will mandate that benefits for mental health or substance use disorders cannot be "less favorable" than those for other benefits.[170] Furthermore, certain plans are not included in this legislation. The law is only applicable to "large group health plans and health insurance issuers that choose to include MH/SUD benefits in their benefit packages."[171] The law applies to groups with more than 50 employees.[172] Thus, insurance plans that do not fall within those designations are not within the jurisdiction of the law. Obviously, it would be better for persons needing treatment if all insurance plans were included, but MHPAEA is an important step towards that eventuality.

Additionally, the MHPAEA requires that the criteria for determining medical necessity and reasons for denial of benefits be readily available to consumers.[173] This is important for ensuring transparency and honesty between insurance providers and consumers. Also, this information could allow consumers whose benefits are denied to choose other plans that provide those benefits or to seek treatment that falls within the guidelines of their current plan, ultimately leading to more people getting coverage for the care they need.

VII: Proposal

Though it does not deal with hippotherapy, the MHPAEA provides a model framework for creating new legislation mandating insurance coverage for hippotherapy treatment. The law

[169] *See* CENTERS FOR MEDICAID AND MEDICARE SERVICES, *supra* note 167.
[170] *Id.*
[171] *Id.*
[172] *See* AM. PSYCHOLOGICAL ASS'N, *supra* note 162, at 2.
[173] H.R. 6983, *supra* note 159.

contains sanctions and mandates that could easily be adjusted to the hippotherapy industry. Any future legislation would require careful analysis based on the legal environment at that time.

First, legislation will have to consider the cost of adding insurance coverage for hippotherapy. This proposal recommends that expert parties from the insurance industry and the federal government conduct cost-benefit analyses. These analyses would identify areas of rising cost and potential areas for savings. Essentially, legislation mandating coverage for hippotherapy must carefully consider the costs to avoid a significant increase in rates, which could lead to unintended harmful consequences for the industry and for patients.

Another important factor that must be taken into consideration is legal protection for therapists. Future legislation should require that therapists have general and professional liability insurance in order to receive reimbursement. General liability insurance protects against "bodily injury and property damage claims."[174] This type of insurance is provided by the hippotherapy facilities. Professional insurance is obtained by the professional therapist and depends upon the credentials of the therapist.[175] Under professional insurance, a therapist is protected against "suits that allege they performed improperly."[176] Requiring both types of insurance is a safeguard that should be guaranteed by future legislation.

Potential legislation will not be successfully enacted without support. It would be important for groups that represent therapists to lend their support to the bill. The American Physical Therapy Association, American Occupational Therapy Association and American Speech and Hearing Association have already recognized hippotherapy and so could be a

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[174] Debi DeTurk-Peloso, *Insuring Equine-Assisted Occupational Therapy Practice, in* ENHANCING HUMAN OCCUPATION THROUGH HIPPOTHERAPY, A GUIDE FOR OCCUPATIONAL THERAPY 275, 275 (Barbara T. Engel, Joyce R. MacKinnon, eds., 2007).
[175] *Id.* at 275.
[176] *Id.* at 275.

valuable support base.[177] Additionally, animal rights and rescue groups could be a potential source of support. Hippotherapy provides a positive outlet and job for horses, particularly calm horses.[178] Thus, those horses are not subjected to abuse, neglect, or worse cruelties, but instead are well cared for and given a valuable job as therapy horses.

As discussed above, a federal law would be necessary to ensure uniformity across all 50 states. Each state would need to meet the minimum requirements of the federal act. Beyond that point, if a state wished to offer more, doing so could be based on state discretion.

Potential legislation might also include a mandate that insurance provided by federal or state government agencies is consistent. One approach could be to require all plans that offer coverage for physical or occupational therapy to also cover hippotherapy – similar to the MHPAEA requirement that coverage must be equal if provided. This would eliminate issues of contradicting policies, such as in Kaitlyn's case with TRICARE and Medicaid. This legislation could work in conjunction with H.R. 1705 to mandate coverage.[179] H.R. 1705 is solely focused on military beneficiaries; new legislation could be expanded to include other, or *all*, insurance plans. Or, more narrowly, H.R 1705 could be amended to mandate that all insurance plans provided by the federal government cover hippotherapy – again to avoid a contradictory situation like Kaitlyn and her family faced. Such a limited approach could serve as a template for more sweeping efforts at a later date.

Another instructive portion of the MHPAEA is the criteria disclosure mandate.[180] As discussed in earlier sections, many insurance companies do not cover hippotherapy because it has been classified as medically unnecessary. If legislation regarding hippotherapy is introduced,

[177] *See* AM. HIPPOTHERAPY ASS'N, *supra* note 12.
[178] Copeland Fitzpatrick, *supra* note 12, at 6.
[179] H.R. 6983, *supra* note 159.
[180] Aleccia, *supra* note 163.

it is vital that it include a section much like this one. Full disclosure of criteria would allow researchers to conduct more beneficial studies into medical efficacy within mandated guidelines. These criteria could even encourage research into different areas and usage for hippotherapy. Increased research could lead to increased coverage based on the criteria.

Full disclosure would also allow therapists and practitioners to adapt their therapy to coverage guidelines. Also, insurance guidelines would promote safety and effectiveness. If a facility were not in compliance, changing its methods would most likely benefit all parties involved.

Simply put, people who need hippotherapy are those who are already dealing with medical conditions. Extra expenses for necessary care can be difficult to handle. Insurance coverage would alleviate this burden and allow those who could not pay for hippotherapy without assistance to obtain needed treatment.

VIII: Conclusion

Although relatively obscure, hippotherapy should not be discounted as a treatment option. It provides physical benefits while also giving patients with disabilities a unique and meaningful experience.

One of the main limitations regarding this issue is the lack of large scale research studies and studies relating to insurance coverage and hippotherapy. In order to have a fuller understanding of the effectiveness of hippotherapy, this Author also encourages more large-scale studies by qualified medical professionals when possible. The results of these studies would then be useful for insurance purposes in determining the effectiveness of the treatment based on current standards. Furthermore, extensive research could determine ways to improve current hippotherapy techniques and define those areas in which hippotherapy is not a viable or useful

option. Another limitation in regards to research is the lack of research currently available and the language barrier that prevents some research from being accessible.

If hippotherapy can be supported as a medically effective treatment strategy, children who could benefit from this unique approach are at a disadvantage if they are unable to pay through insurance. Insurance coverage could increase awareness about hippotherapy and perhaps help children who are not benefiting from more traditional therapy strategies. Stories like those involving Natalie and Kaitlyn would be nonexistent because the unique benefits of hippotherapy would be available through insurance. Furthermore, if hippotherapy is found to be a more cost effective tool, insurance companies potentially stand to save money. Insurance coverage would ensure that the provider is compensated for the treatment. Federal legislation is an avenue to provide more insurance coverage for hippotherapy. As discussed above, the current legislation regarding mental health and substance abuse coverage provides a framework for creating legislation for hippotherapy. Passage of such legislation would require support from groups invested in hippotherapy, including the American Physical Therapy Association, American Occupational Therapy Association, other groups that support therapists, and perhaps groups in the horse industry such as the American Quarter Horse Association. Animal rescue groups might also lend a voice, since older and unwanted horses may sometimes find homes as therapy horses.

This Thesis was intended to introduce, explore, and analyze hippotherapy as a viable treatment method. It is a treatment strategy that is often effective for physical and occupational therapy, but unfortunately is often overlooked or discounted. As discussed above, a sizable and relevant body of research evinces the medical efficacy of hippotherapy. There have been recent efforts in the legislative and judicial systems to provide for insurance coverage, which has

brought the issue into prominence. Although certainly not a complete solution, this Thesis offers one possible solution to the problem of a lack of insurance coverage for hippotherapy.

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