

To Nevada Department of Insurance

From Diane Ross, CEO
The Continuum Rehabilitation Agency
3700 Grant Drive
Reno, Nevada 89509

Re: Essential Health Benefits

I would like to address the category of benefits: rehabilitative and habilitative services based on the information provided from the Technical Assistance (TA) open letter from members representing four coalitions, the Consortium For Citizens with Disabilities, the Habilitation Benefit Coalition, the Coalition to Preserve Rehabilitation and the Independence Through Enhancement of Medicare and Medicaid Coalition, and my thirty plus years of experience as a therapy provider and mother of a child with disabilities. I am also a small business owner who wishes to provide a health insurance plan that meets the needs of my employees.

It is my understanding that DHHS has instructed states to choose an existing plan as a benchmark for their EHB package. The HHS guidance directs states to enhance that plan where it does not adequately cover all 10 of the required essential benefit categories.

For many people with disabilities and chronic conditions, rehabilitative and habilitative services and devices are equivalent to the provision of antibiotics to a person with an infection—both are essential medical interventions.

Rehabilitation covers a spectrum of care from immediate post-operative, intensive, inpatient hospital to outpatient rehabilitative therapies provided in a variety of settings. It also includes, under the term, “habilitation” ongoing medically necessary, therapies provided to individuals—primarily children—with developmental disabilities and similar

conditions who need habilitation therapies to achieve functions and skills never before acquired. These skills acquired through habilitation often serve as important developmental building blocks that lead to significant gains in function during the lifespan of the individual, thereby decreasing long term dependency costs.

Services used in habilitation are often the same or similar as in rehabilitation. The only meaningful difference is the reason for the need for services: whether a person needs to **attain** a functions and skills never before acquired or regain a function lost to illness or injury. **Both lead to increased functional abilities, are highly cost-effective and decrease downstream cost to health care systems or unnecessary disability and dependence.**

According to the TA information, states should define “rehabilitation and habilitation services and devices” in legislation, regulation and guidance related to their benchmark plans consistent with the definitions adopted by HHS in its glossary of medical terms, required by the ACA. (See, 76 Fed. Reg. 52.442: 76 Red. Reg. 52.475)

In reviewing the 10 existing health plans that can be used to set the benchmark for the Nevada EHB package, it is noted that under the Exclusion Section, therapies for developmental delays are listed—which under definition fall into the “habilitation” category. In order to meet the intent of the ACA and the EBH plan this part of the plan would require coverage of children who have developmental disabilities that meet the medically necessary criteria.

The other issue I would urge the Department to consider is the limitations of the number of therapy treatments allowed. My concern is that a restrictive limitation of the number of covered rehabilitation therapies for a joint replacement patient will likely be totally inadequate for a person who has sustained a moderate or severe traumatic brain injury.

This has been an ongoing problem with the patients we treat at The Continuum who present with more serious diagnoses.

Thank you consideration of my concerns. Nevada citizens deserve the opportunity to select a quality health plan.