AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

Submitted via e-mail to ydeavila@doi.nv.gov

May 29, 2015

Yeraldin Deavila
Public Information Officer
Nevada Division of Insurance
2501 East Sahara Ave, Suite 302
Las Vegas, NV 89104

RE: 2017 Essential Health Benefit Benchmark Plan

Dear Ms. Deavila:

The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 182,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students. Nearly 800 of our members reside in Nevada.

We understand that the Nevada Department of Insurance will select the 2017 Essential Health Benefit (EHB) Benchmark plan and would like to submit comments regarding the definition and coverage issues involving the benefit category of "rehabilitative and habilitative services and devices."

Federal Definition of Habilitative Services
The Department of Health and Human Services (HHS) recently adopted a uniform definition for habilitation that states are required to use as the floor in determining coverage for habilitation services and devices for individual and small employer health insurance plans beginning in 2016.

> *Habilitation services and devices—Cover health care services and devices that help a person keep, learn, or improve skills and functioning for daily living (habilitative services). Examples include therapy for a child who is not walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology and other services for people with disabilities in a variety of inpatient and/or outpatient settings.*

ASHA has been working to ensure comprehensive coverage of audiology and speech-language pathology services for patients with chronic conditions and/or disabilities and fully supports the HHS uniform definition. Adopting a uniform definition minimizes the variability in benefits and lack of coverage for habilitative services versus rehabilitative services. Therefore, ASHA urges the state of Nevada to adopt a habilitation services and devices benefit that complies with the newly adopted federal definition.

Separate Visit Limits Required in 2017
In the 2016 Notice of Benefit and Payment Parameters (NBPP) final rule HHS required that, beginning in 2017, qualified health plans will not impose limits on coverage of habilitative services that are less favorable than any such limits imposed on coverage of rehabilitative services. Furthermore, visit limits for habilitative services may not be combined with and must be separate and distinct from rehabilitative services benefit. ASHA supports this policy and further requests that the

selected benchmark plan offer separate visit limits for each of the therapies (e.g. speech therapy, physical therapy, occupational therapy) as they provide distinct services focused on different functional goals. It is not uncommon for an enrollee to require up to 20 visits in a 6-week timeframe for speech therapy alone, depending on the diagnosis and treatment plan.

In addition, medical necessity definitions should not be used to prevent access to rehabilitation or habilitation altogether, or stop rehabilitation or habilitation prematurely through arbitrary visit limits or other limitations or exclusions. The complex nature of disabilities and chronic diseases often leads to a wide breadth of treatments from a range of providers. Services are often considered medically necessary as long as:

- separate and distinct goals are documented in the treatment plans of physicians, nurses, and therapists providing concurrent services;
- specific services are non-overlapping; and
- each discipline is providing some service that is unique to the expertise of that discipline and would not be reasonably expected to be provided by other disciplines.

Coverage of Habilitative Services and Devices
Habilitation services and devices are typically appropriate for individuals with many types of neurological and developmental conditions that—in the absence of such services—prevent them from acquiring certain skills and functions over the course of their lives, particularly in childhood.[1] In addition, rehabilitative and habilitative devices typically prescribed by audiologists and speech-language pathologists include devices which aid in hearing and speech, including hearing aids, augmentative and alternative communication (AAC) devices, and other assistive technologies and supplies.

AAC devices are specialized devices, such as speech-generating devices, that assist individuals with severe speech or language problems to supplement existing speech or replace speech that is not functional.

Hearing aids and assistive listening devices are medical devices that amplify sound and/or counter the negative effects of environmental acoustics and background noise to assist individuals who have been diagnosed with a hearing loss by a physician and/or hearing health professional. Examples of these devices include, but are not limited to, hearing aids, cochlear implants, and osseointegrated/bone-anchored hearing aids.

State Mandates to Supplement Habilitative Services and Devices Benefit
ASHA is pleased that HHS explained in the final rule that state benefit mandates enacted to define habilitative services are part of the essential health benefit—states ***do not*** defray the cost. (See page 226 of the NBPP). This clarification allows states to address coverage gaps in their state. State mandates would not only enhance benefits, but would also improve access to habilitation services—**Qualified Health Plans would need to cover these enhanced services according to the revised benchmark plan**.

[1] ASHA Speech-Language Pathology Medical Review Guidelines: www.asha.org/uploadedFiles/SLP-Medical-Review-Guidelines.pdf.

Recommendations
The 2017 Benchmark Plan should comply with the recently adopted federal definition for habilitation services and devices. Limitations, if any, should be applied separately to rehabilitation and habilitation and it is a violation of federal regulation to split an existing rehabilitation benefit in half and apply the same total visit limitation separately. Finally, any changes the state of Nevada makes to ensure compliance with the federal definition of habilitation services and devices are not considered state mandates—Nevada does not defray the cost. Rather, these changes are intended to ensure compliance with the federal regulation.

ASHA appreciates the opportunity to provide comments on this important topic. Please contact Eileen Crowe, ASHA's director of state association relations, at 301-296-5667 or ecrowe@asha.org, or Daneen Grooms, MHSA, ASHA's director of health reform analysis and advocacy, at 301-296-5651 or by e-mail at dgrooms@asha.org, if you require additional information or clarification.

Sincerely,

Judith L. Page

Judith L. Page, PhD, CCC-SLP
2015 ASHA President