SPEECH, LANGUAGE, AND HEARING SERVICES:

ESSENTIAL COVERAGE OF HABILITATION AND REHABILITATION

A Smart Investment

ASHA
American
Speech-Language-Hearing
Association

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INTRODUCTION

U.S. Supreme Court Justice Louis Brandeis famously described states as "laboratories of democracies" in which innovative social and economic experiments could be conducted. Over the decades, this innovation spread into almost every corner of public policy.

More recently, states have explored new ways in which to regulate and determine health care coverage for their residents. Although federal law requires all non-grandfathered health insurance plans offered in the individual and small-group markets to provide coverage for a specific list of health care services, regulatory changes by the Centers for Medicare & Medicaid Services allow greater leeway in crafting the coverage details of their benchmark benefit plan.[1]

Under the Patient Protection and Affordable Care Act (ACA), habilitative and rehabilitative services and devices, which include speech, language, and hearing services and devices, collectively constitute one of the required benefit categories.[2] As states embrace the added flexibility to design their benchmark plan, understanding the value of habilitation and rehabilitation to consumers is essential.

THE COST TO ADD SPEECH, LANGUAGE AND HEARING COVERAGE IS MINIMAL

Milliman, an actuarial consulting firm, provides an estimate of the total cost of providing selected hearing services, speech-language therapy, and hearing supplies, devices, and related professional services, in a commercial employer group population, noting a utilization rate of approximately one per thousand, with PMPM (per member per month) claim costs of approximately $1.48 for 2014. These estimates are based on current levels of coverage, eligibility and benefit design.

Common Disorders that Require Speech, Language and Hearing Services Include:

Autism Spectrum Disorder (ASD)	According to 2014 data, the overall estimated prevalence of ASD in children aged 8 years was 1 in 59. This represents a 15% increase in prevalence from 1 in 68 compared with 2012 data.[3]
Dizziness	35% of adults aged 40 years and older are affected by dizziness, and the odds of experiencing dizziness are 70% higher among individuals with diabetes mellitus.[4]
Hearing Loss	2–3 of every 1,000 children in the United States are born with a detectable level of hearing loss in one or both ears.[5]
Stroke	Every year more than 795,000 people across the country have a stroke, which costs the United States an estimated $34 billion annually.[6]
Traumatic Brain Injury	Each year, an estimated 1.5 million Americans sustain a traumatic brain injury (TBI).[7] Effects of TBI can cause speech, language, cognitive, and swallowing problems.

If left untreated, these disorders can affect an individual's ability to interact with others and can impact their quality of life.

HABILITATION AND REHABILITATION AS AN ESSENTIAL HEALTH BENEFIT

The ACA requires coverage of habilitative and rehabilitative services and devices in the individual and small-group markets, both inside and outside the marketplace.[8,9] In 2016, the U.S. Department of Health and Human Services (HHS) formally adopted the following definition for habilitation:

> ***Habilitative 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.*[10]

HHS also adopted the National Association of Insurance Commissioners' (NAIC) definition for rehabilitation for the uniform glossary of terms that accompanies the Summary of Benefits and Coverage document. [11]

> ***Rehabilitation services:*** *Health care services that help a person keep, get back, or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt, or disabled. These services may include physical and occupational therapy, speech-language pathology, and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.*

Habilitation and rehabilitation are distinct benefits, and any limits on habilitative services and devices cannot be less favorable than limits imposed on rehabilitative services and devices. For instance, if an ACA health plan has no visit limits for rehabilitative services, then it must also stipulate no visit limits for habilitative services.

HABILITATION AND REHABILITATION SERVICES ARE DISTINCT BENEFITS

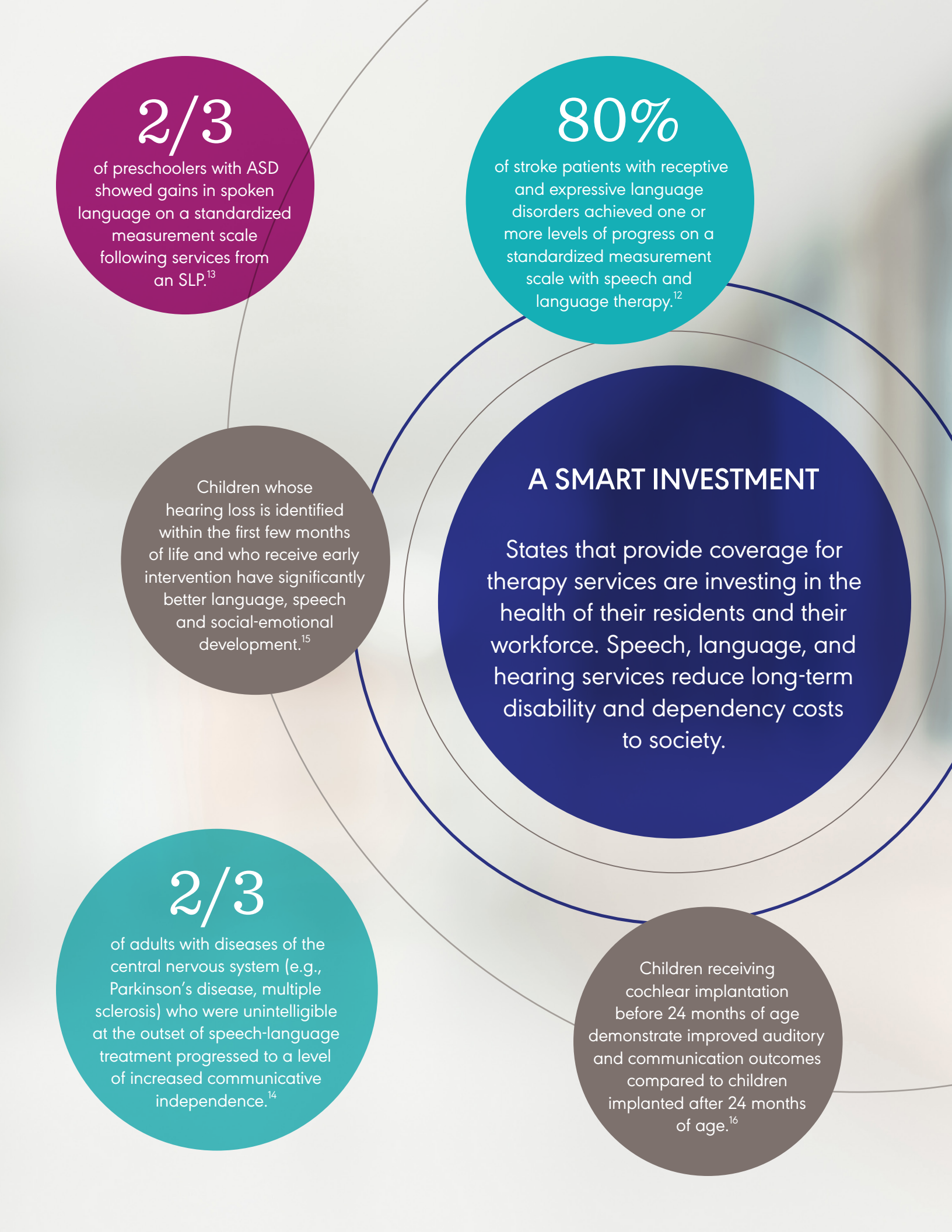
WHO ARE AUDIOLOGISTS AND SPEECH-LANGUAGE PATHOLOGISTS?

Audiologists are experts in providing services for the prevention, diagnosis, and treatment of hearing, balance, and tinnitus disorders for people of all ages. Services include, but are not limited to, determining candidacy for and selection, fitting, and programming of hearing devices and cochlear implants; audiologic rehabilitation; and monitoring of ototoxicity of the auditory and vestibular systems as a result of prescription drugs or treatments, such as chemotherapy. Audiologists typically hold a master's or doctoral degree in audiology or a related doctoral degree (AuD) from an accredited program and are licensed in all states as well as in the District of Columbia.

Speech-language pathologists (SLPs) are experts in assessing, diagnosing, and treating speech-language disorders, swallowing deficits, and cognitive disorders, including speech sound disorders, stuttering, voice disorders, and language deficits. They provide services and devices such as speech-generating devices for augmentative and alternative communication. SLPs hold a master's or doctoral degree in speech-language pathology from an accredited program and are licensed in all states as well as in the District of Columbia.

Audiology and speech-language pathology are vital services for helping patients with speech, language, cognitive, swallowing, and hearing/balance/tinnitus disorders acquire, maintain, or regain skills to improve functional communication outcomes. Effective treatment leads to enhanced social, emotional, educational, and employment opportunities that increase the likelihood of independent living and may even halt or slow the progression of a disability—ultimately resulting in an improved quality of life.

An individual's overall health status improves when hearing/balance/tinnitus and speech-language needs are met.


2/3
of preschoolers with ASD showed gains in spoken language on a standardized measurement scale following services from an SLP.[13]
80%
of stroke patients with receptive and expressive language disorders achieved one or more levels of progress on a standardized measurement scale with speech and language therapy.[12]
A SMART INVESTMENT
States that provide coverage for therapy services are investing in the health of their residents and their workforce. Speech, language, and hearing services reduce long-term disability and dependency costs to society.
Children whose hearing loss is identified within the first few months of life and who receive early intervention have significantly better language, speech and social-emotional development.[15]
2/3
of adults with diseases of the central nervous system (e.g., Parkinson's disease, multiple sclerosis) who were unintelligible at the outset of speech-language treatment progressed to a level of increased communicative independence.[14]
Children receiving cochlear implantation before 24 months of age demonstrate improved auditory and communication outcomes compared to children implanted after 24 months of age.[16]

SPEECH, LANGUAGE, AND HEARING SERVICES ADD VALUE

HABILITATIVE SERVICES

Pediatric Hearing Loss

Gavin received a newborn hearing screening in the hospital hours after he was born that indicated a possible hearing loss. After a comprehensive evaluation by a pediatric audiologist, it was confirmed that he has moderate sensorineural hearing loss in both ears. The family chose an auditory-oral approach of treatment for Gavin that will use aided hearing and spoken language for communication and learning. The audiologist fit Gavin with hearing aids in both ears when he was 3 months old. After 3 years of consistent hearing aid use and regular habilitative treatment services focused on parent education, listening skills, and language development, Gavin entered preschool with the ability to express himself and understand others as well as having access to quality services. He has the best opportunity to develop on par with his peers who have normal hearing.

Autism Spectrum Disorder

Ross was diagnosed with autism spectrum disorder (ASD) at the age of 3. Although he began vocalizing early in life, he has not met age-appropriate speech milestones and communicates mainly through gestures. Ross knows a few American Sign Language signs but has difficulty learning new signs and does not use them meaningfully. After a comprehensive speech and language evaluation, the SLP determines that Ross will benefit from augmentative and alternative communication (AAC). The SLP works with Ross, his family, and other health care professionals to select an appropriate AAC system based on his individual skills and needs. The Picture Exchange Communication System (PECS)[17] is chosen as the AAC intervention that the SLP will use to shape Ross's expressive communication abilities.

The SLP develops and implements goals to promote Ross's verbal, social, and cognitive skills in his natural environment. Treatment incorporates photo representations of Ross' everyday activities into his PECS communication book. Training is provided to family and caregivers to facilitate his language development using PECS. Within 1 year, Ross begins to use short verbalizations to respond to questions and make comments. He is also a more active participant in his preschool class.

Adult Cochlear Implant

Raul was diagnosed with congenital hearing loss as a young child but did not have access to hearing aids until age 10. He attended a school for the deaf and hard of hearing, and his primary language is American Sign Language. As an adult, Raul decided to undergo cochlear implant surgery, which allows him to perceive sound and enhance his chosen language. He works with an audiologist and SLP to develop speech and language skills with amplification. Raul's cochlear implant and related new skills help him with communication in the workplace and in his community.

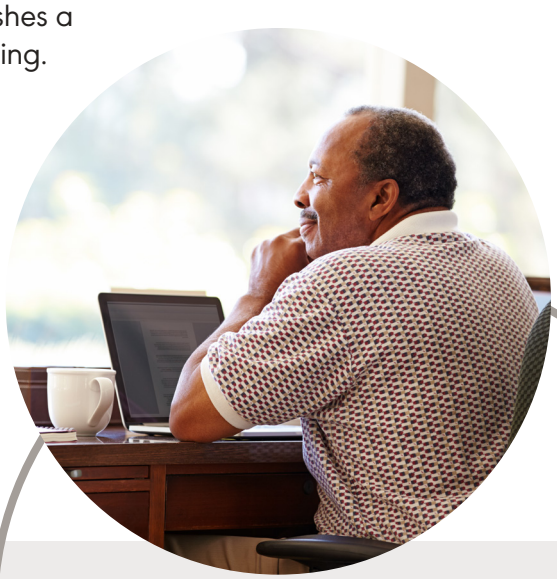
REHABILITATIVE SERVICES

Aural Rehabilitation

John was diagnosed with a mild-to-moderate sensorineural hearing loss that affects his ability to perceive and understand speech. After a comprehensive audiologic evaluation, the audiologist recommended hearing aids and auditory rehabilitation to teach him to recognize speech sounds and to learn how to improve or optimize the hearing aids in various situations. With appropriate amplification and auditory rehabilitation, John can enhance his communication, perform better at work, make the best use of his hearing aids, and better manage conversations in challenging situations.

Cognition Following Stroke

David suffered a stroke that impaired his cognitive function, including his ability to recall information, focus, plan, and regulate his emotions. As a result, it is difficult for David to complete work-related tasks or to function appropriately in social situations. David sees an SLP, who establishes a rehabilitative plan of care to maximize and improve his cognitive functioning. The SLP focuses David's treatment on strengthening his intact cognitive skills and developing new strategies and skills to help him effectively manage his deficits. Through treatment, David is able to meet the goal of returning to his job with modified duties.



PROTECTING ACCESS AND COVERAGE: THE ROLE OF STATES

Starting with the 2020 plan year, states must continue to ensure that ACA health plans offer the 10 essential health benefits (EHBs). However, states will have more flexibility in deciding what benefits are covered or excluded in the benchmark plan. An analysis by the Urban Institute and the Robert Wood Johnson Foundation found that **habilitative and rehabilitative care represent only 2% of the premium.** Removing EHBs would **not** notably trim the cost of premiums. Instead, costs borne by individuals would increase considerably.[18]

Here are some steps that states can take to protect individuals needing medically necessary habilitative and rehabilitative services and devices:

1. Adopt the federal definition for habilitative services and devices into state law for the individual and small-group market. Audiology is appropriate for inclusion as an example of other covered services.

2. Maintain existing coverage by selecting a benchmark plan that covers both habilitation and rehabilitation, which includes speech, language, and hearing services and devices provided by audiologists and SLPs.

3. Do not allow benefit substitution between and/or within EHB categories that limits coverage for medically necessary habilitative and rehabilitative services and devices.

HABILITATIVE AND REHABILITATIVE CARE REPRESENT

only 2%

OF THE PREMIUM

4

Do not allow restrictive visit limits or other arbitrary caps on therapy services that undermine the value and efficacy of the benefit.

5

Enforce and monitor nondiscrimination laws. Discriminatory benefit design often emerges in the area of rehabilitation and habilitation negatively impacting individuals with disabilities and chronic conditions. States should review ACA health plans to confirm that they do not make coverage decisions or design benefits that discriminate on the basis of age, disability, expected length of life, sex, race, color, or national origin.

6

Do not adopt or enact state mandates for the individual and small-group markets that limit the availability of habilitative and rehabilitative services and devices to a condition or disability.

MODEL STATUTORY LANGUAGE FOR HABILITATION

In addition to any habilitative services identified within the benchmark, coverage shall also be provided as required by federal rules, regulations, and guidance issued pursuant to Section 1302(b) of the Patient Protection and Affordable Care Act (ACA). Habilitative services shall be covered under the same terms and conditions applied to rehabilitative services under the plan contract. For plan years commencing on or after January 1, 2017, limits on habilitative and rehabilitative services shall not be combined.[19]

Habilitative services and devices means health care services and devices that help a person keep, learn, or improve skills and functioning for daily living. 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 such as audiology, for people with disabilities in a variety of inpatient and/or outpatient settings. Habilitative services shall be covered under the same terms and conditions applied to rehabilitative services under the policy.

ENDNOTES

[1]Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2019, 83 Fed. Reg. 16930 (April 27, 2018) (to be codified at 45 C.F.R. pts. 147, 153, 154, 155, 156, 157, and 158). Retrieved from https://www.federalregister.gov/documents/2018/04/17/2018-07355/patient-protection-and-affordable-care-act-hhs-notice-of-benefit-and-payment-parameters-for-2019

[2]Patient Protection and Affordable Care Act, 42 U.S.C. §§18001 (2010). Retrieved from https://www.gpo.gov/fdsys/pkg/PLAW-111publ148/pdf/PLAW-111publ148.pdf

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[7]Centers for Disease Control and Prevention. (1999). Report to Congress: Traumatic brain injury in the United States. Retrieved from https://www.cdc.gov/traumaticbraininjury/pubs/tbi_report_to_congress.html

[8]On June 19, 2018, the U.S. Department of Labor released a final rule expanding association health plans to allow small employers and sole proprietors to join together as a single group to purchase insurance in the large-group market, thereby exempting them from the ACA requirement to provide essential health benefits. Retrieved from https://www.federalregister.gov/documents/2018/06/21/2018-12992/definition-of-employer-under-section-35-of-erisa-association-health-plans

[9]On August 1, 2018, the U.S. Departments of Health and Human Services, Labor and Treasury released a final rule to lengthen the maximum duration of short-term, limited-duration insurance for up to 364 days and to allow consumers to renew these plans for up to 36 months. This final rule amends the definition of short-term, limited-duration insurance for purposes of its exclusion from the definition of individual health insurance coverage, thereby exempting these plans from the ACA requirement to provide essential health benefits. Retrieved from https://www.cms.gov/CCIIO/Resources/Files/Downloads/dwnlds/CMS-9924-F-STLDI-Final-Rule.pdf.

[10]Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2016, 80 Fed. Reg. 10749 (February 27, 2015) (to be codified at 45 C.F.R. pts. 144, 147, 153, 154, 155, 156, and 158). Retrieved from https://www.federalregister.gov/documents/2015/02/27/2015-03751/patient-protection-and-affordable-care-act-hhs-notice-of-benefit-and-payment-parameters-for-2016.

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ABOUT ASHA

The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 198,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students.

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