



May 3, 2019

Seema Verma, MPH
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Attention: CMS-9921-NC
P.O. Box 8016
Baltimore, MD 21244-8016

RE: Patient Protection and Affordable Care Act; Increasing Consumer Choice Through the

Sale of Individual Health Insurance Coverage Across State Lines Through Health Care

Choice Compacts (CMS-9921-NC)

Dear Administrator Verma:

On behalf of the American Speech-Language-Hearing Association, I write to offer comments on the Patient Protection and Affordable Care Act; Increasing Consumer Choice Through the Sale of Individual Health Insurance Coverage Across State Lines Through Health Care Choice Compacts request for information.

The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 204,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students.

ASHA maintains that Americans must have continued access to affordable, high quality, and comprehensive health insurance coverage that meets their expected and unexpected needs.

This letter includes ASHA's comments on the following questions:

- How would states allowing health insurance issuers to sell individual health insurance coverage across state lines through Health Care Choice Compacts (if the health insurance coverage only covers health benefits in accordance with federal law and the laws of the state where the coverage is written) impact access to and the utilization of medical services?
- To what extent, if any, would the sale of individual health insurance coverage across state lines pursuant to a Health Care Choice Compact positively or negatively impact the following populations: Persons with pre-existing conditions; persons with disabilities; persons with chronic physical health conditions; expectant mothers; newborns; American Indians and Alaska Natives and tribal entities; veterans; and persons with behavioral health conditions, including both mental health and substance use disorder conditions?

How would states impact access to and the utilization of medical services?

While commonly discussed as a means to increase competition and reduce costs, the reality has proven the opposite with larger entities crowding out smaller plans and reducing overall consumer choice. In addition, according to the National Association of Insurance Commissioners, allowing the interstate sale of health insurance would pose a threat to

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consumer protection and access to services, including audiology and speech-language pathology, for a variety of reasons.²

First, interstate sale of health insurance would reduce the ability of state insurance commissioners to fully engage in their consumer protection oversight role and not allow them the ability to fully enforce the laws within their state that ensure appropriate access to care by qualified, licensed, health care professionals.

Second, interstate sale of health insurance would allow individual health insurance to be established in states with low coverage criteria and consumer protections and provide those plans for sales in states with more comprehensive requirements. This would undermine the hard-fought state mandates achieved for autism coverage, habilitation, hearing health, telepractice recognition, and copayment parity.

To what extent, if any, would the sale of individual health insurance coverage across state lines pursuant to a Health Care Choice Compact positively or negatively impact different populations?

Approximately 130 million nonelderly Americans, including one in four children, currently live with a pre-existing condition and are at risk if pre-existing protections are removed from federal law.³ The removal of this protection would allow insurance companies to deny coverage or charge significantly higher premiums to people with pre-existing conditions. Seventy-five percent of Americans say it is "very important" to retain the Affordable Care Act provision to prevent insurance companies from denying coverage based on a person's medical history and 72% say it is "very important" to prohibit insurance companies from charging sick people more.⁴

Beyond pre-existing condition protections, ASHA strongly supports the maintenance of essential health benefit (EHB) requirements in the individual market. EHBs ensure individuals have access to meaningful health care coverage. Individuals with speech, language, and hearing needs are vulnerable and could be negatively impacted based on where and how the health insurance product was written if EHB mandates are not retained. Enactment of the EHB package has improved access to habilitation for children in need of these services and devices for congenital or developmental impairments. Absent the ACA, only a handful of states (i.e., Illinois, Maryland, Oregon) adopted a habilitative services mandate in the individual market. Coverage gains for habilitative services and devices necessary to meet the needs of a wide variety of children with autism, cerebral palsy, and other delays and disabilities, as well other chronic and progressive conditions. It is essential to note that many pediatric conditions—once diagnosed—would be considered pre-existing conditions. The absence of coverage for such conditions would also prevent children from acquiring necessary skills and functions that they will continue to need over the course of their lives.

Rehabilitative services and devices are essential in helping individuals retain, improve, or regain skills and functions that may have been lost or diminished due to an injury, illness, or disability. Rehabilitation is provided to individuals with neurological and medical conditions such as acquired brain injury or disease, stroke, and head and neck cancers. Skills acquired through rehabilitative and habilitative services and devices often lead to breakthroughs in functional ability that would not have been possible without access to timely and appropriate rehabilitation and habilitation benefits and reduce long-term disability and dependency costs to society. In addition, rehabilitative and habilitative services and devices make meaningful improvements in

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the function, independence, productivity, and quality of life for individuals with disabilities and their caregivers alike.

Thank you for the opportunity to provide comments on the Patient Protection and Affordable Care Act; Increasing Consumer Choice Through the Sale of Individual Health Insurance Coverage Across State Lines Through Health Care Choice Compacts (CMS-9921-NC) request for information. If you or your staff have any questions, please contact Daneen Sekoni, MHSA, ASHA's director for health care policy, health care reform, at dsekoni@asha.org.

Sincerely, Shari B. Robertson

Shari B. Robertson, PhD, CCC-SLP 2019 ASHA President

¹ The Center on Health Insurance Reforms Georgetown University Health Policy Institute (2012). Selling Health Insurance Across State Lines: An Assessment of State Laws and Implications for Improving Choice and Affordability of Coverage. Retrieved from https://georgetown.app.box.com/s/0l3enwfwbigcyaiyh8q7cxz6eux1sqil.

² National Association of Insurance Commissioners and The Center for Insurance Policy and Research (2016). Interstate Health Insurance Sales: Myth vs. Reality. Retrieved from https://www.naic.org/documents/topics_interstate_sales_myths.pdf.

³ Center for American Progress (2017). Number of Americans with Pre-Existing Conditions by Congressional District. Retrieved from https://www.americanprogress.org/issues/healthcare/news/2017/04/05/430059/number-americans-pre-existing-conditions-congressional-district/.

⁴ Henry J Kaiser Family Foundation. (2018). Poll: The ACA's Pre-Existing Condition Protections Remain Popular with the Public, including Republicans, As Legal Challenge Looms This Week. Retrieved from https://www.kff.org/health-costs/press-release/poll-acas-pre-existing-condition-protections-remain-popular-with-public/.