

ENFORCING COVERAGE

Federal protections continue to support coverage for habilitation and rehabilitation.

- Effective January 2016, the federal government created a nationwide uniform definition for habilitative services and devices for ACA health plans that lists speech-language pathology as an example of a covered service. Specifically, the language reads as follows:

“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 isn’t 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”

- Since 2017, federal law requires separate visit limits for habilitation and rehabilitation services and devices.
- ACA health plans cannot impose limits on coverage of habilitative services that are less favorable than any such limits imposed on coverage of rehabilitative services.
- Visit limits for habilitative services cannot be combined with rehabilitative services.

HABILITATION TALKING POINTS AND FACT SHEET

DEFINING HABILITATION

Habilitative services and devices help individuals **establish skills that have not yet been acquired** at an age-appropriate level. Rehabilitative services and devices help **individuals reestablish skills that were acquired** at the appropriate age **but have been lost or impaired**.

- Speech-language treatment for a child with autism spectrum disorder is *habilitative*; speech-language treatment for an adult with aphasia following a stroke is *rehabilitative*.
- A child born with severe to profound hearing loss who is fit with hearing aids receives *audiologic habilitation* to develop speech and language skills. An adult with hearing loss and tinnitus who is fit with hearing aids equipped with sound generators receives *audiologic rehabilitation* to improve listening skills and to cope with tinnitus.

FOLLOWING THE LAW

The Patient Protection and Affordable Care Act (ACA) requires individual and small-group plans to cover habilitative and rehabilitative services and devices as part of the essential health benefits (EHBs) package.

MEASURING COSTS

Some states are concerned that the EHB requirement increases premiums considerably. The cost to maintain speech, language, and hearing services is minimal. An analysis by the Urban Institute and the Robert Wood Johnson Foundation found that habilitative and rehabilitative care represent only 2% of the premium.¹

MAKING ADJUSTMENTS

- Beginning in 2020, states can adjust the list of health care services, or EHBs, covered by the ACA because of changes allowed by the Centers for Medicare & Medicaid Services. States had until July 2, 2018, to select the benchmark plan for 2020.

A benchmark plan serves as the benefit standard for ACA health plans required to offer EHBs.

UPDATING ANNUALLY

Under the new regulation, states will still have to offer EHBs, but they will be able to update their benchmark every year and will have more flexibility in deciding what benefits are covered or excluded. States can select from one of the following options:

- Keep their current benchmark plan.
- Copy another state's benchmark plan in its entirety.
- Replace one or more EHB categories with the same category from another state's benchmark.
- Select a new set of benefits to designate as the state's EHB benchmark plan.

State A could replace its habilitative and rehabilitative services and devices category with state B's habilitation and rehabilitation benefit.

SUBSTITUTING BENEFITS

In 2020, states can also allow benefit substitution both within and between EHB categories as long as the substituted benefit is actuarially equivalent to the benefit being replaced.

PROTECTING INDIVIDUALS

There are steps that states can take to protect individuals in need of medically necessary therapy services (see p. 10 of *Speech, Language, and Hearing Services: Essential Coverage of Habilitation and Rehabilitation*).

¹Lumberg, L., & Holahan J. (2017, July 1). The implications of cutting essential health benefits: An analysis of nongroup insurance premiums under the ACA. Washington, DC: Urban Institute. Retrieved from <https://www.rwjf.org/en/library/research/2017/07/the-implications-of-cutting-essential-health-benefits.html>