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American
Speech-Language-Hearing
Association

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Statement for the Record for the House Ways & Means Committee for the Hearing on “Protecting Americans with Pre-Existing Conditions”

January 29, 2019

Chairman Neal and Ranking Member Brady: My name is Shari B. Robertson, and I am President of the American Speech-Language Hearing Association. I appreciate the opportunity to provide testimony to the Committee on the critical issue of protecting Americans who have pre-existing conditions.

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. Our members work in health care settings to habilitate and rehabilitate the language, hearing, swallowing, cognition, and communications skills for people of all ages. Access to medically necessary health care services is of importance to our members regardless of whether the condition is new or pre-existing.

Overview

The Affordable Care Act (ACA) has ushered in many consumer protections including coverage for Americans with pre-existing conditions. Approximately 130 million nonelderly Americans, including one in four children, currently live with a pre-existing condition and are potentially at risk if pre-existing protections are removed from federal law¹. The removal of this protection would roll back the clock to the pre-ACA era when insurance companies denied coverage or charged significantly higher premiums to people with pre-existing conditions. Seventy-five percent of Americans say it is “very important” to retain the ACA 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.²

Beyond pre-existing condition protections, ASHA strongly supports the continuation of essential health benefits (EHB), which ensure Americans have access to meaningful health care coverage. Enactment of the EHB package has improved access to habilitation for children in need of these services and devices. Prior to the ACA, only a handful of states (i.e., Illinois, Maryland, Oregon) adopted a habilitative services mandate in the individual market. Coverage gains for habilitation were necessary to meet the needs of a wide variety of children with autism, cerebral palsy, congenital defects, development delays and disabilities, and other chronic and progressive conditions; almost all of which—once diagnosed—would typically be considered pre-existing conditions.

Requiring health insurance companies to provide coverage for pre-existing conditions, and the passing of EHB legislation for habilitative services and devices, ensures that children in need of habilitation are able to access care that can lead to functional gains and improved quality of life.

ASHA urges the Committee to take all necessary actions to protect continued access to care for every American, including and especially children, who have pre-existing conditions.

Pediatric Considerations

Habilitative needs are based on a function or skill that was never acquired due to congenital, developmental, and other conditions (e.g., cerebral palsy, spina-bifida, congenital hearing loss). Children requiring rehabilitative services and devices depend on rehabilitative treatments provided through their health insurance coverage to acquire skills and functions never developed due to disability. In some cases, rehabilitative services are used to maintain a child's health and ability to function. Often, rehabilitative services and devices yield breakthroughs in functional ability that would not have been possible without access to timely and appropriate habilitation benefits. This reduces long-term disability and dependency costs to society and dramatically improves quality of life for the individual and their family.

ASHA maintains that removing coverage of pre-existing conditions would leave children, particularly those with developmental disabilities and chronic/progressive conditions, with less comprehensive coverage and higher out-of-pocket costs, which negatively impacts their families and themselves. Health insurance coverage must ensure timely, affordable, and high-quality rehabilitative and rehabilitative care that meets the needs of children with disabilities regardless of when in the child's life the condition developed.

Personal Habilitation Stories

I offer some scenarios that highlight the importance of comprehensive health care coverage so that families can access medically necessary services for their children.

Hearing Loss

Gavin received a newborn hearing screening in the hospital hours after he was born that indicated possible hearing loss. After a comprehensive evaluation by a pediatric audiologist, he was diagnosed with moderate sensorineural hearing loss in both ears. The family chose an auditory-oral approach of treatment for Gavin that used 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 periodic rehabilitative 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.

Stuttering Disorder

James is a seven-year-old child who has stuttered since he was in preschool. His speech deficits, blocks, and facial grimaces impact his ability to verbally express himself in school, at home, and during social interactions. His pediatrician referred James for a speech-language evaluation for stuttering and the increasing anxiety that James experienced when speaking. During the speech-language evaluation, the frequency, duration, and type of stuttering were measured and the presence of secondary behaviors, such as eye blinking, were identified by administering standardized fluency test measures. Treatment was recommended and focused on developing strategies to improve speech through rate control, continuous phonation, easy onset of speech, and light articulatory contact. Reducing physical tension and desensitization strategies were also treatment goals to reduce speaking anxiety. With appropriate speech-language treatment, James can become a more fluent and confident speaker.

Conclusion

ASHA appreciates the Committee's attention to this issue. It is critically important to maintain pre-existing coverage protections. Otherwise, the nation will revert to a time when too many Americans were worried that they would not have access to medical care when needed or risk financial hardship while accessing treatment.

Thank you for the opportunity to provide this statement for the record. ASHA looks forward to continuing to work with the Committee and Congress to protect health care coverage for all Americans. For more information, contact Brian Altman, ASHA's director of federal and political affairs, at baltman@asha.org.

¹ 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/>.

² 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/>.