



**American Speech-Language-Hearing Association**  
**Statement for the Record for the House Energy & Commerce Committee**  
**for the Hearing on**

**“Strengthening Our Health Care System: Legislation to Reverse ACA Sabotage and**  
**Ensure Pre-Existing Conditions Protections”**

**February 13, 2019**

Chairman Pallone and Ranking Member Walden: On behalf of the American Speech-Language-Hearing Association (ASHA) and its 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, thank you for the opportunity to submit this statement to the Committee. ASHA is pleased that the Committee is addressing the critical issues of protecting Americans who have pre-existing conditions; preserving access to comprehensive coverage through essential health benefits (EHB); and considering the potential negative impacts of short-term limited duration insurance (STLDI) plans on the individual market.

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

**Overview**

The Affordable Care Act (ACA) has introduced many consumer protections, including coverage for Americans with pre-existing conditions and EHBs. 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.<sup>1</sup> 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 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.<sup>2</sup>

Beyond pre-existing condition protections, ASHA strongly supports the continuation of EHBs in the individual market, which ensures 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, or other chronic and progressive conditions; almost all of which—once diagnosed—would typically be considered pre-existing conditions.

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 and/or receive their health insurance in the individual market.

### **Pediatric Considerations**

Children need habilitative services to address functions and skills not acquired due to congenital or developmental conditions (e.g., cerebral palsy, spina-bifida, congenital hearing loss). Children requiring habilitative services and devices depend on habilitative treatments provided through their health insurance coverage to acquire skills and functions never developed due to disability. In some cases, habilitative services are used to maintain a child's health and ability to function. Often, habilitative services and devices yield breakthroughs in functional ability that would not have been possible without access to timely and appropriate habilitation coverage benefits. These services reduce long-term disability and dependency costs to society and dramatically improve quality of life for individuals.

ASHA maintains that removing coverage of EHBs would leave children, particularly those with developmental disabilities and chronic/progressive conditions, with less comprehensive coverage and higher out-of-pocket costs that negatively impacts their families and themselves. Health insurance coverage must ensure timely, affordable, and high-quality habilitative 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**

Following are 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 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.

#### **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.

### **Short-Term Limited Duration Insurance (STLDI) Plans Considerations**

ASHA shares many of the concerns stated in a recent report on Non-ACA compliant plans regarding the way expanding STLDI can negatively affect the individual market.<sup>3</sup> Currently, federal law requires coverage of ten EHBs, including rehabilitative and habilitative services and devices in the individual market. However, STLDI plans could substantially scale back benefits by dropping benefit categories entirely or by limiting them. Consumers with specific speech, language, and/or hearing needs could be negatively impacted based on limited benefits covered by STLDI plans. For example, a person who suffers a stroke and needs the rehabilitative service of a speech-language pathologist to maximize and improve cognitive functioning to help him/her return to work, could be denied coverage for that treatment. Another example is an adult diagnosed with congenital hearing loss who undergoes cochlear implant surgery requiring habilitative auditory and speech-language skills to perceive sounds and develop speech and language skills. Under federal regulations applicable to STLDI plans, this individual could be denied coverage to one or both of those medically necessary services.<sup>4</sup>

Consumers who are healthy when they choose an STLDI plan may become unexpectedly ill or injured (e.g., traumatic brain injury) and need rehabilitative therapy to help regain skills and functioning. However, if the STLDI plan chosen does not provide rehabilitation, the consumer will face unexpected out-of-pocket costs for medically necessary health care services that could threaten access to care, recovery, and their return to functional independence.

Expanding STLDI plans can undermine the individual market by pulling healthy individuals away and leaving an older, sicker risk pool within the Marketplace. Many individuals who rely on comprehensive coverage—including children, women, older adults, individuals with chronic conditions, and those with disabilities—would be left without affordable, comprehensive options. If healthier individuals are syphoned from the individual market, costs will increase, and plan choices will decrease for the remaining individuals. Finally, middle-class consumers with incomes too high to qualify for subsidies, would face rising premiums and potentially fewer plan choices.

### **Conclusion**

ASHA appreciates the Committee's attention to this issue. It is critically important to maintain consumer protections, including coverage for pre-existing conditions and EHBs in the individual insurance market. It is also important to consider the consequences of STLDI plan expansion. Otherwise, the nation will revert to a time when too many Americans were worried that they would not have access to or coverage for 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](mailto:baltman@asha.org).

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<sup>1</sup> 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/>.

<sup>2</sup> 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/>.

<sup>3</sup> Georgians for a Healthy Future. (2018) Non-ACA-Compliant Plans and the Risk of Market Segmentation: Considerations for State Insurance Regulators. Retrieved from <http://healthyfuturega.org/wp-content/uploads/2018/03/Non-ACA-Compliant-Plans-and-the-Risk-of-Market-Segmentation.pdf>.

<sup>4</sup> 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>.