



March 24, 2016

Secretary Sylvia M. Burwell
Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

RE: Summary of Benefits and Coverage and Uniform Glossary (CMS-10407)

Dear Secretary Burwell:

The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 186,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students. ASHA has reviewed the proposed Summary of Benefits and Coverage (SBC) template, instructions and Uniform Glossary of Health Coverage and Medical Terms (Uniform Glossary) published in the *Federal Register* on February 26, 2016, by the Departments of Labor, Treasury, and Health and Human Services (Departments). ASHA appreciates the opportunity to provide comments on these proposed materials.

SBCs are intended to provide consumers with the details they need to make informed decisions. Unfortunately, evidence suggests that many consumers do not understand the very terms and concepts necessary to make these important health care decisions. A report from 2013 found that 51% of Americans did not understand basic health insurance terms such as premium, deductible, and copay.¹ Therefore, ASHA strongly recommends that the Departments finalize policies that will ensure SBCs are designed to provide clear, comprehensive, uniform, and transparent information about health insurance options and related costs of coverage because SBCs will ultimately assist consumers in selecting the right plan that meets their unique needs.

Proposed Instructions for Completing the SBC- Individual Health Insurance Coverage and Group Health Plan Coverage

ASHA participated as an interested party in the National Association of Insurance Commissioners' Consumer Information (B) Subgroup (Subgroup) that was convened last Spring to develop a revised SBC template, instructions, and Uniform Glossary. ASHA wishes to thank the Departments for preserving the recommendations for rehabilitation and habilitation services submitted by the Subgroup for the proposed SBC template and instructions, and strongly supports the adoption of these recommendations by the Departments.

Specifically, in the section "If you need help recovering or have other special health needs", ASHA urges the Departments to finalize the instructions for individual and group health plan coverage that insurers must list any quantitative limits for speech therapy, physical therapy and

occupational therapy in the *Limitations, Exceptions, & Other Important Information* column for the rehabilitation and habilitation service rows.

We also commend the Departments for proposing that rehabilitation services and habilitation services that are not covered by the insurer should be explicitly enumerated in the “Services Your Plan Generally Does Not Cover” section of the SBC.

Uniform Glossary of Health Coverage and Medical Terms (Uniform Glossary)

The proposed Uniform Glossary contains definitions of habilitation services and rehabilitation services. (See <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Uniform-Glossary.pdf>). ASHA thanks the Departments for proposing that habilitation and rehabilitation services become bolded terms in the proposed SBC template which means that consumers are encouraged to refer to the Uniform Glossary for the exact definition. This is a welcome revision of the current SBC template that does not require this.

Habilitation Services

The proposed definition for habilitation services in the Uniform Glossary reads:

Health care services 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 for people with disabilities in a variety of inpatient and/or outpatient settings.

We understand that the intent of the Uniform Glossary as a plain language description of services is meant to facilitate informed decision-making by consumers as they shop for coverage. For the purposes of the Uniform Glossary, ASHA supports the Departments for their definition of habilitation services. ASHA also supports the Department of Health and Human Services (HHS) for including the term “and devices” after health care services to its definition of habilitative services in the 2016 Notice of Benefit and Payment Parameters final rule. **To that end, ASHA recommends that the Departments’ definition for habilitation services include a reference to devices, which could be achieved by adding “and devices” after “health care services”.**

Rehabilitation Services

The Patient Protection and Affordable Care Act (PPACA) [§1302] states that “rehabilitative services and devices” are essential health benefits. ASHA believes that the Uniform Glossary should be consistent with the statutory language. In addition, while not explicitly adding “and devices” to rehabilitative services in the regulatory section of the 2016 Notice of Benefit and Payment Parameters final rule, ASHA is supportive of HHS for including an addition in the comments of the rule by stating, “Rehabilitative services, including devices, on the other hand, are provided to help a person regain, maintain, or prevent deterioration of a skill or function that has been acquired but then lost or impaired due to illness, injury, or disabling condition.”²

The proposed definition for rehabilitation services in the Uniform Glossary reads:

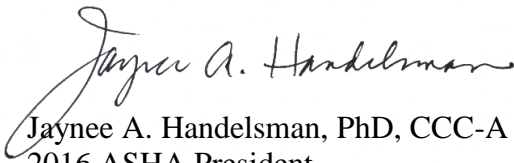
Health care services that help a person keep, get back, or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt, or disabled. These services may include physical and

occupational therapy, speech-language pathology, and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.

ASHA supports the proposed definition with the addition of “and devices” after “health care services”.

ASHA appreciates the opportunity to provide comments on these proposed documents. Please contact Daneen Grooms, MHSA, ASHA’s director of health reform analysis and advocacy, at 301-296-5651 or by e-mail at dgrooms@asha.org, if you require additional information or clarification.

Sincerely,



Jayne A. Handelsman, PhD, CCC-A
2016 ASHA President

¹ Half of U.S. Adults Fail ‘Health Insurance 101,’ Misidentify Common Financial Terms in Plans. American Institute of CPAs, August 27, 2013. <http://goo.gl/aCGRN8>

² <https://www.gpo.gov/fdsys/pkg/FR-2015-02-27/pdf/2015-03751.pdf>, page 63.