

VERMONT SPEECH AND HEARING ASSOCIATION

Do States Have a Role in Health Reform?

Habilitation Advocacy in [Vermont]

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Disclosure

- Financial disclosure: None
- Non-financial disclosure:
 - ASHA STAR and Habilitation Representative
 - ASHA Medicaid Committee-elected term begins January 1, 2018
 - ASHA Health Reform and APM Committee
 - DSHPSHWA Past President

Agenda

- The Affordable Care Act and Essential Health Benefits (EHBs)
 - Coverage gains made to date
- Leveraging ASHA Advocacy
- Habilitation Coverage under the New Administration
 - Opportunities, Challenges, Threats
- Monitoring and Tracking State-Required Benefits in Vermont
- Step-by-Step Advocacy

Objectives

Upon completion of this session, participants will be able to:

- Explain how to find and review existing state-required benefits for habilitation services and devices
- Identify the key stakeholders in your state
- Describe step-by-step advocacy techniques

THE AFFORDABLE CARE ACT AND EHB

Legislation in Action

Federal Agencies Responsible for ACA Implementation



The Center for Consumer Information and Insurance Oversight (CCIIO)

- CCIIO is a division of the Centers for Medicare and Medicaid Services that is charged with helping implement many reforms of the ACA.
- CCIIO:
 - oversees the implementation of the Health Insurance Marketplace
 - oversees provisions related to private health insurance
 - helps consumers more easily understand and evaluate their health insurance choices (i.e. Summary of Benefits and Coverage)
 - works with states to establish new Health Insurance Marketplaces

What are the EHB categories required by the ACA?

1. Ambulatory Patient Services
2. Emergency Services
3. Hospitalization
4. Maternity and Newborn Care
5. Mental Health and Substance Use Disorder Services
6. Prescription Drugs
7. **Rehabilitative and Habilitative Services and Devices**
8. Laboratory Services
9. Preventive and Wellness Services and Chronic Disease Management
10. Pediatric Services, including Oral and Vision

Rehabilitative and Habilitative Services and Devices

- Individual and small group (50 or fewer employees) health plans operating inside and outside of the Marketplace have to cover these services
- **Does not apply** to Medicare, traditional Medicaid or private insurance plans that are self-funded and/or large group health plans (more than 50 employees)
- States expanding their Medicaid programs must provide EHBs



OBAMACARE



EHBs: Snapshot of Medicaid Expansion by State

Current Status of State Medicaid Expansion Decisions



NOTES: Current data for each state is based on RTM tracking and analysis of state executive orders. *AL, AZ, IA, IL, IN, MI, MN, NY, and NH have approved legislation to expand Medicaid within the 2016-17 fiscal year. **AZ, IL, IN, MI, MN, NY, and NH have approved legislation to expand Medicaid within the 2016-17 fiscal year. ***AZ, IL, IN, MI, MN, NY, and NH have approved legislation to expand Medicaid within the 2016-17 fiscal year. ****AZ, IL, IN, MI, MN, NY, and NH have approved legislation to expand Medicaid within the 2016-17 fiscal year. *****AZ, IL, IN, MI, MN, NY, and NH have approved legislation to expand Medicaid within the 2016-17 fiscal year.

Uniform Definition and Separate Visit Limits for Habilitation

- **Habilitation services and devices:**
 - Cover health care services and devices that help a person keep, learn, or improve skills and functioning for daily living (habilitative services). 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.
- Separate visit limits for rehabilitation and habilitation services in 2017
 - HCPCS modifier SZ designates Habilitation Services on claim forms.
 - Visit limits for habilitation cannot be combined with the rehabilitation services benefit
 - ASHA Leader article: <http://leader.pubs.asha.org/article.aspx?articleid=2557702>

Definition for Rehabilitation Services and Devices

- Healthcare 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 and speech-language pathology and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings
- Devices for rehabilitation are covered and must be included
- ASHA supports the inclusion of audiology as an example of other covered services for both habilitation and rehabilitation

Leveraging ASHA Advocacy in [Add STATE]

Essential Coverage: Rehabilitative and Habilitative Services and Devices



<http://www.asha.org/uploadedFiles/Rehabilitative-Habilitative-Services-Devices.pdf>

Habilitation Advocacy Guide



- Joint State and HEAT Development (With Practices too!)
 - HEAT were content SMEs
 - State were the contact and state process SMEs
 - Practices provided vignettes and clinical information
 - Model language reviewed by a Member Advisory Group

Habilitation Advocacy Guide Dissemination



- Provided to all state presidents
- Provided to each state association office and staff
- Provided to all STARS
- Requested each state to designate a lead habilitation advocate
- Provided to the Center for Consumer Information and Insurance Oversight (CCIO) of CMS

HABILITATION COVERAGE UNDER THE NEW ADMINISTRATION

New Administration- New Laws?

- The Trump Administration and Republican controlled Congress have vowed to repeal and replace the ACA
- Secretary of the Department of Health and Human Services, Thomas E. Price, MD, has been a critic of EHBS

American Health Care Act (AHCA)

- American Health Care Act proposed to:
 - Eliminate Medicaid expansion
 - Eliminate EHBs
 - Limit federal contribution to Medicaid on a per capita basis (i.e. elderly, blind and disabled, children, non-expansion adults, expansion adults)
- GOP leaders pulled the AHCA bill for vote in the House on March 24, 2017 so the ACA remains and is still the law

ACA still faces challenges

- **Regulatory:** Sec Tom Price has been a critic of EHBs and the ACA.
 - The ACA gives significant authority to the Secretary to implement law.
 - CMS has waiver authority regarding States' implementation of Medicaid and the ACA
- **Legislative:** Congress can re-introduce the AHCA or introduce another ACA repeal/replace bill
- **Executive:** President Trump can ask federal agencies to minimize the impact of ACA requirements

Let States Be Looser in Defining EHBs...

- The Administration can give health plans and/or states more flexibility in determining what services they cover.
 - *Habilitative services and devices coverage is particularly under threat because it is a relatively new benefit category that did not have uniform coverage prior to the ACA.*
 - *Rehabilitative services and devices is a more well-known benefit*

There is still much to do...

- If states are given more of a role in defining EHB services for ACA plans or if the ACA is repealed, it is important to familiarize yourself with the existing state-required benefits for the **individual market**
 - ***Recent efforts from Congress are focusing on the individual insurance market.***

How You Can Get Involved



MONITOR AND TRACK YOUR
STATE-REQUIRED BENEFITS

Step 1: Track State-Required Benefits

- At the Federal level
 - Visit CCIIO's webpage and scroll down to find your State:
<https://www.cms.gov/CCIIO/Resources/Data-Resources/ehb.html>
 - Next click on your State and select "State-required benefits"
 - Review the document paying particular attention to individual and small group market coverage
 - Areas to look for:
 - Habilitative services; hearing aids; rehabilitative speech therapy; cleft lip/palate; autism spectrum disorder; cochlear implants; speech, language or hearing disorder

CCIIO Webpage for State-Required Benefits



Step 2: Monitor and Track State-Required Benefits

- At the State level, if state-required benefits do not meet individuals' needs:
 - Reach out to the appropriate contact in the Department of Insurance to request a meeting to share specific concerns
 - Reach out to state legislators to make them aware
 - Speak to your colleagues at the clinic, hospital or practice setting
 - Collaborate with other like-minded state associations and groups, i.e. patient advocacy groups

State-Required Benefits in the Individual Market

State	Autism Spectrum Disorder	Hearing Aids	Cochlear Implants	Speech, Language or Hearing Disorder	Rehabilitative Speech Therapy	Cleft Lip/Palate	Habilitative Services
AK							
AR							
AZ							
CA							
CO							
CT							
DE							
FL							
GA							
HI							
IL							
IN							
IA							
KAN							
KY							
LA							
MA							
MD							
ME							
MN							
MO							
MT							
NE							
NV							
NH							
NJ							
NM							
NY							
NC							
ND							
OH							
OK							
OR							
PA							
RI							
SC							
SD							
TN							
TX							
UT							
VT							
VA							
WA							
WI							
WV							
WY							

State-Required Coverage for Habilitation

- States who have a **habilitation mandate**
 - Illinois, Maryland, Oregon and the District of Columbia
- States who **adopted the federal definition**
 - California, Hawaii, New Mexico and Washington

Advocacy Opportunities

- **Autism spectrum disorder** mandate
 - AK, AR, CA, AZ, CO, CT, DE, GA, HI, IL, KY, MA, ME, OK, NV, NJ, NM, NY, TN, UT, VT
- **Hearing aids** mandate
 - CO, CT, DE, KY, LA, MD, ME, MN, NH, NJ, NM, NC, OR, RI, TN
- **Congenital anomaly/birth defect** mandate
 - AK, CO, FL, ID, LA, MA, MD, MN, NC, SC, TN, WA, WI
- **Rehabilitative speech therapy** mandate
 - AZ, CA, CO, LA, MA, MO, WA

Advocacy Opportunities

- **Newborn and infant hearing screening** mandate
 - AK, DE, KS, MA, MD, MO, NC, TN, WA, WV
- **Cochlear implant** mandate
 - KY, WI
- **Do not have mandates**
 - AL, WY, MT, IN, MI, MS, ND, PA, SD

How You Can Help and Get Involved

1. Speak to your state association about habilitation advocacy
 - *Your state may have identified a habilitation advocate who is working on the issue*
2. If you want to offer support, work with your state association and habilitation advocate to:
 - *Gather information about current coverage in your state for ACA plans*
 - *Develop talking points that can be used when meeting with stakeholders like legislators or insurance regulators*
 - *Attend public meetings on health reform*
3. If your state does not have a habilitation advocate:
 - *Speak to your state association about becoming involved and/or participating in this effort*

STEP-BY-STEP ADVOCACY

Step 1: Inform

- Communicate with your membership, lobbyists and grassroots organizations
 - *Provide Talking Points to ensure everyone is on the same page*

Talking Points

- Explain that if the EHB requirement is repealed in the ACA replacement plan, states will have to determine the benefits health plans must cover
- Coverage for rehabilitative services and devices is likely to remain because employer-sponsored health plans generally offer these benefits
- Prior to the ACA, few Americans understood what habilitation is, let alone the benefit it brings to those who rely on these services and devices
- Individuals needing habilitation services and devices rely on their healthcare coverage to acquire, learn or improve skills and functioning for daily living

Talking Points

- Habilitative services and devices are typically appropriate for individuals with many types of neurological and developmental conditions that—in the absence of such services—prevent them from acquiring skills and functions over the course of their lives.
- In recent years the value of habilitative services has been widely acknowledged.
 - *The National Association of Insurance Commissioners acknowledged that habilitative services are medically necessary: https://www.naic.org/documents/committees_b_consumer_information_160308_uniform_gloss_clean.pdf*
- The continued coverage of the rehabilitation and habilitation benefit is critical to ensuring citizens have access to these services

Step 2: Identify Issues

- Analyze the insurance mandates for speech therapy and audiology services
- Monitor and track how rehabilitative and habilitative services and devices are covered
- Establish whether coverage is adequate for patients' needs

Step 3: Develop an Advocacy Plan

- Identify key areas where advocacy is needed
- Identify gaps in coverage and include state-specific recommendations in your comments to decision makers

Step 4: Mobilize the State Association

- **Engage** your lobbyists and advocacy leaders
 - They can arrange meetings with key individuals
 - Reach out to legislators, regulators, and the state exchange, if applicable
- **Empower** your membership by providing information on key issues and encouraging meeting attendance
 - They can speak to their hospital's leadership and/or speech therapy department about habilitation coverage
- **Collaborate** with other like-minded state associations and groups
 - Patient advocacy groups can be an ally

Step 4: Mobilize the State Association

- **Request** that the state set-up a stakeholder process for advocates to provide input on state decisions regarding defining the EHB standard

Model Statutory Language for Habilitation

Definition: Habilitation refers to health care services and devices that help a person keep, learn or improve skills and functioning for dialing 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, such as audiology, for people with disabilities in a variety of inpatient and/or outpatient settings

Model Statutory Language for Habilitation

Provision: Insurers, nonprofit hospital and medical service plan corporations, health benefit plans provided to state government employees, and managed care organizations transacting health insurance or providing other health coverage in this state shall offer and make available coverage for medically necessary habilitation and rehabilitation services subject to the same durational limits, deductibles and coinsurance factors as covered services in such policies or contracts.

Audiology and speech-language pathology services shall be provided by an audiologist or speech-language pathologist certified by the American Speech-Language-Hearing Association and licensed in the state in which services are provided. Such providers shall act within the scope of their license and certification.

Nothing in this section shall prohibit the insurance company or not-for-profit health service corporation from including any coverage for habilitation or rehabilitation services as standard coverage in their policies or contracts, but the same shall not contain terms contrary to this section.

ASHA Staff Contact

Questions regarding the Habilitation Advocacy Guide, EHB or habilitation services and devices, contact:

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ASHA State Liaison Contacts

Questions regarding state specific information, contact:

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QUESTIONS?