



Submitted via email: [ra-in-policyoffice@pa.gov](mailto:ra-in-policyoffice@pa.gov)

August 25, 2023

Katie Merritt  
Director of Policy and Planning  
Office of the Insurance Commissioner  
1326 Strawberry Square  
Harrisburg, PA 17120

**RE: Commonwealth Essential Health Benefits Benchmark Plan**

Dear Ms. Merritt:

On behalf of the American Speech-Language-Hearing Association (ASHA), I write to offer comments to the Pennsylvania Insurance Department who seeks public input about what benefits an updated essential health benefit (EHB) benchmark plan should include so that Commonwealth residents continue to have access to comprehensive coverage that is consistent with current medical practices.

ASHA is the national professional, scientific, and credentialing association for 228,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology assistants; and students. Audiologists specialize in preventing and assessing hearing and balance disorders as well as providing audiologic treatment, including hearing aids. Speech-language pathologists (SLPs) identify, assess, and treat speech, language, swallowing, and cognitive-communication disorders. Over 9,500 ASHA members reside in Pennsylvania.<sup>1</sup>

As stated, under the Patient Protection and Affordable Care Act (ACA; P.L. 111-148), the EHB-benchmark plan establishes the minimum essential health benefits that individual and small group health insurance plans must offer. The Commonwealth's EHB-benchmark plan must provide coverage for the ten essential health benefit categories defined by the ACA, including rehabilitative and habilitative services and devices.

ASHA encourages the department to take the following steps when updating the Commonwealth's EHB plan.

1. Adopt the federal definition for habilitative services and devices into state law for the individual and small-group market. Audiology is appropriate for inclusion as an example of other covered services.
2. Maintain existing coverage by selecting a benchmark plan that covers both habilitation and rehabilitation, which includes speech, language, and hearing services and devices provided by audiologists and SLPs.
3. Do not allow restrictive visit limits or other arbitrary caps on therapy services that undermine the value and efficacy of the benefit.
4. Enforce and monitor nondiscrimination laws. Discriminatory benefit design often emerges in the area of habilitation and rehabilitation, negatively impacting individuals with disabilities and chronic conditions. States should review ACA health plans to confirm that they do not make coverage decisions or design benefits that discriminate on the basis of age, disability, expected length of life, sex, race, color, or national origin.

5. Do not adopt or enact state mandates for the individual and small-group markets that limit the availability of habilitative and rehabilitative services and devices to a condition or disability.

### **Model Language for a Habilitation Benefit**

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ASHA recommends the Commonwealth include the following language in its updated EHB-benchmark plan.

*In addition to any habilitative services identified within the benchmark, coverage shall also be provided as required by federal rules, regulations, and guidance issued pursuant to Section 1302(b) of the Patient Protection and Affordable Care Act (ACA). Habilitative services shall be covered under the same terms and conditions applied to rehabilitative services under the plan contract. Limits on habilitative and rehabilitative services shall not be combined.*

*Habilitative services and devices means 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 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. Habilitative services shall be covered under the same terms and conditions applied to rehabilitative services under the policy.<sup>2</sup>*

Thank you for considering ASHA's comments. If you or your staff have any questions, please contact Rebecca Bowen, ASHA's director of health care policy for value and innovation, at [rbowen@asha.org](mailto:rbowen@asha.org).

Sincerely,



Robert M. Augustine, PhD, CCC-SLP  
2023 ASHA President

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<sup>1</sup> American Speech-Language-Hearing Association. (2023). *Pennsylvania* [Quick Facts]. <https://www.asha.org/siteassets/advocacy/state-fliers/pennsylvania-state-flyer.pdf>.

<sup>2</sup> American Speech-Language-Hearing Association. (n.d.). *Speech, Language, and Hearing Services: Essential Coverage of Habilitation and Rehabilitation*. <http://www.asha.org/siteassets/uploadedfiles/reimbursement/essential-coverage-of-habilitation-and-rehabilitation-advocacy-guide.pdf>.