



AMERICAN  
SPEECH-LANGUAGE-  
HEARING  
ASSOCIATION

October 17, 2011

Kathleen Sebelius  
Secretary  
Department of Health and Human Services  
Room 445-G  
Hubert Humphrey Building  
200 Independence Ave, SW  
Washington, DC 20201

**Re: CMS-9982-P; Comments on Summary of Benefits and Coverage and the Uniform Glossary (*Federal Register*, August 22, 2011)**

Dear Secretary Sebelius:

The American Speech-Language-Hearing Association (ASHA) is the professional, scientific, and credentialing association for 145,000 members and affiliates who are audiologists, speech-language pathologists, and speech, language, and hearing scientists. We appreciate the opportunity to comment on the Summary of Benefits and Coverage (SBC) and the Uniform Glossary. ASHA applauds the efforts of HHS to clearly define the summary of benefits and gratefully appreciates the inclusion of habilitation along with rehabilitation among covered benefits, as stated in the Patient Protection and Affordable Care Act (ACA).

ASHA endorses the recommendations provided by the National Association of Insurance Commissioners (NAIC). The NAIC group worked tirelessly to develop the definitions and the summary benefit plan. The final product reflects the collective work of many stakeholder groups; an ASHA staff member was among those privileged to work on this product. Our comments are limited to support of: 1) the uniform definitions of standard insurance terms, 2) the coverage facts label, and 3) to ensuring individual access to the information provided.

#### 1. Uniform Definitions of Standard Insurance Terms

Section 2715(g)(2) of the Public Health Service (PHS) Act included rehabilitation services in the uniform glossary. The NAIC working group recommended, and the Departments proposed, the addition of specific terms to the glossary based on the terms that were “statutorily dictated” as noted in the NAIC’s letter to Secretary Sebelius and Secretary Solis.<sup>1</sup> The NAIC working group provided a very comprehensive glossary that expanded and defined the terms used. Among the terms added are habilitation services, defined as “Health care services that help a person keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn't 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.” While the term rehabilitation is commonly known and addressed in health plans, the term habilitation is lesser known and unfortunately misunderstood. The NAIC working group made very clear the distinctions between the two in the definitions provided and serves to reinforce the importance of including both terms.

## 2. Coverage Facts Label

Section 2715(b)(3) of the PHS Act provides that the Summary of Benefits and Coverage (SBC) must include a coverage facts label that provides examples illustrative of common benefits scenarios based on recognized clinical practice guidelines.<sup>ii</sup> The coverage facts label is a useful tool covering a range of conditions as well as populations.

## 3. Ensuring Individual Access to Information Provided

Section 2715(b)(3)(i) states an Internet web address must be provided to obtain a copy of the information (e.g., provisions of the plan, glossary). The notice invites comments on whether the SBC also should disclose the option to receive a paper copy of the uniform glossary on request. ASHA supports this provision and suggests that a phone number, including a TTY number, and address be provided for those individuals requesting the information by U.S. mail.

Thank you again for the opportunity to present our comments regarding the Summary of Benefits and Coverage and the Uniform Glossary. Should you need further information, please contact Laurie Alban Havens, ASHA’s director of Medicaid and private health plan advocacy, by phone at 301-296-5677 or by e-mail at [lalbanhavens@asha.org](mailto:lalbanhavens@asha.org).

Sincerely,



Paul R. Rao, PhD, CCC, CPHQ, FACHE  
2011 ASHA President

cc: Sarah Hall Ingram, Acting Deputy Commission for Services and Enforcement,  
Internal Revenue Service  
Phyllis C. Borzi, Assistant Secretary, Employee Benefits Security Administration,  
Department of Labor  
Dr. Donald Berwick, Administrator,  
Centers for Medicare & Medicaid Services

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<sup>i</sup> National Association of Insurance Commissioners, consumer Information Working Group, December 17, 2010 Letter to the Secretaries.

[http://www.naic.org/documents/committees\\_b\\_consumer\\_information\\_ppaca\\_letter\\_to\\_sebelius.pdf](http://www.naic.org/documents/committees_b_consumer_information_ppaca_letter_to_sebelius.pdf)

<sup>ii</sup> The National Guideline Clearinghouse, within the Agency for Healthcare Research and Quality (AHRQ), publishes systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances, available at <http://www.guideline.gov/>