



February 19, 2019

Seema Verma, MPH  
Administrator  
Centers for Medicare & Medicaid Services  
U.S. Department of Health and Human Services  
Attention: CMS-9926-P  
P.O. Box 8016  
Baltimore, MD 21244-8016

RE: Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2020 (CMS-9926-P)

Dear Administrator Verma:

On behalf of the American Speech-Language-Hearing Association, I write to offer comments on the Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2020 (NBPP) proposed rule.

The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 204,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students.

ASHA maintains that Americans must have continued access to affordable, high quality, and comprehensive health insurance coverage that meets their expected and unexpected needs.

This letter includes ASHA's comments on the following topics discussed in the 2020 NBPP proposed rule:

- Essential Health Benefits Package
- Premium Adjustment Percentage

### **Essential Health Benefits Package**

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ASHA reiterates its strong objections to the essential health benefit (EHB) benchmark plan selection and benefit substitution policies as we maintain that they can erode consumer protections and reduce access to comprehensive coverage. Consumers with speech, language, and hearing needs are particularly vulnerable and could be negatively impacted based on the approach selected by their state. For example, an individual with Parkinson's disease who has difficulty with speech and swallowing requires speech-language pathology services to treat those deficits. Another example is a 3-year-old child with severe congenital hearing loss who requires the fitting of hearing aids and treatment—provided by an audiologist and speech-language pathologist—to develop auditory and speech-language skills. Depending on the EHB benchmark plan selected by the state in these scenarios, the rehabilitative and habilitative services and devices' benefit could be weakened; thereby, limiting or preventing access to medically necessary services.

However, ASHA appreciates that the 2020 NBPP proposed rule reminds issuers that a reduction in the generosity of a benefit for a subset of individuals, when not clinically indicated,

is potentially discriminatory. Discriminatory benefit design often emerges in the area of rehabilitative and habilitative services and devices. For example, age limits are often applied on coverage for hearing aids, and blanket exclusions of coverage of habilitative services for people with developmental disabilities is common.

### **Premium Adjustment Percentage**

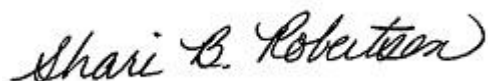
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The Centers for Medicare & Medicaid Services (CMS) proposes to change the methodology for calculating the annual premium adjustment percentage that could result in net premium increases of \$181 million per year for enrollees in Exchange-based health insurance. The premium adjustment percentage is critically important because it is used for a variety of calculations, including advance premium tax credits (APTCs) and annual cost sharing limits. APTCs allow enrollees to take a tax credit in advance, which lowers their monthly health insurance premium; while, annual cost sharing limits dictate the maximum amount an enrollee pays for covered services in a plan year.

ASHA has several concerns with this proposal because of its negative effect on an individual's ability to afford Exchange-based health insurance. If finalized, CMS estimates that the change in methodology will result in a \$900 million reduction of APTCs paid to enrollees and a 3.8% increase on annual cost sharing limits in 2020. This change will cost individuals enrolled in Exchanged-based health insurance \$8,200 for individual coverage and \$16,400 for family coverage. Furthermore, CMS estimates that as a result of this policy 100,000 fewer individuals would enroll in Exchange-based health insurance in 2020. This anticipated decline in enrollment would further exacerbate the recent increase in the uninsured rate for adults from a record low of 10.9% in 2016 to 13.7% in 2018, representing an increase of roughly 7 million uninsured adults.<sup>1</sup>

Thank you for the opportunity to provide comments on the Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2020 (CMS-9926-P) proposed rule. If you or your staff have any questions, please contact Daneen G. Sekoni, MHSA, ASHA's director for health care policy, health care reform, at [dsekoni@asha.org](mailto:dsekoni@asha.org).

Sincerely,



Shari B. Robertson, PhD, CCC-SLP  
2019 ASHA President

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<sup>1</sup> Gallup National Health and Well-Being Index (2019). *U.S. Uninsured Rate Rises to Four-Year High*. Retrieved from <https://news.gallup.com/poll/246134/uninsured-rate-rises-four-year-high.aspx>.