



AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

Submitted via email to jmatthews@naic.org

April 6, 2018

Commissioner Ted Nickel
Chair
Regulatory Framework (B) Task Force
National Association of Insurance Commissioners
444 North Capitol Street, NW
Suite 700
Washington, DC 20001

RE: Accident and Sickness Insurance Minimum Standards Model Act (MDL-170)

Dear Commissioner Nickel:

On behalf of the American Speech-Language-Hearing Association, I write to offer comments to the National Association of Insurance Commissioners' (NAIC) Regulatory Framework (B) Task Force, as it considers federal and state proposals related to short-term limited duration insurance.

The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 198,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students.

During the NAIC's 2018 spring meeting, the Regulatory Framework (B) Task Force decided to make revisions to the short-term limited duration insurance (STLDI) coverage provisions of the Accident and Sickness Insurance Minimum Standards Model Act (#170). Once finalized, states may draft STLDI regulations using MDL-170 as a framework.

ASHA is concerned that STLDI can negatively affect the individual market if the U.S. Department of Health and Human Services implements the Short-Term, Limited-Duration proposed rule.¹ Currently, federal law requires consumer protections such as enforcing essential health benefits (EHB), banning pre-existing condition exclusions, and eliminating ratings based on health status within the individual market. These requirements protect consumers with specific health needs who require audiology and/or speech-language pathology services. For example, an individual with Parkinson's disease who has difficulty with speech and swallowing requires rehabilitative speech-language pathology services to treat the deficits. Another example is a 3-year-old child with severe congenital hearing loss who requires the fitting of hearing aids and habilitative treatment to develop auditory and speech-language skills, which are services provided by audiologists and speech-language pathologists. In addition, consumers who are healthy when they opt for STLDI may become ill or injured (e.g., traumatic brain injury) and need rehabilitative therapy to help regain skills and functioning from their unexpected circumstance. However, if the STLDI plan chosen does not provide rehabilitation, the consumer will face unexpected out-of-pocket costs for medically necessary health care services that could threaten access to care and recovery.

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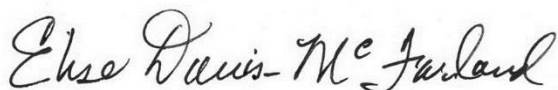
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As the Task Force works to revise the STLDI provisions of the existing model law, ASHA asks you to consider recommendations made by the NAIC Consumer Representatives at the NAIC 2018 spring meeting. The model law should:

- recognize that states can prohibit the sale of short-term plans;
- require issuers to apply some or all of the existing federal law EHB requirements to short-term plans;
- limit short-term plans' duration (e.g., 3 months) and restrict renewability to ensure that they will be used to bridge temporary gaps in coverage as they were originally designed and not serve as a means to circumvent offering more comprehensive coverage;
- allow states to assess a fee on short-term plans that can be used to fund a reinsurance program;
- apply average medical loss ratio requirements to short-term plans to ensure that they spend an adequate amount of premiums on health care services;
- require consumers to complete a determination of eligibility for subsidies on the Affordable Care Act (ACA) compliant market before allowing enrollment in a less protective short-term plan; and
- impose strong consumer disclosure requirements on short-term plans. States should require short-term plans to create and disseminate summaries of benefits and coverage (SBCs) similar to existing requirements for individual health insurance plans. SBCs would help consumers understand the limitations of short-term coverage and make informed comparisons to ACA individual market plans. Adopting the existing SBC format, glossary, and instructions would help ensure the consistent use of health insurance terminology across different types of coverage.²

Thank you for the opportunity to provide comments on the STLDI provisions. If you have any questions, please contact Daneen Sekoni, MHSA, ASHA's director of health care policy, health care reform, at dsekoni@asha.org.

Sincerely,



Elise Davis-McFarland, PhD, CCC-SLP
2018 ASHA President

¹ Georgians for a Healthy Future. (2018). *Non-ACA-Compliant Plans and the Risk of Market Segmentation*. Retrieved from <http://healthyfuturega.org/wp-content/uploads/2018/03/Non-ACA-Compliant-Plans-and-the-Risk-of-Market-Segmentation.pdf>.

² Centers for Medicare & Medicaid Services. (n.d.) *The Center for Consumer Information & Insurance Oversight*. Retrieved from <https://www.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/>.