

## **CMS Responds Favorably to Speech-Language Pathologists**

ASHA would like to thank to the **456** speech-language pathologists who contacted the Centers for Medicare & Medicaid Services (CMS). The Agency has since finalized their proposal regarding copay equity for speech, physical, and occupational therapy services. Effective for 2018, Affordable Care Act (ACA) health plans, which elect to offer Simple Choice plans, must make the copayment amount for speech, physical, and occupational therapy services equal to the copayment amount for primary care services in states with cost-sharing requirements. These states are Arkansas, Delaware, Iowa, Kentucky, Louisiana, Missouri, Montana, and New Hampshire.

Out of the 662 comments submitted to CMS on the [2018 Notice of Benefit and Payment Parameters \(NBPP\) Rule \[PDF\]](#), 70% were from ASHA members.

This cost-sharing parity requirement is consistent with ASHA's position on [fair copays](#). To date, Iowa has passed copay equity legislation for speech-language pathologists. ASHA will continue tracking this issue in 2017 and beyond.

In previous years, the NBPP final rule ushered in other important coverage protections related to the rehabilitative and habilitative services and devices benefit. For example, the NBPP requires [ACA health plans to have separate visit limits for habilitation and rehabilitation](#)—visit limits for these services cannot be combined. Moreover, the regulation adopted a uniform federal definition that ACA health plans must follow for habilitation services and devices, which states: *health care services and devices that help a person keep, learn, or improve skills and function for daily living, e.g. therapy for a child who is not walking or talking at the expected age. 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.*

### **Background**

The Center for Consumer Information and Insurance Oversight is the division of CMS that is responsible for enacting many of the reforms related to the ACA insurance Marketplace via the Notice of Benefit and Payment Parameters rule. Rehabilitative and habilitative services and devices is a required benefit category that ACA health plans must offer to individuals. Coverage of speech-language pathology services falls under this category.

The intent of Simple Choice plans (known as standardized benefit options) is to simplify a consumer's health insurance shopping experience in the ACA Marketplace. These plans include elements such as one cost-sharing structure for all services (i.e., copayment or coinsurance) and one provider tier to help consumers decide which ACA health plan to select.

### **ASHA Resource**

For more information, please contact Daneen Grooms, MHSA, ASHA's director of health reform analysis and advocacy, at [dgrooms@asha.org](mailto:dgrooms@asha.org) or by phone 301-296-5651.