NCHAM
National Center for Hearing Assessment and Management
Utah State University™

Health Care Reform:

What's in it for Children who are Deaf or Hard of Hearing?

Children who are deaf or hard of hearing (D/HH) have specific health needs and require insurance coverage that provides:

1. Access to specialty providers such as audiologists, geneticists, and otolaryngologists.
2. Hearing and communication devices, such as hearing aids, FM systems, and cochlear implants.
3. Therapies to support their development, especially listening, speech and language therapies.

The goals of the Patient Protection and Affordable Care Act (ACA) of 2010 include promoting the healthy development of children and improving accessibility and quality of support services for individuals with disabilities, including children with special health care needs. This fact sheet provides an overview of some of the provisions of the ACA that help improve access to coverage and care for children who are D/HH.

On behalf of the National Center for Hearing Assessment and Management, we wish to thank the Catalyst Center team at the Boston University School of Public Health for their time and dedication in writing this paper and for providing information about the implications of the Affordable Care Act specific to children with hearing loss.

How do the consumer protections in the ACA impact children who are D/HH?

The ACA contains consumer protection provisions, which began to be implemented starting in September 2010. Insurers could no longer deny or limit coverage to children, birth to 19, based on a pre-existing condition. They are also prohibited from charging higher premiums, deductibles, or co-pays based on a pre-existing condition. [As of January 1, 2014, this same protection went into effect for adults.] And, except in cases of fraud, insurers cannot use mistakes on a health insurance application as a reason to drop individuals from a plan after a costly episode of care.

Additionally, insurers:

- Can no longer impose lifetime benefit caps for health services for an individual.
- Cannot deny coverage or refuse to renew a policy for an individual who uses a lot of health services.
- Cannot impose annual benefit caps. [Note: Insurers can still cap the amount, scope, and duration of particular benefits. For example, a health policy may specify that an individual can receive only 20 speech and language therapy visits per calendar year.]

Does the ACA include provisions that help children who are D/HH receive needed health benefits, including habilitative services and devices?

All new health plans in the individual and small group market, and all plans sold through the health benefits Marketplaces, must include services under 10 broad categories of Essential Health Benefits.

10 Essential Health Benefits:

1. Ambulatory patient services
2. Emergency services
3. Hospitalization
4. Maternity and newborn care
5. Mental health, behavioral health, and substance use services
6. Prescription drugs
7. Rehabilitative and habilitative services and devices
8. Laboratory services
9. Preventive, wellness and chronic disease management services
10. Pediatric services, including oral and vision care

Rehabilitative and habilitative services and devices are one of the 10 Essential health benefits. Depending on the state in which they live, children who are D/HH may be able to receive habilitative services and devices, including speech and language therapy and hearing aids.

Will the implementation of the ACA vary by state?

Yes, each state chose one of four types of insurance plans as its benchmark to define the amount, scope and duration of each of the 10 Essential Health Benefits. This has three implications for children who are D/HH:

1. The amount, scope, and duration of the specific services provided in each benefit category vary from state-to-state.
2. Depending on the state in which a child lives, hearing aids may not be covered by private health insurance. If the chosen benchmark plan does not cover hearing aids, new health plans in the individual market and those sold through the Marketplace are not required to cover hearing aids, although

some may opt to provide this coverage. See each state's choice of benchmark plans and if it includes coverage for hearing aids.

3. Prior to the ACA, many health plans provided rehabilitative services – those services that help individuals recover functions they had but lost due to injury, illness, or accident. Few health plans covered habilitative services – the services that help individuals learn functional skills, like speech, that an individual never had. Most states left it to the health plans to define the scope of habilitative services. Some will offer them at parity with rehabilitative services; others will create a scope of services. This approach may not meet the needs of children who are D/HH.

Important Note: Medicaid provides habilitative services and devices as part of the federally mandated EPSDT (Early and Periodic Screening, Diagnosis and Treatment) benefit. See Income Eligibility Limits for Children's Regular Medicaid and Children's CHIP in each state. Large group and self-insured employer plans** (sometimes called ERISA plans) are exempt from having to provide essential health benefits as defined by the ACA.

How does the ACA support hearing screening of infants and young children?

The ACA requires that health plans pay for the preventive services listed in the Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents. Specifically, this supports the ability of pediatricians to conduct the following:

- Verify the Newborn Hearing Screening (NBHS) results, and ensure a NBHS is conducted if child was not born in a participating hospital.
- Ensure that follow up screening or diagnostic evaluations are conducted, based on NBHS recommendations.
- Based on a risk assessment, refer the child for diagnostic audiological assessment.

Does the ACA require insurance companies to cover the cost of hearing screening?

Specific to children, the law states that "there will be no cost sharing for preventive care/screenings" based on the Bright Futures recommendations. This means that families will not be charged for the hearing-related screening procedures described above.

While many health plans are now waiving the co-pay for preventive screenings, technically, only new health plans are required to provide preventive services and screenings without co-pays. Grandfathered individual and group plans*, including self-insured employer plans**, are exempt from this provision.

* Grandfathered plans are the individual and group health insurance plans that existed on March 23, 2010 when President Obama signed the ACA. Plans retain grandfathered status if they do not significantly:

- Increase premiums, co-pays, the percent of co-insurance or the deductibles that covered members pay
- Cut or reduce the benefits
- Decrease the annual limit

Additionally, if the plan is through an employer, the employer cannot lower its contribution towards the premiums.

** Self-insured plans, also called self-funded plans, are employer-sponsored health plans that pay for employees and covered family member's health services directly. Many self-funded plans use a third party administrator to manage the paperwork, making it less-than-obvious that the plan is a self-funded plan. (For example, Utah Sate University employees are insured by a self-funded plan that is administered by Blue Cross/Blue Shield of Utah).

How can EHDI programs and families help improve future ACA policies?

It is important that those responsible for the implementation of the ACA are well informed about its impact on services for children. EHDI program coordinators, in partnership with families of children who are D/HH, can educate policy makers in their states about the services and outcomes associated with use of a benchmark plan to define the 10 Essential Health Benefits. Families of children who are D/HH can share their experiences about the extent to which the state's benchmark plan and other aspects of the ACA are addressing their needs. This input is important, since states will be revisiting their benchmark plans in 2016.

For more information:

Health Resources and Services Administration: www.hrsa.gov/affordablecareact

Catalyst Center: Improving Financing of Care for Children and Youth with Special Health Care Needs (CYSHCN): www.hdwg.org/catalyst

NCHAM Financing and Reimbursement information: www.infanthearing.org/financing

Hearing Loss Association of America: www.hearingloss.org/content/affordable-care-act

American Speech Language Hearing Association: www.asha.org/Practice/Health-Care-Reform/Patient-Protection-and-Affordable-Care-Act

U.S. Government website for the Affordable Care Act: www.hhs.gov/healthcare/rights

The Henry J. Kaiser Family Foundation, For Consumers: Understanding Health Reform: kff.org/aca-consumer-resources

Especially for families: Need help and information? Go to the map and find your State Family-to-Family Health Information Center at: www.familyvoices.org

Document Links:

Essential Health Benefits: www.healthcare.gov/glossary/essential-health-benefits

State's choice of benchmark plan: www.hearingloss.org/content/affordable-care-act

Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents: brightfutures.aap.org/3rd_Edition_Guidelines_and_Pocket_Guide

Income Eligibility Limits for Children's Regular Medicaid and Children's CHIP: kff.org/medicaid/state-indicator/income-eligibility-fpl-medicaid

NCHAM serves as the National Resource Center for the implementation and improvement of comprehensive and effective Early Hearing Detection and Intervention (EHDI) systems. As a multidisciplinary Center, our goal is to ensure that all infants and toddlers with hearing loss are identified as early as possible and provided with timely and appropriate audiological, educational, and medical intervention.

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