The Commonwealth of Alassachusetts

In the Year Two Thousand Ten

An Act to provide coverage for hearing aids..

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Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION 1. Chapter 175 of the General Laws, as so appearing in the 2008 Official

Edition, is hereby amended by inserting after section 47Z the following section: -

Section 47AA. Any individual policy of accident and sickness insurance issued pursuant to section 108, and any group blanket policy of accident and sickness insurance issued pursuant to section 110, shall provide coverage for the full cost of one hearing aid per hearing impaired ear, every 36 months for insured individuals and all related services which shall be prescribed by an audiologist or hearing impaired specialist as defined in section 196 of chapter 112, and dispensed by an audiologist or hearing instrument specialist as defined in said section. A hearing aid shall mean any wearable, non-disposable instrument or device designed to aid or compensate for impaired or diminished human hearing, and any part, attachment, or accessories including ear molds but excluding batteries. All related services shall mean those services necessary to assess, select, and appropriately adjust or fit the hearing aid to ensure optimal performance. In the event that any part of this definition of hearing aid conflicts with the definition of hearing aid in section 196 of chapter 112, this definition shall take precedent for the purposes of this section. This

coverage is subject to all applicable co-payments, coinsurance, deductibles, and out-of-pocket limits.

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SECTION 2. Chapter 176A of the General Laws, as so appearing in the 2008 Official Edition, is hereby amended by inserting after section 8CC the following section: -

Section 8DD. Any contract, except contracts providing supplemental coverage to medicare or other governmental programs, between a subscriber and the corporation under an individual or group hospital service plan that shall be delivered issued or renewed in the commonwealth shall provide, a basic benefit to all individual subscribers and members within the commonwealth and to all group members having a principal place of employment within the commonwealth, coverage for the full cost of one hearing aid per hearing impaired ear, every 36 months for insured individuals and all related services which shall be prescribed by an audiologist or hearing impaired specialist as defined in section 196 of chapter 112, and dispensed by an audiologist or hearing instrument specialist as defined in said section. A hearing aid shall mean any wearable, non-disposable instrument or device designed to aid or compensate for impaired or diminished human hearing, and any part, attachment, or accessories including ear molds but excluding batteries. All related services shall mean those services necessary to assess, select, and appropriately adjust or fit the hearing aid to ensure optimal performance. In the event that any part of this definition of hearing aid conflicts with the definition of hearing aid in section 196 of chapter 112, this definition shall take precedent for the purposes of this section. This coverage is subject to all applicable co-payments, coinsurance, deductibles, and out-of-pocket limits.

SECTION 3. Chapter 176B of the General Laws, as so appearing in the 2008 Official Edition, is hereby amended by inserting after section 4CC the following section: -

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Section 4DD. Any subscription certificate under an individual or group medical service agreement, except certificates which provide supplemental coverage to medicare or other governmental programs, delivered, issued or renewed within the commonwealth shall provide as benefits to all individual subscribers and members within the commonwealth and to all group members having a principal place of employment within the commonwealth coverage for the full cost of one hearing aid per hearing impaired ear, every 36 months for insured individuals and all related services which shall be prescribed by an audiologist or hearing impaired specialist as defined in section 196 of chapter 112, and dispensed by an audiologist or hearing instrument specialist as defined in said section. A hearing aid shall mean any wearable, non-disposable instrument or device designed to aid or compensate for impaired or diminished human hearing, and any part, attachment, or accessories including ear molds but excluding batteries. All related services shall mean those services necessary to assess, select, and appropriately adjust or fit the hearing aid to ensure optimal performance. In the event that any part of this definition of hearing aid conflicts with the definition of hearing aid in section 196 of chapter 112, this definition shall take precedent for the purposes of this section. This coverage is subject to all applicable copayments, coinsurance, deductibles, and out-of-pocket limits.

SECTION 4. Section 4 of Chapter 176G of the General Laws, as so appearing in the 2008 Official Edition, is hereby amended by inserting after section 4U the following section: -

Section 4V. Any individual or group health maintenance contract shall provide coverage for the full cost of one hearing aid per hearing impaired ear, every 36 months for insured

impaired specialist as defined in section 196 of chapter 112, and dispensed by an audiologist or hearing instrument specialist as defined in said section. A hearing aid shall mean any wearable, non-disposable instrument or device designed to aid or compensate for impaired or diminished human hearing, and any part, attachment, or accessories including ear molds but excluding batteries. All related services shall mean those services necessary to assess, select, and appropriately adjust or fit the hearing aid to ensure optimal performance. In the event that any part of this definition of hearing aid conflicts with the definition of hearing aid in section 196 of chapter 112, this definition shall take precedent for the purposes of this section. This coverage is subject to all applicable co-payments, coinsurance, deductibles, and out-of-pocket limits.