

HOUSE No. 910

The Commonwealth of Massachusetts

In the Year Two Thousand Nine

An Act to provide coverage for hearing aids for children..

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

1 Section 23 of chapter 32A of the General Laws, as appearing in the 2000 Official Edition,
2 is hereby amended by adding the following paragraph:-

3 The commission shall provide to any minor 18 years of age or younger who is the child
4 of an active or retired employee of the commonwealth and who is insured under the group
5 insurance commission coverage for the full cost of one (1) hearing aid per hearing impaired ear
6 up to one thousand six hundred dollars (\$1,600) for each hearing aid, as defined under section
7 196 of chapter 112, every three years upon a written statement from such minor’s treating
8 physician that the hearing aids are medically necessary. The insured may choose a higher priced
9 hearing aid and may pay the difference in cost above the one thousand six hundred dollar
10 (\$1,600) limit as provided in this section without any financial or contractual penalty to the
11 insured or to the provider of the hearing aid. Nothing in this section shall prohibit the
12 commission from offering greater coverage for hearing aids than that required by this section.
13 This section shall also require coverage for such hearing aids under any non-group policy.

14 SECTION 2. Section 47U of chapter 175 of the General Laws, as so appearing, is hereby
15 amended by adding the following paragraph:-

16 Any policy of accident and sickness insurance as described in section 108 which provides
17 hospital expense and surgical expense insurance and which is delivered, issued or subsequently
18 renewed by agreement between the insurer and policyholder in the commonwealth; any blanket
19 or general policy of insurance described in subdivision (A), (C) or (D) of section 110 which
20 provides hospital expense and surgical expense insurance and which is delivered, issued or
21 subsequently renewed by agreement between the insurer and the policyholder, within or without
22 the commonwealth; or any employees' health and welfare fund which provides hospital expense
23 and surgical expense benefits and which is delivered, issued or renewed to any person or group
24 of persons in the commonwealth, shall provide coverage for any minor child 18 years of age or
25 younger, who is insured under the policy or fund, for the full cost of one (1) hearing aid per
26 hearing impaired ear up to one thousand six hundred dollars (\$1,600) for each hearing aid, as
27 defined under section 196 of chapter 112, every three years upon a written statement from such
28 minor's treating physician that the hearing aids are medically necessary. The insured may choose
29 a higher priced hearing aid and may pay the difference in cost above the one thousand six
30 hundred dollar (\$1,600) limit as provided in this section without any financial or contractual
31 penalty to the insured or to the provider of the hearing aid. Nothing in this section shall prohibit
32 an insurer from offering greater coverage for hearing aids than that required by this section. This
33 section shall also require coverage for such hearing aids under any non-group policy.

34 SECTION 3. Section 8U of chapter 176A of the General Laws, as so appearing, is hereby
35 amended by adding the following paragraph:-

36 Any contracts, except contracts providing supplemental coverage to Medicare or other
37 governmental programs, between a subscriber and the corporation under an individual or group
38 hospital service plan which is delivered, issued or renewed in the commonwealth shall provide as
39 benefits to all individual subscribers or members within the commonwealth and to all group
40 members having a principal place of employment within the commonwealth, coverage for their
41 minor children 18 years of age or younger, who are insured under such contracts or plans, for
42 expenses incurred for at least two hearing aids, as defined under section 196 of chapter 112,
43 every three years upon a written statement from such minors treating physician that the hearing
44 aids are medically necessary. Nothing in this section shall prohibit a corporation from offering
45 greater coverage for hearing aids than that required by this section. This section shall also
46 require coverage for such hearing aids under any nongroup policy.

47 SECTION 4. Section 4U of chapter 176B of the General Laws, as so appearing, is
48 hereby amended by adding the following paragraph:-

49 Any subscription certificate under an individual or group medical service agreement,
50 except certificates which provide supplemental coverage to Medicare or other governmental
51 programs, that shall be delivered, issued or renewed within the commonwealth shall provide as
52 benefits to all individual subscribers or members within the commonwealth and to all group
53 members having a principal place of employment in the commonwealth, coverage for their minor
54 children 18 years of age or younger, who are insured under such certificates or agreements, for
55 expenses incurred for at least two hearing aids, as defined under Section 196 of chapter 112,
56 every three years upon a written statement from such minors treating physician that the hearing
57 aids are medically necessary. Nothing in this section shall prohibit a medical service corporation

58 from offering greater coverage for hearing aids than that required by this section. This section
59 shall also require coverage for such hearing aids under any nongroup policy.

60 SECTION 5. The first section 4N of chapter 176G of the General Laws, as so appearing,
61 is hereby amended by adding the following paragraph:-

62 An individual or group health maintenance contract, except contracts providing
63 supplemental coverage to Medicare or other governmental programs, shall provide coverage and
64 benefits for minors 18 years of age or younger, who are insured under such contracts, for
65 expenses incurred for at least two hearing aids, as defined under section 196 of chapter 112,
66 every three years upon a written statement from such minors treating physician that the hearing
67 aids are medically necessary. Nothing in this section shall prohibit a health maintenance
68 organization from offering greater coverage for hearing aids than that required by this section.
69 This section shall also require coverage for such hearing aids under any nongroup policy.