HOUSE No. 555

The Commonwealth of Massachusetts

PRESENTED BY:

Marc T. Lombardo

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act relative to hearing aid coverage.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
Marc T. Lombardo	22nd Middlesex	1/18/2017
Mathew Muratore	1st Plymouth	1/19/2017
Todd M. Smola	1st Hampden	11/7/2017
Robert M. Koczera	11th Bristol	11/7/2017
James J. Dwyer	30th Middlesex	11/7/2017

By Mr. Lombardo of Billerica, a petition (accompanied by bill, House, No. 555) of Marc T. Lombardo and others relative to insurance coverage for hearing aids. Financial Services.

The Commonwealth of Massachusetts

In the One Hundred and Ninetieth General Court (2017-2018)

An Act relative to hearing aid coverage.

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 1. Section 23 of chapter 32A of the General Laws is hereby amended by
2	striking out the second paragraph and inserting in place thereof the following paragraph:-
3	The commission shall provide to any active or retired employee of the commonwealth
4	who is insured under the commission, and any dependent of an active or retired employee of the
5	commonwealth who is insured under the group insurance commission, coverage for the cost of 1
6	hearing aid, as defined in section 196 of chapter 112, per hearing impaired ear every 36 months
7	upon a written statement from the treating physician that the hearing aid is necessary regardless
8	of etiology. Coverage under this section shall include all related services prescribed by a licensed
9	audiologist or hearing instrument specialist, as defined in said section 196 of said chapter 112,
10	including the initial hearing aid evaluation, fitting and adjustments and supplies, including ear
11	molds. The insured may choose a hearing aid of any price without any financial or contractual
12	penalty to the insured or to the provider of the hearing aid. The benefits in this section shall not
13	be subject to any greater deductible, coinsurance, copayments or out-of-pocket limits than other

benefits provided by the insurer. Nothing in this section shall prohibit the commission from offering greater coverage for hearing aids than required by this section. This section shall also require coverage for such hearing aids under any non-group policy.

SECTION 2. Section 47X of chapter 175 of the General Laws is hereby amended by
striking out the second paragraph and inserting in place thereof the following paragraph:-

19 Any policy of accident and sickness insurance as described in section 108 which provides 20 hospital expense and surgical expense insurance and which is delivered, issued or subsequently 21 renewed by agreement between the insurer and policyholder in the commonwealth; any blanket 22 or general policy of insurance described in subdivision (A), (C) or (D) of section 110 that 23 provides hospital expense and surgical expense insurance and that is delivered, issued or 24 subsequently renewed by agreement between the insurer and the policyholder, within or without 25 the commonwealth; or any employees' health and welfare fund that provides hospital expense 26 and surgical expense benefits and that is delivered, issued or renewed to any person or group of 27 people in the commonwealth, shall provide coverage for any person who is insured under the 28 policy or fund for the cost of 1 hearing aid, as defined under section 196 of chapter 112, per 29 hearing impaired ear every 36 months upon a written statement from the treating physician that 30 the hearing aid is necessary regardless of etiology. Coverage under this section shall include all 31 related services prescribed by a licensed audiologist or hearing instrument specialist, as defined 32 in said section 196 of said chapter 112, including the initial hearing aid evaluation, fitting and 33 adjustments and supplies, including ear molds. The insured may choose a hearing aid of any 34 price without any financial or contractual penalty to the insured or to the provider of the hearing 35 aid. The benefits in this section shall not be subject to any greater deductible, coinsurance, 36 copayments or out-of-pocket limits than any other benefits provided by the insurer. Nothing in

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this section shall prohibit an insurer from offering greater coverage for hearing aids than required
by this section. This section shall also require coverage for hearing aids under any non-group
policy.

SECTION 3. Section 8Y of chapter 176A of the General Laws is hereby amended by
striking out the second paragraph and inserting in place thereof the following paragraph:-

42 Any contracts, except contracts providing supplemental coverage to Medicare or other 43 governmental programs, between a subscriber and the corporation under an individual or group 44 hospital service plan that is delivered, issued or renewed in the commonwealth shall provide as 45 benefits to all individual subscribers or members within the commonwealth and to all group 46 members having a principal place of employment within the commonwealth, coverage for any 47 person who is insured under such contracts or plans, for the cost of 1 hearing aid, as defined 48 under section 196 of chapter 112, every 36 months upon a written statement from the treating 49 physician that the hearing aid is necessary regardless of etiology. Coverage under this section 50 shall include all related services prescribed by a licensed audiologist or hearing instrument 51 specialist, as defined in said section 196 of said chapter 112, including the initial hearing aid 52 evaluation, fitting and adjustments and supplies, including ear molds. The insured may choose a 53 hearing aid of any price without any financial or contractual penalty to the insured or to the 54 provider of the hearing aid. The benefits in this section shall not be subject to any greater 55 deductible, coinsurance, copayments or out-of-pocket limits than any other benefits provided by 56 the insurer. Nothing in this section shall prohibit a corporation from offering greater coverage for 57 hearing aids than required by this section. This section shall also require coverage for such 58 hearing aids under any non-group policy.

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- 59 SECTION 4. Chapter 176B of the General Laws is hereby amended by striking out
 60 section 4EE, as inserted by section 4 of chapter 233 of the acts of 2012.
- 61 SECTION 5. Said chapter 176B is hereby further amended by inserting after section
 62 4KK, as inserted by section 5 of chapter 233 of the acts of 2016, the following section:-

63 Section 4LL. Any subscription certificate under an individual or group medical service 64 agreement, except certificates which provide supplemental coverage to Medicare or other 65 governmental programs, that shall be delivered, issued or renewed within the commonwealth 66 shall provide as benefits to all individual subscribers or members within the commonwealth and 67 to all group members having a principal place of employment in the commonwealth, coverage 68 for any person who is insured under such certificates or agreements, for the cost of 1 hearing aid, 69 as defined under section 196 of chapter 112, per hearing impaired ear every 36 months upon a 70 written statement from the treating physician that the hearing aid is necessary regardless of 71 etiology. Coverage under this section shall include all related services prescribed by a licensed 72 audiologist or hearing instrument specialist, as defined in said section 196 of said chapter 112, 73 including the initial hearing aid evaluation, fitting and adjustments and supplies, including ear 74 molds. The insured may choose a hearing aid of any price without any financial or contractual 75 penalty to the insured or to the provider of the hearing aid. The benefits in this section shall not 76 be subject to any greater deductible, coinsurance, copayments or out-of-pocket limits than any 77 other benefits provided by the insurer. Nothing in this section shall prohibit an insurer from 78 offering greater coverage for hearing aids than required by this section. This section shall also 79 require coverage for such hearing aids under any non-group policy.

80 SECTION 6. Section 4B of chapter 176G of the General Laws is hereby amended by 81 striking out the second paragraph and inserting in place thereof the following paragraph:-

82 An individual or group health maintenance contract, except contracts providing 83 supplemental coverage to Medicare or other governmental programs, shall provide coverage and 84 benefits for any person who is insured under such contracts for expenses incurred for the cost of 85 1 hearing aid, as defined under section 196 of chapter 112, per hearing impaired ear every 36 86 months upon a written statement from the treating physician that the hearing aid is necessary 87 regardless of etiology. Coverage under this section shall include all related services prescribed by 88 a licensed audiologist or hearing instrument specialist, as defined in said section 196 of said 89 chapter 112, including the initial hearing aid evaluation, fitting and adjustments and supplies, 90 including ear molds. The insured may choose a hearing aid of any price without any financial or 91 contractual penalty to the insured or to the provider of the hearing aid. The benefits in this 92 section shall not be subject to any greater deductible, coinsurance, copayments or out-of-pocket 93 limits than any other benefits provided by the insurer. Nothing in this section shall prohibit an 94 insurer from offering greater coverage for hearing aids than required by this section. This section 95 shall also require coverage for such hearing aids under any non-group policy.