SENATE DOCKET, NO. 1587 FILED ON: 1/18/2019

SENATE . . . . . No. 597

The Commonwealth of Massachusetts

PRESENTED BY:

Adam G. Hinds

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 providing coverage for hearing aids.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	
Adam G. Hinds	*Berkshire, Hampshire, Franklin and Hampden*	
Patrick M. O'Connor	*Plymouth and Norfolk*	*1/30/2019*
Mindy Domb	*3rd Hampshire*	*10/7/2019*

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SENATE . . . . . No. 597

By Mr. Hinds, a petition (accompanied by bill, Senate, No. 597) of Adam G. Hinds and Patrick M. O'Connor for legislation to provide health benefit plan coverage for hearing aids. Financial Services.

[SIMILAR MATTER FILED IN PREVIOUS SESSION
SEE HOUSE, NO. *574* OF 2017-2018.]

The Commonwealth of Massachusetts

In the One Hundred and Ninety-First General Court
(2019-2020)

An Act providing coverage for hearing aids.

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. Section 23 of chapter 32A of the General Laws, as amended by Chapter 233 of the Acts of 2014, is hereby amended by inserting the following paragraph:-

Section 17L. The commission shall provide to any active or retired employee of the commonwealth or spouse/dependent who is insured under the group insurance commission, coverage for the cost of 1 hearing aid per hearing-impaired ear up to $500 and 80 percent coverage of the next $1,500 for each hearing aid, as defined in section 196 of chapter 112, every 36 months upon a written statement from the treating physician that the hearing aids are necessary regardless of etiology. Coverage under this section shall include all related services prescribed by a licensed audiologist or hearing instrument specialist, as defined in said section 196 of said chapter 112, including the initial hearing aid evaluation, fitting and adjustments and

supplies, including ear molds. The insured may choose a higher priced hearing aid and may pay the difference in cost above the limit in this section without any financial or contractual penalty to the insured or to the provider of the hearing aid. The benefits in this section shall not 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, as amended by Chapter 233 of the Acts of 2014, is hereby amended by adding the following paragraph:-

(g) Any policy of accident and sickness insurance as described in section 108 which provides hospital expense and surgical expense insurance and which is delivered, issued or subsequently renewed by agreement between the insurer and policyholder in the commonwealth; any blanket or general policy of insurance described in subdivision (A), (C) or (D) of section 110 that provides hospital expense and surgical expense insurance and that is delivered, issued or subsequently renewed by agreement between the insurer and the policyholder, within or without the commonwealth; or any employees health and welfare fund that provides hospital expense and surgical expense benefits and that is delivered, issued or renewed to any person or group of people in the commonwealth, shall provide coverage for the cost of 1 hearing aid per hearing-impaired ear up to $500 and 80 percent coverage of the next $1,500 for each hearing aid , as defined in section 196 of chapter 112, every 36 months upon a written statement from the treating physician that the hearing aids are necessary regardless of etiology. Coverage under this section shall include all related services prescribed by a licensed audiologist or hearing instrument specialist, as defined in said section 196 of said chapter 112, including the initial

hearing aid evaluation, fitting and adjustments and supplies, including ear molds. The insured may choose a higher priced hearing aid and may pay the difference in cost above the limit in this section without any financial or contractual penalty to the insured or to the provider of the hearing aid. The benefits in this section shall not be subject to any greater deductible, coinsurance, copayments or out-of-pocket limits than any other benefits provided by the insurer. Nothing in 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, as amended by Chapter 233 of the Acts of 2014, is hereby amended by adding the following paragraph:-

(g) Any contracts, 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 is delivered, issued or renewed in the commonwealth shall provide as benefits to all individual subscribers or members within the commonwealth and to all group members having a principal place of employment within the commonwealth, coverage for the cost of 1 hearing aid per hearing-impaired ear up to $500 and 80 percent coverage of the next $1,500 for each hearing aid , as defined in section 196 of chapter 112, every 36 months upon a written statement from the treating physician that the hearing aids are necessary regardless of etiology. Coverage under this section shall include all related services prescribed by a licensed audiologist or hearing instrument specialist, as defined in said section 196 of said chapter 112, including the initial hearing aid evaluation, fitting and adjustments and supplies, including ear molds. The insured may choose a higher priced hearing aid and may pay the difference in cost above the limit in this section without any financial or contractual penalty to the insured or to the

provider of the hearing aid. The benefits in this section shall not be subject to any greater deductible, coinsurance, copayments or out-of-pocket limits than any other benefits provided by the insurer. Nothing in this section shall prohibit a corporation 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 4. Chapter 176B of the General Laws, as amended by Chapter 233 of the Acts of 2014, is hereby amended by inserting, after section 4DD, the following section:-

Section 4FF. Any subscription certificate under an individual or group medical service agreement, except certificates which provide supplemental coverage to Medicare or other governmental programs, that shall be delivered, issued or renewed within the commonwealth shall provide as benefits to all individual subscribers or members within the commonwealth and to all group members having a principal place of employment in the commonwealth, coverage for the cost of 1 hearing aid per hearing-impaired ear up to $500 and 80 percent coverage of the next $1,500 for each hearing aid , as defined in section 196 of chapter 112, every 36 months upon a written statement from the treating physician that the hearing aids are necessary regardless of etiology. Coverage under this section shall include all related services prescribed by a licensed audiologist or hearing instrument specialist, as defined in said section 196 of said chapter 112, including the initial hearing aid evaluation, fitting and adjustments and supplies, including ear molds. The insured may choose a higher priced hearing aid and may pay the difference in cost above the limit in this section without any financial or contractual penalty to the insured or to the provider of the hearing aid. The benefits in this section shall not be subject to any greater deductible, coinsurance, copayments or out-of-pocket limits than any other benefits provided by the insurer. Nothing in 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 such hearing aids under any non-group policy.

SECTION 5. Section 4N of chapter 176G of the General Laws, as amended by Chapter 233 of the Acts of 2014, is hereby amended by adding the following paragraph:-

An individual or group health maintenance contract, except contracts providing supplemental coverage to Medicare or other governmental programs, shall provide coverage and benefits for the cost of 1 hearing aid per hearing-impaired ear up to $500 and 80 percent coverage of the next $1,500 for each hearing aid , as defined in section 196 of chapter 112, every 36 months upon a written statement from the treating physician that the hearing aids are necessary regardless of etiology. Coverage under this section shall include all related services prescribed by a licensed audiologist or hearing instrument specialist, as defined in said section 196 of said chapter 112, including the initial hearing aid evaluation, fitting and adjustments and supplies, including ear molds. The insured may choose a higher priced hearing aid and may pay the difference in cost above the limit in this section without any financial or contractual penalty to the insured or to the provider of the hearing aid. The benefits in this section shall not be subject to any greater deductible, coinsurance, copayments or out-of-pocket limits than any other benefits provided by the insurer. Nothing in 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 such hearing aids under any non-group policy.

SECTION 6. This act shall apply to all policies, contracts and certificates of health insurance subject to section 23 of chapter 32A of the General Laws, section 47U of chapter 175 of the General Laws, section 8U of chapter 176A of the General Laws, section 4EE of chapter

176B of the General Laws and section 4N of chapter 176G of the General Laws which are delivered, issued or renewed on or after January 1, 2014.