

SENATE No. 681

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:

Adam G. Hinds

Joseph A. Boncore

DISTRICT/ADDRESS:

Berkshire, Hampshire, Franklin and Hampden

First Suffolk and Middlesex

SENATE No. 681

By Mr. Hinds, a petition (accompanied by bill, Senate, No. 681) of Adam G. Hinds and Joseph A. Boncore for legislation to provide health benefit plan coverage for hearing aids. Financial Services.

[SIMILAR MATTER FILED IN PREVIOUS SESSION
SEE SENATE, NO. 597 OF 2019-2020.]

The Commonwealth of Massachusetts

**In the One Hundred and Ninety-Second General Court
(2021-2022)**

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:

1 SECTION 1. Section 23 of chapter 32A of the General Laws, as amended by Chapter 233
2 of the Acts of 2014, is hereby amended by inserting the following paragraph:-

3 Section 17L. The commission shall provide to any active or retired employee of the
4 commonwealth or spouse/dependent who is insured under the group insurance commission,
5 coverage for the cost of 1 hearing aid per hearing-impaired ear up to \$500 and 80 percent
6 coverage of the next \$1,500 for each hearing aid, as defined in section 196 of chapter 112, every
7 36 months upon a written statement from the treating physician that the hearing aids are
8 necessary regardless of etiology. Coverage under this section shall include all related services
9 prescribed by a licensed audiologist or hearing instrument specialist, as defined in said section
10 196 of said chapter 112, including the initial hearing aid evaluation, fitting and adjustments and

11 supplies, including ear molds. The insured may choose a higher priced hearing aid and may pay
12 the difference in cost above the limit in this section without any financial or contractual penalty
13 to the insured or to the provider of the hearing aid. The benefits in this section shall not be
14 subject to any greater deductible, coinsurance, copayments or out-of-pocket limits than other
15 benefits provided by the insurer. Nothing in this section shall prohibit the commission from
16 offering greater coverage for hearing aids than required by this section. This section shall also
17 require coverage for such hearing aids under any non-group policy.

18 SECTION 2. Section 47X of chapter 175 of the General Laws, as amended by Chapter
19 233 of the Acts of 2014, is hereby amended by adding the following paragraph:-

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

34 hearing aid evaluation, fitting and adjustments and supplies, including ear molds. The insured
35 may choose a higher priced hearing aid and may pay the difference in cost above the limit in this
36 section without any financial or contractual penalty to the insured or to the provider of the
37 hearing aid. The benefits in this section shall not be subject to any greater deductible,
38 coinsurance, copayments or out-of-pocket limits than any other benefits provided by the insurer.
39 Nothing in this section shall prohibit an insurer from offering greater coverage for hearing aids
40 than required by this section. This section shall also require coverage for hearing aids under any
41 non-group policy.

42 SECTION 3. Section 8Y of chapter 176A of the General Laws, as amended by Chapter
43 233 of the Acts of 2014, is hereby amended by adding the following paragraph:-

44 (g) Any contracts, except contracts providing supplemental coverage to Medicare or other
45 governmental programs, between a subscriber and the corporation under an individual or group
46 hospital service plan that is delivered, issued or renewed in the commonwealth shall provide as
47 benefits to all individual subscribers or members within the commonwealth and to all group
48 members having a principal place of employment within the commonwealth, coverage for the
49 cost of 1 hearing aid per hearing-impaired ear up to \$500 and 80 percent coverage of the next
50 \$1,500 for each hearing aid , as defined in section 196 of chapter 112, every 36 months upon a
51 written statement from the treating physician that the hearing aids are necessary regardless of
52 etiology. Coverage under this section shall include all related services prescribed by a licensed
53 audiologist or hearing instrument specialist, as defined in said section 196 of said chapter 112,
54 including the initial hearing aid evaluation, fitting and adjustments and supplies, including ear
55 molds. The insured may choose a higher priced hearing aid and may pay the difference in cost
56 above the limit in this section without any financial or contractual penalty to the insured or to the

57 provider of the hearing aid. The benefits in this section shall not be subject to any greater
58 deductible, coinsurance, copayments or out-of-pocket limits than any other benefits provided by
59 the insurer. Nothing in this section shall prohibit a corporation from offering greater coverage for
60 hearing aids than required by this section. This section shall also require coverage for such
61 hearing aids under any non-group policy.

62 SECTION 4. Chapter 176B of the General Laws, as amended by Chapter 233 of the Acts
63 of 2014, is hereby amended by inserting, after section 4DD, the following section:-

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

80 greater coverage for hearing aids than required by this section. This section shall also require
81 coverage for such hearing aids under any non-group policy.

82 SECTION 5. Section 4N of chapter 176G of the General Laws, as amended by Chapter
83 233 of the Acts of 2014, is hereby amended by adding the following paragraph:-

84 An individual or group health maintenance contract, except contracts providing
85 supplemental coverage to Medicare or other governmental programs, shall provide coverage and
86 benefits for the cost of 1 hearing aid per hearing-impaired ear up to \$500 and 80 percent
87 coverage of the next \$1,500 for each hearing aid , as defined in section 196 of chapter 112, every
88 36 months upon a written statement from the treating physician that the hearing aids are
89 necessary regardless of etiology. Coverage under this section shall include all related services
90 prescribed by a licensed audiologist or hearing instrument specialist, as defined in said section
91 196 of said chapter 112, including the initial hearing aid evaluation, fitting and adjustments and
92 supplies, including ear molds. The insured may choose a higher priced hearing aid and may pay
93 the difference in cost above the limit in this section without any financial or contractual penalty
94 to the insured or to the provider of the hearing aid. The benefits in this section shall not be
95 subject to any greater deductible, coinsurance, copayments or out-of-pocket limits than any other
96 benefits provided by the insurer. Nothing in this section shall prohibit an insurer from offering
97 greater coverage for hearing aids than required by this section. This section shall also require
98 coverage for such hearing aids under any non-group policy.

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

102 176B of the General Laws and section 4N of chapter 176G of the General Laws which are
103 delivered, issued or renewed on or after January 1, 2014.