

**HOUSE . . . . . No. 3946**

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**The Commonwealth of Massachusetts**

PRESENTED BY:

*Sean Garballey and Jessica Ann Giannino*

*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 health insurance coverage for hearing aids.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Sean Garballey</i>	<i>23rd Middlesex</i>	<i>1/16/2025</i>
<i>Jessica Ann Giannino</i>	<i>16th Suffolk</i>	<i>1/16/2025</i>
<i>Lindsay N. Sabadosa</i>	<i>1st Hampshire</i>	<i>2/3/2025</i>
<i>James B. Eldridge</i>	<i>Middlesex and Worcester</i>	<i>2/28/2025</i>
<i>Joanne M. Comerford</i>	<i>Hampshire, Franklin and Worcester</i>	<i>5/5/2025</i>
<i>Adrian C. Madaro</i>	<i>1st Suffolk</i>	<i>5/6/2025</i>
<i>John Francis Moran</i>	<i>9th Suffolk</i>	<i>5/20/2025</i>
<i>Michael O. Moore</i>	<i>Second Worcester</i>	<i>7/25/2025</i>
<i>Richard M. Haggerty</i>	<i>30th Middlesex</i>	<i>9/23/2025</i>
<i>Brian W. Murray</i>	<i>10th Worcester</i>	<i>9/26/2025</i>
<i>Marjorie C. Decker</i>	<i>25th Middlesex</i>	<i>10/7/2025</i>

**HOUSE . . . . . No. 3946**

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By Representatives Garballey of Arlington and Giannino of Revere, a petition (accompanied by bill, House, No. 3946) of Sean Garballey, Jessica Ann Giannino and others relative to health insurance coverage for hearing aids. Financial Services.

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**The Commonwealth of Massachusetts**

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**In the One Hundred and Ninety-Fourth General Court  
(2025-2026)**  
\_\_\_\_\_

An Act relative to health insurance 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 appearing in the 2022  
2 Official Edition, is hereby amended by striking out the second paragraph and inserting in place  
3 thereof the following paragraph:-

4           The commission shall provide to any person who is insured under the group insurance  
5 commission coverage for the cost of 1 hearing aid, as defined in section 196 of chapter 112, per  
6 hearing-impaired ear every 36 months upon a written statement from the person’s treating  
7 physician that the hearing aids are necessary regardless of etiology; provided, that if the person’s  
8 treating physician provides a written statement that the person’s hearing capability has changed  
9 such that their current hearing aid is no longer sufficient, the commission shall cover a new  
10 hearing aid before the 36-month period has expired. Coverage under this section shall include the  
11 hearing aid deemed best for the patient by the audiologist or hearing aid dispenser and the  
12 patient, regardless of the brand. The commission shall cover hearing aids as durable medical

13 equipment and shall provide coverage under the same terms and conditions that apply to other  
14 durable medical equipment covered by the commission. Coverage under this section shall  
15 include all related services prescribed by a licensed audiologist or hearing instrument specialist,  
16 as defined in said section 196 of said chapter 112, including the initial hearing aid evaluation,  
17 fitting and adjustments and supplies, including ear molds, batteries and hearing accessories.  
18 Coverage under this section shall include the repair or replacement of a hearing aid that, at no  
19 fault of the user, ceases to function properly. The benefits in this section shall not be subject to  
20 any greater deductible, coinsurance, copayments or out-of-pocket limits than other benefits  
21 provided by the insurer for durable medical equipment; provided, that a copayment for the  
22 provision of a hearing aid pursuant to this section shall not exceed \$200. Nothing in this section  
23 shall prohibit the commission from offering greater coverage for hearing aids than required by  
24 this section. This section shall also require coverage for such hearing aids under any non-group  
25 policy.

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

29 Any policy of accident and sickness insurance as described in section 108 which provides  
30 hospital expense and surgical expense insurance and which is delivered, issued or subsequently  
31 renewed by agreement between the insurer and policyholder in the commonwealth, any blanket  
32 or general policy of insurance described in subdivision (A), (C) or (D) of section 110 that  
33 provides hospital expense and surgical expense insurance and that is delivered, issued or  
34 subsequently renewed by agreement between the insurer and the policyholder, within or without  
35 the commonwealth, or any employees' health and welfare fund that provides hospital expense

36 and surgical expense benefits and that is delivered, issued or renewed to any person or group of  
37 people in the commonwealth, shall provide coverage for any person who is insured under the  
38 policy or fund for the cost of 1 hearing aid, as defined in section 196 of chapter 112, per hearing-  
39 impaired ear every 36 months upon a written statement from the person's treating physician that  
40 the hearing aids are necessary regardless of etiology; provided, that if the person's treating  
41 physician provides a written statement that the person's hearing capability has changed such that  
42 their current hearing aid is no longer sufficient, the insurer shall cover a new hearing aid before  
43 the 36-month period has expired. Coverage under this section shall include the hearing aid  
44 deemed best for the patient by the audiologist or hearing aid dispenser and the patient, regardless  
45 of the brand. Hearing aids shall be covered as durable medical equipment, under the same terms  
46 and conditions that apply to other covered durable medical equipment. Coverage under this  
47 section shall include all related services prescribed by a licensed audiologist or hearing  
48 instrument specialist, as defined in said section 196 of said chapter 112, including the initial  
49 hearing aid evaluation, fitting and adjustments and supplies, including ear molds, batteries and  
50 hearing accessories. Coverage under this section shall include the repair or replacement of a  
51 hearing aid that, at no fault of the user, ceases to function properly. The benefits in this section  
52 shall not be subject to any greater deductible, coinsurance, copayments or out-of-pocket limits  
53 than other benefits provided by the insurer for durable medical equipment; provided, that a  
54 copayment for the provision of a hearing aid pursuant to this section shall not exceed \$200.  
55 Nothing in this section shall prohibit the commission from offering greater coverage for hearing  
56 aids than required by this section. This section shall also require coverage for such hearing aids  
57 under any non-group policy.

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

61 Any contracts, except contracts providing supplemental coverage to Medicare or other  
62 governmental programs, between a subscriber and the corporation under an individual or group  
63 hospital service plan that is delivered, issued or renewed in the commonwealth shall provide as  
64 benefits to all individual subscribers or members within the commonwealth, and to all group  
65 members having a principal place of employment within the commonwealth, coverage for any  
66 person who is insured under such contracts or plans for the cost of 1 hearing aid, as defined in  
67 section 196 of chapter 112, per hearing-impaired ear every 36 months upon a written statement  
68 from the person's treating physician that the hearing aids are necessary regardless of etiology;  
69 provided, that if the person's treating physician provides a written statement that the person's  
70 hearing capability has changed such that their current hearing aid is no longer sufficient, the  
71 corporation shall cover a new hearing aid before the 36-month period has expired. Coverage  
72 under this section shall include the hearing aid deemed best for the patient by the audiologist or  
73 hearing aid dispenser and the patient, regardless of the brand. Hearing aids shall be covered as  
74 durable medical equipment under the same terms and conditions that apply to other covered  
75 durable medical equipment. Coverage under this section shall include all related services  
76 prescribed by a licensed audiologist or hearing instrument specialist, as defined in said section  
77 196 of said chapter 112, including the initial hearing aid evaluation, fitting and adjustments and  
78 supplies, including ear molds, batteries and hearing accessories. Coverage under this section  
79 shall include the repair or replacement of a hearing aid that, at no fault of the user, ceases to  
80 function properly. The benefits in this section shall not be subject to any greater deductible,

81 coinsurance, copayments or out-of-pocket limits than other benefits provided by the insurer for  
82 durable medical equipment; provided, that a copayment for the provision of a hearing aid  
83 pursuant to this section shall not exceed \$200. Nothing in this section shall prohibit the  
84 corporation from offering greater coverage for hearing aids than required by this section. This  
85 section shall also require coverage for such hearing aids under any non-group policy.

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

88 Any subscription certificate under an individual or group medical service agreement  
89 which provides hospital expense and surgical expense insurance, delivered, issued or renewed by  
90 agreement between the insurer and the policyholder, within or without the commonwealth, shall  
91 provide coverage for the cost of 1 hearing aid, as defined in section 196 of chapter 112, per  
92 hearing-impaired ear every 36 months upon a written statement from the person's treating  
93 physician that the hearing aids are necessary regardless of etiology; provided, that if the person's  
94 treating physician provides a written statement that the person's hearing capability has changed  
95 such that their current hearing aid is no longer sufficient, the coverage shall include a new  
96 hearing aid before the 36-month period has expired. Coverage under this section shall include the  
97 hearing aid deemed best for the patient by the audiologist or hearing aid dispenser and the  
98 patient, regardless of the brand. Hearing aids shall be covered as durable medical equipment  
99 under the same terms and conditions that apply to other covered durable medical equipment.  
100 Coverage under this section shall include all related services prescribed by a licensed audiologist  
101 or hearing instrument specialist, as defined in said section 196 of said chapter 112, including the  
102 initial hearing aid evaluation, fitting and adjustments and supplies, including ear molds, batteries  
103 and hearing accessories. Coverage under this section shall include the repair or replacement of a

104 hearing aid that, at no fault of the user, ceases to function properly. The benefits in this section  
105 shall not be subject to any greater deductible, coinsurance, copayments or out-of-pocket limits  
106 than other benefits provided by the insurer for durable medical equipment; provided, that a  
107 copayment for the provision of a hearing aid pursuant to this section shall not exceed \$200.  
108 Nothing in this section shall prohibit the offering of greater coverage for hearing aids than  
109 required by this section. This section shall also require coverage for such hearing aids under any  
110 non-group policy.

111 SECTION 5. Section 4N of chapter 176G of the General Laws, as so appearing, is hereby  
112 amended by striking out the second paragraph and inserting in place thereof the following  
113 paragraph:-

114 An individual or group health maintenance contract, except contracts providing  
115 supplemental coverage to Medicare or other governmental programs, shall provide coverage and  
116 benefits for shall provide coverage and benefits for the cost of 1 hearing aid, as defined in section  
117 196 of chapter 112, per hearing-impaired ear every 36 months upon a written statement from the  
118 person's treating physician that the hearing aids are necessary regardless of etiology; provided,  
119 that if the person's treating physician provides a written statement that the person's hearing  
120 capability has changed such that their current hearing aid is no longer sufficient, the coverage  
121 shall include a new hearing aid before the 36-month period has expired. Coverage under this  
122 section shall include the hearing aid deemed best for the patient by the audiologist or hearing aid  
123 dispenser and the patient, regardless of the brand. Hearing aids shall be covered as durable  
124 medical equipment under the same terms and conditions that apply to other covered durable  
125 medical equipment. Coverage under this section shall include all related services prescribed by a  
126 licensed audiologist or hearing instrument specialist, as defined in said section 196 of said

127 chapter 112, including the initial hearing aid evaluation, fitting and adjustments and supplies,  
128 including ear molds, batteries and hearing accessories. Coverage under this section shall include  
129 the repair or replacement of a hearing aid that, at no fault of the user, ceases to function properly.  
130 The benefits in this section shall not be subject to any greater deductible, coinsurance,  
131 copayments or out-of-pocket limits than other benefits provided by the insurer for durable  
132 medical equipment; provided, that a copayment for the provision of a hearing aid pursuant to this  
133 section shall not exceed \$200. Nothing in this section shall prohibit the offering of greater  
134 coverage for hearing aids than required by this section. This section shall also require coverage  
135 for such hearing aids under any non-group policy.