

# HOUSE . . . . . No. 4959

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## The Commonwealth of Massachusetts

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HOUSE OF REPRESENTATIVES, January 28, 2026.

The committee on Financial Services, to whom was referred the petition (accompanied by bill, House, No. 3946) of Sean Garballey, Jessica Ann Giannino and others relative to health insurance coverage for hearing aids, reports recommending that the accompanying bill (House, No. 4959) ought to pass.

For the committee,

JAMES M. MURPHY.

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## The Commonwealth of Massachusetts

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

policy or fund for the cost of 1 hearing aid, as defined in section 196 of chapter 112, per hearing-impaired ear every 36 months upon a written statement from the person's treating physician that the hearing aids are necessary regardless of etiology; provided, that if the person's treating physician provides a written statement that the person's hearing capability has changed such that their current hearing aid is no longer sufficient, the insurer shall cover a new hearing aid before the 36-month period has expired. Coverage under this section shall include the hearing aid deemed best for the patient by the audiologist or hearing aid dispenser and the patient, regardless of the brand. Hearing aids shall be covered as durable medical equipment, under the same terms and conditions that apply to other covered durable medical equipment. 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, batteries and hearing accessories. Coverage under this section shall include the repair or replacement of a hearing aid that, at no fault of the user, ceases to function properly. 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 for durable medical equipment; provided, that a copayment for the provision of a hearing aid pursuant to this section shall not exceed \$200. 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 3. Section 8Y of chapter 176A of the General Laws, as appearing in the 2022 Official Edition, is hereby amended by striking out the second paragraph and inserting in place thereof the following paragraph:-

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 any person who is insured under such contracts or plans for the cost of 1 hearing aid, as defined in section 196 of chapter 112, per hearing-impaired ear every 36 months upon a written statement from the person's treating physician that the hearing aids are necessary regardless of etiology; provided, that if the person's treating physician provides a written statement that the person's hearing capability has changed such that their current hearing aid is no longer sufficient, the corporation shall cover a new hearing aid before the 36-month period has expired. Coverage under this section shall include the hearing aid deemed best for the patient by the audiologist or hearing aid dispenser and the patient, regardless of the brand. Hearing aids shall be covered as durable medical equipment under the same terms and conditions that apply to other covered durable medical equipment. 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, batteries and hearing accessories. Coverage under this section shall include the repair or replacement of a hearing aid that, at no fault of the user, ceases to function properly. 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 for durable medical equipment; provided, that a copayment for the provision of a hearing aid pursuant to this section shall not exceed \$200. Nothing in this section shall prohibit the

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

Any subscription certificate under an individual or group medical service agreement which provides hospital expense and surgical expense insurance, delivered, issued or renewed by agreement between the insurer and the policyholder, within or without the commonwealth, shall provide coverage for the cost of 1 hearing aid, as defined in section 196 of chapter 112, per hearing-impaired ear every 36 months upon a written statement from the person's treating physician that the hearing aids are necessary regardless of etiology; provided, that if the person's treating physician provides a written statement that the person's hearing capability has changed such that their current hearing aid is no longer sufficient, the coverage shall include a new hearing aid before the 36-month period has expired. Coverage under this section shall include the hearing aid deemed best for the patient by the audiologist or hearing aid dispenser and the patient, regardless of the brand. Hearing aids shall be covered as durable medical equipment under the same terms and conditions that apply to other covered durable medical equipment. 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, batteries and hearing accessories. Coverage under this section shall include the repair or replacement of a hearing aid that, at no fault of the user, ceases to function properly. 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 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 appearing in the 2022  
112 Official Edition, is hereby amended by striking out the second paragraph and inserting in place  
113 thereof the following 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.