SENATE DOCKET, NO. 2369 FILED ON: 1/17/2025

SENATE . . . . . No. 756

The Commonwealth of Massachusetts

PRESENTED BY:

Barry R. Finegold

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 expanding insurance coverage for hearing aids and related services.

PETITION OF:

NAME:	DISTRICT/ADDRESS:
Barry R. Finegold	*Second Essex and Middlesex*

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SENATE . . . . . No. 756

By Mr. Finegold, a petition (accompanied by bill, Senate, No. 756) of Barry R. Finegold for legislation to expand insurance coverage for hearing aids and related services. Financial Services.

The Commonwealth of Massachusetts

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

An Act expanding insurance coverage for hearing aids and related services.

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 appearing in the 2022 Official Edition, is hereby amended in the second paragraph by striking out the first sentence and inserting in place thereof the following:-

The commission shall provide to any active or retired employee of the commonwealth, or child of an active or retired employee of the commonwealth, who is insured under the group insurance commission coverage for the cost of 1 hearing aid per hearing-impaired ear up to $2,000 for each hearing aid, as defined in section 196 of chapter 112, every 36 months upon a written statement from the insured's treating physician that the hearing aid is necessary regardless of etiology.

SECTION 2. Subsection (f) of section 47X of chapter 175 of the General Laws, as so appearing, is hereby amended by striking out the first sentence and inserting in place thereof the following:-

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 any policyholder or child of a policyholder who is insured under the policy or fund, for the cost of 1 hearing aid per hearing impaired ear up to $2,000 for each hearing aid, as defined under section 196 of chapter 112, every 36 months upon a written statement from the insured's treating physician that the hearing aid is necessary regardless of etiology.

SECTION 3. Subsection (f) of section 8Y of chapter 176A of the General Laws, as so appearing, is hereby amended by striking out the first sentence and inserting in place thereof the following:-

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 such person and such person’s children, who are insured under such contracts or plans, for the cost of 1 hearing aid per hearing impaired ear up to $2,000 for each hearing aid, as defined under section

196 of chapter 112, every 36 months upon a written statement from the person's or child’s treating physician that the hearing aid is necessary regardless of etiology.

SECTION 4. Chapter 176B of the General Laws is hereby amended by striking out section 4EE the first time it appears, as inserted by section 4 of chapter 233 of the Acts of 2012, in its entirety.

SECTION 5. Section 4Y of said chapter 176B, as appearing in the 2022 Official Edition, is hereby amended by adding the following new paragraph:-

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 such person and such person's children, who are insured under such certificates or agreements, for the cost of 1 hearing aid per hearing impaired ear up to $2,000 for each hearing aid, as defined under section 196 of chapter 112, every 36 months upon a written statement from the person's or child’s 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 $2,000 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. Section 4N of chapter 176G of the General Laws, as so appearing, is hereby amended in the second paragraph by striking out the first sentence and inserting in place thereof the following:-

An individual or group health maintenance contract, except contracts providing supplemental coverage to Medicare or other governmental programs, shall provide coverage and benefits for all individuals who are insured under such contracts, for expenses incurred for the cost of 1 hearing aid per hearing impaired ear up to $2,000 for each hearing aid, as defined under section 196 of chapter 112, every 36 months upon a written statement from the insured's treating physician that the hearing aid is necessary regardless of etiology.

SECTION 7. 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 47X of chapter 175 of the General Laws, section 8Y of chapter 176A of the General Laws, section 4Y 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, 2026.