

HOUSE No. 980

The Commonwealth of Massachusetts

PRESENTED BY:

John W. Scibak

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 passage of the accompanying:

An Act to provide hearing aid coverage for persons with profound hearing loss .

PETITION OF:

NAME:	DISTRICT/ADDRESS:
<i>John W. Scibak</i>	<i>2nd Hampshire</i>
<i>Peter V. Kocot</i>	<i>1st Hampshire</i>
<i>Sean Garballey</i>	<i>23rd Middlesex</i>
<i>Theodore C. Speliotis</i>	<i>13th Essex</i>
<i>James B. Eldridge</i>	<i>Middlesex and Worcester</i>
<i>Colleen M. Garry</i>	<i>36th Middlesex</i>
<i>Kay Khan</i>	<i>11th Middlesex</i>
<i>John V. Fernandes</i>	<i>10th Worcester</i>
<i>Patricia D. Jehlen</i>	<i>Second Middlesex</i>
<i>Jennifer E. Benson</i>	<i>37th Middlesex</i>
<i>Denise C. Garlick</i>	<i>13th Norfolk</i>

HOUSE No. 980

By Mr. Scibak of South Hadley, a petition (accompanied by bill, House, No. 980) of John W. Scibak and others for legislation to provide hearing aid coverage for persons with profound hearing loss. Financial Services.

[SIMILAR MATTER FILED IN PREVIOUS SESSION

SEE

□ HOUSE
□ , NO. 324 OF 2011-2012.]

The Commonwealth of Massachusetts

An Act to provide hearing aid coverage for persons with profound hearing loss .

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. Chapter 23 of chapter 32A of the General Laws, as amended by Chapter
2 233 of the Acts of 2012, 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 who is insured under the group insurance commission, coverage for the cost of 1
5 hearing aid per hearing-impaired ear up to \$500 and 80 percent coverage of the next \$1,500 for
6 each hearing aid, as defined in section 196 of chapter 112, every 24 months for insured
7 individuals with bilateral profound hearing loss upon a written statement from the treating
8 physician that the hearing aids are necessary regardless of etiology. Coverage under this section
9 shall include all related services prescribed by a licensed audiologist or hearing instrument
10 specialist, as defined in said section 196 of said chapter 112, including the initial hearing aid
11 evaluation, fitting and adjustments and supplies, including ear molds. The insured may choose a
12 higher priced hearing aid and may pay the difference in cost above the limit in this section
13 without any financial or contractual penalty to the insured or to the provider of the hearing aid.
14 The benefits in this section shall not be subject to any greater deductible, coinsurance,
15 copayments or out-of-pocket limits than other benefits provided by the insurer. Nothing in this
16 section shall prohibit the commission from offering greater coverage for hearing aids than
17 required by this section. This section shall also require coverage for such hearing aids under any
18 non-group policy.

19 SECTION 2. Section 47X of chapter 175 of the General Laws, as amended by Chapter
20 233 of the Acts of 2012, is hereby amended by adding the following paragraph:-

21 (g) Any policy of accident and sickness insurance as described in section 108 which
22 provides hospital expense and surgical expense insurance and which is delivered, issued or
23 subsequently renewed by agreement between the insurer and policyholder in the commonwealth;
24 any blanket or general policy of insurance described in subdivision (A), (C) or (D) of section 110
25 that provides hospital expense and surgical expense insurance and that is delivered, issued or
26 subsequently renewed by agreement between the insurer and the policyholder, within or without
27 the commonwealth; or any employees' health and welfare fund that provides hospital expense
28 and surgical expense benefits and that is delivered, issued or renewed to any person or group of
29 people in the commonwealth, shall provide coverage for the cost of 1 hearing aid per hearing-
30 impaired ear up to \$500 and 80 percent coverage of the next \$1,500 for each hearing aid , as
31 defined in section 196 of chapter 112, every 24 months for insured individuals with bilateral
32 profound hearing loss upon a written statement from the treating physician that the hearing aids
33 are necessary regardless of etiology. Coverage under this section shall include all related services
34 prescribed by a licensed audiologist or hearing instrument specialist, as defined in said section
35 196 of said chapter 112, including the initial hearing aid evaluation, fitting and adjustments and
36 supplies, including ear molds. The insured may choose a higher priced hearing aid and may pay
37 the difference in cost above the limit in this section without any financial or contractual penalty
38 to the insured or to the provider of the hearing aid. The benefits in this section shall not be
39 subject to any greater deductible, coinsurance, copayments or out-of-pocket limits than any other
40 benefits provided by the insurer. Nothing in this section shall prohibit an insurer from offering
41 greater coverage for hearing aids than required by this section. This section shall also require
42 coverage for hearing aids under any non-group policy.

43 SECTION 3. Section 8Y of chapter 176A of the General Laws, as amended by Chapter
44 233 of the Acts of 2012, is hereby amended by adding the following paragraph:-

45 (g) Any contracts, except contracts providing supplemental coverage to Medicare or other
46 governmental programs, between a subscriber and the corporation under an individual or group
47 hospital service plan that is delivered, issued or renewed in the commonwealth shall provide as
48 benefits to all individual subscribers or members within the commonwealth and to all group
49 members having a principal place of employment within the commonwealth, coverage for the
50 cost of 1 hearing aid per hearing-impaired ear up to \$500 and 80 percent coverage of the next
51 \$1,500 for each hearing aid , as defined in section 196 of chapter 112, every 24 months for
52 insured individuals with bilateral profound hearing loss upon a written statement from the
53 treating physician that the hearing aids are necessary regardless of etiology. Coverage under this
54 section shall include all related services prescribed by a licensed audiologist or hearing
55 instrument specialist, as defined in said section 196 of said chapter 112, including the initial
56 hearing aid evaluation, fitting and adjustments and supplies, including ear molds. The insured
57 may choose a higher priced hearing aid and may pay the difference in cost above the limit in this

58 section without any financial or contractual penalty to the insured or to the provider of the
59 hearing aid. The benefits in this section shall not be subject to any greater deductible,
60 coinsurance, copayments or out-of-pocket limits than any other benefits provided by the insurer.
61 Nothing in this section shall prohibit a corporation from offering greater coverage for hearing
62 aids than required by this section. This section shall also require coverage for such hearing aids
63 under any non-group policy.

64 SECTION 4. Chapter 176B of the General Laws, as amended by Chapter 233 of the Acts
65 of 2012, is hereby amended by inserting, after section 4DD, the following section:-

66 Section 4FF. Any subscription certificate under an individual or group medical service
67 agreement, except certificates which provide supplemental coverage to Medicare or other
68 governmental programs, that shall be delivered, issued or renewed within the commonwealth
69 shall provide as benefits to all individual subscribers or members within the commonwealth and
70 to all group members having a principal place of employment in the commonwealth, coverage
71 for the cost of 1 hearing aid per hearing-impaired ear up to \$500 and 80 percent coverage of the
72 next \$1,500 for each hearing aid , as defined in section 196 of chapter 112, every 24 months for
73 insured individuals with bilateral profound hearing loss upon a written statement from the
74 treating physician that the hearing aids are necessary regardless of etiology. Coverage under this
75 section shall include all related services prescribed by a licensed audiologist or hearing
76 instrument specialist, as defined in said section 196 of said chapter 112, including the initial
77 hearing aid evaluation, fitting and adjustments and supplies, including ear molds. The insured
78 may choose a higher priced hearing aid and may pay the difference in cost above the limit in this
79 section without any financial or contractual penalty to the insured or to the provider of the
80 hearing aid. The benefits in this section shall not be subject to any greater deductible,
81 coinsurance, copayments or out-of-pocket limits than any other benefits provided by the insurer.
82 Nothing in this section shall prohibit an insurer from offering greater coverage for hearing aids
83 than required by this section. This section shall also require coverage for such hearing aids under
84 any non-group policy.

85 SECTION 5. Section 4N of chapter 176G of the General Laws, as amended by Chapter
86 233 of the Acts of 2012, is hereby amended by adding the following paragraph:-

87 An individual or group health maintenance contract, except contracts providing
88 supplemental coverage to Medicare or other governmental programs, shall provide coverage and
89 benefits for the cost of 1 hearing aid per hearing-impaired ear up to \$500 and 80 percent
90 coverage of the next \$1,500 for each hearing aid , as defined in section 196 of chapter 112, every
91 24 months for insured individuals with bilateral profound hearing loss upon a written statement
92 from the treating physician that the hearing aids are necessary regardless of etiology. Coverage
93 under this section shall include all related services prescribed by a licensed audiologist or hearing
94 instrument specialist, as defined in said section 196 of said chapter 112, including the initial
95 hearing aid evaluation, fitting and adjustments and supplies, including ear molds. The insured

96 may choose a higher priced hearing aid and may pay the difference in cost above the limit in this
97 section without any financial or contractual penalty to the insured or to the provider of the
98 hearing aid. The benefits in this section shall not be subject to any greater deductible,
99 coinsurance, copayments or out-of-pocket limits than any other benefits provided by the insurer.
100 Nothing in this section shall prohibit an insurer from offering greater coverage for hearing aids
101 than required by this section. This section shall also require coverage for such hearing aids under
102 any non-group policy.

103 SECTION 6. This act shall apply to all policies, contracts and certificates of health
104 insurance subject to section 23 of chapter 32A of the General Laws, section 47U of chapter 175
105 of the General Laws, section 8U of chapter 176A of the General Laws, section 4EE of chapter
106 176B of the General Laws and section 4N of chapter 176G of the General Laws which are
107 delivered, issued or renewed on or after January 1, 2014.