SENATE DOCKET, NO. 1563 FILED ON: 1/21/2011

SENATE . . . . . No. 429

The Commonwealth of Massachusetts

PRESENTED BY:

Brian A. Joyce

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 providing health care coverage for hearing aids.

PETITION OF:

NAME:	DISTRICT/ADDRESS:
Brian A. Joyce	*Norfolk, Bristol, and Plymouth*
Robert L. Hedlund	
	☐ *[District]*
	☐

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SENATE . . . . . No. 429

By Mr. Joyce, a petition (accompanied by bill, Senate, No. 429) of Brian A. Joyce and Robert L. Hedlund for legislation to provide health care coverage for hearing aids. Financial Services.

The Commonwealth of Massachusetts

An Act providing health care 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:

SECTION 1. Chapter 32 is hereby amended by inserting after section 17I the following section:-

Section 17J. (a) Every individual or group health insurance contract, or every individual or group hospital or medical expense insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state, shall be required to provide coverage for the cost of hearing aids up to one thousand five hundred dollars ($1,500) per individual hearing aid, per ear, every three (3) years for anyone under the age of eighteen (18) years, and shall provide coverage for one thousand dollars ($1,000) per individual hearing aid, per ear, every three (3) years for anyone of the age of eighteen (18) years and older. Coverage shall also be provided for any necessary audiological assessments and follow-ups. No special deductible, coinsurance, co-payment, or other limitation on the coverage under this section that is not generally applicable to other coverages under the plan may be imposed.

(b) In this section, "hearing aid" means any non-experimental, wearable instrument or device designed for the ear and offered for the purpose of aiding or compensating for impaired human hearing, but excluding batteries, cords, and other assistive listening devices, including, but not limited to FM systems.

(c) In this section, “Audiological Assessment” includes any physical examination looking at the ear canal and ear drum, tests of hearing tones, taking measurements using acoustic immittance measures, and any other specialized testing recommended by an audiologist.

(d) Such coverage shall not impose any lifetime dollar maximum on coverage for the cost of hearing aids.

23 (e) If the patient desires a hearing aid with a cost above said coverage amount,
24 the patient shall be responsible for paying the difference in cost.

25 SECTION 2. Chapter 175 is hereby amended by inserting after section 47Z the
26 following section:-

27 Section 47AA. (a) Any blanket or general policy of insurance which provides
28 supplemental coverage to Medicare or other governmental programs, described in subdivision
29 (A), (C), or (D) of section 110 which provides hospital expense and surgical expense insurance
30 and which is issued or subsequently renewed by agreement between the insurer and the policy
31 holder, within or without the commonwealth, during the period this section is effective, or any
32 policy of accident or sickness insurance as described in section 108 which provides hospital
33 expense and surgical expense insurance, except a policy which provides supplemental coverage
34 to Medicare or other governmental programs, and which is delivered or issued for delivery or
35 subsequently renewed by agreement between the insurer and the policy holder in the
36 commonwealth, during the period that this section is effective, or any employees' health and
37 welfare fund which provides hospital expense and surgical expense benefits and which is
38 promulgated or renewed to any person or groups of persons in the commonwealth, while this
39 section is effective, shall provide coverage for the cost of hearing aids up to one thousand five
40 hundred dollars ($1,500) per individual hearing aid, per ear, every three (3) years for anyone
41 under the age of eighteen (18) years, and shall provide coverage for one thousand dollars
42 ($1,000) per individual hearing aid, per ear, every three (3) years for anyone of the age of
43 eighteen (18) years and older. Coverage shall also be provided for any necessary audiological
44 assessments and follow-ups. No special deductible, coinsurance, co-payment, or other limitation
45 on the coverage under this section that is not generally applicable to other coverages under the
46 plan may be imposed.

47 (b) No such policy shall impose any lifetime dollar maximum on coverage for
48 the cost of hearing aids.

49 (c) If the patient desires a hearing aid with costs totaling above said coverage
50 amount, the patient shall be responsible for paying the difference.

51 SECTION 3. Chapter 176A of the General Laws is hereby amended by
52 inserting after section 8AA the following section:-

53 Section 8BB. (a) A contract between a subscriber and the corporation under an
54 individual or group hospital service plan which provides hospital expense and surgical expense
55 insurance, except contracts providing supplemental coverage to Medicare or other governmental
56 programs, delivered, issued, or renewed by agreement between the insurer and policyholder,
57 within or without commonwealth, shall provide benefits to all individual subscribers and
58 members within the commonwealth and to all group members have a principal place of
59 employment within the commonwealth coverage for the cost of hearing aids up to one thousand

60 five hundred dollars ($1,500) per individual hearing aid, per ear, every three (3) years for anyone
61 under the age of eighteen (18) years, and shall provide coverage for one thousand dollars
62 ($1,000) per individual hearing aid, per ear, every three (3) years for anyone of the age of
63 eighteen (18) years and older. Coverage shall also be provided for any necessary audiological
64 assessments and follow-ups. No special deductible, coinsurance, co-payment, or other limitation
65 on the coverage under this section that is not generally applicable to other coverages under the
66 plan may be imposed.

67 (b) No such contract shall impose any lifetime dollar maximum on coverage for
68 the cost of hearing aids.

69 (c) No such contract shall apply the amount paid for hearing aids to any annual
70 or lifetime dollar maximum applicable to other durable medical equipment covered under the
71 policy other than an annual or lifetime dollar maximum that applies in the aggregate to all items
72 and services covered under the contract.

73 (d) If the patient desires a hearing aid with costs totaling above said coverage
74 amount, the patient shall be responsible for paying the difference.

75 SECTION 4. Chapter 176B is hereby amended by inserting after section 4ZAA
76 the following section:-

77 Section 4BB. (a) Any subscription certificate under an individual or group
78 medical service agreement, except certificates which provide supplemental coverage to Medicare
79 or other governmental programs that shall be delivered, issued or renewed within the
80 commonwealth shall provide, as benefits to all individual subscribers or members within the
81 commonwealth and to all group members having a principal place of employment within the
82 commonwealth, coverage for the cost of hearing aids up to one thousand five hundred dollars
83 ($1,500) per individual hearing aid, per ear, every three (3) years for anyone under the age of
84 eighteen (18) years, and shall provide coverage for one thousand dollars ($1,000) per individual
85 hearing aid, per ear, every three (3) years for anyone of the age of eighteen (18) years and older.
86 Coverage shall also be provided for any necessary audiological assessments and follow-ups. No
87 special deductible, coinsurance, co-payment, or other limitation on the coverage under this
88 section that is not generally applicable to other coverages under the plan may be imposed.

89 (b) In this section, "hearing aid" means any non-experimental, wearable
90 instrument or device designed for the ear and offered for the purpose of aiding or compensating
91 for impaired human hearing, but excluding batteries, cords, and other assistive listening devices,
92 including, but not limited to FM systems.

93 (c) In this section, “Audiological Assessment” includes any physical
94 examination looking at the ear canal and ear drum, tests of hearing tones, taking measurements

95 using acoustic immittance measures, and any other specialized testing recommended by an
96 audiologist.

97 (d) A health maintenance contract shall not impose any lifetime dollar
98 maximum on coverage for hearing aids other than an annual or lifetime dollar maximum that
99 applies in the aggregate to all items and services covered under the contract.

100 (e) A health maintenance contract shall not apply amounts paid for hearing aids
101 to any annual or lifetime dollar maximum applicable to other durable medical equipment covered
102 under the contract other than an annual or lifetime dollar maximum that applies in the aggregate
103 to all items and services covered under the contract.

104 (f) If the patient desires a hearing aid with costs totaling above said coverage
105 amount, the patient shall be responsible for paying the difference.

106 SECTION 5. This act shall apply to all policies, contracts, agreements, plans,
107 or certificates of insurance issued or delivered within the commonwealth on or after January 1,
108 2012, or upon renewal to all policies, contracts, agreements, plans, or certificates of insurance in
109 effect before January 1, 2012.