

1 COMMITTEE SUBSTITUTE

2 FOR

3 **Senate Bill No. 501**

4 (By Senator Stollings)

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6 [Originating in the Committee on Health and Human Resources;
7 reported February 10, 2012.]

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12 A BILL to amend the Code of West Virginia, 1931, as amended, by
13 adding thereto a new section, designated §33-15-4k; to amend
14 said code by adding thereto a new section, designated §33-16-
15 3w; to amend said code by adding thereto a new section,
16 designated §33-24-7l; to amend said code by adding thereto a
17 new section, designated §33-25-8i; and to amend said code by
18 adding thereto a new section, designated §33-25A-8k, all
19 relating generally to requiring health insurance coverage of
20 hearing aids for individuals under eighteen years of age;
21 providing for an effective date for coverage; providing
22 definitions; setting age limitations; providing for coverage
23 limits and time frames; providing that the provisions are only
24 required to the extent required by federal law; and modifying

1 required benefits for accident and sickness insurance, group
2 accident and sickness insurance, hospital medical and dental
3 corporations, health care corporations and health maintenance
4 organizations.

5 *Be it enacted by the Legislature of West Virginia:*

6 That the Code of West Virginia, 1931, as amended, be amended
7 by adding thereto a new section, designated §33-15-4k; that said
8 code be amended by adding thereto a new section, designated §33-16-
9 3w; that said code be amended by adding thereto a new section,
10 designated §33-24-7l; that said code be amended by adding thereto
11 a new section, designated §33-25-8i; and that said code be amended
12 by adding thereto a new section, designated §33-25A-8k, all to read
13 as follows:

14 **ARTICLE 15. ACCIDENT AND SICKNESS INSURANCE.**

15 **§33-15-4k. Required coverage for hearing aids.**

16 (a) Notwithstanding any provision of any policy, provision,
17 contract, plan, or agreement applicable to this article, any entity
18 regulated by this article shall, on or after July 1, 2012, provide
19 coverage for the cost of hearing aids that are prescribed by a
20 licensed physician for individuals covered under the policy or plan
21 who are under eighteen years of age. Coverage shall be as follows:

22 (1) Initial hearing aids and replacement hearing aids not
23 more frequently than every thirty-six months.

24 (2) New hearing aids when alterations to the existing hearing

1 aids cannot adequately meet the needs of the covered individual.

2 (3) Services, including audiometric testing, hearing aid
3 evaluations, fittings, and adjustments, and supplies, including ear
4 molds.

5 (b) For purposes of this section, "hearing aid" means any
6 wearable device or instrument or any combination thereof,
7 designated for, represented as or offered for sale for the purpose
8 of aiding, improving or compensating for defective or impaired
9 human hearing and shall include ear molds, parts, attachments or
10 other accessories, but excluding batteries and cords.

11 (c) The same deductibles, coinsurance, network restrictions
12 and other limitations for covered services found in the policy,
13 provision, contract, plan or agreement of the covered individuals
14 apply to hearing aids covered pursuant to this section.

15 (d) To the extent that the provisions of this section require
16 benefits that exceed the essential health benefits specified under
17 section 1302(b) of the Patient Protection and Affordable Care Act,
18 Pub. L. No. 111-148, as amended, the specific benefits that
19 exceed the specified essential health benefits shall not be required
20 of a health benefit plan when the plan is offered by a health care
21 insurer in this state.

22 **ARTICLE 16. GROUP ACCIDENT AND SICKNESS INSURANCE.**

23 **§33-16-3w. Required coverage for hearing aids.**

24 (a) Notwithstanding any provision of any policy, provision,

1 contract, plan, or agreement applicable to this article, any entity
2 regulated by this article shall, on or after July 1, 2012, provide
3 coverage for the cost of hearing aids that are prescribed by a
4 licensed physician for individuals covered under the policy or plan
5 who are under eighteen years of age. Coverage shall be as follows:

6 (1) Initial hearing aids and replacement hearing aids not
7 more frequently than every thirty-six months.

8 (2) New hearing aids when alterations to the existing hearing
9 aids cannot adequately meet the needs of the covered individual.

10 (3) Services, including audiometric testing, hearing aid
11 evaluations, fittings, and adjustments, and supplies, including ear
12 molds.

13 (b) For purposes of this section, "hearing aid" means any
14 wearable device or instrument or any combination thereof,
15 designated for, represented as or offered for sale for the purpose
16 of aiding, improving or compensating for defective or impaired
17 human hearing and shall include ear molds, parts, attachments or
18 other accessories, but excluding batteries and cords.

19 (c) The same deductibles, coinsurance, network restrictions
20 and other limitations for covered services found in the policy,
21 provision, contract, plan or agreement of the covered individuals
22 apply to hearing aids covered pursuant to this section.

23 (d) To the extent that the provisions of this section require
24 benefits that exceed the essential health benefits specified under

1 section 1302(b) of the Patient Protection and Affordable Care Act,
2 Pub. L. No. 111-148, as amended, the specific benefits that
3 exceed the specified essential health benefits shall not be required
4 of a health benefit plan when the plan is offered by a health care
5 insurer in this state.

6 **ARTICLE 24. HOSPITAL MEDICAL AND DENTAL CORPORATIONS.**

7 **§33-24-71. Required coverage for hearing aids.**

8 (a) Notwithstanding any provision of any policy, provision,
9 contract, plan, or agreement applicable to this article, any entity
10 regulated by this article shall, on or after July 1, 2012, provide
11 coverage for the cost of hearing aids that are prescribed by a
12 licensed physician for individuals covered under the policy or plan
13 who are under eighteen years of age. Coverage shall be as follows:

14 (1) Initial hearing aids and replacement hearing aids not more
15 frequently than every thirty-six months.

16 (2) New hearing aids when alterations to the existing hearing
17 aids cannot adequately meet the needs of the covered individual.

18 (3) Services, including audiometric testing, hearing aid
19 evaluations, fittings, and adjustments, and supplies, including ear
20 molds.

21 (b) For purposes of this section, "hearing aid" means any
22 wearable device or instrument or any combination thereof,
23 designated for, represented as or offered for sale for the purpose
24 of aiding, improving or compensating for defective or impaired

1 human hearing and shall include earmolds, parts, attachments or
2 other accessories, but excluding batteries and cords.

3 (c) The same deductibles, coinsurance, network restrictions
4 and other limitations for covered services found in the policy,
5 provision, contract, plan or agreement of the covered individuals
6 apply to hearing aids covered pursuant to this section.

7 (d) To the extent that the provisions of this section require
8 benefits that exceed the essential health benefits specified under
9 section 1302(b) of the Patient Protection and Affordable Care Act,
10 Pub. L. No. 111-148, as amended, the specific benefits that
11 exceed the specified essential health benefits shall not be required
12 of a health benefit plan when the plan is offered by a health care
13 insurer in this state.

14 **ARTICLE 25. HEALTH CARE CORPORATION.**

15 **§33-25-8i. Required coverage for hearing aids.**

16 (a) Notwithstanding any provision of any policy, provision,
17 contract, plan, or agreement applicable to this article, any entity
18 regulated by this article shall, on or after July 1, 2012, provide
19 coverage for the cost of hearing aids that are prescribed by a
20 licensed physician for individuals covered under the policy or plan
21 who are under eighteen years of age. Coverage shall be as follows:

22 (1) Initial hearing aids and replacement hearing aids not
23 more frequently than every thirty-six months.

24 (2) New hearing aids when alterations to the existing hearing

1 aids cannot adequately meet the needs of the covered individual.

2 (3) Services, including audiometric testing, hearing aid
3 evaluations, fittings, and adjustments, and supplies, including ear
4 molds.

5 (b) For purposes of this section, "hearing aid" means any
6 wearable device or instrument or any combination thereof,
7 designated for, represented as or offered for sale for the purpose
8 of aiding, improving or compensating for defective or impaired
9 human hearing and shall include ear molds, parts, attachments or
10 other accessories, but excluding batteries and cords.

11 (c) The same deductibles, coinsurance, network restrictions
12 and other limitations for covered services found in the policy,
13 provision, contract, plan or agreement of the covered individuals
14 apply to hearing aids covered pursuant to this section.

15 (d) To the extent that the provisions of this section require
16 benefits that exceed the essential health benefits specified under
17 section 1302(b) of the Patient Protection and Affordable Care Act,
18 Pub. L. No. 111-148, as amended, the specific benefits that
19 exceed the specified essential health benefits shall not be required
20 of a health benefit plan when the plan is offered by a health care
21 insurer in this state.

22 **ARTICLE 25A. HEALTH MAINTENANCE ORGANIZATION ACT.**

23 **§33-25A-8k. Required coverage for hearing aids.**

24 (a) Notwithstanding any provision of any policy, provision,

1 contract, plan, or agreement applicable to this article, any entity
2 regulated by this article shall, on or after July 1, 2012, provide
3 coverage for the cost of hearing aids that are prescribed by a
4 licensed physician for individuals covered under the policy or plan
5 who are under eighteen years of age. Coverage shall be as follows:

6 (1) Initial hearing aids and replacement hearing aids not more
7 frequently than every thirty-six months.

8 (2) New hearing aids when alterations to the existing hearing
9 aids cannot adequately meet the needs of the covered individual.

10 (3) Services, including audiometric testing, hearing aid
11 evaluations, fittings, and adjustments, and supplies, including ear
12 molds.

13 (b) For purposes of this section, "hearing aid" means any
14 wearable device or instrument or any combination thereof,
15 designated for, represented as or offered for sale for the purpose
16 of aiding, improving or compensating for defective or impaired
17 human hearing and shall include ear molds, parts, attachments or
18 other accessories, but excluding batteries and cords.

19 (c) The same deductibles, coinsurance, network restrictions
20 and other limitations for covered services found in the policy,
21 provision, contract, plan or agreement of the covered individuals
22 apply to hearing aids covered pursuant to this section.

23 (d) To the extent that the provisions of this section require
24 benefits that exceed the essential health benefits specified under

1 section 1302(b) of the Patient Protection and Affordable Care Act,
2 Pub. L. No. 111-148, as amended, the specific benefits that
3 exceed the specified essential health benefits shall not be required
4 of a health benefit plan when the plan is offered by a health care
5 insurer in this state.

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