

1 COMMITTEE SUBSTITUTE

2 FOR

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4 FOR

5 **Senate Bill No. 501**

6 (By Senator Stollings)

7 _____
8 [Originating in the Committee on Banking and Insurance;
9 reported February 20, 2012.]
10 _____

11
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 more
23 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.

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

10 (c) The same deductibles, coinsurance, network restrictions
11 and other limitations for covered services found in the policy,
12 provision, contract, plan or agreement of the covered individuals
13 apply to hearing aids covered pursuant to this section. Coverage
14 is further limited to the full cost of one hearing aid per
15 hearing-impaired ear up to \$1,400 every thirty-six months for
16 hearing aids and all hearing aid-related services. The insured may
17 choose a higher priced hearing aid and may pay the difference in
18 cost above the \$1,400 limit as provided in this section without any
19 financial or contractual penalty to the insured or to the provider
20 of the hearing aid.

21 (d) To the extent that the provisions of this section require
22 benefits that exceed the essential health benefits specified under
23 section 1302(b) of the Patient Protection and Affordable Care Act,
24 Pub. L. No. 111-148, as amended, the specific benefits that exceed

1 the specified essential health benefits shall not be required of a
2 health benefit plan when the plan is offered by a health care
3 insurer in this state.

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

5 **§33-16-3w. Required coverage for hearing aids.**

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

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

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

16 (3) Services, including audiometric testing, hearing aid
17 evaluations, fittings and adjustments.

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

24 (c) The same deductibles, coinsurance, network restrictions

1 and other limitations for covered services found in the policy,
2 provision, contract, plan or agreement of the covered individuals
3 apply to hearing aids covered pursuant to this section. Coverage
4 is further limited to the full cost of one hearing aid per
5 hearing-impaired ear up to \$1,400 every thirty-six months for
6 hearing aids and all hearing aid-related services. The insured may
7 choose a higher priced hearing aid and may pay the difference in
8 cost above the \$1,400 limit as provided in this section without any
9 financial or contractual penalty to the insured or to the provider
10 of the hearing aid.

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

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

19 **§33-24-71. Required coverage for hearing aids.**

20 (a) Notwithstanding any provision of any policy, provision,
21 contract, plan or agreement applicable to this article, any entity
22 regulated by this article shall, on or after July 1, 2012, provide
23 coverage for the cost of hearing aids that are prescribed by a
24 licensed physician for individuals covered under the policy or plan

1 who are under eighteen years of age. Coverage shall be as follows:

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

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

6 (3) Services, including audiometric testing, hearing aid
7 evaluations, fittings and adjustments.

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

14 (c) The same deductibles, coinsurance, network restrictions
15 and other limitations for covered services found in the policy,
16 provision, contract, plan or agreement of the covered individuals
17 apply to hearing aids covered pursuant to this section. Coverage
18 is further limited to the full cost of one hearing aid per
19 hearing-impaired ear up to \$1,400 every thirty-six months for
20 hearing aids and all hearing aid-related services. The insured may
21 choose a higher priced hearing aid and may pay the difference in
22 cost above the \$1,400 limit as provided in this section without any
23 financial or contractual penalty to the insured or to the provider
24 of the hearing aid.

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

8 **ARTICLE 25. HEALTH CARE CORPORATION.**

9 **§33-25-8i. Required coverage for hearing aids.**

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

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

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

20 (3) Services, including audiometric testing, hearing aid
21 evaluations, fittings and adjustments.

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

1 of aiding, improving or compensating for defective or impaired
2 human hearing and shall include ear molds, parts, attachments or
3 other necessary accessories, but excluding batteries and cords.

4 (c) The same deductibles, coinsurance, network restrictions
5 and other limitations for covered services found in the policy,
6 provision, contract, plan or agreement of the covered individuals
7 apply to hearing aids covered pursuant to this section. Coverage
8 is further limited to the full cost of one hearing aid per
9 hearing-impaired ear up to \$1,400 every thirty-six months for
10 hearing aids and all hearing aid-related services. The insured may
11 choose a higher priced hearing aid and may pay the difference in
12 cost above the \$1,400 limit as provided in this section without any
13 financial or contractual penalty to the insured or to the provider
14 of the hearing aid.

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 exceed
19 the specified essential health benefits shall not be required of a
20 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.

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

18 (c) The same deductibles, coinsurance, network restrictions
19 and other limitations for covered services found in the policy,
20 provision, contract, plan or agreement of the covered individuals
21 apply to hearing aids covered pursuant to this section. Coverage
22 is further limited to the full cost of one hearing aid per
23 hearing-impaired ear up to \$1,400 every thirty-six months for
24 hearing aids and all hearing aid-related services. The insured may

1 choose a higher priced hearing aid and may pay the difference in
2 cost above the \$1,400 limit as provided in this section without any
3 financial or contractual penalty to the insured or to the provider
4 of the hearing aid.

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