

COMMITTEE SUBSTITUTE

FOR

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## **Senate Bill No. 501**

(By Senator Stollings)

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[Originating in the Committee on Banking and Insurance;  
reported February 20, 2012.]

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A BILL to amend the Code of West Virginia, 1931, as amended, by adding thereto a new section, designated §33-15-4k; to amend said code by adding thereto a new section, designated §33-16-3w; to amend said code by adding thereto a new section, designated §33-24-7l; to amend said code by adding thereto a new section, designated §33-25-8i; and to amend said code by adding thereto a new section, designated §33-25A-8k, all relating generally to requiring health insurance coverage of hearing aids for individuals under eighteen years of age;

providing for an effective date for coverage; providing definitions; setting age limitations; providing for coverage limits and time frames; providing that the provisions are only required to the extent required by federal law; and modifying required benefits for accident and sickness insurance, group accident and sickness insurance, hospital medical and dental corporations, health care corporations and health maintenance organizations.

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

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

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

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

- 1       (a) Notwithstanding any provision of any policy, provi-
- 2       sion, contract, plan or agreement applicable to this article,
- 3       any entity regulated by this article shall, on or after July 1,

4 2012, provide coverage for the cost of hearing aids that are  
5 prescribed by a licensed physician for individuals covered  
6 under the policy or plan who are under eighteen years of age.

7 Coverage shall be as follows:

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

10 (2) New hearing aids when alterations to the existing  
11 hearing aids cannot adequately meet the needs of the covered  
12 individual.

13 (3) Services, including audiometric testing, hearing aid  
14 evaluations, fittings and adjustments.

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

22 (c) The same deductibles, coinsurance, network restric-  
23 tions and other limitations for covered services found in the  
24 policy, provision, contract, plan or agreement of the covered  
25 individuals apply to hearing aids covered pursuant to this

26 section. Coverage is further limited to the full cost of one  
27 hearing aid per hearing-impaired ear up to \$1,400 every  
28 thirty-six months for hearing aids and all hearing aid-  
29 related services. The insured may choose a higher priced  
30 hearing aid and may pay the difference in cost above the  
31 \$1,400 limit as provided in this section without any financial  
32 or contractual penalty to the insured or to the provider of the  
33 hearing aid.

34 (d) To the extent that the provisions of this section  
35 require benefits that exceed the essential health benefits  
36 specified under section 1302(b) of the Patient Protection and  
37 Affordable Care Act, Pub. L. No. 111-148, as amended, the  
38 specific benefits that exceed the specified essential health  
39 benefits shall not be required of a health benefit plan when  
40 the plan is offered by a health care insurer in this state.

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

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

1 (a) Notwithstanding any provision of any policy, provi-  
2 sion, contract, plan or agreement applicable to this article,  
3 any entity regulated by this article shall, on or after July 1,  
4 2012, provide coverage for the cost of hearing aids that are  
5 prescribed by a licensed physician for individuals covered

6 under the policy or plan who are under eighteen years of age.

7 Coverage shall be as follows:

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

10 (2) New hearing aids when alterations to the existing  
11 hearing aids cannot adequately meet the needs of the covered  
12 individual.

13 (3) Services, including audiometric testing, hearing aid  
14 evaluations, fittings and adjustments.

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

22 (c) The same deductibles, coinsurance, network restric-  
23 tions and other limitations for covered services found in the  
24 policy, provision, contract, plan or agreement of the covered  
25 individuals apply to hearing aids covered pursuant to this  
26 section. Coverage is further limited to the full cost of one  
27 hearing aid per hearing-impaired ear up to \$1,400 every

28 thirty-six months for hearing aids and all hearing aid-  
29 related services. The insured may choose a higher priced  
30 hearing aid and may pay the difference in cost above the  
31 \$1,400 limit as provided in this section without any financial  
32 or contractual penalty to the insured or to the provider of the  
33 hearing aid.

34 (d) To the extent that the provisions of this section  
35 require benefits that exceed the essential health benefits  
36 specified under section 1302(b) of the Patient Protection and  
37 Affordable Care Act, Pub. L. No. 111-148, as amended, the  
38 specific benefits that exceed the specified essential health  
39 benefits shall not be required of a health benefit plan when  
40 the plan is offered by a health care insurer in this state.

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

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

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

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

10       (2) New hearing aids when alterations to the existing  
11   hearing aids cannot adequately meet the needs of the covered  
12   individual.

13       (3) Services, including audiometric testing, hearing aid  
14   evaluations, fittings and adjustments.

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

22       (c) The same deductibles, coinsurance, network restric-  
23   tions and other limitations for covered services found in the  
24   policy, provision, contract, plan or agreement of the covered  
25   individuals apply to hearing aids covered pursuant to this  
26   section. Coverage is further limited to the full cost of one  
27   hearing aid per hearing-impaired ear up to \$1,400 every  
28   thirty-six months for hearing aids and all hearing aid-  
29   related services. The insured may choose a higher priced

30 hearing aid and may pay the difference in cost above the  
31 \$1,400 limit as provided in this section without any financial  
32 or contractual penalty to the insured or to the provider of the  
33 hearing aid.

34 (d) To the extent that the provisions of this section  
35 require benefits that exceed the essential health benefits  
36 specified under section 1302(b) of the Patient Protection and  
37 Affordable Care Act, Pub. L. No. 111-148, as amended, the  
38 specific benefits that exceed the specified essential health  
39 benefits shall not be required of a health benefit plan when  
40 the plan is offered by a health care insurer in this state.

#### **ARTICLE 25. HEALTH CARE CORPORATION.**

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

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

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



10       (2) New hearing aids when alterations to the existing  
11 hearing aids cannot adequately meet the needs of the covered  
12 individual.

13       (3) Services, including audiometric testing, hearing aid  
14 evaluations, fittings and adjustments.

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

22       (c) The same deductibles, coinsurance, network restric-  
23 tions and other limitations for covered services found in the  
24 policy, provision, contract, plan or agreement of the covered  
25 individuals apply to hearing aids covered pursuant to this  
26 section. Coverage is further limited to the full cost of one  
27 hearing aid per hearing-impaired ear up to \$1,400 every  
28 thirty-six months for hearing aids and all hearing aid-  
29 related services. The insured may choose a higher priced  
30 hearing aid and may pay the difference in cost above the

31 \$1,400 limit as provided in this section without any financial  
32 or contractual penalty to the insured or to the provider of the  
33 hearing aid.

34 (d) To the extent that the provisions of this section  
35 require benefits that exceed the essential health benefits  
36 specified under section 1302(b) of the Patient Protection and  
37 Affordable Care Act, Pub. L. No. 111-148, as amended, the  
38 specific benefits that exceed the specified essential health  
39 benefits shall not be required of a health benefit plan when  
40 the plan is offered by a health care insurer in this state.

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

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

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

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

10 (2) New hearing aids when alterations to the existing  
11 hearing aids cannot adequately meet the needs of the covered  
12 individual.

13 (3) Services, including audiometric testing, hearing aid  
14 evaluations, fittings and adjustments.

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

22 (c) The same deductibles, coinsurance, network restric-  
23 tions and other limitations for covered services found in the  
24 policy, provision, contract, plan or agreement of the covered  
25 individuals apply to hearing aids covered pursuant to this  
26 section. Coverage is further limited to the full cost of one  
27 hearing aid per hearing-impaired ear up to \$1,400 every  
28 thirty-six months for hearing aids and all hearing aid-  
29 related services. The insured may choose a higher priced  
30 hearing aid and may pay the difference in cost above the  
31 \$1,400 limit as provided in this section without any financial

32 or contractual penalty to the insured or to the provider of the  
33 hearing aid.

34 (d) To the extent that the provisions of this section  
35 require benefits that exceed the essential health benefits  
36 specified under section 1302(b) of the Patient Protection and  
37 Affordable Care Act, Pub. L. No. 111-148, as amended, the  
38 specific benefits that exceed the specified essential health  
39 benefits shall not be required of a health benefit plan when  
40 the plan is offered by a health care insurer in this state.