# Senate Bill No. 16

(By Senators Stollings and Miller)

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[Introduced January 8, 2014; referred to the Committee Banking and Insurance; and then to the Committee on Finance.]

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FISCAL NOTE

A BILL to amend the Code of West Virginia, 1931, as amended, by adding thereto a new section, designated §5-16-7f; to amend said code by adding thereto a new section, designated §33-15-4l; to amend said code by adding thereto a new section, designated §33-16-3x; to amend said code by adding thereto a new section, designated §33-24-7m; to amend said code by adding thereto a new section, designated §33-25-8j; and to amend said code by adding thereto a new section, designated §33-25A-8l, all relating generally to requiring health insurance coverage of hearing aids for individuals under eighteen years of age; providing an effective date for coverage; providing definitions; setting age limitations; providing 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, health maintenance organizations and under the West Virginia Public Employees Insurance Act.

*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 §5-16-7f; that said code be amended by adding thereto a new section, designated §33-15-4l; that said code be amended by adding thereto a new section, designated §33-16-3x; that said code be amended by adding thereto a new section, designated §33-24-7m; that said code be amended by adding thereto a new section, designated §33-25-8j; and that said code be amended by adding thereto a new section, designated §33-25A-8l, all to read as follows:

**CHAPTER 5. GENERAL POWERS AND AUTHORITY OF THE GOVERNOR, SECRETARY OF STATE AND ATTORNEY GENERAL; BOARD OF PUBLIC WORKS; MISCELLANEOUS AGENCIES, COMMISSIONS, OFFICES, PROGRAMS, ETC.**

**ARTICLE 16. WEST VIRGINIA PUBLIC EMPLOYEES INSURANCE ACT.**

**§5-16-7f. Required coverage for hearing aids.**

(a) Notwithstanding any provision of any policy, provision, contract, plan or agreement applicable to this article, any entity regulated by this article shall, beginning July 1, 2014, provide coverage for the cost of hearing aids that are prescribed by a

licensed physician for individuals covered under the policy or plan who are under eighteen years of age. The policy or plan shall at a minimum provide coverage for:

(1) Initial hearing aids and replacement hearing aids at least as frequently as every thirty-six months;

(2) New hearing aids when alterations to the existing hearing aids cannot adequately meet the needs of the covered individual; and

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

(b) For purposes of this section, "hearing aid" means any wearable device or instrument or any combination thereof, designated for, represented as or offered for sale for the purpose of aiding, improving or compensating for defective or impaired human hearing and includes ear molds, parts, attachments or other medically necessary accessories, but excludes batteries and cords.

(c) The same deductibles, coinsurance, network restrictions and other limitations for covered services found in the policy, provision, contract, plan or agreement of the covered individuals apply to hearing aids covered pursuant to this section. Required coverage is further limited to the cost of one hearing aid including all covered hearing aid-related services not to exceed an aggregate of $1,400 per hearing-impaired ear every thirty-six months. The insured may choose a higher priced hearing aid and may

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

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

**CHAPTER 33. INSURANCE.**

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

**§33-15-41. Required coverage for hearing aids.**

(a) Notwithstanding any provision of any policy, provision, contract, plan, or agreement applicable to this article, any entity regulated by this article shall, beginning July 1, 2014, provide coverage for the cost of hearing aids that are prescribed by a licensed physician for individuals covered under the policy or plan who are under eighteen years of age. The policy or plan shall at a minimum provide coverage for:

(1) Initial hearing aids and replacement hearing aids at least as frequently as every thirty-six months;

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

and

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

(b) For purposes of this section, "hearing aid" means any wearable device or instrument or any combination thereof, designated for, represented as or offered for sale for the purpose of aiding, improving or compensating for defective or impaired human hearing and includes ear molds, parts, attachments or other medically necessary accessories, but excludes batteries and cords.

(c) The same deductibles, coinsurance, network restrictions and other limitations for covered services found in the policy, provision, contract, plan or agreement of the covered individuals apply to hearing aids covered pursuant to this section. Required coverage is further limited to the cost of one hearing aid including all covered hearing aid-related services not to exceed an aggregate of $1,400 per hearing-impaired ear every thirty-six months. The insured may choose a higher priced hearing aid and may pay the difference in cost above the $1,400 limit as provided in this section without any financial or contractual penalty to the insured or to the provider of the hearing aid.

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

the specified essential health benefits are not required of a health benefit plan when the plan is offered by a health care insurer in this state.

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

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

(a) Notwithstanding any provision of any policy, provision, contract, plan, or agreement applicable to this article, any entity regulated by this article shall, beginning July 1, 2014, provide coverage for the cost of hearings aids that are prescribed by a licensed physician for individuals covered under the policy or plan who are under eighteen years of age. The policy or plan shall at a minimum provide coverage for:

(1) Initial hearing aids and replacement hearing aids at least as frequently as every thirty-six months;

(2) New hearing aids when alterations to the existing hearing aids cannot adequately meet the needs of the covered individual; and

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

(b) For purposes of this section, “hearing aid” means any wearable device or instrument or any combination thereof, designated for, represented as or offered for sale for the purpose of aiding, improving or compensating for defective or impaired human hearing and includes ear molds, parts, attachments or other

medically necessary accessories, but excludes batteries and cords.

(c) The same deductibles, coinsurance, network restrictions and other limitations for covered services found in the policy, provision, contract, plan or agreement of the covered individuals apply to hearing aids covered pursuant to this section. Required coverage is further limited to the cost of one hearing aid including all covered hearing aid-related services not to exceed an aggregate of $1,400 per hearing-impaired ear every thirty-six months. The insured may choose a higher priced hearing aid and may pay the difference in cost above the $1,400 limit as provided in this section without any financial or contractual penalty to the insured or to the provider of the hearing aid.

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

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

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

(a) Notwithstanding any provision of any policy, provision, contract, plan, or agreement applicable to this article, any entity regulated by this article shall, beginning July 1, 2014, provide

coverage for the cost of hearing aids that are prescribed by a licensed physician for individuals covered under the policy or plan who are under eighteen years of age. The policy or plan shall at a minimum provide coverage for:

(1) Initial hearing aids and replacement hearing aids at least as frequently as every thirty-six months;

(2) New hearing aids when alterations to the existing hearing aids cannot adequately meet the needs of the covered individual; and

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

(b) For purposes of this section, "hearing aid" means any wearable device or instrument or any combination thereof, designated for, represented as or offered for sale for the purpose of aiding, improving or compensating for defective or impaired human hearing and includes ear molds, parts, attachments or other medically necessary accessories, but excludes batteries and cords.

(c) The same deductibles, coinsurance, network restrictions and other limitations for covered services found in the policy, provision, contract, plan or agreement of the covered individuals apply to hearing aids covered pursuant to this section. Required coverage is further limited to the cost of one hearing aid including all covered hearing aid-related services not to exceed an aggregate of $1,400 per hearing-impaired ear every thirty-six

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

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

**ARTICLE 25. HEALTH CARE CORPORATION.**

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

(a) Notwithstanding any provision of any policy, provision, contract, plan, or agreement applicable to this article, any entity regulated by this article shall, beginning July 1, 2014, provide coverage for the cost of hearing aids that are prescribed by a licensed physician for individuals covered under the policy or plan who are under eighteen years of age. The policy or plan shall at a minimum provide coverage for:

(1) Initial hearing aids and replacement hearing aids at least as frequently as every thirty-six months;

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

and

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

(b) For purposes of this section, "hearing aid" means any wearable device or instrument or any combination thereof, designated for, represented as or offered for sale for the purpose of aiding, improving or compensating for defective or impaired human hearing and includes ear molds, parts, attachments or other medically necessary accessories, but excludes batteries and cords.

(c) The same deductibles, coinsurance, network restrictions and other limitations for covered services found in the policy, provision, contract, plan or agreement of the covered individuals apply to hearing aids covered pursuant to this section. Required coverage is further limited to the cost of one hearing aid including all covered hearing aid-related services not to exceed an aggregate of $1,400 per hearing-impaired ear every thirty-six months. The insured may choose a higher priced hearing aid and may pay the difference in cost above the $1,400 limit as provided in this section without any financial or contractual penalty to the insured or to the provider of the hearing aid.

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

the specified essential health benefits are not required of a health benefit plan when the plan is offered by a health care insurer in this state.

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

**§33-25A-81. Required coverage for hearing aids.**

(a) Notwithstanding any provision of any policy, provision, contract, plan, or agreement applicable to this article, any entity regulated by this article shall, beginning July 1, 2014, provide coverage for the cost of hearings aids that are prescribed by a licensed physician for individuals covered under the policy or plan who are under eighteen years of age. The policy or plan shall at a minimum provide coverage for:

(1) Initial hearing aids and replacement hearing aids at least as frequently as every thirty-six months;

(2) New hearing aids when alterations to the existing hearing aids cannot adequately meet the needs of the covered individual; and

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

(b) For purposes of this section, "hearing aid" means any wearable device or instrument or any combination thereof, designated for, represented as or offered for sale for the purpose of aiding, improving or compensating for defective or impaired human hearing and includes ear molds, parts, attachments or other

medically necessary accessories, but excludes batteries and cords.

(c) The same deductibles, coinsurance, network restrictions and other limitations for covered services found in the policy, provision, contract, plan or agreement of the covered individuals apply to hearing aids covered pursuant to this section. Required coverage is further limited to the cost of one hearing aid including all covered hearing aid-related services not to exceed an aggregate of $1,400 per hearing-impaired ear every thirty-six months. The insured may choose a higher priced hearing aid and may pay the difference in cost above the $1,400 limit as provided in this section without any financial or contractual penalty to the insured or to the provider of the hearing aid.

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

NOTE: The purpose of this bill is to require health insurers and PEIA to cover hearing aids for individuals under eighteen years of age when prescribed by a licensed physician. Coverage is limited as follows: (1) Initial hearing aids and replacement hearing aids not more frequently than every thirty-six months; (2) hearing aids when alterations to the existing hearing aids cannot adequately meet the needs of the covered individual; and (3)

services, including audiometric testing, the initial hearing aid evaluation, fitting and adjustments. Covered individuals may have to meet deductibles, coinsurance, or other limitations.

All sections in this bill are new; therefore, strike-throughs and underscoring have been omitted.