# **HOUSE . . . . . . . . . . . . . . . . No. 555**

### The Commonwealth of Massachusetts

PRESENTED BY:

#### Marc T. Lombardo

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 adoption of the accompanying bill:

An Act relative to hearing aid coverage.

#### PETITION OF:

NAME:	DISTRICT/ADDRESS:
Marc T. Lombardo	22nd Middlesex
Mathew Muratore	1st Plymouth
Todd M. Smola	1st Hampden
Robert M. Koczera	11th Bristol
James J. Dwyer	30th Middlesex

## **HOUSE . . . . . . . . . . . . . . . . No. 555**

By Mr. Lombardo of Billerica, a petition (accompanied by bill, House, No. 555) of Marc T. Lombardo and others relative to insurance coverage for hearing aids. Financial Services.

### The Commonwealth of Alassachusetts

In the One Hundred and Ninetieth General Court (2017-2018)

An Act relative to hearing aid coverage.

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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. Section 23 of chapter 32A of the General Laws is hereby amended by striking out the second paragraph and inserting in place thereof the following paragraph:-

The commission shall provide to any active or retired employee of the commonwealth who is insured under the commission, and any dependent of an active or retired employee of the commonwealth who is insured under the group insurance commission, coverage for the cost of 1 hearing aid, as defined in section 196 of chapter 112, per hearing impaired ear every 36 months upon a written statement from the treating physician that the hearing aid is necessary regardless of etiology. Coverage under this section shall include all related services prescribed by a licensed audiologist or hearing instrument specialist, as defined in said section 196 of said chapter 112, including the initial hearing aid evaluation, fitting and adjustments and supplies, including ear molds. The insured may choose a hearing aid of any price without any financial or contractual penalty to the insured or to the provider of the hearing aid. The benefits in this section shall not be subject to any greater deductible, coinsurance, copayments or out-of-pocket limits than other

benefits provided by the insurer. Nothing in this section shall prohibit the commission from offering greater coverage for hearing aids than required by this section. This section shall also require coverage for such hearing aids under any non-group policy.

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SECTION 2. Section 47X of chapter 175 of the General Laws is hereby amended by striking out the second paragraph and inserting in place thereof the following paragraph:-

Any policy of accident and sickness insurance as described in section 108 which provides hospital expense and surgical expense insurance and which is delivered, issued or subsequently renewed by agreement between the insurer and policyholder in the commonwealth; any blanket or general policy of insurance described in subdivision (A), (C) or (D) of section 110 that provides hospital expense and surgical expense insurance and that is delivered, issued or subsequently renewed by agreement between the insurer and the policyholder, within or without the commonwealth; or any employees' health and welfare fund that provides hospital expense and surgical expense benefits and that is delivered, issued or renewed to any person or group of people in the commonwealth, shall provide coverage for any person who is insured under the policy or fund for the cost of 1 hearing aid, as defined under section 196 of chapter 112, per hearing impaired ear every 36 months upon a written statement from the treating physician that the hearing aid is necessary regardless of etiology. Coverage under this section shall include all related services prescribed by a licensed audiologist or hearing instrument specialist, as defined in said section 196 of said chapter 112, including the initial hearing aid evaluation, fitting and adjustments and supplies, including ear molds. The insured may choose a hearing aid of any price without any financial or contractual penalty to the insured or to the provider of the hearing aid. The benefits in this section shall not be subject to any greater deductible, coinsurance, copayments or out-of-pocket limits than any other benefits provided by the insurer. Nothing in

this section shall prohibit an insurer from offering greater coverage for hearing aids than required by this section. This section shall also require coverage for hearing aids under any non-group policy.

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SECTION 3. Section 8Y of chapter 176A of the General Laws is hereby amended by striking out the second paragraph and inserting in place thereof the following paragraph:-

Any contracts, except contracts providing supplemental coverage to Medicare or other governmental programs, between a subscriber and the corporation under an individual or group hospital service plan that is delivered, issued or renewed in the commonwealth shall provide as benefits to all individual subscribers or members within the commonwealth and to all group members having a principal place of employment within the commonwealth, coverage for any person who is insured under such contracts or plans, for the cost of 1 hearing aid, as defined under section 196 of chapter 112, every 36 months upon a written statement from the treating physician that the hearing aid is necessary regardless of etiology. Coverage under this section shall include all related services prescribed by a licensed audiologist or hearing instrument specialist, as defined in said section 196 of said chapter 112, including the initial hearing aid evaluation, fitting and adjustments and supplies, including ear molds. The insured may choose a hearing aid of any price without any financial or contractual penalty to the insured or to the provider of the hearing aid. The benefits in this section shall not be subject to any greater deductible, coinsurance, copayments or out-of-pocket limits than any other benefits provided by the insurer. Nothing in this section shall prohibit a corporation from offering greater coverage for hearing aids than required by this section. This section shall also require coverage for such hearing aids under any non-group policy.

SECTION 4. Chapter 176B of the General Laws is hereby amended by striking out section 4EE, as inserted by section 4 of chapter 233 of the acts of 2012.

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SECTION 5. Said chapter 176B is hereby further amended by inserting after section 4KK, as inserted by section 5 of chapter 233 of the acts of 2016, the following section:-

Section 4LL. Any subscription certificate under an individual or group medical service agreement, except certificates which provide supplemental coverage to Medicare or other governmental programs, that shall be delivered, issued or renewed within the commonwealth shall provide as benefits to all individual subscribers or members within the commonwealth and to all group members having a principal place of employment in the commonwealth, coverage for any person who is insured under such certificates or agreements, for the cost of 1 hearing aid, as defined under section 196 of chapter 112, per hearing impaired ear every 36 months upon a written statement from the treating physician that the hearing aid is necessary regardless of etiology. Coverage under this section shall include all related services prescribed by a licensed audiologist or hearing instrument specialist, as defined in said section 196 of said chapter 112, including the initial hearing aid evaluation, fitting and adjustments and supplies, including ear molds. The insured may choose a hearing aid of any price without any financial or contractual penalty to the insured or to the provider of the hearing aid. The benefits in this section shall not be subject to any greater deductible, coinsurance, copayments or out-of-pocket limits than any other benefits provided by the insurer. Nothing in this section shall prohibit an insurer from offering greater coverage for hearing aids than required by this section. This section shall also require coverage for such hearing aids under any non-group policy.

SECTION 6. Section 4B of chapter 176G of the General Laws is hereby amended by striking out the second paragraph and inserting in place thereof the following paragraph:-

An individual or group health maintenance contract, except contracts providing supplemental coverage to Medicare or other governmental programs, shall provide coverage and benefits for any person who is insured under such contracts for expenses incurred for the cost of 1 hearing aid, as defined under section 196 of chapter 112, per hearing impaired ear every 36 months upon a written statement from the treating physician that the hearing aid is necessary regardless of etiology. Coverage under this section shall include all related services prescribed by a licensed audiologist or hearing instrument specialist, as defined in said section 196 of said chapter 112, including the initial hearing aid evaluation, fitting and adjustments and supplies, including ear molds. The insured may choose a hearing aid of any price without any financial or contractual penalty to the insured or to the provider of the hearing aid. The benefits in this section shall not be subject to any greater deductible, coinsurance, copayments or out-of-pocket limits than any other benefits provided by the insurer. Nothing in this section shall prohibit an insurer from offering greater coverage for hearing aids than required by this section. This section shall also require coverage for such hearing aids under any non-group policy.