

**SENATE . . . . . No. 497**

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**The Commonwealth of Massachusetts**

PRESENTED BY:

***Joseph A. Boncore, (BY REQUEST)***

*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 providing hearing aids for persons with sensory impairedness.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	
<i>Gerald DiFranza</i>	<i>5 Walden St, Apt 3-7 Winthrop, MA 02152</i>	
<i>Adrian Madaro</i>	<i>1st Suffolk</i>	<i>2/1/2017</i>

**SENATE . . . . . No. 497**

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By Mr. Boncore (by request), a petition (accompanied by bill, Senate, No. 497) of Gerald DiFranza and Adrian Madaro for legislation to require hearing aids to be covered by the Group Insurance Commission. Financial Services.

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**The Commonwealth of Massachusetts**

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

An Act providing hearing aids for persons with sensory impairedness.

*Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:*

1           SECTION 1. Section 23 of chapter 32A of the General Laws, as amended by Chapter 233  
2 of the Acts of 2012, is hereby amended by inserting the following paragraph:-

3           Section 17L. The commission shall provide to any active or retired employee of the  
4 commonwealth or spouse/dependent who is insured under the group insurance commission,  
5 coverage for the cost of 1 hearing aid per hearing-impaired ear per hearing impaired person or  
6 other person with additional sensory disabilities such as severe vision loss or blindness up to  
7 \$500 and 80 percent coverage of the next \$1,500 for each hearing aid, as defined in section 196  
8 of chapter 112, every 24 months upon a written statement from the treating physician that the  
9 hearing aids are necessary regardless of etiology. Coverage under this section shall include all  
10 related services prescribed by a licensed audiologist or hearing instrument specialist, as defined  
11 in said section 196 of said chapter 112, including the initial hearing aid evaluation, fitting and  
12 adjustments and supplies, including ear molds. The insured may choose a higher priced hearing

13 aid and may pay the difference in cost above the limit in this section without any financial or  
14 contractual penalty to the insured or to the provider of the hearing aid. The benefits in this  
15 section shall not be subject to any greater deductible, coinsurance, copayments or out-of-pocket  
16 limits than other benefits provided by the insurer. Nothing in this section shall prohibit the  
17 commission from offering greater coverage for hearing aids than required by this section. This  
18 section shall also require coverage for such hearing aids under any non-group policy.

19 SECTION 2. Section 47X of chapter 175 of the General Laws, as amended by Chapter  
20 233 of the Acts of 2012, is hereby amended by adding the following paragraph:-

21 (g) Any policy of accident and sickness insurance as described in section 108 which  
22 provides hospital expense and surgical expense insurance and which is delivered, issued or  
23 subsequently renewed by agreement between the insurer and policyholder in the commonwealth;  
24 any blanket or general policy of insurance described in subdivision (A), (C) or (D) of section 110  
25 that provides hospital expense and surgical expense insurance and that is delivered, issued or  
26 subsequently renewed by agreement between the insurer and the policyholder, within or without  
27 the commonwealth; or any employees health and welfare fund that provides hospital expense and  
28 surgical expense benefits and that is delivered, issued or renewed to any person or group of  
29 people in the commonwealth, shall provide coverage for the cost of 1 hearing aid per hearing-  
30 impaired ear up to \$500 and 80 percent coverage of the next \$1,500 for each hearing aid , as  
31 defined in section 196 of chapter 112, every 24 months upon a written statement from the  
32 treating physician that the hearing aids are necessary regardless of etiology. Coverage under this  
33 section shall include all related services prescribed by a licensed audiologist or hearing  
34 instrument specialist, as defined in said section 196 of said chapter 112, including the initial  
35 hearing aid evaluation, fitting and adjustments and supplies, including ear molds. The insured

36 may choose a higher priced hearing aid and may pay the difference in cost above the limit in this  
37 section without any financial or contractual penalty to the insured or to the provider of the  
38 hearing aid. The benefits in this section shall not be subject to any greater deductible,  
39 coinsurance, copayments or out-of-pocket limits than any other benefits provided by the insurer.  
40 Nothing in this section shall prohibit an insurer from offering greater coverage for hearing aids  
41 than required by this section. This section shall also require coverage for hearing aids under any  
42 non-group policy.

43 SECTION 3. Section 8Y of chapter 176A of the General Laws, as amended by Chapter  
44 233 of the Acts of 2012, is hereby amended by adding the following paragraph:-

45 (g) Any contracts, except contracts providing supplemental coverage to Medicare or other  
46 governmental programs, between a subscriber and the corporation under an individual or group  
47 hospital service plan that is delivered, issued or renewed in the commonwealth shall provide as  
48 benefits to all individual subscribers or members within the commonwealth and to all group  
49 members having a principal place of employment within the commonwealth, coverage for the  
50 cost of 1 hearing aid per hearing-impaired ear up to \$500 and 80 percent coverage of the next  
51 \$1,500 for each hearing aid , as defined in section 196 of chapter 112, every 24 months upon a  
52 written statement from the treating physician that the hearing aids are necessary regardless of  
53 etiology. Coverage under this section shall include all related services prescribed by a licensed  
54 audiologist or hearing instrument specialist, as defined in said section 196 of said chapter 112,  
55 including the initial hearing aid evaluation, fitting and adjustments and supplies, including ear  
56 molds. The insured may choose a higher priced hearing aid and may pay the difference in cost  
57 above the limit in this section without any financial or contractual penalty to the insured or to the  
58 provider of the hearing aid. The benefits in this section shall not be subject to any greater

59 deductible, coinsurance, copayments or out-of-pocket limits than any other benefits provided by  
60 the insurer. Nothing in this section shall prohibit a corporation from offering greater coverage for  
61 hearing aids than required by this section. This section shall also require coverage for such  
62 hearing aids under any non-group policy.

63 SECTION 4. Chapter 176B of the General Laws, as amended by Chapter 233 of the Acts  
64 of 2012, is hereby amended by inserting, after section 4DD, the following section:-

65 Section 4FF. Any subscription certificate under an individual or group medical service  
66 agreement, except certificates which provide supplemental coverage to Medicare or other  
67 governmental programs, that shall be delivered, issued or renewed within the commonwealth  
68 shall provide as benefits to all individual subscribers or members within the commonwealth and  
69 to all group members having a principal place of employment in the commonwealth, coverage  
70 for the cost of 1 hearing aid per hearing-impaired ear up to \$500 and 80 percent coverage of the  
71 next \$1,500 for each hearing aid , as defined in section 196 of chapter 112, every 24 months  
72 upon a written statement from the treating physician that the hearing aids are necessary  
73 regardless of etiology. Coverage under this section shall include all related services prescribed by  
74 a licensed audiologist or hearing instrument specialist, as defined in said section 196 of said  
75 chapter 112, including the initial hearing aid evaluation, fitting and adjustments and supplies,  
76 including ear molds. The insured may choose a higher priced hearing aid and may pay the  
77 difference in cost above the limit in this section without any financial or contractual penalty to  
78 the insured or to the provider of the hearing aid. The benefits in this section shall not be subject  
79 to any greater deductible, coinsurance, copayments or out-of-pocket limits than any other  
80 benefits provided by the insurer. Nothing in this section shall prohibit an insurer from offering

81 greater coverage for hearing aids than required by this section. This section shall also require  
82 coverage for such hearing aids under any non-group policy.

83 SECTION 5. Section 4N of chapter 176G of the General Laws, as amended by Chapter  
84 233 of the Acts of 2012, is hereby amended by adding the following paragraph:-

85 An individual or group health maintenance contract, except contracts providing  
86 supplemental coverage to Medicare or other governmental programs, shall provide coverage and  
87 benefits for the cost of 1 hearing aid per hearing-impaired ear up to \$500 and 80 percent  
88 coverage of the next \$1,500 for each hearing aid , as defined in section 196 of chapter 112, every  
89 24 months upon a written statement from the treating physician that the hearing aids are  
90 necessary regardless of etiology. Coverage under this section shall include all related services  
91 prescribed by a licensed audiologist or hearing instrument specialist, as defined in said section  
92 196 of said chapter 112, including the initial hearing aid evaluation, fitting and adjustments and  
93 supplies, including ear molds. The insured may choose a higher priced hearing aid and may pay  
94 the difference in cost above the limit in this section without any financial or contractual penalty  
95 to the insured or to the provider of the hearing aid. The benefits in this section shall not be  
96 subject to any greater deductible, coinsurance, copayments or out-of-pocket limits than any other  
97 benefits provided by the insurer. Nothing in this section shall prohibit an insurer from offering  
98 greater coverage for hearing aids than required by this section. This section shall also require  
99 coverage for such hearing aids under any non-group policy.

100 SECTION 6. This act shall apply to all policies, contracts and certificates of health  
101 insurance subject to section 23 of chapter 32A of the General Laws, section 47U of chapter 175  
102 of the General Laws, section 8U of chapter 176A of the General Laws, section 4EE of chapter

103 176B of the General Laws and section 4N of chapter 176G of the General Laws which are  
104 delivered, issued or renewed on or after January 1, 2014.