

FIRST REGULAR SESSION

# HOUSE BILL NO. 716

## 98TH GENERAL ASSEMBLY

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INTRODUCED BY REPRESENTATIVE KIRKTON.

1764L.011

D. ADAM CRUMBLISS, Chief Clerk

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### AN ACT

To amend chapter 376, RSMo, by adding thereto one new section relating to an actuarial analysis of the cost impact of providing hearing aid insurance coverage.

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*Be it enacted by the General Assembly of the state of Missouri, as follows:*

Section A. Chapter 376, RSMo, is amended by adding thereto one new section, to be known as section 376.1193, to read as follows:

**376.1193. 1. The department of insurance, financial institutions and professional registration shall perform an actuarial analysis of the cost impact to health carriers, insureds with a health benefit plan, and other private and public payers if state mandates were enacted to provide insurance coverage for hearing instruments and the professional services associated with the practice of fitting hearing instruments. The actuarial analysis shall be based on the following criteria:**

**(1) The hearing instrument is prescribed and dispensed by an audiologist or hearing instrument specialist, as defined in section 346.010;**

**(2) Coverage includes the cost of a hearing instrument for each ear, as needed, as well as related services necessary to assess, select, and fit the hearing instrument with a maximum for the hearing instrument and related services of no less than one thousand five hundred dollars per hearing instrument or hearing aid every five years for any person eighteen years of age or older and every three years for any person less than eighteen years of age; and**

**(3) The health benefit plan or health carrier:**

**(a) Offers additional hearing instrument coverage as an optional rider; and**

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

17           **(b) Permits the insured to choose a higher price hearing instrument and pay the**  
18 **difference in cost.**

19           **2. As used in this section, the following terms shall mean:**

20           **(1) "Health benefit plan", the same meaning as such term is defined in section**  
21 **376.1350;**

22           **(2) "Health carrier", the same meaning as such term is defined in section 376.1350;**

23           **(3) "Hearing instrument" or "hearing aid", any wearable instrument or device**  
24 **designed for or offered for the purpose of aiding or compensating for impaired human**  
25 **hearing and any parts, attachments, or accessories, including earmold, but excluding**  
26 **batteries, cords, receivers and repairs;**

27           **(4) "Practice of fitting hearing instruments", the selection, adaptation, and sale of**  
28 **hearing instruments, including the testing and evaluation of hearing by means of an**  
29 **audiometer, calibrated to the current American National Standard Institute standards, and**  
30 **the making of impressions for earmolds.**

31           **3. By December 31, 2016, the director of the department shall submit a report of**  
32 **the actuarial findings prescribed by this section to the speaker of the house of**  
33 **representatives, the president pro tempore of the senate, and the chairpersons of the house**  
34 **of representatives committee on health insurance and the senate small business, insurance**  
35 **and industry committee, or the committees having jurisdiction over health insurance issues**  
36 **if the preceding committees no longer exist.**

37           **4. For the purposes of this section, the actuarial analysis of health benefit plan**  
38 **coverage shall assume that such coverage:**

39           **(1) Shall not be subject to any greater deductible or co-payment than other health**  
40 **care services provided by the health benefit plan; and**

41           **(2) Shall not apply to a supplemental insurance policy, including a life care**  
42 **contract, accident-only policy, specified disease policy, hospital policy providing a fixed**  
43 **daily benefit only, Medicare supplement policy, long-term care policy, short-term major**  
44 **medical policies of six months' or less duration, or any other supplemental policy.**

45           **5. The department may utilize any actuary contracted to perform services for the**  
46 **Missouri consolidated health care plan to perform the analysis required under this section.**

47           **6. The provisions of this section shall expire on December 31, 2016.**

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