

**As Reported by the House Health Committee**

**134th General Assembly**

**Regular Session**

**2021-2022**

**H. B. No. 198**

**Representatives Russo, Manchester**

**Cosponsors: Representatives Weinstein, Kelly, Crossman, Leland, Lanese,  
Lightbody, Boggs, Lepore-Hagan, Click, Blackshear, Skindell, Miller, J., Young, T.,  
Boyd, West, Miller, A., Sobecki, Smith, K., White**

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**A BILL**

To amend sections 3902.50, 3902.60, and 3902.70 and 1  
to enact section 3902.62 of the Revised Code to 2  
require health plan issuers to cover hearing 3  
aids and related services for persons twenty-one 4  
years of age and younger and to designate these 5  
changes Madeline's Law. 6

**BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF OHIO:**

**Section 1.** That sections 3902.50, 3902.60, and 3902.70 be 7  
amended and section 3902.62 of the Revised Code be enacted to 8  
read as follows: 9

**Sec. 3902.50.** As used in sections 3902.50 to ~~3902.54~~ 10  
3902.71 of the Revised Code: 11

(A) "Ambulance" has the same meaning as in section 4765.01 12  
of the Revised Code. 13

(B) "Clinical laboratory services" has the same meaning as 14  
in section 4731.65 of the Revised Code. 15

(C) "Cost sharing" means the cost to a covered person 16

under a health benefit plan according to any copayment, 17  
coinsurance, deductible, or other out-of-pocket expense 18  
requirement. 19

(D) "Covered person," "health benefit plan," "health care 20  
services," and "health plan issuer" have the same meanings as in 21  
section 3922.01 of the Revised Code. 22

(E) "Emergency facility" has the same meaning as in 23  
section 3701.74 of the Revised Code. 24

(F) "Emergency services" means all of the following as 25  
described in 42 U.S.C. 1395dd: 26

(1) Medical screening examinations undertaken to determine 27  
whether an emergency medical condition exists; 28

(2) Treatment necessary to stabilize an emergency medical 29  
condition; 30

(3) Appropriate transfers undertaken prior to an emergency 31  
medical condition being stabilized. 32

(G) "Unanticipated out-of-network care" means health care 33  
services, including clinical laboratory services, that are 34  
covered under a health benefit plan and that are provided by an 35  
out-of-network provider when either of the following conditions 36  
applies: 37

(1) The covered person did not have the ability to request 38  
such services from an in-network provider. 39

(2) The services provided were emergency services. 40

**Sec. 3902.60.** As used in sections 3902.60 and 3902.61 of 41  
the Revised Code: 42

(A) "Associated conditions" means the symptoms or side 43

effects of stage four advanced metastatic cancer, or the 44  
treatment thereof, which would, in the judgment of the health 45  
care practitioner in question, jeopardize the health of a 46  
covered individual if left untreated. 47

~~(B) "Covered person," "health benefit plan," and "health-~~ 48  
~~plan issuer" have the same meanings as in section 3922.01 of the~~ 49  
~~Revised Code.~~ 50

~~(C) "Stage four advanced metastatic cancer" means a cancer~~ 51  
that has spread from the primary or original site of the cancer 52  
to nearby tissues, lymph nodes, or other areas or parts of the 53  
body. 54

**Sec. 3902.62.** (A) As used in this section: 55

(1) "Hearing aid" means any wearable instrument or device 56  
designed or offered for the purpose of aiding or compensating 57  
for impaired human hearing, including all attachments, 58  
accessories, and parts thereof, except batteries and cords, that 59  
is dispensed by a licensed audiologist, a licensed hearing aid 60  
dealer or fitter, or an otolaryngologist. 61

(2) "Otolaryngologist" means a licensed physician who 62  
practices otolaryngology. 63

(3) "Related services" means services necessary to assess, 64  
select, and appropriately adjust or fit a hearing aid to ensure 65  
optimal performance. 66

(B) On and after the effective date of this section, and 67  
notwithstanding section 3901.71 of the Revised Code, a health 68  
benefit plan shall provide coverage for the full cost of both of 69  
the following: 70

(1) One hearing aid per hearing-impaired ear up to two 71

thousand five hundred dollars every forty-eight months for a 72  
covered person twenty-one years of age or younger who is 73  
verified as being deaf or hearing impaired by a licensed 74  
audiologist or by an otolaryngologist or other licensed 75  
physician; 76

(2) All related services prescribed by an otolaryngologist 77  
or recommended by a licensed audiologist and dispensed by a 78  
licensed audiologist, a licensed hearing aid dealer or fitter, 79  
or an otolaryngologist. 80

(C) A covered person may choose a higher priced hearing 81  
aid and may pay the difference in cost above the two-thousand- 82  
five-hundred-dollar required coverage provided in this section 83  
without any financial or contractual penalty to the covered 84  
person or to the provider of the hearing aid. 85

(D) A health plan issuer is not required to pay a claim 86  
for the cost of a hearing aid as required by division (B) of 87  
this section if, less than forty-eight months prior to the date 88  
of the claim, the covered person received the coverage required 89  
under division (B) of this section from any health benefit plan. 90

(E) (1) A health benefit plan shall only provide coverage 91  
for hearing aids that are considered medically appropriate to 92  
meet the needs of the covered person, according to professional 93  
standards established by the state speech and hearing 94  
professionals board. 95

(2) A health benefit plan shall not exclude coverage for 96  
any hearing aid that would be considered medically appropriate 97  
to meet the needs of the covered person, according to 98  
professional standards established by the state speech and 99  
hearing professionals board. 100

(3) The state speech and hearing professionals board shall 101  
adopt professional standards to permit compliance with this 102  
section. 103

**Sec. 3902.70.** As used in this section and section 3902.71 104  
of the Revised Code: 105

(A) "340B covered entity" and "third-party administrator" 106  
have the same meanings as in section 5167.01 of the Revised 107  
Code. 108

~~(B) "Health plan issuer" has the same meaning as in~~ 109  
~~section 3922.01 of the Revised Code.~~ 110

~~(C) "Terminal distributor of dangerous drugs" has the same~~ 111  
meaning as in section 4729.01 of the Revised Code. 112

**Section 2.** That existing sections 3902.50, 3902.60, and 113  
3902.70 of the Revised Code are hereby repealed. 114

**Section 3.** This act shall be known as Madeline's Law. 115