

As Introduced

**133rd General Assembly
Regular Session
2019-2020**

H. B. No. 656

Representative Galonski

A BILL

To amend, for the purpose of adopting a new section
number as indicated in parentheses, section
5164.10 (5164.16), and to enact new section
5164.10 and sections 3902.50 and 3902.51 of the
Revised Code to require health plan issuers to
cover hearing aids and related services for
persons under twenty-two years of age and to
require the Medicaid program to cover hearing
aids.

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

Section 1. That section 5164.10 (5164.16) be amended for
the purpose of adopting a new section number as indicated in
parentheses and new section 5164.10 and sections 3902.50 and
3902.51 of the Revised Code be enacted to read as follows:

Sec. 3902.50. As used in sections 3902.50 and 3902.51 of
the Revised Code:

(A) "Covered person," "health benefit plan," and "health
plan issuer" have the same meanings as in section 3922.01 of the
Revised Code.

(B) "Hearing aid" means any wearable instrument or device

designed or offered for the purpose of aiding or compensating 20
for impaired human hearing, including all attachments, 21
accessories, and parts thereof, except batteries and cords, that 22
is dispensed by a hearing aid dealer licensed under Chapter 23
4747. of the Revised Code or by an audiologist licensed under 24
Chapter 4753. of the Revised Code. 25

(C) "Related services" means services necessary to assess, 26
select, and appropriately adjust or fit a hearing aid to ensure 27
optimal performance. 28

Sec. 3902.51. (A) Notwithstanding section 3901.71 of the 29
Revised Code, a health benefit plan shall provide coverage for 30
the full cost of both of the following: 31

(1) One hearing aid per hearing-impaired ear up to one 32
thousand four hundred dollars every thirty-six months for a 33
covered person under twenty-two years of age; 34

(2) All related services prescribed by an audiologist 35
licensed pursuant to section 4753.07 of the Revised Code and 36
dispensed by a licensed audiologist or licensed hearing aid 37
dealer. 38

(B) A covered person may choose a higher priced hearing 39
aid and may pay the difference in cost above the one thousand 40
four hundred dollar required coverage provided in this section 41
without any financial or contractual penalty to the covered 42
person or to the provider of the hearing aid. 43

(C) A health plan issuer is not required to pay a claim 44
for the cost of a hearing aid as required by division (A) of 45
this section if, less than thirty-six months prior to the date 46
of the claim, the covered person received the coverage required 47
under division (A) of this section from any health benefit plan. 48

Sec. 5164.10. The medicaid program shall cover hearing aids for medicaid recipients of any age who need a hearing aid as demonstrated by the results of a hearing test meeting standards established in rules adopted under section 5164.02 of the Revised Code. 49
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~~Sec. 5164.10~~ 5164.16. The medicaid program may cover one or more state plan home and community-based services that the department of medicaid selects for coverage. A medicaid recipient of any age may receive a state plan home and community-based service if the recipient has countable income not exceeding two hundred twenty-five per cent of the federal poverty line, has a medical need for the service, and meets all other eligibility requirements for the service specified in rules adopted under section 5164.02 of the Revised Code. The rules may not require a medicaid recipient to undergo a level of care determination to be eligible for a state plan home and community-based service. 54
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Section 2. That existing section 5164.10 of the Revised Code is hereby repealed. 66
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Section 3. Sections 3902.50 and 3902.51 of the Revised Code, as enacted by this act, shall apply to health benefit plans, as defined in section 3922.01 of the Revised Code, delivered, issued for delivery, modified, or renewed on or after the effective date of this section. 68
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