LC003388

STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2024

AN ACT

RELATING TO INSURANCE – ACCIDENT AND SICKNESS INSURANCE POLICIES

Introduced By: Senators Raptakis, Felag, Valverde, Murray, Sosnowski, Bissaillon, Gu, and F. Lombardi

Date Introduced: January 12, 2024

Referred To: Senate Health & Human Services

It is enacted by the General Assembly as follows:

SECTION 1. Section 27-18-60 of the General Laws in Chapter 27-18 entitled "Accident and Sickness Insurance Policies" is hereby amended to read as follows:

27-18-60. Hearing aids.

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(a)(1) Every individual or group health insurance contract, or every individual or group hospital or medical expense insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state on or after January 1, 2006 January 1, 2025, shall provide coverage for one thousand five hundred dollars (\$1,500) two thousand dollars (\$2,000) per individual hearing aid, per ear, every three (3) years for anyone under the age of nineteen (19) years, and shall provide coverage for seven hundred dollars (\$700) per individual hearing aid, per ear, every three (3) years for anyone of the age of nineteen (19) years and older.

(2) Every group health insurance contract or group hospital or medical expense insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state on or after January 1, 2006 January, 1 2025, shall provide, as an optional rider, additional hearing aid coverage. Provided, the provisions of this paragraph shall not apply to contracts, plans, or group policies subject to the small employer health insurance availability act, chapter 50 of this title.

- (b) For the purposes of this section:
- (1) "Hearing aid" means any nonexperimental, wearable instrument or device designed for the ear and offered for the purpose of aiding or compensating for impaired human hearing, but excluding batteries, cords, and other assistive listening devices, including, but not limited to FM

systems.

- (c) It shall remain within the sole discretion of the accident and sickness insurer as to the provider of hearing aids with which they choose to contract. Reimbursement shall be provided according to the respective principles and policies of the accident and sickness insurer. Nothing contained in this section precludes the accident and sickness insurer from conducting managed care, medical necessity, or utilization review.
- (d) This section does not apply to insurance coverage providing benefits for: (1) hospital confinement indemnity; (2) disability income; (3) accident only; (4) long term care; (5) Medicare supplement; (6) limited benefit health; (7) specified diseased indemnity; (8) sickness of bodily injury or death by accident or both; (9) and other limited benefit policies.
- SECTION 2. Section 27-19-51 of the General Laws in Chapter 27-19 entitled "Nonprofit Hospital Service Corporations" is hereby amended to read as follows:

27-19-51. Hearing aids.

- (a)(1) Every individual or group health insurance contract, or every individual or group hospital or medical expense insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state on or after January 1, 2006 January 1, 2025, shall provide coverage for one thousand five hundred dollars (\$1,500) two thousand dollars (\$2,000) per individual hearing aid, per ear, every three (3) years for anyone under the age of nineteen (19) years, and shall provide coverage for seven hundred dollars (\$700) per individual hearing aid per ear, every three (3) years for anyone of the age of nineteen (19) years and older.
- (2) Every group health insurance contract or group hospital or medical expense insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state on or after January 1, 2006 January 1, 2025, shall provide, as an optional rider, additional hearing aid coverage. Provided, the provisions of this paragraph shall not apply to contracts, plans, or group policies subject to the small employer health insurance availability act, chapter 50 of this title.
- (b) For the purposes of this section, "hearing aid" means any nonexperimental, wearable instrument or device designed for the ear and offered for the purpose of aiding or compensating for impaired human hearing, but excluding batteries, cords, and other assistive listening devices, including, but not limited to, FM systems.
- (c) It shall remain within the sole discretion of the nonprofit hospital service corporation as to the provider of hearing aids with which they choose to contract. Reimbursement shall be provided according to the respective principles and policies of the nonprofit hospital service corporation. Nothing contained in this section precludes the nonprofit hospital service corporation from conducting managed care, medical necessity, or utilization review.

Medical Service Corporations" is hereby amended to read as follows:
<u>27-20-46. Hearing aids.</u>
(a)(1) Every individual or group health insurance contract, or every individual or group
hospital or medical expense insurance policy, plan, or group policy delivered, issued for delivery,
or renewed in this state on or after January 1, 2006 January 1, 2025, shall provide coverage for one
thousand five hundred dollars (\$1,500) two thousand dollars (\$2,000) per individual hearing aid,
per ear, every three (3) years for anyone under the age of nineteen (19) years, and shall provide
coverage for seven hundred dollars (\$700) per individual hearing aid per ear, every three (3) years
for anyone of the age of nineteen (19) years and older.
(2) Every group health insurance contract or group hospital or medical expense insurance
policy, plan, or group policy delivered, issued for delivery, or renewed in this state on or after
January 1, 2006 January 1, 2025, shall provide, as an optional rider, additional hearing aid coverage.
Provided, the provisions of this paragraph shall not apply to contracts, plans, or group policies
subject to the small employer health insurance availability act, chapter 50 of this title.
(b) For the purposes of this section, "hearing aid" means any nonexperimental, wearable
instrument or device designed for the ear and offered for the purpose of aiding or compensating for
impaired human hearing, but excluding batteries, cords, and other assistive listening devices,
including, but not limited to, FM systems.
(c) It shall remain within the sole discretion of the nonprofit medical service corporation
as to the provider of hearing aids with which they choose to contract. Reimbursement shall be
provided according to the respective principles and policies of the nonprofit medical service
corporation. Nothing contained in this section precludes the nonprofit medical service corporation
from conducting managed care, medical necessity, or utilization review.
SECTION 4. Section 27-41-63 of the General Laws in Chapter 27-41 entitled "Health
Maintenance Organizations" is hereby amended to read as follows:
<u>27-41-63. Hearing aids.</u>
(a)(1) Every individual or group health insurance contract, or every individual or group
hospital or medical expense insurance policy, plan, or group policy delivered, issued for delivery,
or renewed in this state on or after January 1, 2006 January 1, 2025, shall provide coverage for one
thousand five hundred dollars (\$1,500) two thousand dollars (\$2,000) per individual hearing aid,
per ear, every three (3) years for anyone under the age of nineteen (19) years, and shall provide
coverage for seven hundred dollars (\$700) per individual hearing aid per ear, every three (3) years

for anyone of the age of nineteen (19) years and older.

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1	(2) Every group health insurance contract or group hospital or medical expense insurance
2	policy, plan, or group policy delivered, issued for delivery, or renewed in this state on or after
3	January 1, 2006 January 1, 2025, shall provide, as an optional rider, additional hearing aid coverage.
4	Provided, the provisions of this paragraph shall not apply to contracts, plans, or group policies
5	subject to the small employer health insurance availability act, chapter 50 of this title.
6	(b) For the purposes of this section, "hearing aid" means any nonexperimental, wearable

- (b) For the purposes of this section, "hearing aid" means any nonexperimental, wearable instrument or device designed for the ear and offered for the purpose of aiding or compensating for impaired human hearing, but excluding batteries, cords, and other assistive listening devices, including, but not limited to FM systems.
- (c) It shall remain within the sole discretion of the health maintenance organizations as to the provider of hearing aids with which they choose to contract. Reimbursement shall be provided according to the respective principles and policies of the health maintenance organizations. Nothing contained in this section precludes the health maintenance organizations from conducting managed care, medical necessity, or utilization review.

SECTION 5. This act shall take effect upon passage.

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EXPLANATION

BY THE LEGISLATIVE COUNCIL

OF

AN ACT

RELATING TO INSURANCE – ACCIDENT AND SICKNESS INSURANCE POLICIES

This act would increase insurance coverage for hearing aids from one thousand five hundred dollars (\$1,500) to two thousand dollars (\$2,000), per ear, every three (3) years for all people regardless of age effective January 1, 2025.

This act would take effect upon passage.

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