
SENATE BILL 6291

State of Washington

66th Legislature

2020 Regular Session

By Senators Van De Wege, Rolfes, and Walsh

1 AN ACT Relating to requiring coverage for hearing instruments for
2 children and adolescents; amending RCW 48.43.0128; and adding a new
3 section to chapter 48.43 RCW.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

5 NEW SECTION. **Sec. 1.** A new section is added to chapter 48.43
6 RCW to read as follows:

7 (1) A health carrier offering a health plan issued or renewed on
8 or after January 1, 2021, must include coverage for hearing
9 instruments, including bone conduction hearing devices, for persons
10 who are eighteen years of age or younger.

11 (2) Coverage must include the hearing instrument, the initial
12 assessment, fitting, adjustment, auditory training, and ear molds as
13 necessary to maintain optimal fit.

14 (3) The maximum benefit amount required by this section is two
15 thousand five hundred dollars per hearing impaired ear every thirty-
16 six months. This benefit is not subject to the covered individual's
17 deductible.

18 (4) A covered individual may choose a higher priced hearing
19 instrument and pay the difference between the price of the hearing
20 instrument and the benefit required under this section, without

1 financial or contractual penalty to the covered individual or to the
2 provider of the hearing instrument.

3 (5) The hearing instrument must be recommended by a licensed
4 audiologist, hearing aid specialist, or a licensed physician or
5 osteopathic physician who specializes in otolaryngology and dispensed
6 by a licensed audiologist, hearing aid specialist, or a licensed
7 physician or osteopathic physician who specializes in otolaryngology.

8 (6) For the purposes of this section, "hearing instrument" and
9 "hearing aid specialist" have the same meaning as defined in RCW
10 18.35.010.

11 **Sec. 2.** RCW 48.43.0128 and 2019 c 33 s 15 are each amended to
12 read as follows:

13 (1) A health carrier offering a nongrandfathered health plan in
14 the individual or small group market may not:

15 (a) In its benefit design or implementation of its benefit
16 design, discriminate against individuals because of their age,
17 expected length of life, present or predicted disability, degree of
18 medical dependency, quality of life, or other health conditions; and

19 (b) With respect to the health plan, discriminate on the basis of
20 race, color, national origin, disability, age, sex, gender identity,
21 or sexual orientation.

22 (2) Nothing in this section may be construed to prevent an issuer
23 from appropriately utilizing reasonable medical management
24 techniques.

25 (3) Unless preempted by federal law, the commissioner shall adopt
26 any rules necessary to implement this section, consistent with
27 federal rules and guidance in effect on January 1, 2017, implementing
28 the patient protection and affordable care act.

29 (4) This section does not apply when a health carrier is
30 complying with the mandate in section 1 of this act to provide
31 benefits for hearing instruments for children.

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