LC000802

2021 -- Н 5375

STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2021

AN ACT

RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES

Introduced By: Representatives Vella-Wilkinson, Ruggiero, Donovan, Caldwell, Knight, Perez, Casimiro, and Noret Date Introduced: February 05, 2021

Referred To: House Health & Human Services

It is enacted by the General Assembly as follows:

- 1 SECTION 1. Section 27-18-60 of the General Laws in Chapter 27-18 entitled "Accident
- 2 and Sickness Insurance Policies" is hereby amended to read as follows:
- 3

27-18-60. 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 July 1, 2021, 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 July 1, 2021, 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.

16 (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

1 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:

13

<u>27-19-51. 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 July 1, 2021, 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 July 1, 2021, 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.

30 (c) It shall remain within the sole discretion of the nonprofit hospital service corporation 31 as to the provider of hearing aids with which they choose to contract. Reimbursement shall be 32 provided according to the respective principles and policies of the nonprofit hospital service 33 corporation. Nothing contained in this section precludes the nonprofit hospital service corporation 34 from conducting managed care, medical necessity, or utilization review.

- SECTION 3. Section 27-20-46 of the General Laws in Chapter 27-20 entitled "Nonprofit
 Medical Service Corporations" is hereby amended to read as follows:
- 3 **27-20-46.** 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 July 1, 2021, 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 July 1, 2021, 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.
- 25 SECTION 4. Section 27-41-63 of the General Laws in Chapter 27-41 entitled "Health
 26 Maintenance Organizations" is hereby amended to read as follows:
- 27

27-41-63. 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 July 1, 2021, 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 July 1, 2021, 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.

~

6 (b) For the purposes of this section, "hearing aid" means any nonexperimental, wearable 7 instrument or device designed for the ear and offered for the purpose of aiding or compensating for 8 impaired human hearing, but excluding batteries, cords, and other assistive listening devices, 9 including, but not limited to FM systems.

10 (c) It shall remain within the sole discretion of the health maintenance organizations as to 11 the provider of hearing aids with which they choose to contract. Reimbursement shall be provided 12 according to the respective principles and policies of the health maintenance organizations. Nothing 13 contained in this section precludes the health maintenance organizations from conducting managed 14 care, medical necessity, or utilization review.

15

SECTION 5. This act shall take effect upon passage.

LC000802

EXPLANATION

BY THE LEGISLATIVE COUNCIL

OF

AN ACT

RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES

1	This act would increase mandatory insurance coverage for hearing aids from one thousand
2	five hundred dollars (\$1,500) to two thousand dollars (\$2,000), per ear, every three (3) years. In
3	addition, the amount of insurance coverage would no longer be based on the age of the recipient.
4	This act would take effect upon passage.

LC000802