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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2014

AN ACT

RELATING TO INSURANCE - HEARING AIDS

Introduced By: Representatives Jacquard, Naughton, and Handy

Date Introduced: February 26, 2014

Referred To: House Health, Education & Welfare

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. -- (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, 2014, shall provide coverage for one thousand five hundred dollars (\$1,500) per one 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) one thousand five hundred dollars (\$1,500) 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, 2014, 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 July 1, 2014, shall provide coverage for one thousand five hundred dollars (\$1,500) per one 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) one thousand five hundred dollars (\$1,500) 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, 2014, 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.

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:

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, 2014, shall provide coverage for one thousand five hundred dollars (\$1,500) per one 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) one thousand five hundred dollars (\$1,500) 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, 2014, 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:
 - **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, 2014, shall provide coverage for one thousand five hundred dollars (\$1,500) per one 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) one thousand five hundred dollars (\$1,500) 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, 2014, 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 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 - HEARING AIDS

1	This act would increase hearing aid insurance coverage for those under the age of
2	nineteen (19) from one thousand five hundred dollars (\$1,500) to full cost, and for those age
3	nineteen (19) and older from seven hundred dollars (\$700) to one thousand five hundred dollars
4	(\$1,500).
5	This act would take effect upon passage.
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