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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2016

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A N A C T

RELATING TO INSURANCE - HEARING AIDS

Introduced By: Representatives Jacquard, and Handy

Date Introduced: January 28, 2016

Referred To: House Corporations

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
4 every individual or group hospital or medical expense insurance policy, plan, or group policy
5 delivered, issued for delivery, or renewed in this state on or after ~~January 1, 2006~~ July 1, 2016,
6 shall provide coverage for ~~one thousand five hundred dollars (\$1,500) per~~ an individual hearing
7 aid, per ear, every three (3) years ~~for anyone under the age of nineteen (19) years, and shall~~
8 ~~provide coverage for seven hundred dollars (\$700) per individual hearing aid, per ear, every three~~
9 ~~(3) years for anyone of the age of nineteen (19) years and older.~~; provided, that the hearing aid is
10 prescribed by a licensed audiologist as defined in §5-48-1.

11 (2) The basic standard coverage shall include the following:

12 (i) A hearing aid prescribed and dispensed by an audiologist or hearing aid dispenser
13 filling the prescription who is licensed by the Rhode Island department of health, and who
14 participates in the individual's health insurance plan;

15 (ii) T-coil functionality if appropriate for the individual's needs;

16 (iii) Earmold and its replacements; and

17 (iv) Repair and replacement warranties, whichever is applicable, and follow-up services
18 which are clearly stated in the hearing aid sales agreement provided to the individual at the time
19 of the fitting.

1 Upon receipt of an adverse determination regarding a hearing aid, the patient shall be
2 given written notice by the insurer of their right to a utilization review decision pursuant to
3 chapter 17.12 of title 23, ("healthcare services – utilization review act").

4 ~~(2)~~(3) Every group health insurance contract or group hospital or medical expense
5 insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state on
6 or after ~~January 1, 2006~~ July 1, 2016, shall provide, as an optional rider, additional hearing aid
7 coverage. Provided, the provisions of this paragraph shall not apply to contracts, plans, or group
8 policies subject to the small employer health insurance availability act, chapter 50 of this title.

9 (b) For the purposes of this section:

10 (1) "Hearing aid" means any nonexperimental, wearable instrument or device designed
11 for the ear and offered for the purpose of aiding or compensating for impaired human hearing, but
12 excluding batteries, cords, and other assistive listening devices, including, but not limited to FM
13 systems.

14 (c) It shall remain within the sole discretion of the accident and sickness insurer as to the
15 provider of hearing aids with which they choose to contract. Reimbursement shall be provided
16 according to the respective principles and policies of the accident and sickness insurer. Nothing
17 contained in this section precludes the accident and sickness insurer from conducting managed
18 care, medical necessity, or utilization review.

19 (d) This section does not apply to insurance coverage providing benefits for: (1) hospital
20 confinement indemnity; (2) disability income; (3) accident only; (4) long term care; (5) Medicare
21 supplement; (6) limited benefit health; (7) specified diseased indemnity; (8) sickness of bodily
22 injury or death by accident or both; (9) and other limited benefit policies.

23 SECTION 2. Section 27-19-51 of the General Laws in Chapter 27-19 entitled "Nonprofit
24 Hospital Service Corporations" is hereby amended to read as follows:

25 **27-19-51. Hearing aids.** -- (a) (1) Every individual or group health insurance contract, or
26 every individual or group hospital or medical expense insurance policy, plan, or group policy
27 delivered, issued for delivery, or renewed in this state on or after ~~January 1, 2006~~ July 1, 2016,
28 shall provide coverage for ~~one thousand five hundred dollars (\$1,500) per an~~ individual hearing
29 aid, per ear, every three (3) years ~~for anyone under the age of nineteen (19) years, and shall~~
30 ~~provide coverage for seven hundred dollars (\$700) per individual hearing aid, per ear, every three~~
31 ~~(3) years for anyone of the age of nineteen (19) years and older.;~~ provided, that the hearing aid is
32 prescribed by a licensed audiologist as defined in §5-48-1.

33 (2) The basic standard coverage shall include the following:

34 (i) A hearing aid prescribed and dispensed by an audiologist or hearing aid dispenser

1 filling the prescription who is licensed by the Rhode Island department of health, and who
2 participates in the individual's health insurance plan;

3 (ii) T-coil functionality if appropriate for the individual's needs;

4 (iii) Earmold and its replacements; and

5 (iv) Repair and replacement warranties, whichever is applicable, and follow-up services
6 which are clearly stated in the hearing aid sales agreement provided to the individual at the time
7 of the fitting.

8 Upon receipt of an adverse determination regarding a hearing aid, the patient shall be
9 given written notice by the insurer of their right to a utilization review decision pursuant to
10 chapter 17.12 of title 23, ("healthcare services – utilization review act").

11 ~~(2)~~(3) Every group health insurance contract or group hospital or medical expense
12 insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state on
13 or after ~~January 1, 2006~~ July 1, 2016, shall provide, as an optional rider, additional hearing aid
14 coverage. Provided, the provisions of this paragraph shall not apply to contracts, plans, or group
15 policies subject to the small employer health insurance availability act, chapter 50 of this title.

16 (b) For the purposes of this section:

17 (1) "Hearing aid" means any nonexperimental, wearable instrument or device designed
18 for the ear and offered for the purpose of aiding or compensating for impaired human hearing, but
19 excluding batteries, cords, and other assistive listening devices, including, but not limited to FM
20 systems.

21 (c) It shall remain within the sole discretion of the accident and sickness insurer as to the
22 provider of hearing aids with which they choose to contract. Reimbursement shall be provided
23 according to the respective principles and policies of the accident and sickness insurer. Nothing
24 contained in this section precludes the accident and sickness insurer from conducting managed
25 care, medical necessity, or utilization review.

26 (d) This section does not apply to insurance coverage providing benefits for: (1) hospital
27 confinement indemnity; (2) disability income; (3) accident only; (4) long term care; (5) Medicare
28 supplement; (6) limited benefit health; (7) specified diseased indemnity; (8) sickness of bodily
29 injury or death by accident or both; (9) and other limited benefit policies.

30 SECTION 3. Section 27-20-46 of the General Laws in Chapter 27-20 entitled "Nonprofit
31 Medical Service Corporations" is hereby amended to read as follows:

32 **27-20-46. Hearing aids.** -- (a) (1) Every individual or group health insurance contract, or
33 every individual or group hospital or medical expense insurance policy, plan, or group policy
34 delivered, issued for delivery, or renewed in this state on or after ~~January 1, 2006~~ July 1, 2016,

1 shall provide coverage for ~~one thousand five hundred dollars (\$1,500) per~~ an individual hearing
2 aid, per ear, every three (3) years ~~for anyone under the age of nineteen (19) years, and shall~~
3 ~~provide coverage for seven hundred dollars (\$700) per individual hearing aid, per ear, every three~~
4 ~~(3) years for anyone of the age of nineteen (19) years and older.~~; provided, that the hearing aid is
5 prescribed by a licensed audiologist as defined in §5-48-1.

6 (2) The basic standard coverage shall include the following:

7 (i) A hearing aid prescribed and dispensed by an audiologist or hearing aid dispenser
8 filling the prescription who is licensed by the Rhode Island department of health, and who
9 participates in the individual's health insurance plan;

10 (ii) T-coil functionality if appropriate for the individual's needs;

11 (iii) Earmold and its replacements; and

12 (iv) Repair and replacement warranties, whichever is applicable, and follow-up services
13 which are clearly stated in the hearing aid sales agreement provided to the individual at the time
14 of the fitting.

15 Upon receipt of an adverse determination regarding a hearing aid, the patient shall be
16 given written notice by the insurer of their right to a utilization review decision pursuant to
17 chapter 17.12 of title 23, ("healthcare services – utilization review act").

18 ~~(2)~~(3) Every group health insurance contract or group hospital or medical expense
19 insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state on
20 or after ~~January 1, 2006~~ July 1, 2016, shall provide, as an optional rider, additional hearing aid
21 coverage. Provided, the provisions of this paragraph shall not apply to contracts, plans, or group
22 policies subject to the small employer health insurance availability act, chapter 50 of this title.

23 (b) For the purposes of this section:

24 (1) "Hearing aid" means any nonexperimental, wearable instrument or device designed
25 for the ear and offered for the purpose of aiding or compensating for impaired human hearing, but
26 excluding batteries, cords, and other assistive listening devices, including, but not limited to FM
27 systems.

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

33 (d) This section does not apply to insurance coverage providing benefits for: (1) hospital
34 confinement indemnity; (2) disability income; (3) accident only; (4) long term care; (5) Medicare

1 supplement; (6) limited benefit health; (7) specified diseased indemnity; (8) sickness of bodily
2 injury or death by accident or both; (9) and other limited benefit policies.

3 SECTION 4. Section 27-41-63 of the General Laws in Chapter 27-41 entitled "Health
4 Maintenance Organizations" is hereby amended to read as follows:

5 **27-41-63. Hearing aids.** -- (a) (1) Every individual or group health insurance contract, or
6 every individual or group hospital or medical expense insurance policy, plan, or group policy
7 delivered, issued for delivery, or renewed in this state on or after ~~January 1, 2006~~ July 1, 2016,
8 shall provide coverage for ~~one thousand five hundred dollars (\$1,500) per an~~ individual hearing
9 aid, per ear, every three (3) years ~~for anyone under the age of nineteen (19) years, and shall~~
10 ~~provide coverage for seven hundred dollars (\$700) per individual hearing aid, per ear, every three~~
11 ~~(3) years for anyone of the age of nineteen (19) years and older.~~; provided, that the hearing aid is
12 prescribed by a licensed audiologist as defined in §5-48-1.

13 (2) The basic standard coverage shall include the following:

14 (i) A hearing aid prescribed and dispensed by an audiologist or hearing aid dispenser
15 filling the prescription who is licensed by the Rhode Island department of health, and who
16 participates in the individual's health insurance plan;

17 (ii) T-coil functionality if appropriate for the individual's needs;

18 (iii) Earmold and its replacements; and

19 (iv) Repair and replacement warranties, whichever is applicable, and follow-up services
20 which are clearly stated in the hearing aid sales agreement provided to the individual at the time
21 of the fitting.

22 Upon receipt of an adverse determination regarding a hearing aid, the patient shall be
23 given written notice by the insurer of their right to a utilization review decision pursuant to
24 chapter 17.12 of title 23, ("healthcare services – utilization review act").

25 ~~(2)~~(3) Every group health insurance contract or group hospital or medical expense
26 insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state on
27 or after ~~January 1, 2006~~ July 1, 2016, shall provide, as an optional rider, additional hearing aid
28 coverage. Provided, the provisions of this paragraph shall not apply to contracts, plans, or group
29 policies subject to the small employer health insurance availability act, chapter 50 of this title.

30 (b) For the purposes of this section:

31 (1) "Hearing aid" means any nonexperimental, wearable instrument or device designed
32 for the ear and offered for the purpose of aiding or compensating for impaired human hearing, but
33 excluding batteries, cords, and other assistive listening devices, including, but not limited to FM
34 systems.

1 (c) It shall remain within the sole discretion of the accident and sickness insurer as to the
2 provider of hearing aids with which they choose to contract. Reimbursement shall be provided
3 according to the respective principles and policies of the accident and sickness insurer. Nothing
4 contained in this section precludes the accident and sickness insurer from conducting managed
5 care, medical necessity, or utilization review.

6 (d) This section does not apply to insurance coverage providing benefits for: (1) hospital
7 confinement indemnity; (2) disability income; (3) accident only; (4) long term care; (5) Medicare
8 supplement; (6) limited benefit health; (7) specified diseased indemnity; (8) sickness of bodily
9 injury or death by accident or both; (9) and other limited benefit policies.

10 SECTION 5. This act shall take effect upon passage.

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF
A N A C T
RELATING TO INSURANCE - HEARING AIDS

- 1 This act would expand the required health insurance coverage for hearing aids.
- 2 This act would take effect upon passage.

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