

SPONSOR: Rep. Brady
Reps. Carson, Ewing, Keeley, Kowalko, Longhurst,
Manolakos, Mitchell, Outten, Schooley, Williams;
Sens. Henry, Marshall, McDowell

HOUSE OF REPRESENTATIVES
144th GENERAL ASSEMBLY

HOUSE BILL NO. 355

AN ACT TO AMEND TITLE 18 OF THE DELAWARE CODE RELATING TO HEALTH INSURANCE
CONTRACTS.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF DELAWARE:

Section 1. Amend Chapter 33, Title 18 of the Delaware Code by adding a new “§3357” thereto as follows:

“§3357. Hearing Aid Coverage.

(a) For purposes of this section, the term “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.

(b) Every individual health insurance contract which is delivered, issued for delivery, or renewed in this state on or after January 1, 2009, shall provide coverage of up to one thousand dollars (\$1,000) per individual hearing aid, per ear, every three (3) years, for children under the age of eighteen (18) years of age, covered as a dependent by the policy holder and shall also provide, as an optional rider, coverage for hearing aids.

(c) It shall remain within the sole discretion of the insurer as to the provider of hearing aids with which they choose to contract. The insured may choose a hearing aid exceeding one thousand dollars (\$1,000.00) and pay the difference in cost above the amount of coverage required by this section. Reimbursement shall be provided according to the respective principles and policies of the insurer. Nothing contained in this section shall preclude the insurer from conducting managed care, medical necessity, or utilization review.

(d) Coverage for hearing aids may be subject deductibles and coinsurance consistent with those imposed on other benefits under the same insurance contract.

(e) 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 or bodily injury or death by accident, or both; and (9) other limited benefit policies.”

Section 2. Amend Chapter 35, Title 18 of the Delaware Code by adding a new “§3571B” thereto as follows:

“§3571B. Hearing Aid Coverage.

(a) For purposes of this section, the term “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.

(b) Every group and blanket health insurance contract which is delivered, issued for delivery, or renewed in this state on or after January 1, 2009, shall provide coverage of up to one thousand dollars (\$1,000) per individual hearing aid, per ear, every three (3) years, for children under the age of eighteen (18) years of age, covered as a dependent by the policy holder and shall also provide, as an optional rider, coverage for hearing aids.

(c) It shall remain within the sole discretion of the insurer as to the provider of hearing aids with which they choose to contract. The insured may choose a hearing aid exceeding one thousand dollars (\$1,000.00) and pay the difference in cost above the amount of coverage required by this section. Reimbursement shall be provided according to the respective principles and policies of the insurer. Nothing contained in this section shall preclude the insurer from conducting managed care, medical necessity, or utilization review.

(d) Coverage for hearing aids may be subject deductibles and coinsurance consistent with those imposed on other benefits under the same insurance contract.

(e) 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 or bodily injury or death by accident or both; and (9) other limited benefit policies.”

Section 3. This act shall take effect upon appropriation by the General Assembly of funds sufficient to implement its provisions.

SYNOPSIS

This bill requires individual and group health insurance contracts to provide coverage for hearing aids of up to \$1,000.00 per ear, every three years, for covered dependents eighteen years of age or less.