Senate Bill 206

By: Senators Martin of the 9th, Miller of the 49th, Albers of the 56th, Hill of the 6th, Harbison of the 15th and others

AS PASSED

A BILL TO BE ENTITLED

AN ACT

1 To amend Chapter 24 of Title 33 of the Official Code of Georgia Annotated, relating to
2 insurance generally, so as to provide for a short title and findings; to require health plans to
3 provide coverage for hearing aids for certain individuals; to provide for the frequency of
4 replacing hearing aids; to provide for coverage of services and supplies; to provide options
5 for higher priced devices; to provide for related matters; to repeal conflicting laws; and for
6 other purposes.

7 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

8 **SECTION 1.**

9 Chapter 24 of Title 33 of the Official Code of Georgia Annotated, relating to insurance
10 generally, is amended by adding a new Code section to read as follows:

11 "33-24-59.21.

12 (a) This Code section shall be known and may be cited as the 'Hearing Aid Coverage for
13 Children Act.'

14 (b) The General Assembly finds and declares that:

15 (1) The language development of children with partial or total hearing loss may be
16 impaired due to the hearing loss. Children learn the concept of spoken language through
17 auditory stimuli, and the language skills of children who have hearing loss improve when
18 they are provided with hearing aids and access to visual language upon the discovery of
19 hearing loss; and

20 (2) Providing hearing aids to children with hearing loss will reduce the costs borne by
21 this state, including special education, alternative treatments that would otherwise be
22 necessary if a hearing aid were not provided, and other costs associated with such hearing
23 loss.

24 (c) As used in this Code section, the term:

25 (1) 'Health benefit policy' means any individual or group plan, policy, or contract for
26 health care services issued, delivered, issued for delivery, or renewed in this state which
27 provides major medical benefits, including those contracts executed by the State of

28 Georgia on behalf of indigents and on behalf of state employees under Article 1 of
29 Chapter 18 of Title 45, by a health care corporation, health maintenance organization,
30 preferred provider organization, accident and sickness insurer, fraternal benefit society,
31 hospital service corporation, medical service corporation, or any similar entity and any
32 self-insured health care plan not subject to the exclusive jurisdiction of the Employee
33 Retirement Income Security Act of 1974, 29 U.S.C. Section 1001, et seq.
34 (2) 'Hearing aid' means any nonexperimental and wearable instrument or device offered
35 to aid or compensate for impaired human hearing that is worn in or on the body. The
36 term 'hearing aid' includes any parts, ear molds, repair parts, and replacement parts of
37 such instrument or device, including, but not limited to, nonimplanted bone anchored
38 hearing aids, nonimplanted bone conduction hearing aids, and frequency modulation
39 systems. Personal sound amplification products shall not qualify as hearing aids.
40 (d) Every health benefit policy that is delivered, issued, executed, or renewed in this state
41 or approved for issuance or renewal in this state by the Commissioner on or after
42 January 1, 2018, shall provide coverage for the billed charges of one hearing aid per
43 hearing impaired ear not to exceed $3,000.00 per hearing aid for covered individuals 18
44 years of age or under. Such coverage shall provide the replacement for one hearing aid per
45 hearing impaired ear every 48 months for covered individuals. The parent or guardian of
46 such individual is responsible for billed charges in excess of such benefits. This subsection
47 shall not prohibit an entity subject to this Code section from providing coverage that is
48 greater or more favorable to an insured or enrolled individual than the coverage required
49 under this Code section.
50 (e) In the event that a hearing aid or aids cannot adequately meet the needs of the covered
51 individual and the hearing aid or aids cannot be adequately repaired or adjusted, the hearing
52 aid or aids shall be replaced. Coverage for the replacement shall be offered within two
53 months from the date it is determined that the hearing aid or aids cannot be repaired or
54 adjusted.
55 (f) The coverage provided by this Code section shall include the following:
56 (1) Medically necessary services and supplies, including the initial hearing aid
57 evaluation, fitting, dispensing, programming, servicing, repairs, follow-up maintenance,
58 adjustments, ear molds, ear mold impressions, auditory training, and probe microphone
59 measurements to ensure appropriate gain and output, as well as verifying benefit from the
60 system selected according to accepted professional standards. Such services shall be
61 covered on a continuous basis, as needed, during each 48 month coverage period not to
62 exceed $3,000.00 per hearing impaired ear or for the duration of the hearing aid warranty,
63 whichever time period is longer;

64 (2) An option for the covered individual to choose a higher priced hearing aid or aids and
65 to pay the difference between the price of the hearing aid or aids and the benefit amount
66 as referenced in subsection (d) of this Code section, without financial or contractual
67 penalty to the insured or to the provider of the hearing aid; and
68 (3) An option for the covered individual to purchase his or her hearing aid or aids
69 through any licensed audiologist or licensed hearing aid dealer or dispenser in this state.
70 (g) A health benefit policy shall not deny or refuse coverage of, refuse to contract with,
71 or refuse to renew or reissue or otherwise terminate or restrict coverage of a covered
72 individual solely because he or she is or has been previously diagnosed with hearing loss.
73 (h) The benefits covered under this Code section shall be subject to the same annual
74 deductible, coinsurance or copayment, or utilization review applicable to other similar
75 covered benefits under the health benefit policy.
76 (i) An insurer, corporation, health maintenance organization, or governmental entity
77 providing coverage for a hearing aid or aids pursuant to this Code section is exempt from
78 providing coverage for children's hearing aids required under this Code section and not
79 covered by the insurer, corporation, health maintenance organization, or governmental
80 entity providing coverage for such treatment pursuant to this Code section as of
81 January 1, 2019, if:
82 (1) An actuary affiliated with the insurer, corporation, health maintenance organization,
83 or governmental entity who is a member of the American Academy of Actuaries and who
84 meets the American Academy of Actuaries' professional qualification standards for
85 rendering an actuarial opinion related to health insurance rate making certifies in writing
86 to the Commissioner that:
87 (A) Based on an analysis to be completed no more frequently than one time per year
88 by each insurer, corporation, health maintenance organization, or governmental entity
89 for the most recent experience period of at least one year's duration, the costs associated
90 with coverage of children's hearing aids required under this Code section, and not
91 covered as of January 1, 2019, exceeded 1 percent of the premiums charged over the
92 experience period by the insurer, corporation, or health maintenance organization; and
93 (B) Such costs solely would lead to an insurance in average premiums charged of more
94 than 1 percent for all insurance policies, subscription contracts, or health care plans
95 commencing on inception or the next renewal date, based on the premium rating
96 methodology and practices the insurer, corporation, health maintenance organization,
97 or governmental entity employs; and
98 (2) The Commissioner approves the certification of the actuary.
99 (j) Beginning January 1, 2018, to the extent that this Code section requires benefits that
100 exceed the essential health benefits required under Section 1302(b) of the federal Patient

101 Protection and Affordable Care Act, P. L. 111-148, the specific benefits that exceed the
102 required essential health benefits shall not be required of a qualified health plan as defined
103 in such act when the qualified health plan is offered in this state through the exchange.
104 Nothing in this subsection shall nullify the application of this Code section to plans offered
105 outside the state's exchange.
106 (k) This Code section shall not apply to any accident and sickness contract, policy, or
107 benefit plan offered by any employer with ten or fewer employees."

108 **SECTION 2.**

109 All laws and parts of laws in conflict with this Act are repealed.