

## Acts (2012)

### Chapter 233

#### AN ACT PROVIDING HEARING AIDS FOR CHILDREN.

*Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same as follows:*

SECTION 1. Section 23 of chapter 32A of the General Laws, as appearing in the 2010 Official Edition, is hereby amended by adding the following paragraph:-

The commission shall provide to any child, who is 21 years of age or younger, of an active or retired employee of the commonwealth and who is insured under the group insurance commission coverage for the cost of 1 hearing aid per hearing-impaired ear up to \$2,000 for each hearing aid, as defined in section 196 of chapter 112, every 36 months upon a written statement from the child's treating physician that the hearing aids are necessary regardless of etiology. Coverage under this section shall include all related services prescribed by a licensed audiologist or hearing instrument specialist, as defined in said section 196 of said chapter 112, including the initial hearing aid evaluation, fitting and adjustments and supplies, including ear molds. The insured may choose a higher priced hearing aid and may pay the difference in cost above the \$2,000 limit in this section without any financial or contractual penalty to the insured or to the provider of the hearing aid.

The benefits in this section shall not be subject to any greater deductible, coinsurance, copayments or out-of-pocket limits than other benefits provided by the insurer. Nothing in this section shall prohibit the commission from offering greater coverage for hearing aids than required by this section. This section shall also require coverage for such hearing aids under any non-group policy.

SECTION 2. Section 47X of chapter 175 of the General Laws, as so appearing, is hereby amended by adding the following paragraph:-

(f) Any policy of accident and sickness insurance as described in section 108 which provides hospital expense and surgical expense insurance and which is delivered, issued or subsequently renewed by agreement between the insurer and policyholder in the commonwealth; any blanket or general policy of insurance described in subdivision (A), (C) or (D) of section 110 that provides hospital expense and surgical expense insurance and that is delivered, issued or subsequently renewed by agreement between the insurer and the policyholder, within or without the commonwealth; or any employees' health and welfare fund that provides hospital expense and surgical expense benefits and that is delivered, issued or renewed to any person or group of people in the commonwealth, shall provide coverage for any child, 21 years of age or younger, who is insured under the policy or fund, for the cost of 1 hearing aid per hearing impaired ear up to \$2,000 for each hearing aid, as defined under section 196 of chapter 112, every 36 months upon a written statement from the child's treating physician that the hearing aids are necessary regardless of etiology. Coverage under this section shall include all related services prescribed by a licensed audiologist or hearing instrument specialist, as defined in said section 196 of said chapter 112, including the initial

hearing aid evaluation, fitting and adjustments and supplies, including ear molds. The insured may choose a higher priced hearing aid and may pay the difference in cost above the \$2,000 limit in this section without any financial or contractual penalty to the insured or to the provider of the hearing aid. The benefits in this section shall not be subject to any greater deductible, coinsurance, copayments or out-of-pocket limits than any other benefits provided by the insurer. Nothing in this section shall prohibit an insurer from offering greater coverage for hearing aids than required by this section. This section shall also require coverage for hearing aids under any non-group policy.

SECTION 3. Section 8Y of chapter 176A of the General Laws, as so appearing, is hereby amended by adding the following paragraph:-  
(f) Any contracts, except contracts providing supplemental coverage to Medicare or other governmental programs, between a subscriber and the corporation under an individual or group hospital service plan that is delivered, issued or renewed in the commonwealth shall provide as benefits to all individual subscribers or members within the commonwealth and to all group members having a principal place of employment within the commonwealth, coverage for such person's children 21 years of age or younger, who are insured under such contracts or plans, for the cost of 1 hearing aid per hearing impaired ear up to \$2,000 for each hearing aid, as defined under section 196 of chapter 112, every 36 months upon a written statement from the child's treating physician that the hearing aids are necessary regardless of etiology. Coverage under this section shall include all related services prescribed by a licensed audiologist or hearing instrument specialist, as defined in said section 196 of said chapter 112, including the initial hearing aid evaluation, fitting and adjustments and supplies,

including ear molds. The insured may choose a higher priced hearing aid and may pay the difference in cost above the \$2,000 limit in this section without any financial or contractual penalty to the insured or to the provider of the hearing aid. The benefits in this section shall not be subject to any greater deductible, coinsurance, copayments or out-of-pocket limits than any other benefits provided by the insurer. Nothing in this section shall prohibit a corporation from offering greater coverage for hearing aids than required by this section. This section shall also require coverage for such hearing aids under any non-group policy.

SECTION 4. Chapter 176B of the General Laws, as so appearing, is hereby amended by inserting, after section 4DD, the following section:-

Section 4EE. Any subscription certificate under an individual or group medical service agreement, except certificates which provide supplemental coverage to Medicare or other governmental programs, that shall be delivered, issued or renewed within the commonwealth shall provide as benefits to all individual subscribers or members within the commonwealth and to all group members having a principal place of employment in the commonwealth, coverage for such person's children 21 years of age or younger, who are insured under such certificates or agreements, for the cost of 1 hearing aid per hearing impaired ear up to \$2,000 for each hearing aid, as defined under section 196 of chapter 112, every 36 months upon a written statement from the child's treating physician that the hearing aids are necessary regardless of etiology. Coverage under this section shall include all related services prescribed by a licensed audiologist or hearing instrument specialist, as defined in said section 196 of said

chapter 112, including the initial hearing aid evaluation, fitting and adjustments and supplies, including ear molds. The insured may choose a higher priced hearing aid and may pay the difference in cost above the \$2,000 limit in this section without any financial or contractual penalty to the insured or to the provider of the hearing aid. The benefits in this section shall not be subject to any greater deductible, coinsurance, copayments or out-of-pocket limits than any other benefits provided by the insurer. Nothing in this section shall prohibit an insurer from offering greater coverage for hearing aids than required by this section. This section shall also require coverage for such hearing aids under any non-group policy.

SECTION 5. Section 4N of chapter 176G of the General Laws, as so appearing, is hereby amended by adding the following paragraph:-  
An individual or group health maintenance contract, except contracts providing supplemental coverage to Medicare or other governmental programs, shall provide coverage and benefits for children 21 years of age or younger, who are insured under such contracts, for expenses incurred for the cost of 1 hearing aid per hearing impaired ear up to \$2,000 for each hearing aid, as defined under section 196 of chapter 112, every 36 months upon a written statement from the child's treating physician that the hearing aids are necessary regardless of etiology. Coverage under this section shall include all related services prescribed by a licensed audiologist or hearing instrument specialist, as defined in said section 196 of said chapter 112, including the initial hearing aid evaluation, fitting and adjustments and supplies, including ear molds. The insured may choose a higher priced hearing aid and may pay the difference in cost above the \$2,000 limit in this section without any financial or contractual penalty to the insured or to the

provider of the hearing aid. The benefits in this section shall not be subject to any greater deductible, coinsurance, copayments or out-of-pocket limits than any other benefits provided by the insurer. Nothing in this section shall prohibit an insurer from offering greater coverage for hearing aids than required by this section. This section shall also require coverage for such hearing aids under any non-group policy.

SECTION 6. This act shall apply to all policies, contracts and certificates of health insurance subject to section 23 of chapter 32A of the General Laws, section 47U of chapter 175 of the General Laws, section 8U of chapter 176A of the General Laws, section 4EE of chapter 176B of the General Laws and section 4N of chapter 176G of the General Laws which are delivered, issued or renewed on or after January 1, 2013.

Approved, August 6, 2012.

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