

Senate Bill No. 501

(By Senator Stollings)

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[Introduced February 2, 2012; referred to the Committee on Health
and Human Resources; and then to the Committee on Banking and
Insurance.]

A BILL to amend the Code of West Virginia, 1931, as amended, by
adding thereto a new section, designated §33-15-4k; to amend
said code by adding thereto a new section, designated §33-16-
3w; to amend said code by adding thereto a new section,
designated §33-24-7l; to amend said code by adding thereto a
new section, designated §33-25-8i; and to amend said code by
adding thereto a new section, designated §33-25A-8k, all
relating generally to requiring health insurance coverage of
hearing aids for individuals under eighteen years of age;
providing for an effective date for coverage; providing
definitions; setting age limitations; providing for coverage
limits and time frames; and modifying required benefits for
accident and sickness insurance, group accident and sickness

1 insurance, hospital medical and dental corporations, health
2 care corporations and health maintenance organizations.

3 *Be it enacted by the Legislature of West Virginia:*

4 That the Code of West Virginia, 1931, as amended, be amended
5 by adding thereto a new section, designated §33-15-4k; that said
6 code be amended by adding thereto a new section, designated §33-16-
7 3w; that said code be amended by adding thereto a new section,
8 designated §33-24-7l; that said code be amended by adding thereto
9 a new section, designated §33-25-8i; and that said code be amended
10 by adding thereto a new section, designated §33-25A-8k, all to read
11 as follows:

12 **ARTICLE 15. ACCIDENT AND SICKNESS INSURANCE.**

13 **§33-15-4k. Required coverage for hearing aids.**

14 (a) Notwithstanding any provision of any policy, provision,
15 contract, plan, or agreement applicable to this article, any entity
16 regulated by this article shall, on or after July 1, 2012, provide
17 coverage for the cost of hearing aids that are prescribed by a
18 licensed physician for individuals covered under the policy or plan
19 who are under eighteen years of age. Coverage shall be as follows:

20 (1) Initial hearing aids and replacement hearing aids not
21 more frequently than every thirty-six months.

22 (2) New hearing aids when alterations to the existing hearing
23 aids cannot adequately meet the needs of the covered individual.

1 (3) Services, including audiometric testing, hearing aid
2 evaluations, fittings, and adjustments, and supplies, including ear
3 molds.

4 (b) For purposes of this section, "hearing aid" means any
5 wearable device or instrument or any combination thereof,
6 designated for, represented as or offered for sale for the purpose
7 of aiding, improving or compensating for defective or impaired
8 human hearing and shall include ear molds, parts, attachments or
9 other accessories, but excluding batteries and cords.

10 (c) The same deductibles, coinsurance, network restrictions
11 and other limitations for covered services found in the policy,
12 provision, contract, plan or agreement of the covered individuals
13 apply to hearing aids covered pursuant to this section.

14 **ARTICLE 16. GROUP ACCIDENT AND SICKNESS INSURANCE.**

15 **§33-16-3w. Required coverage for hearing aids.**

16 (a) Notwithstanding any provision of any policy, provision,
17 contract, plan, or agreement applicable to this article, any entity
18 regulated by this article shall, on or after July 1, 2012, provide
19 coverage for the cost of hearings aids that are prescribed by a
20 licensed physician for individuals covered under the policy or plan
21 who are under eighteen years of age. Coverage shall be as follows:

22 (1) Initial hearing aids and replacement hearing aids not
23 more frequently than every thirty-six months.

1 (2) New hearing aids when alterations to the existing hearing
2 aids cannot adequately meet the needs of the covered individual.

3 (3) Services, including audiometric testing, hearing aid
4 evaluations, fittings, and adjustments, and supplies, including ear
5 molds.

6 (b) For purposes of this section, "hearing aid" means any
7 wearable device or instrument or any combination thereof,
8 designated for, represented as or offered for sale for the purpose
9 of aiding, improving or compensating for defective or impaired
10 human hearing and shall include ear molds, parts, attachments or
11 other accessories, but excluding batteries and cords.

12 (c) The same deductibles, coinsurance, network restrictions
13 and other limitations for covered services found in the policy,
14 provision, contract, plan or agreement of the covered individuals
15 apply to hearing aids covered pursuant to this section.

16 **ARTICLE 24. HOSPITAL MEDICAL AND DENTAL CORPORATIONS.**

17 **§33-24-71. Required coverage for hearing aids.**

18 (a) Notwithstanding any provision of any policy, provision,
19 contract, plan, or agreement applicable to this article, any entity
20 regulated by this article shall, on or after July 1, 2012, provide
21 coverage for the cost of hearing aids that are prescribed by a
22 licensed physician for individuals covered under the policy or plan
23 who are under eighteen years of age. Coverage shall be as follows:

1 (1) Initial hearing aids and replacement hearing aids not more
2 frequently than every thirty-six months.

3 (2) New hearing aids when alterations to the existing hearing
4 aids cannot adequately meet the needs of the covered individual.

5 (3) Services, including audiometric testing, hearing aid
6 evaluations, fittings, and adjustments, and supplies, including ear
7 molds.

8 (b) For purposes of this section, "hearing aid" means any
9 wearable device or instrument or any combination thereof,
10 designated for, represented as or offered for sale for the purpose
11 of aiding, improving or compensating for defective or impaired
12 human hearing and shall include earmolds, parts, attachments or
13 other accessories, but excluding batteries and cords.

14 (c) The same deductibles, coinsurance, network restrictions
15 and other limitations for covered services found in the policy,
16 provision, contract, plan or agreement of the covered individuals
17 apply to hearing aids covered pursuant to this section.

18 **ARTICLE 25. HEALTH CARE CORPORATION.**

19 **§33-25-8i. Required coverage for hearing aids.**

20 (a) Notwithstanding any provision of any policy, provision,
21 contract, plan, or agreement applicable to this article, any entity
22 regulated by this article shall, on or after July 1, 2012, provide
23 coverage for the cost of hearing aids that are prescribed by a

1 licensed physician for individuals covered under the policy or plan
2 who are under eighteen years of age. Coverage shall be as follows:

3 (1) Initial hearing aids and replacement hearing aids not
4 more frequently than every thirty-six months.

5 (2) New hearing aids when alterations to the existing hearing
6 aids cannot adequately meet the needs of the covered individual.

7 (3) Services, including audiometric testing, hearing aid
8 evaluations, fittings, and adjustments, and supplies, including ear
9 molds.

10 (b) For purposes of this section, "hearing aid" means any
11 wearable device or instrument or any combination thereof,
12 designated for, represented as or offered for sale for the purpose
13 of aiding, improving or compensating for defective or impaired
14 human hearing and shall include ear molds, parts, attachments or
15 other accessories, but excluding batteries and cords.

16 (c) The same deductibles, coinsurance, network restrictions
17 and other limitations for covered services found in the policy,
18 provision, contract, plan or agreement of the covered individuals
19 apply to hearing aids covered pursuant to this section.

20 **ARTICLE 25A. HEALTH MAINTENANCE ORGANIZATION ACT.**

21 **§33-25A-8k. Required coverage for hearing aids.**

22 (a) Notwithstanding any provision of any policy, provision,
23 contract, plan, or agreement applicable to this article, any entity

1 regulated by this article shall, on or after July 1, 2012, provide
2 coverage for the cost of hearing aids that are prescribed by a
3 licensed physician for individuals covered under the policy or plan
4 who are under eighteen years of age. Coverage shall be as follows:

5 (1) Initial hearing aids and replacement hearing aids not more
6 frequently than every thirty-six months.

7 (2) New hearing aids when alterations to the existing hearing
8 aids cannot adequately meet the needs of the covered individual.

9 (3) Services, including audiometric testing, hearing aid
10 evaluations, fittings, and adjustments, and supplies, including ear
11 molds.

12 (b) For purposes of this section, "hearing aid" means any
13 wearable device or instrument or any combination thereof,
14 designated for, represented as or offered for sale for the purpose
15 of aiding, improving or compensating for defective or impaired
16 human hearing and shall include ear molds, parts, attachments or
17 other accessories, but excluding batteries and cords.

18 (c) The same deductibles, coinsurance, network restrictions
19 and other limitations for covered services found in the policy,
20 provision, contract, plan or agreement of the covered individuals
21 apply to hearing aids covered pursuant to this section.

NOTE: The purpose of this bill is to require health insurers

to cover hearing aids for individuals under eighteen years of age, when prescribed by a licensed physician. Coverage is limited as follows: (1) Initial hearing aids and replacement hearing aids not more frequently than every thirty-six months; (2) hearing aids when alterations to the existing hearing aids cannot adequately meet the needs of the covered individual; and (3) services, including audiometric testing, the initial hearing aid evaluation, fitting, and adjustments, and supplies, including ear molds. Covered individuals may have to meet deductibles, coinsurance, or other limitations.

§33-15-4k, §33-16-3w, §33-24-7l, §33-25-8i, and §33-25A-8k are new; therefore, strike-throughs and underscoring have been omitted.