

1 COMMITTEE SUBSTITUTE

2 FOR

3 **Senate Bill No. 26**

4 (By Senators Stollings and Yost)

5 \_\_\_\_\_  
6 [Originating in the Committee on Banking and Insurance;  
7 reported February 26, 2013.]

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9  
10 A BILL to amend the Code of West Virginia, 1931, as amended, by  
11 adding thereto a new section, designated §5-16-7f; to amend  
12 said code by adding thereto a new section, designated §33-15-  
13 4k; to amend said code by adding thereto a new section,  
14 designated §33-16-3w; to amend said code by adding thereto a  
15 new section, designated §33-24-7l; to amend said code by  
16 adding thereto a new section, designated §33-25-8i; and to  
17 amend said code by adding thereto a new section, designated  
18 §33-25A-8k, all relating generally to requiring health  
19 insurance coverage of hearing aids for individuals under  
20 eighteen years of age; providing for an effective date for  
21 coverage; providing definitions; setting age limitations;  
22 providing for coverage limits and time frames; providing that  
23 the provisions are only required to the extent required by  
24 federal law; and modifying required benefits for accident and

1 sickness insurance, group accident and sickness insurance,  
2 hospital medical and dental corporations, health care  
3 corporations, health maintenance organizations and under the  
4 West Virginia Public Employees Insurance Act.

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

6 That the Code of West Virginia, 1931, as amended, be amended  
7 by adding thereto a new section, designated §5-16-7f; that said  
8 code be amended by adding thereto a new section, designated §33-15-  
9 4k; that said code be amended by adding thereto a new section,  
10 designated §33-16-3w; that said code be amended by adding thereto  
11 a new section, designated §33-24-7l; that said code be amended by  
12 adding thereto a new section, designated §33-25-8i; and that said  
13 code be amended by adding thereto a new section, designated §33-  
14 25A-8k, all to read as follows:

15 **CHAPTER 5. GENERAL POWERS AND AUTHORITY OF THE GOVERNOR,**  
16 **SECRETARY OF STATE AND ATTORNEY GENERAL; BOARD OF PUBLIC WORKS;**  
17 **MISCELLANEOUS AGENCIES, COMMISSIONS, OFFICES, PROGRAMS, ETC.**  
18 **ARTICLE 16. WEST VIRGINIA PUBLIC EMPLOYEES INSURANCE ACT.**

19 **§5-16-7f. 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, 2013, provide  
23 coverage for the cost of hearing aids that are prescribed by a  
24 licensed physician for individuals covered under the policy or plan

1 who are under eighteen years of age. Coverage shall be as follows:

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

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

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

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 ear molds, parts, attachments or  
13 other medically necessary accessories, but excluding batteries and  
14 cords.

15 (c) The same deductibles, coinsurance, network restrictions  
16 and other limitations for covered services found in the policy,  
17 provision, contract, plan or agreement of the covered individuals  
18 apply to hearing aids covered pursuant to this section. Required  
19 coverage is further limited to the cost of one hearing aid  
20 including all covered hearing aid-related services not to exceed an  
21 aggregate of \$1,400 per hearing-impaired ear every thirty-six  
22 months. The insured may choose a higher priced hearing aid and may  
23 pay the difference in cost above the \$1,400 limit as provided in  
24 this section without any financial or contractual penalty to the

1 insured or to the provider of the hearing aid.

2 (d) To the extent that the provisions of this section require  
3 benefits that exceed the essential health benefits specified under  
4 section 1302(b) of the Patient Protection and Affordable Care Act,  
5 Pub. L. No. 111-148, as amended, the specific benefits that exceed  
6 the specified essential health benefits shall not be required of a  
7 health benefit plan when the plan is offered by a health care  
8 insurer in this state.

9 **CHAPTER 33. INSURANCE.**

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

11 **§33-15-4k. Required coverage for hearing aids.**

12 (a) Notwithstanding any provision of any policy, provision,  
13 contract, plan, or agreement applicable to this article, any entity  
14 regulated by this article shall, on or after July 1, 2013, provide  
15 coverage for the cost of hearing aids that are prescribed by a  
16 licensed physician for individuals covered under the policy or plan  
17 who are under eighteen years of age. Coverage shall be as follows:

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

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

22 (3) Services, including audiometric testing, hearing aid  
23 evaluations, fittings, and adjustments.

24 (b) For purposes of this section, "hearing aid" means any

1 wearable device or instrument or any combination thereof,  
2 designated for, represented as or offered for sale for the purpose  
3 of aiding, improving or compensating for defective or impaired  
4 human hearing and shall include ear molds, parts, attachments or  
5 other medically necessary accessories, but excluding batteries and  
6 cords.

7 (c) The same deductibles, coinsurance, network restrictions  
8 and other limitations for covered services found in the policy,  
9 provision, contract, plan or agreement of the covered individuals  
10 apply to hearing aids covered pursuant to this section. Required  
11 coverage is further limited to the cost of one hearing aid  
12 including all covered hearing aid-related services not to exceed an  
13 aggregate of \$1,400 per hearing-impaired ear every thirty-six  
14 months. The insured may choose a higher priced hearing aid and may  
15 pay the difference in cost above the \$1,400 limit as provided in  
16 this section without any financial or contractual penalty to the  
17 insured or to the provider of the hearing aid.

18 (d) To the extent that the provisions of this section require  
19 benefits that exceed the essential health benefits specified under  
20 section 1302(b) of the Patient Protection and Affordable Care Act,  
21 Pub. L. No. 111-148, as amended, the specific benefits that exceed  
22 the specified essential health benefits shall not be required of a  
23 health benefit plan when the plan is offered by a health care  
24 insurer in this state.

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

2 **§33-16-3w. Required coverage for hearing aids.**

3 (a) Notwithstanding any provision of any policy, provision,  
4 contract, plan, or agreement applicable to this article, any entity  
5 regulated by this article shall, on or after July 1, 2013, provide  
6 coverage for the cost of hearings aids that are prescribed by a  
7 licensed physician for individuals covered under the policy or plan  
8 who are under eighteen years of age. Coverage shall be as follows:

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

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

13 (3) Services, including audiometric testing, hearing aid  
14 evaluations, fittings, and adjustments.

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

22 (c) The same deductibles, coinsurance, network restrictions  
23 and other limitations for covered services found in the policy,  
24 provision, contract, plan or agreement of the covered individuals

1 apply to hearing aids covered pursuant to this section. Required  
2 coverage is further limited to the cost of one hearing aid  
3 including all covered hearing aid-related services not to exceed an  
4 aggregate of \$1,400 per hearing-impaired ear every thirty-six  
5 months. The insured may choose a higher priced hearing aid and may  
6 pay the difference in cost above the \$1,400 limit as provided in  
7 this section without any financial or contractual penalty to the  
8 insured or to the provider of the hearing aid.

9 (d) To the extent that the provisions of this section require  
10 benefits that exceed the essential health benefits specified under  
11 section 1302(b) of the Patient Protection and Affordable Care Act,  
12 Pub. L. No. 111-148, as amended, the specific benefits that exceed  
13 the specified essential health benefits shall not be required of a  
14 health benefit plan when the plan is offered by a health care  
15 insurer in this state.

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, 2013, 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:

24 (1) Initial hearing aids and replacement hearing aids not more

1 frequently than every thirty-six months.

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

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

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 earmolds, parts, attachments or  
11 other medically necessary accessories, but excluding batteries and  
12 cords.

13 (c) The same deductibles, coinsurance, network restrictions  
14 and other limitations for covered services found in the policy,  
15 provision, contract, plan or agreement of the covered individuals  
16 apply to hearing aids covered pursuant to this section. Required  
17 coverage is further limited to the cost of one hearing aid  
18 including all covered hearing aid-related services not to exceed an  
19 aggregate of \$1,400 per hearing-impaired ear every thirty-six  
20 months. The insured may choose a higher priced hearing aid and may  
21 pay the difference in cost above the \$1,400 limit as provided in  
22 this section without any financial or contractual penalty to the  
23 insured or to the provider of the hearing aid.

24 (d) To the extent that the provisions of this section require



1 benefits that exceed the essential health benefits specified under  
2 section 1302(b) of the Patient Protection and Affordable Care Act,  
3 Pub. L. No. 111-148, as amended, the specific benefits that exceed  
4 the specified essential health benefits shall not be required of a  
5 health benefit plan when the plan is offered by a health care  
6 insurer in this state.

7 **ARTICLE 25. HEALTH CARE CORPORATION.**

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

9 (a) Notwithstanding any provision of any policy, provision,  
10 contract, plan, or agreement applicable to this article, any entity  
11 regulated by this article shall, on or after July 1, 2013, provide  
12 coverage for the cost of hearing aids that are prescribed by a  
13 licensed physician for individuals covered under the policy or plan  
14 who are under eighteen years of age. Coverage shall be as follows:

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

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

19 (3) Services, including audiometric testing, hearing aid  
20 evaluations, fittings, and adjustments.

21 (b) For purposes of this section, "hearing aid" means any  
22 wearable device or instrument or any combination thereof,  
23 designated for, represented as or offered for sale for the purpose  
24 of aiding, improving or compensating for defective or impaired

1 human hearing and shall include ear molds, parts, attachments or  
2 other medically necessary accessories, but excluding batteries and  
3 cords.

4 (c) The same deductibles, coinsurance, network restrictions  
5 and other limitations for covered services found in the policy,  
6 provision, contract, plan or agreement of the covered individuals  
7 apply to hearing aids covered pursuant to this section. Required  
8 coverage is further limited to the cost of one hearing aid  
9 including all covered hearing aid-related services not to exceed an  
10 aggregate of \$1,400 per hearing-impaired ear every thirty-six  
11 months. The insured may choose a higher priced hearing aid and may  
12 pay the difference in cost above the \$1,400 limit as provided in  
13 this section without any financial or contractual penalty to the  
14 insured or to the provider of the hearing aid.

15 (d) To the extent that the provisions of this section require  
16 benefits that exceed the essential health benefits specified under  
17 section 1302(b) of the Patient Protection and Affordable Care Act,  
18 Pub. L. No. 111-148, as amended, the specific benefits that exceed  
19 the specified essential health benefits shall not be required of a  
20 health benefit plan when the plan is offered by a health care  
21 insurer in this state.

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

23 **§33-25A-8k. Required coverage for hearing aids.**

24 (a) Notwithstanding any provision of any policy, provision,

1 contract, plan, or agreement applicable to this article, any entity  
2 regulated by this article shall, on or after July 1, 2013, provide  
3 coverage for the cost of hearing aids that are prescribed by a  
4 licensed physician for individuals covered under the policy or plan  
5 who are under eighteen years of age. Coverage shall be as follows:

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

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

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

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 medically necessary accessories, but excluding batteries and  
18 cords.

19 (c) The same deductibles, coinsurance, network restrictions  
20 and other limitations for covered services found in the policy,  
21 provision, contract, plan or agreement of the covered individuals  
22 apply to hearing aids covered pursuant to this section. Required  
23 coverage is further limited to the cost of one hearing aid  
24 including all covered hearing aid-related services not to exceed an

1 aggregate of \$1,400 per hearing-impaired ear every thirty-six  
2 months. The insured may choose a higher priced hearing aid and may  
3 pay the difference in cost above the \$1,400 limit as provided in  
4 this section without any financial or contractual penalty to the  
5 insured or to the provider of the hearing aid.

6 (d) To the extent that the provisions of this section require  
7 benefits that exceed the essential health benefits specified under  
8 section 1302(b) of the Patient Protection and Affordable Care Act,  
9 Pub. L. No. 111-148, as amended, the specific benefits that exceed  
10 the specified essential health benefits shall not be required of a  
11 health benefit plan when the plan is offered by a health care  
12 insurer in this state.

NOTE: The purpose of this bill is to require health insurers and PEIA 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. Covered individuals may have to meet deductibles, coinsurance, or other limitations.

§5-16-7f, §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.