

**Senate Bill No. 26**

(By Senators Stollings and Yost)

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[Introduced February 13, 2013; referred to the Committee on  
Banking and Insurance; and then to the Committee on Finance.]

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

1 care corporations and health maintenance organizations.

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

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

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

12 **§33-15-4k. Required coverage for hearing aids.**

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

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

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

23 (3) Services, including audiometric testing, hearing aid

1 evaluations, fittings, and adjustments, and supplies, including ear  
2 molds.

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

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

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

14 **§33-16-3w. Required coverage for hearing aids.**

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

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

23 (2) New hearing aids when alterations to the existing hearing

1 aids cannot adequately meet the needs of the covered individual.

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

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

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

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

16 **§33-24-71. Required coverage for hearing aids.**

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

23 (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, and supplies, including ear  
6 molds.

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

17 **ARTICLE 25. HEALTH CARE CORPORATION.**

18 **§33-25-8i. Required coverage for hearing aids.**

19 (a) Notwithstanding any provision of any policy, provision,  
20 contract, plan, or agreement applicable to this article, any entity  
21 regulated by this article shall, on or after July 1, 2013, provide  
22 coverage for the cost of hearing aids that are prescribed by a  
23 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, and supplies, including ear  
8 molds.

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

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

20 **§33-25A-8k. Required coverage for hearing aids.**

21 (a) Notwithstanding any provision of any policy, provision,  
22 contract, plan, or agreement applicable to this article, any entity  
23 regulated by this article shall, on or after July 1, 2013, provide

1 coverage for the cost of hearing aids that are prescribed by a  
2 licensed physician for individuals covered under the policy or plan  
3 who are under eighteen years of age. Coverage shall be as follows:

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

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

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

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

17 (c) The same deductibles, coinsurance, network restrictions  
18 and other limitations for covered services found in the policy,  
19 provision, contract, plan or agreement of the covered individuals  
20 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.