

Senate Bill No. 16

(By Senators Stollings and Miller)

[Introduced January 8, 2014; referred to the Committee Banking
and Insurance; and then to the Committee on Finance.]

**FISCAL
NOTE**

A BILL to amend the Code of West Virginia, 1931, as amended, by
adding thereto a new section, designated §5-16-7f; to amend
said code by adding thereto a new section, designated
§33-15-41; to amend said code by adding thereto a new section,
designated §33-16-3x; to amend said code by adding thereto a
new section, designated §33-24-7m; to amend said code by
adding thereto a new section, designated §33-25-8j; and to
amend said code by adding thereto a new section, designated
§33-25A-81, all relating generally to requiring health
insurance coverage of hearing aids for individuals under
eighteen years of age; providing an effective date for
coverage; providing definitions; setting age limitations;
providing coverage limits and time frames; providing that the
provisions are only required to the extent required by federal
law; and modifying required benefits for accident and sickness

1 insurance, group accident and sickness insurance, hospital
2 medical and dental corporations, health care corporations,
3 health maintenance organizations and under the West Virginia
4 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
9 §33-15-4l; that said code be amended by adding thereto a new
10 section, designated §33-16-3x; that said code be amended by adding
11 thereto a new section, designated §33-24-7m; that said code be
12 amended by adding thereto a new section, designated §33-25-8j; and
13 that said code be amended by adding thereto a new section,
14 designated §33-25A-8l, all to read as follows:

15 **CHAPTER 5. GENERAL POWERS AND AUTHORITY OF THE GOVERNOR, SECRETARY**
16 **OF STATE AND ATTORNEY GENERAL; BOARD OF PUBLIC WORKS; MISCELLANEOUS**
17 **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, beginning July 1, 2014, 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. The policy or plan shall at
3 a minimum provide coverage for:

4 (1) Initial hearing aids and replacement hearing aids at least
5 as frequently as 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 and

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

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 includes ear molds, parts, attachments or other
16 medically necessary accessories, but excludes 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. Required
21 coverage is further limited to the cost of one hearing aid
22 including all covered hearing aid-related services not to exceed an
23 aggregate of \$1,400 per hearing-impaired ear every thirty-six
24 months. The insured may choose a higher priced hearing aid and may

1 pay the difference in cost above the \$1,400 limit as provided in
2 this section without any financial or contractual penalty to the
3 insured or to the provider of the hearing aid.

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

11 **CHAPTER 33. INSURANCE.**

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

13 **§33-15-41. 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, beginning July 1, 2014, 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. The policy or plan shall at
20 a minimum provide coverage for:

21 (1) Initial hearing aids and replacement hearing aids at least
22 as frequently as every thirty-six months;

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

1 and

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

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 includes ear molds, parts, attachments or other
9 medically necessary accessories, but excludes 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. Required
14 coverage is further limited to the cost of one hearing aid
15 including all covered hearing aid-related services not to exceed an
16 aggregate of \$1,400 per hearing-impaired ear every thirty-six
17 months. The insured may choose a higher priced hearing aid and may
18 pay the difference in cost above the \$1,400 limit as provided in
19 this section without any financial or contractual penalty to the
20 insured or to the provider of the hearing aid.

21 (d) To the extent that the provisions of this section require
22 benefits that exceed the essential health benefits specified under
23 section 1302(b) of the Patient Protection and Affordable Care Act,
24 Pub. L. No. 111-148, as amended, the specific benefits that exceed

1 the specified essential health benefits are not required of a
2 health benefit plan when the plan is offered by a health care
3 insurer in this state.

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

5 **§33-16-3x. Required coverage for hearing aids.**

6 (a) Notwithstanding any provision of any policy, provision,
7 contract, plan, or agreement applicable to this article, any entity
8 regulated by this article shall, beginning July 1, 2014, provide
9 coverage for the cost of hearings aids that are prescribed by a
10 licensed physician for individuals covered under the policy or plan
11 who are under eighteen years of age. The policy or plan shall at
12 a minimum provide coverage for:

13 (1) Initial hearing aids and replacement hearing aids at least
14 as frequently as every thirty-six months;

15 (2) New hearing aids when alterations to the existing hearing
16 aids cannot adequately meet the needs of the covered individual;
17 and

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

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

1 medically necessary accessories, but excludes batteries and cords.

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

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

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

21 **§33-24-7m. 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
24 regulated by this article shall, beginning July 1, 2014, 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. The policy or plan shall at
4 a minimum provide coverage for:

5 (1) Initial hearing aids and replacement hearing aids at least
6 as frequently as 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 and

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 includes ear molds, parts, attachments or other
17 medically necessary accessories, but excludes 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. Required
22 coverage is further limited to the cost of one hearing aid
23 including all covered hearing aid-related services not to exceed an
24 aggregate of \$1,400 per hearing-impaired ear every thirty-six

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

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

12 **ARTICLE 25. HEALTH CARE CORPORATION.**

13 **§33-25-8j. 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, beginning July 1, 2014, 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. The policy or plan shall at
20 a minimum provide coverage for:

21 (1) Initial hearing aids and replacement hearing aids at least
22 as frequently as every thirty-six months;

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

1 and

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

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 includes ear molds, parts, attachments or other
9 medically necessary accessories, but excludes 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. Required
14 coverage is further limited to the cost of one hearing aid
15 including all covered hearing aid-related services not to exceed an
16 aggregate of \$1,400 per hearing-impaired ear every thirty-six
17 months. The insured may choose a higher priced hearing aid and may
18 pay the difference in cost above the \$1,400 limit as provided in
19 this section without any financial or contractual penalty to the
20 insured or to the provider of the hearing aid.

21 (d) To the extent that the provisions of this section require
22 benefits that exceed the essential health benefits specified under
23 section 1302(b) of the Patient Protection and Affordable Care Act,
24 Pub. L. No. 111-148, as amended, the specific benefits that exceed

1 the specified essential health benefits are not required of a
2 health benefit plan when the plan is offered by a health care
3 insurer in this state.

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

5 **§33-25A-81. Required coverage for hearing aids.**

6 (a) Notwithstanding any provision of any policy, provision,
7 contract, plan, or agreement applicable to this article, any entity
8 regulated by this article shall, beginning July 1, 2014, provide
9 coverage for the cost of hearings aids that are prescribed by a
10 licensed physician for individuals covered under the policy or plan
11 who are under eighteen years of age. The policy or plan shall at
12 a minimum provide coverage for:

13 (1) Initial hearing aids and replacement hearing aids at least
14 as frequently as every thirty-six months;

15 (2) New hearing aids when alterations to the existing hearing
16 aids cannot adequately meet the needs of the covered individual;
17 and

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

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

1 medically necessary accessories, but excludes batteries and cords.

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

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

All sections in this bill are new; therefore, strike-throughs and underscoring have been omitted.