

HOUSE BILL 452

C3

11r1698
CF 11r2522

By: **Delegate Kipke**

Introduced and read first time: February 4, 2011

Assigned to: Health and Government Operations

A BILL ENTITLED

1 AN ACT concerning

2 **Health Insurance – Coverage of Hearing Aids**

3 FOR the purpose of requiring an insurer, nonprofit health service plan, or health
4 maintenance organization that provides coverage for hearing aids to an insured
5 or enrolled individual who is not a minor child and that places a dollar limit on
6 the hearing aid benefit to allow the individual to choose a hearing aid that is
7 priced higher than the benefit payable under the policy or contract and pay the
8 difference between the price of the hearing aid and the dollar limit on the
9 benefit; altering the definition of “hearing aid” to remove a requirement that a
10 hearing aid be nondisposable; and generally relating to coverage of hearing aids
11 under health insurance.

12 BY repealing and reenacting, with amendments,
13 Article – Insurance
14 Section 15–838
15 Annotated Code of Maryland
16 (2006 Replacement Volume and 2010 Supplement)

17 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF
18 MARYLAND, That the Laws of Maryland read as follows:

19 **Article – Insurance**

20 15–838.

21 (a) In this section, “hearing aid” means a device that[:

22 (1)] is of a design and circuitry to optimize audibility and listening
23 skills in the environment commonly experienced by children[; and

24 (2) is nondisposable].

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 (b) This section applies to:

2 (1) insurers and nonprofit health service plans that provide hospital,
3 medical, or surgical benefits to individuals or groups on an expense-incurred basis
4 under health insurance policies or contracts that are issued or delivered in the State;
5 and

6 (2) health maintenance organizations that provide hospital, medical,
7 or surgical benefits to individuals or groups under contracts that are issued or
8 delivered in the State.

9 (c) (1) An entity subject to this section shall provide coverage for hearing
10 aids for a minor child who is covered under a policy or contract if the hearing aids are
11 prescribed, fitted, and dispensed by a licensed audiologist.

12 (2) (i) An entity subject to this section may limit the benefit
13 payable under paragraph (1) of this subsection to \$1,400 per hearing aid for each
14 hearing-impaired ear every 36 months.

15 (ii) An insured or enrolled individual may choose a hearing aid
16 that is priced higher than the benefit payable under this subsection and may pay the
17 difference between the price of the hearing aid and the benefit payable under this
18 subsection, without financial or contractual penalty to the provider of the hearing aid.

19 (d) This section does not prohibit an entity subject to this section from
20 providing coverage that is greater or more favorable to an insured or enrolled
21 individual than the coverage required under this section.

22 **(E) IF AN ENTITY SUBJECT TO THIS SECTION PROVIDES COVERAGE FOR**
23 **HEARING AIDS TO AN INSURED OR ENROLLED INDIVIDUAL WHO IS NOT A MINOR**
24 **CHILD, AND IF THE POLICY OR CONTRACT OF THE INSURED OR ENROLLED**
25 **INDIVIDUAL HAS A DOLLAR LIMIT ON THE HEARING AID BENEFIT, THE ENTITY**
26 **SHALL ALLOW THE INDIVIDUAL TO:**

27 **(1) CHOOSE A HEARING AID THAT IS PRICED HIGHER THAN THE**
28 **BENEFIT PAYABLE UNDER THE POLICY OR CONTRACT; AND**

29 **(2) PAY THE DIFFERENCE BETWEEN THE PRICE OF THE HEARING**
30 **AID AND THE DOLLAR LIMIT ON THE HEARING AID BENEFIT.**

31 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall apply to all
32 policies, contracts, and health benefit plans issued, delivered, or renewed in the State
33 on or after October 1, 2011.

34 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect
35 October 1, 2011.