

SENATE BILL 702

C3

1r2522
CF HB 452

By: **Senator Klausmeier**

Introduced and read first time: February 4, 2011

Assigned to: Finance

Committee Report: Favorable with amendments

Senate action: Adopted

Read second time: March 11, 2011

CHAPTER _____

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~~ making certain conforming changes; and generally
11 relating to coverage of hearing aids 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.

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike-out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.



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

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

~~(2)~~ is nondisposable.

~~(b)~~ **(A)** This section applies to:

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

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

~~(c)~~ **(B)** (1) IN THIS SUBSECTION, “HEARING AID” MEANS A DEVICE THAT:

(I) IS OF A DESIGN AND CIRCUITRY TO OPTIMIZE AUDIBILITY AND LISTENING SKILLS IN THE ENVIRONMENT COMMONLY EXPERIENCED BY CHILDREN; AND

(II) IS NONDISPOSABLE.

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

~~(2)~~ **(3)** (i) An entity subject to this section may limit the benefit payable under paragraph ~~(1)~~ **(2)** of this subsection to \$1,400 per hearing aid for each hearing-impaired ear every 36 months.

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

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

~~(e)~~ **(D)** IF AN ENTITY SUBJECT TO THIS SECTION PROVIDES COVERAGE FOR HEARING AIDS TO AN INSURED OR ENROLLED INDIVIDUAL WHO IS NOT A MINOR CHILD, AND IF THE POLICY OR CONTRACT OF THE INSURED OR

1 ENROLLED INDIVIDUAL HAS A DOLLAR LIMIT ON THE HEARING AID BENEFIT,
2 THE ENTITY SHALL ALLOW THE INDIVIDUAL TO:

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

5 (2) PAY THE DIFFERENCE BETWEEN THE PRICE OF THE HEARING
6 AID AND THE DOLLAR LIMIT ON THE HEARING AID BENEFIT.

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

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

Approved:

Governor.

President of the Senate.

Speaker of the House of Delegates.