Chapter 743

(Senate Bill 641)

AN ACT concerning

Health Insurance – Required Coverage – Hearing Aids

FOR the purpose of altering the circumstances under which certain insurers, nonprofit health service plans, and health maintenance organizations are required to provide coverage for medically appropriate and necessary hearing aids for ~~minors and~~ adults to require coverage if the hearing aid is ~~prescribed~~ ordered, fitted, and dispensed by a licensed hearing aid dispenser; and generally relating to health insurance coverage for hearing aids.

BY repealing and reenacting, with amendments,
Article – Insurance
Section ~~15–838 and~~ 15–838.1
Annotated Code of Maryland
(2017 Replacement Volume and 2024 Supplement)

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

Article – Insurance

~~15–838.~~

~~(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.~~

~~(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 **OR A LICENSED HEARING AID DISPENSER.**~~

~~(3) (i) An entity subject to this section may limit the benefit payable under paragraph (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.~~

~~(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.~~

15–838.1.

(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 adults; and

(2) is nondisposable.

(b) 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) An entity subject to this section shall provide coverage for all medically appropriate and necessary hearing aids for an adult who is covered under a policy or contract if the hearing aids are**:**

(1) prescribed, fitted, and dispensed by a licensed audiologist**; OR**

(2) ORDERED, FITTED, AND DISPENSED BY A LICENSED HEARING AID DISPENSER.

(d) (1) An entity subject to this section may limit the benefit payable under subsection (c) of this section to $1,400 per hearing aid for each hearing–impaired ear every 36 months.

(2) An insured or enrollee 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.

(e) This section does not prohibit an entity subject to this section from providing coverage that is greater or more favorable to an insured or enrollee than the coverage required under this section.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall apply to all policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or after January 1, 2026.

SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect January 1, 2026.

Approved by the Governor, May 20, 2025.