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LC00608/SUB A  
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**STATE OF RHODE ISLAND**

**IN GENERAL ASSEMBLY**

**JANUARY SESSION, A.D. 2004**

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A N A C T

RELATING TO HEALTH INSURANCE COVERAGE -- MANDATED HEARING AID  
COVERAGE

Introduced By: Representatives Jacquard, Moran, Tejada, and Montanaro

Date Introduced: February 04, 2004

Referred To: House Health, Education & Welfare

It is enacted by the General Assembly as follows:

1           SECTION 1. Section 27-18-60 of the General Laws in Chapter 27-18 entitled "Accident  
2 and Sickness Insurance Policies" is hereby amended to read as follows:

3           **27-18-60. Hearing aids.** -- (a) Every individual or group health insurance contract, or  
4 every individual or group hospital or medical expense insurance policy, plan, or group policy  
5 delivered, issued for delivery, or renewed in this state on or after January 1, 2005 shall provide;  
6 coverage for one thousand dollars (\$1,000) per individual hearing aid, per ear, every three (3)  
7 years, for children under the age of eighteen (18) years of age, covered as a dependent by the  
8 policy holder and shall also provide, as an optional rider, coverage for hearing aids.

9           (b) For the purposes of this section:

10           (1) "Hearing aid" means any nonexperimental, wearable instrument or device designed  
11 for the ear and offered for the purpose of aiding or compensating for impaired human hearing, but  
12 excluding batteries, cords, and other assistive listening devices, including, but not limited to FM  
13 systems.

14           (c) It shall remain within the sole discretion of the accident and sickness insurer as to the  
15 provider of hearing aids with which they choose to contract. Reimbursement shall be provided  
16 according to the respective principles and policies of the accident and sickness insurer. Nothing  
17 contained in this section precludes the accident and sickness insurer from conducting managed  
18 care, medical necessity, or utilization review.

1 (d) This section does not apply to insurance coverage providing benefits for: (1) hospital  
2 confinement indemnity; (2) disability income; (3) accident only; (4) long term care; (5) Medicare  
3 supplement; (6) limited benefit health; (7) specified diseased indemnity; (8) sickness of bodily  
4 injury or death by accident or both; other limited benefit policies; and (10) contracts, plans or  
5 group policies subject to the Small Employer Health Insurance Availability Act, chapter 50 of  
6 this title.

7 SECTION 2. Section 27-19-51 of the General Laws in Chapter 27-19 entitled "Nonprofit  
8 Hospital Service Corporations" is hereby amended to read as follows:

9 **27-19-51. Hearing aids.** -- (a) Every individual or group health insurance contract, or  
10 every individual or group hospital or medical expense insurance policy, plan, or group policy  
11 delivered, issued for delivery, or renewed in this state on or after January 1, 2005 shall provide;  
12 coverage for one thousand dollars (\$1,000) per individual hearing aid, per ear, every three (3)  
13 years, for children under the age of eighteen (18) years of age, covered as a dependent by the  
14 policy holder and shall also provide, as an optional rider, coverage for hearing aids.

15 (b) For the purposes of this section, "hearing aid" means any nonexperimental, wearable  
16 instrument or device designed for the ear and offered for the purpose of aiding or compensating  
17 for impaired human hearing, but excluding batteries, cords, and other assistive listening devices,  
18 including, but not limited to, FM systems.

19 (c) It shall remain within the sole discretion of the nonprofit hospital service corporation  
20 as to the provider of hearing aids with which they choose to contract. Reimbursement shall be  
21 provided according to the respective principles and policies of the nonprofit hospital service  
22 corporation. Nothing contained in this section precludes the nonprofit hospital service corporation  
23 from conducting managed care, medical necessity, or utilization review.

24 (d) This section does not apply to contract plans or group policies subject to the Small  
25 Employer Health Insurance Availability Act, chapter 50 of this title.

26 SECTION 3. Section 27-20-46 of the General Laws in Chapter 27-20 entitled "Nonprofit  
27 Medical Service Corporations" is hereby amended to read as follows:

28 **27-20-46. Hearing aids.** -- (a) Every individual or group health insurance contract, or  
29 every individual or group hospital or medical expense insurance policy, plan, or group policy  
30 delivered, issued for delivery, or renewed in this state on or after January 1, 2005 shall provide;  
31 coverage for one thousand dollars (\$1,000) per individual hearing aid, per ear, every three (3)  
32 years, for children under the age of eighteen (18) years of age, covered as a dependent by the  
33 policy holder, as an optional rider, coverage for ~~the services of~~ hearing aids.

34 (b) For the purposes of this section, "hearing aid" means any nonexperimental, wearable

1 instrument or device designed for the ear and offered for the purpose of aiding or compensating  
2 for impaired human hearing, but excluding batteries, cords, and other assistive listening devices,  
3 including, but not limited to, FM systems.

4 (c) It shall remain within the sole discretion of the nonprofit medical service corporation  
5 as to the provider of hearing aids with which they choose to contract. Reimbursement shall be  
6 provided according to the respective principles and policies of ~~the~~ nonprofit medical service  
7 corporation. Nothing contained in this section precludes the nonprofit medical service corporation  
8 from conducting managed care, medical necessity, or utilization review.

9 (d) This section does not apply to contract plans or group policies subject to the Small  
10 Employer Health Insurance Availability Act, chapter 50 of this title.

11 SECTION 4. Section 27-41-63 of the General Laws in Chapter 27-41 entitled "Health  
12 Maintenance Organizations" is hereby amended to read as follows:

13 **27-41-63. Hearing aids.** -- (a) Every individual or group health insurance contract, or  
14 every individual or group hospital or medical expense insurance policy, plan, or group policy  
15 delivered, issued for delivery, or renewed in this state on or after January 1, 2005 shall provide,  
16 coverage for one thousand dollars (\$1,000) per individual hearing aid, per ear, every three (3)  
17 years, for children under the age of eighteen (18) years of age, covered as a dependent by the  
18 policy holder, as an optional rider, coverage for hearing aids.

19 (b) For the purposes of this section, "hearing aid" means any nonexperimental, wearable  
20 instrument or device designed for the ear and offered for the purpose of aiding or compensating  
21 for impaired human hearing, but excluding batteries, cords, and other assistive listening devices,  
22 including, but not limited to FM systems.

23 (c) It shall remain within the sole discretion of the health maintenance organizations as  
24 to the provider of hearing aids with which they choose to contract. Reimbursement shall be  
25 provided according to the respective principles and policies of the health maintenance  
26 organizations. Nothing contained in this section precludes the health maintenance organizations  
27 from conducting managed care, medical necessity, or utilization review.

28 (d) Provided, that this section does not apply to contracts, plans or group policies subject  
29 to the Small Employer Health Insurance Availability Act, chapter 50 of this title.

30 SECTION 5. This act shall take effect upon passage.

EXPLANATION  
BY THE LEGISLATIVE COUNCIL  
OF

A N A C T

RELATING TO HEALTH INSURANCE COVERAGE -- MANDATED HEARING AID  
COVERAGE

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- 1           This act would provide that coverage for a portion of the cost of hearing aids be included
- 2 in every health insurance contract, plan or policy issued or renewed on or after January 1, 2005.
- 3           This act would take effect upon passage.

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