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LC00628/SUB A
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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2005

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A N A C T

RELATING TO HEALTH INSURANCE COVERAGE -- MANDATED HEARING AID
COVERAGE

Introduced By: Representatives Jacquard, Lewiss, and Schadone

Date Introduced: February 17, 2005

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) (1) 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~~ 2006, shall
6 provide coverage for ~~one thousand dollars (\$1,000)~~ four hundred dollars (\$400) per individual
7 hearing aid, per ear, every three (3) years, ~~for children under the age of eighteen (18) years of age,~~
8 ~~covered as a dependent by the policy holder and shall also provide, as an optional rider, coverage~~
9 ~~for hearing aids.~~

10 (2) Every group health insurance contract or group hospital or medical expense insurance
11 policy, plan, or group policy delivered, issued for delivery, or renewed in this state on or after
12 January 1, 2006, shall provide, as an optional rider, additional hearing aid coverage. Provided, the
13 provisions of this paragraph shall not apply to contracts, plans, or group policies subject to the
14 small employer health insurance availability act, chapter 50 of this title.

15 (b) For the purposes of this section:

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

1 systems.

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

7 (d) This section does not apply to insurance coverage providing benefits for: (1) hospital
8 confinement indemnity; (2) disability income; (3) accident only; (4) long term care; (5) Medicare
9 supplement; (6) limited benefit health; (7) specified diseased indemnity; (8) sickness of bodily
10 injury or death by accident or both; (9) and other limited benefit policies; ~~and (10) contracts,~~
11 ~~plans or group policies subject to the Small Employer Health Insurance Availability Act, chapter~~
12 ~~50 of this title.~~

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

15 **27-19-51. Hearing aids.** -- (a) (1) Every individual or group health insurance contract, or
16 every individual or group hospital or medical expense insurance policy, plan, or group policy
17 delivered, issued for delivery, or renewed in this state on or after January 1, ~~2005~~ 2006, shall
18 provide coverage for ~~one thousand dollars (\$1,000)~~ four hundred dollars (\$400) per individual
19 hearing aid, per ear, every three (3) years; ~~for children under the age of eighteen (18) years of age,~~
20 ~~covered as a dependent by the policy holder and shall also provide, as an optional rider, coverage~~
21 ~~for hearing aids.~~

22 (2) Every group health insurance contract or group hospital or medical expense insurance
23 policy, plan, or group policy delivered, issued for delivery, or renewed in this state on or after
24 January 1, 2006, shall provide, as an optional rider, additional hearing aid coverage. Provided, the
25 provisions of this paragraph shall not apply to contracts, plans, or group policies subject to the
26 small employer health insurance availability act, chapter 50 of this title.

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

31 (c) It shall remain within the sole discretion of the nonprofit hospital service corporation
32 as to the provider of hearing aids with which they choose to contract. Reimbursement shall be
33 provided according to the respective principles and policies of the nonprofit hospital service
34 corporation. Nothing contained in this section precludes the nonprofit hospital service corporation

1 from conducting managed care, medical necessity, or utilization review.

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

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

6 **27-20-46. Hearing aids.** -- (a) (1) Every individual or group health insurance contract, or
7 every individual or group hospital or medical expense insurance policy, plan, or group policy
8 delivered, issued for delivery, or renewed in this state on or after January 1, ~~2005~~ 2006, shall
9 provide coverage for ~~one thousand dollars (\$1,000)~~ four hundred dollars (\$400) per individual
10 hearing aid, per ear, every three (3) years, ~~for children under the age of eighteen (18) years of age,~~
11 ~~covered as a dependent by the policy holder, as an optional rider, coverage for hearing aids.~~

12 (2) Every group health insurance contract or group hospital or medical expense insurance
13 policy, plan, or group policy delivered, issued for delivery, or renewed in this state on or after
14 January 1, 2006, shall provide, as an optional rider, additional hearing aid coverage. Provided, the
15 provisions of this paragraph shall not apply to contracts, plans, or group policies subject to the
16 small employer health insurance availability act, chapter 50 of this title.

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

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

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

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

30 **27-41-63. Hearing aids.** -- (a) (1) Every individual or group health insurance contract, or
31 every individual or group hospital or medical expense insurance policy, plan, or group policy
32 delivered, issued for delivery, or renewed in this state on or after January 1, ~~2005~~ 2006, shall
33 provide coverage for ~~one thousand dollars (\$1,000)~~ four hundred dollars (\$400) per individual
34 hearing aid, per ear, every three (3) years, ~~for children under the age of eighteen (18) years of age,~~

1 ~~covered as a dependent by the policy holder, as an optional rider, coverage for hearing aids.~~

2 (2) Every group health insurance contract or group hospital or medical expense insurance
3 policy, plan, or group policy delivered, issued for delivery, or renewed in this state on or after
4 January 1, 2006, shall provide, as an optional rider, additional hearing aid coverage. Provided, the
5 provisions of this paragraph shall not apply to contracts, plans, or group policies subject to the
6 small employer health insurance availability act, chapter 50 of this title.

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

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

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

18 SECTION 5. This act shall take effect January 1, 2006.

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF

A N A C T

RELATING TO HEALTH INSURANCE COVERAGE -- MANDATED HEARING AID
COVERAGE

1 This act would provide that an optional rider for additional hearing aid coverage be
2 included in every health insurance contract, plan or policy issued or renewed on or after July 1,
3 2006, and would reduce the coverage for hearing aids from \$1,000 to \$400 effective on January
4 1, 2006.

5 This act would take effect January 1, 2006.

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