

# STATE OF NEW YORK

8628

2017-2018 Regular Sessions

## IN ASSEMBLY

September 1, 2017

Introduced by M. of A. SOLAGES -- read once and referred to the Committee on Insurance

AN ACT to amend the insurance law, in relation to the mandatory coverage of hearing aids by insurers and other organizations

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

1 Section 1. Subdivision (i) of section 3216 of the insurance law is  
2 amended by adding a new paragraph 34 to read as follows:

3 (34) (A) As used in this paragraph, "hearing aid" shall mean a non-  
4 disposable device that is of a design and circuitry to optimize audition  
5 and listening skills in the environment commonly experienced by chil-  
6 dren.

7 (B) This paragraph shall apply to the following entities:

8 (i) Insurers and nonprofit health service plans, including the office  
9 of group benefits, that provide hospital, medical, or surgical benefits  
10 to individuals or groups on an expense-incurred basis under health  
11 insurance policies or contracts that are issued or delivered in this  
12 state.

13 (ii) Managed care organizations as defined and licensed by state law  
14 that provide hospital, medical or surgical benefits to individuals or  
15 groups under contracts that are issued or delivered in this state.

16 (C) An entity subject to this paragraph shall provide coverage for  
17 hearing aids for a child under the age of eighteen who is covered under  
18 a policy or contract of insurance if the hearing aids are fitted and  
19 dispensed by a licensed audiologist certified by the American Speech-  
20 Language-Hearing Association following medical clearance by a physician  
21 licensed to practice medicine and an audiological evaluation medically  
22 appropriate to the age of the child, provided:

23 (i) an entity subject to this paragraph may limit the benefit payable  
24 under this paragraph to one thousand and five hundred dollars per hear-  
25 ing aid for each hearing-impaired ear every thirty-six months.

EXPLANATION--Matter in italics (underscored) is new; matter in brackets  
[-] is old law to be omitted.

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1 (ii) an insured or enrolled individual may choose a hearing aid that  
2 is priced higher than the benefit payable under this paragraph and may  
3 pay the difference between the price of the hearing aid and the benefit  
4 payable under this paragraph without financial or contractual penalty to  
5 the provider of the hearing aid.

6 (iii) in the case of a health insurer or managed care organization  
7 that administers benefits according to contracts with health care  
8 providers, hearing aids covered pursuant to this paragraph shall be  
9 obtained from health care providers contracted with the health insurer  
10 or managed care organization. Such providers shall be subject to the  
11 same contracting and credentialing requirements that apply to other  
12 contracted health care providers.

13 (D) This paragraph does not prohibit an entity subject to the  
14 provisions of this paragraph from providing coverage that is greater or  
15 more favorable to an insured or enrolled individual than the coverage  
16 required under this paragraph.

17 (E) The provisions of this paragraph shall apply to any new policy,  
18 contract, program, or plan issued by an entity subject to the provisions  
19 of this paragraph on or after January first, two thousand nineteen. Any  
20 such policy, contract, program or plan in effect prior to January first,  
21 two thousand nineteen shall convert to the provisions of this paragraph  
22 on or before the renewal date thereof but in no event later than January  
23 first, two thousand nineteen. Any policy affected by the provisions of  
24 this paragraph shall apply to an insured or participant under such poli-  
25 cy, contract, program, or plan whether or not the hearing impairment is  
26 a pre-existing condition of the insured or participant.

27 § 2. Section 3221 of the insurance law is amended by adding a new  
28 subsection (t) to read as follows:

29 (t) (1) As used in this subsection, "hearing aid" shall mean a non-  
30 disposable device that is of a design and circuitry to optimize audition  
31 and listening skills in the environment commonly experienced by chil-  
32 dren.

33 (2) This subsection shall apply to the following entities:

34 (A) Insurers and nonprofit health service plans, including the office  
35 of group benefits, that provide hospital, medical, or surgical benefits  
36 to individuals or groups on an expense-incurred basis under health  
37 insurance policies or contracts that are issued or delivered in this  
38 state.

39 (B) Managed care organizations as defined and licensed by state law  
40 that provide hospital, medical or surgical benefits to individuals or  
41 groups under contracts that are issued or delivered in this state.

42 (3) An entity subject to this subsection shall provide coverage for  
43 hearing aids for a child under the age of eighteen who is covered under  
44 a policy or contract of insurance if the hearing aids are fitted and  
45 dispensed by a licensed audiologist certified by the American Speech-  
46 Language-Hearing Association following medical clearance by a physician  
47 licensed to practice medicine and an audiological evaluation medically  
48 appropriate to the age of the child, provided:

49 (A) An entity subject to this subsection may limit the benefit payable  
50 under this subsection to one thousand and five hundred dollars per hear-  
51 ing aid for each hearing-impaired ear every thirty-six months.

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

(C) In the case of a health insurer or managed care organization that administers benefits according to contracts with health care providers, hearing aids covered pursuant to this subsection shall be obtained from health care providers contracted with the health insurer or managed care organization. Such providers shall be subject to the same contracting and credentialing requirements that apply to other contracted health care providers.

(4) This subsection does not prohibit an entity subject to the provisions of this subsection from providing coverage that is greater or more favorable to an insured or enrolled individual than the coverage required under this subsection.

(5) The provisions of this subsection shall apply to any new policy, contract, program, or plan issued by an entity subject to the provisions of this subsection on or after January first, two thousand nineteen. Any such policy, contract, program or plan in effect prior to January first, two thousand nineteen shall convert to the provisions of this subsection on or before the renewal date thereof but in no event later than January first, two thousand nineteen. Any policy affected by the provisions of this subsection shall apply to an insured or participant under such policy, contract, program, or plan whether or not the hearing impairment is a pre-existing condition of the insured or participant.

§ 3. Section 4303 of the insurance law is amended by adding a new subsection (rr) to read as follows:

(rr)(1) As used in this subsection, "hearing aid" shall mean a non-disposable device that is of a design and circuitry to optimize audition and listening skills in the environment commonly experienced by children.

(2) This subsection shall apply to the following entities:

(A) Insurers and nonprofit health service plans, including the office of group benefits, 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 this state.

(B) Managed care organizations as defined and licensed by state law that provide hospital, medical or surgical benefits to individuals or groups under contracts that are issued or delivered in this state.

(3) An entity subject to this subsection shall provide coverage for hearing aids for a child under the age of eighteen who is covered under a policy or contract of insurance if the hearing aids are fitted and dispensed by a licenses audiologist certified by the American Speech-Language-Hearing Association following medical clearance by a physician licensed to practice medicine and an audiological evaluation medically appropriate to the age of the child, provided:

(A) An entity subject to this subsection may limit the benefit payable under this subsection to one thousand and five hundred dollars per hearing aid for each hearing-impaired ear every thirty-six months.

(B) An insured or enrolled individual may choose a hearing aid that is priced higher than the benefit payable under his 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) In the case of the health insurer or managed care organization that administers benefits according to contracts with health care providers, hearing aids covered pursuant to this subsection shall be obtained from health care providers contracted with the health insurer or managed care organization. Such providers shall be subject to the

1 same contracting and credentialing requirements that apply to other  
2 contracted health care providers.

3 (4) This subsection does not prohibit an entity subject to the  
4 provisions of this subsection from providing coverage that is greater or  
5 more favorable to an insured or enrolled individual than the coverage  
6 required under this subsection.

7 (5) The provisions of this subsection shall apply to any new policy,  
8 contract, program, or plan issued by an entity subject to the provisions  
9 of this subsection on or after January first, two thousand nineteen. Any  
10 such policy, contract, program or plan in effect prior to January first,  
11 two thousand nineteen shall convert to the provisions of this subsection  
12 on or before the renewal date thereof but in no event later than January  
13 first, two thousand nineteen. Any policy affected by the provisions of  
14 this subsection shall apply to an insured or participant under such  
15 policy, contract, program, or plan whether or not the hearing impairment  
16 is a pre-existing condition of the insured or participant.

17 § 4. This act shall take effect on the ninetieth day after it shall  
18 have become a law.