

STATE OF NEW YORK

2325

2019-2020 Regular Sessions

IN ASSEMBLY

January 22, 2019

Introduced by M. of A. SOLAGES, D'URSO, RA -- 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. Subsection (i) of section 3216 of the insurance law is
2 amended by adding a new paragraph 35 to read as follows:

3 (35) (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 patients who are covered under a policy or contract of
18 insurance if the hearing aids are fitted and dispensed by a licensed
19 audiologist certified by the American Speech-Language-Hearing Associ-
20 ation following medical clearance by a physician licensed to practice
21 medicine and an audiological evaluation medically appropriate to the age
22 of the child, provided:

23 (i) an entity subject to this paragraph may limit the benefit payable
24 under this paragraph to three thousand dollars per hearing aid for each
25 hearing-impaired ear every twenty-four months.

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

LBD05146-01-9

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 twenty-one.
20 Any such policy, contract, program or plan in effect prior to January
21 first, two thousand twenty-one shall convert to the provisions of this
22 paragraph on or before the renewal date thereof but in no event later
23 than January first, two thousand twenty-one. Any policy affected by the
24 provisions of this paragraph shall apply to an insured or participant
25 under such policy, contract, program, or plan whether or not the hearing
26 impairment is 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 patients who are covered under a policy or contract of
44 insurance if the hearing aids are fitted and dispensed by a licensed
45 audiologist certified by the American Speech-Language-Hearing Associ-
46 ation following medical clearance by a physician licensed to practice
47 medicine and an audiological evaluation medically appropriate to the age
48 of the child, provided:

49 (A) An entity subject to this subsection may limit the benefit payable
50 under this subsection to three thousand dollars per hearing aid for each
51 hearing-impaired ear every twenty-four 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.

1 (C) In the case of a health insurer or managed care organization that
2 administers benefits according to contracts with health care providers,
3 hearing aids covered pursuant to this subsection shall be obtained from
4 health care providers contracted with the health insurer or managed
5 care organization. Such providers shall be subject to the same contract-
6 ing and credentialing requirements that apply to other contracted health
7 care providers.

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

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

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

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

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

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

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

37 (3) An entity subject to this subsection shall provide coverage for
38 hearing aids for patients who are covered under a policy or contract of
39 insurance if the hearing aids are fitted and dispensed by a licensed
40 audiologist certified by the American Speech-Language-Hearing Associ-
41 ation following medical clearance by a physician licensed to practice
42 medicine and an audiological evaluation medically appropriate to the age
43 of the child, provided:

44 (A) An entity subject to this subsection may limit the benefit payable
45 under this subsection to three thousand dollars per hearing aid for each
46 hearing-impaired ear every twenty-four months.

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

52 (C) In the case of the health insurer or managed care organization
53 that administers benefits according to contracts with health care
54 providers, hearing aids covered pursuant to this subsection shall be
55 obtained from health care providers contracted with the health insurer
56 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 twenty-one.
10 Any such policy, contract, program or plan in effect prior to January
11 first, two thousand twenty-one shall convert to the provisions of this
12 subsection on or before the renewal date thereof but in no event later
13 than January first, two thousand twenty-one. Any policy affected by the
14 provision of this subsection shall apply to an insured or participant
15 under such policy, contract, program, or plan whether or not the hearing
16 impairment 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. Effective immediately, the addition, amendment and/or
19 repeal of any rule or regulation necessary for the implementation of
20 this act on its effective date are authorized to be made and completed
21 on or before such date.