

STATE OF NEW YORK

149

2023-2024 Regular Sessions

IN ASSEMBLY

(Prefiled)

January 4, 2023

Introduced by M. of A. SOLAGES, SAYEGH, EPSTEIN, GONZALEZ-ROJAS, MAMDANI, RA, DeSTEFANO, DICKENS, STERN, COLTON, THIELE, SILLITTI, HUNTER, FORREST, STECK, AUBRY, JACOBSON, MEEKS, LAVINE, HEVESI, McDONOUGH, K. BROWN -- 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 39 to read as follows:

3 (39) (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:

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

LBD01745-02-3

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

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

(iii) 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 paragraph 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.

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

(E) The provisions of this paragraph shall apply to any new policy, contract, program, or plan issued by an entity subject to the provisions of this paragraph on or after January first, two thousand twenty-four. Any such policy, contract, program or plan in effect prior to January first, two thousand twenty-four shall convert to the provisions of this paragraph on or before the renewal date thereof but in no event later than January first, two thousand twenty-four. Any policy affected by the provisions of this paragraph 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.

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

(u) (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 patients who are covered under a policy or contract of insurance if the hearing aids are fitted and dispensed by a licensed 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 three thousand dollars per hearing aid for each hearing-impaired ear every twenty-four months.

(B) An insured or enrolled individual may choose a hearing aid that is priced higher than the benefit payable under this subsection and may pay

1 the difference between the price of the hearing aid and the benefit
2 payable under this subsection without financial or contractual penalty
3 to the provider of the hearing aid.

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

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

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

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

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

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

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

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

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

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

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

55 (C) In the case of the health insurer or managed care organization
56 that administers benefits according to contracts with health care

1 providers, hearing aids covered pursuant to this subsection shall be
2 obtained from health care providers contracted with the health insurer
3 or managed care organization. Such providers shall be subject to the
4 same contracting and credentialing requirements that apply to other
5 contracted health care providers.

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

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

20 § 4. This act shall take effect on the ninetieth day after it shall
21 have become a law. Effective immediately, the addition, amendment and/or
22 repeal of any rule or regulation necessary for the implementation of
23 this act on its effective date are authorized to be made and completed
24 on or before such date.