

# STATE OF NEW YORK

8628--A

2017-2018 Regular Sessions

## IN ASSEMBLY

September 1, 2017

Introduced by M. of A. SOLAGES -- read once and referred to the Committee on Insurance -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

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 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 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.

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

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

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

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

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

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

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

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

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

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

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

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

55 (B) An insured or enrolled individual may choose a hearing aid that is  
56 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 nineteen. Any  
18 such policy, contract, program or plan in effect prior to January first,  
19 two thousand nineteen shall convert to the provisions of this subsection  
20 on or before the renewal date thereof but in no event later than January  
21 first, two thousand nineteen. Any policy affected by the provisions of  
22 this subsection shall apply to an insured or participant under such  
23 policy, contract, program, or plan whether or not the hearing impairment  
24 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 (rr) to read as follows:

27 (rr)(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 children.

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 his subsection and may pay  
52 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 nineteen. Any  
13 such policy, contract, program or plan in effect prior to January first,  
14 two thousand nineteen shall convert to the provisions of this subsection  
15 on or before the renewal date thereof but in no event later than January  
16 first, two thousand nineteen. Any policy affected by the provisions of  
17 this subsection shall apply to an insured or participant under such  
18 policy, contract, program, or plan whether or not the hearing impairment  
19 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.