STATE OF NEW YORK

6586

2019-2020 Regular Sessions

IN ASSEMBLY

March 12, 2019

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

AN ACT to amend the insurance law, in relation to hearing aids

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

Section 1. Subsection (i) of section 3216 of the insurance law is amended by adding a new paragraph 35 to read as follows:

(35) (A) Every policy that provides coverage for hospital, surgical or medical care shall provide coverage for medically necessary hearing aids purchased from a hearing aid dispenser registered under article thirty-seven-A of the general business law or an audiologist licensed under article one hundred fifty-nine of the education law in the following manner:

(i) For an insured person sixteen years of age or older, such insured person shall be entitled to reimbursement of up to three thousand dollars every thirty-six months for expenses related to the purchase of up to two hearing aids.

(ii) For an insured person who is less than sixteen years of age, such insured person shall be entitled to reimbursement of up to two thousand dollars every twenty-four months for expenses related to the purchase of up to two hearing aids, when it is medically demonstrated that:

(1) the hearing of the insured person under the age of sixteen has changed significantly within a two-year period; and

(2) the existing hearing aid will no longer correct the hearing of the insured person under the age of sixteen; such person shall be entitled to reimbursement for additional hearing aid expenses.

(B)(i) For the purposes of this paragraph, "hearing aid" shall mean any wearable instrument or device designed for hearing and any parts, attachments or accessories but excluding batteries and cords or accessories thereto. A registered hearing aid dispenser or licensed audiologist shall determine the type of device needed to correct the hearing loss.

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

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(ii) For the purposes of this paragraph, services for recasing, reshelling and acquiring new molds shall be included as part of the policies.

(C) The insured person may choose a hearing aid exceeding the amount of coverage required by this paragraph and shall be liable for the difference in cost. Reimbursement shall be provided according to the respective principles and policies of the health insurance plan and may include such policy provisions as deductibles, coinsurance, allowable charge limitations, and coordination of benefits.

§ 2. Subsection (l) of section 3221 of the insurance law is amended by adding a new paragraph 21 to read as follows:

(21) (A) Every small group policy that provides coverage for hospital, surgical or medical care shall provide coverage for medically necessary hearing aids purchased from a hearing aid dispenser registered under article thirty-seven-A of the general business law or an audiologist licensed under article one hundred fifty-nine of the education law in the following manner:

(i) For an insured person sixteen years of age or older, such insured person shall be entitled to reimbursement of up to three thousand dollars every thirty-six months for expenses related to the purchase of up to two hearing aids.

(ii) For an insured person who is less than sixteen years of age, such insured person shall be entitled to reimbursement of up to two thousand dollars every twenty-four months for expenses related to the purchase of up to two hearing aids, when it is medically demonstrated that:

(1) the hearing of the insured person under the age of sixteen has changed significantly within a two-year period; and

(2) the existing hearing aid will no longer correct the hearing of the insured person under the age of sixteen; such person shall be entitled to reimbursement for additional hearing aid expenses.

(B)(i) For the purposes of this paragraph, "hearing aid" shall mean any wearable instrument or device designed for hearing and any parts, attachments or accessories but excluding batteries and cords or accessories thereto. A registered hearing aid dispenser or licensed audiologist shall determine the type of device needed to correct the hearing loss.

(ii) For the purposes of this paragraph, services for recasing, reshelling and acquiring new molds shall be included as part of the policies.

(iii) For purposes of this paragraph, "small group" shall mean a group of one hundred or fewer employees or members exclusive of spouses and dependents.

(C) The insured person may choose a hearing aid exceeding the amount of coverage required by this paragraph and shall be liable for the difference in cost. Reimbursement shall be provided according to the respective principles and policies of the health insurance plan and may include such policy provisions as deductibles, coinsurance, allowable charge limitations, and coordination of benefits.

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

(ss) (1) Every individual and small group contract that provides coverage for hospital, surgical or medical care shall provide coverage for medically necessary hearing aids purchased from a hearing aid dispenser registered under article thirty-seven-A of the general business law or an audiologist licensed under article one hundred fifty-nine of the education law in the following manner:

(A) For an insured person sixteen years of age or older, such insured person shall be entitled to reimbursement of up to three thousand dollars every thirty-six months for expenses related to the purchase of up to two hearing aids.

(B) For an insured person who is less than sixteen years of age, such insured person shall be entitled to reimbursement of up to two thousand dollars every twenty-four months for expenses related to the purchase of up to two hearing aids, when it is medically demonstrated that:

(i) the hearing of the insured person under the age of sixteen has changed significantly within a two-year period; and

(ii) the existing hearing aid will no longer correct the hearing of the insured person under the age of sixteen; such person shall be entitled to reimbursement for additional hearing aid expenses.

(2)(A) For the purposes of this subsection, "hearing aid" shall mean any wearable instrument or device designed for hearing and any parts, attachments or accessories but excluding batteries and cords or accessories thereto. A registered hearing aid dispenser or licensed audiologist shall determine the type of device needed to correct the hearing loss.

(B) For the purposes of this subsection, services for recasing, reshelling and acquiring new molds shall be included as part of the policies.

(C) For purposes of this subsection, "small group" shall mean a group of one hundred or fewer employees or members exclusive of spouses and dependents.

(D) The insured person may choose a hearing aid exceeding the amount of coverage required by this subsection and shall be liable for the difference in cost. Reimbursement shall be provided according to the respective principles and policies of the health insurance plan and may include such policy provisions as deductibles, coinsurance, allowable charge limitations, and coordination of benefits.

§ 4. This act shall take effect on the ninetieth day after it shall have become a law and shall apply according to its terms to all policies, contracts and certificates issued, renewed, modified, altered or amended on or after such date.