

STATE OF NEW YORK

9572

IN ASSEMBLY

March 16, 2022

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:

Section 1. Subsection (i) of section 3216 of the insurance law is amended by adding a new paragraph 36 to read as follows:

(36) (A) As used in this paragraph, "hearing aid" shall mean a medically-prescribed, non-disposable device that is of a design and circuitry to optimize audition and listening skills.

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

(i) 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.

(ii) 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.

(C) An entity subject to this paragraph 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, provided:

(i) an entity subject to this paragraph may limit the benefit payable under this paragraph to five 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.

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

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

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

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

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

25 (u) (1) As used in this subsection, "hearing aid" shall mean a medi-
26 cally-prescribed, non-disposable device that is of a design and circuit-
27 ry to optimize audition and listening.

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, provided:

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

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

51 (C) In the case of a health insurer or managed care organization that
52 administers benefits according to contracts with health care providers,
53 hearing aids covered pursuant to this subsection shall be obtained from
54 health care providers contracted with the health insurer or managed
55 care organization. Such providers shall be subject to the same contract-

1 ing and credentialing requirements that apply to other contracted health
2 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-three.
10 Any such policy, contract, program or plan in effect prior to January
11 first, two thousand twenty-three 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-three. Any policy affected by
14 the provisions of this subsection shall apply to an insured or partic-
15 ipant under such policy, contract, program, or plan whether or not the
16 hearing impairment is a pre-existing condition of the insured or partic-
17 ipant.

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

20 (ss)(1) As used in this subsection, "hearing aid" shall mean a medi-
21 cally-prescribed, non-disposable device that is of a design and circui-
22 try to optimize audition and listening.

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

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

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

32 (3) An entity subject to this subsection shall provide coverage for
33 hearing aids for patients who are covered under a policy or contract of
34 insurance if the hearing aids are fitted and dispensed by a licensed
35 audiologist certified by the American Speech-Language-Hearing Associ-
36 ation following medical clearance by a physician licensed to practice
37 medicine and an audiological evaluation, provided:

38 (A) An entity subject to this subsection may limit the benefit payable
39 under this subsection to five thousand dollars per hearing aid for each
40 hearing-impaired ear every twenty-four months.

41 (B) An insured or enrolled individual may choose a hearing aid that is
42 priced higher than the benefit payable under this subsection and may
43 pay the difference between the price of the hearing aid and the benefit
44 payable under this subsection without financial or contractual penalty
45 to the provider of the hearing aid.

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

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

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

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