

STATE OF NEW YORK

533--A

2021-2022 Regular Sessions

IN SENATE

(Prefiled)

January 6, 2021

Introduced by Sens. PERSAUD, SKOUFIS, GOUNARDES, MANNION -- read twice and ordered printed, and when printed to be committed to the Committee on Insurance -- recommitted to the Committee on Insurance in accordance with Senate Rule 6, sec. 8 -- 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 36 to read as follows:

3 (36) (A) As used in this paragraph, "hearing aid" shall mean a medi-
4 cally-prescribed, non-disposable device that is of a design and circuitry
5 to optimize audition and listening skills in the environment common-
6 ly experienced by children.

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

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

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1 medicine and an audiological evaluation medically appropriate to the age
2 of the child, provided:

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

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

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

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

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

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

35 (u) (1) As used in this subsection, "hearing aid" shall mean a medi-
36 cally-prescribed, non-disposable device that is of a design and circuitry
37 to optimize audition and listening skills in the environment common-
38 ly experienced by children.

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

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

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

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

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

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

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

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

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

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

33 (ss)(1) As used in this subsection, "hearing aid" shall mean a medi-
34 cally-prescribed, non-disposable device that is of a design and circui-
35 try to optimize audition and listening skills in the environment common-
36 ly experienced by children.

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

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

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

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

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

1 (B) An insured or enrolled individual may choose a hearing aid that is
2 priced higher than the benefit payable under this subsection and may
3 pay the difference between the price of the hearing aid and the benefit
4 payable under this subsection without financial or contractual penalty
5 to the provider of the hearing aid.

6 (C) In the case of the health insurer or managed care organization
7 that administers benefits according to contracts with health care
8 providers, hearing aids covered pursuant to this subsection 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 (4) This subsection does not prohibit an entity subject to the
14 provisions of this subsection from providing coverage that is greater or
15 more favorable to an insured or enrolled individual than the coverage
16 required under this subsection.

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

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