

STATE OF NEW YORK

5035--A

2021-2022 Regular Sessions

IN ASSEMBLY

February 10, 2021

Introduced by M. of A. SOLAGES, RA, SAYEGH -- read once and referred to the Committee on Insurance -- recommitted to the Committee on Insurance in accordance with Assembly Rule 3, sec. 2 -- 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 to optimize audition and listening skills in the environment common-
5 ly experienced by children.

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

7 (i) Insurers and nonprofit health service plans, including the office
8 of group benefits, that provide hospital, medical, or surgical benefits
9 to individuals or groups on an expense-incurred basis under health
10 insurance policies or contracts that are issued or delivered in this
11 state.

12 (ii) Managed care organizations as defined and licensed by state law
13 that provide hospital, medical or surgical benefits to individuals or
14 groups under contracts that are issued or delivered in this state.

15 (C) An entity subject to this paragraph shall provide coverage for
16 hearing aids for patients who are covered under a policy or contract of
17 insurance if the hearing aids are fitted and dispensed by a licensed
18 audiologist certified by the American Speech-Language-Hearing Associ-
19 ation following medical clearance by a physician licensed to practice
20 medicine and an audiological evaluation medically appropriate to the age
21 of the child, provided:
22

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

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(i) an entity subject to this paragraph may limit the benefit payable under this paragraph to four 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-three. Any such policy, contract, program or plan in effect prior to January first, two thousand twenty-three 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-three. 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 medically-prescribed, 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 four thousand dollars per hearing aid for each 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 pay
3 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 a health insurer or managed care organization that
7 administers benefits according to contracts with health care providers,
8 hearing aids covered pursuant to this subsection shall be obtained from
9 health care providers contracted with the health insurer or managed
10 care organization. Such providers shall be subject to the same contract-
11 ing and credentialing requirements that apply to other contracted health
12 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 § 3. Section 4303 of the insurance law is amended by adding a new
29 subsection (ss) to read as follows:

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

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

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

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

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

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

53 (B) An insured or enrolled individual may choose a hearing aid that is
54 priced higher than the benefit payable under this subsection and may
55 pay the difference between the price of the hearing aid and the benefit

1 payable under this subsection without financial or contractual penalty
2 to the provider of the hearing aid.

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

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

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

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