

SENATE BILL 641

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CF 5lr2935

By: **Senator Gallion**

Introduced and read first time: January 25, 2025

Assigned to: Finance

A BILL ENTITLED

1 AN ACT concerning

2 **Health Insurance – Required Coverage – Hearing Aids**

3 FOR the purpose of altering the circumstances under which certain insurers, nonprofit
4 health service plans, and health maintenance organizations are required to provide
5 coverage for medically appropriate and necessary hearing aids for minors and adults
6 to require coverage if the hearing aid is prescribed, fitted, and dispensed by a licensed
7 hearing aid dispenser; and generally relating to health insurance coverage for
8 hearing aids.

9 BY repealing and reenacting, with amendments,
10 Article – Insurance
11 Section 15–838 and 15–838.1
12 Annotated Code of Maryland
13 (2017 Replacement Volume and 2024 Supplement)

14 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
15 That the Laws of Maryland read as follows:

16 **Article – Insurance**

17 15–838.

18 (a) This section applies to:

19 (1) insurers and nonprofit health service plans that provide hospital,
20 medical, or surgical benefits to individuals or groups on an expense–incurred basis under
21 health insurance policies or contracts that are issued or delivered in the State; and

22 (2) health maintenance organizations that provide hospital, medical, or
23 surgical benefits to individuals or groups under contracts that are issued or delivered in
24 the State.

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



(b) (1) In this subsection, “hearing aid” means a device that:

(i) is of a design and circuitry to optimize audibility and listening skills in the environment commonly experienced by children; and

(ii) is nondisposable.

(2) An entity subject to this section shall provide coverage for hearing aids for a minor child who is covered under a policy or contract if the hearing aids are prescribed, fitted, and dispensed by a licensed audiologist **OR A LICENSED HEARING AID DISPENSER**.

(3) (i) An entity subject to this section may limit the benefit payable under paragraph (2) of this subsection to \$1,400 per hearing aid for each hearing-impaired ear every 36 months.

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

(c) This section does not prohibit an entity subject to this section from providing coverage that is greater or more favorable to an insured or enrolled individual than the coverage required under this section.

15–838.1.

(a) In this section, “hearing aid” means a device that:

(1) is of a design and circuitry to optimize audibility and listening skills in the environment commonly experienced by adults; and

(2) is nondisposable.

(b) This section applies to:

(1) insurers and nonprofit health service plans 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 the State; and

(2) health maintenance organizations that provide hospital, medical, or surgical benefits to individuals or groups under contracts that are issued or delivered in the State.

(c) An entity subject to this section shall provide coverage for all medically appropriate and necessary hearing aids for an adult who is covered under a policy or

1 contract if the hearing aids are prescribed, fitted, and dispensed by a licensed audiologist
2 **OR A LICENSED HEARING AID DISPENSER.**

3 (d) (1) An entity subject to this section may limit the benefit payable under
4 subsection (c) of this section to \$1,400 per hearing aid for each hearing-impaired ear every
5 36 months.

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

10 (e) This section does not prohibit an entity subject to this section from providing
11 coverage that is greater or more favorable to an insured or enrollee than the coverage
12 required under this section.

13 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall apply to all
14 policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or
15 after January 1, 2026.

16 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect
17 January 1, 2026.