

SENATE BILL 397

J5, J4

3lr2293
CF 3lr2296

By: **Senator Gallion**

Introduced and read first time: February 1, 2023

Assigned to: Finance

A BILL ENTITLED

1 AN ACT concerning

2 **Health Insurance – Hearing Aids for Adults – Coverage**

3 FOR the purpose of requiring insurers, nonprofit health service plans, and health
4 maintenance organizations that provide certain health insurance benefits under
5 certain insurance policies or contracts to provide certain coverage for certain hearing
6 aids for adults covered under the policies or contracts; authorizing an insured or
7 enrollee to choose a certain hearing aid and pay a certain amount for the hearing aid
8 without financial or contractual penalty to the provider of the hearing aid; and
9 generally relating to health insurance and coverage for hearing aids.

10 BY repealing and reenacting, with amendments,
11 Article – Insurance
12 Section 15–838
13 Annotated Code of Maryland
14 (2017 Replacement Volume and 2022 Supplement)

15 BY adding to
16 Article – Insurance
17 Section 15–838.1
18 Annotated Code of Maryland
19 (2017 Replacement Volume and 2022 Supplement)

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

22 **Article – Insurance**

23 15–838.

24 (a) This section applies to:

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



(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.

(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.

(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.

[(d) If an entity subject to this section provides coverage for hearing aids to an insured or enrolled individual who is not a minor child, and if the policy or contract of the insured or enrolled individual has a dollar limit on the hearing aid benefit, the entity shall allow the individual to:

(1) choose a hearing aid that is priced higher than the benefit payable under the policy or contract; and

(2) pay the difference between the price of the hearing aid and the dollar limit on the hearing aid benefit.]

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 CONTRACT.

(D) (1) AN ENTITY SUBJECT TO THIS SECTION MAY LIMIT THE BENEFIT PAYABLE UNDER SUBSECTION (C) OF THIS SECTION TO \$1,400 PER HEARING AID FOR EACH HEARING-IMPAIRED EAR EVERY 36 MONTHS.

(2) AN INSURED OR ENROLLEE 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.

(E) THIS SECTION DOES NOT PROHIBIT AN ENTITY SUBJECT TO THIS SECTION FROM PROVIDING COVERAGE THAT IS GREATER OR MORE FAVORABLE TO AN INSURED OR ENROLLEE THAN THE COVERAGE REQUIRED UNDER THIS SECTION.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall apply to all policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or after January 1, 2024.

SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect January 1, 2024.