

# HOUSE BILL 1355

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CF SB 641

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By: **Delegates Reilly, Hartman, and Miller**  
Introduced and read first time: February 7, 2025  
Assigned to: Health and Government Operations

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Committee Report: Favorable  
House action: Adopted  
Read second time: March 6, 2025

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## CHAPTER \_\_\_\_\_

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 adults to require  
6 coverage if the hearing aid is ordered, fitted, and dispensed by a licensed hearing aid  
7 dispenser; and generally relating to health insurance coverage for hearing aids.

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

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

15 **Article – Insurance**

16 15–838.1.

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

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

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EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.



(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 if the hearing aids are:

(1) prescribed, fitted, and dispensed by a licensed audiologist; OR

(2) **ORDERED, FITTED, AND DISPENSED BY A LICENSED HEARING AID DISPENSER.**

(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, 2026.

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