

1 S.320

2 Introduced by Senators Balint, Lyons, Clarkson, Hooker and Ingram

3 Referred to Committee on

4 Date:

5 Subject: Health; health insurance; hearing aids

6 Statement of purpose of bill as introduced: This bill proposes to require large
7 group health insurance plans to provide coverage for hearing aids beginning in
8 plan year 2021. It would also direct the Agency of Human Services to apply
9 for federal approval to modify the essential health benefit package for
10 Vermont's individual and small group health insurance plans to include
11 coverage for hearing aids beginning in plan year 2022.

12 An act relating to an incremental approach to health insurance coverage for
13 hearing aids

14 It is hereby enacted by the General Assembly of the State of Vermont:

15 Sec. 1. 8 V.S.A. § 40881 is added to read:

16 § 40881. HEARING AIDS

17 (a) As used in this section:

18 (1) "Health insurance plan" means a group health insurance policy or
19 health benefit plan offered by a health insurer, as defined in 18 V.S.A. § 9402,
20 except the term does not include:

1 (A) a qualified health benefit plan or reflective health benefit plan
2 offered in accordance with 33 V.S.A. chapter 18, subchapter 1; or

3 (B) a policy or plan providing coverage for a specified disease or
4 other limited benefit coverage.

5 (2) "Hearing aid" means any small, wearable electronic instrument or
6 device designed and intended for the ear for the purpose of aiding or
7 compensating for impaired human hearing and any parts, attachments, or
8 accessories, including earmolds and associated remote microphones that pair
9 with hearing aids to improve word comprehension in difficult listening
10 situations in live or telecommunication settings. The term does not include
11 batteries, cords, large-audience assisted listening devices, such as those
12 designed for auditoriums, or stand-alone assisted listening devices that can
13 function without a hearing aid.

14 (3) "Hearing aid professional services" means the selling, practice of
15 fitting, selecting, dispensing, or servicing hearing aids, including:

16 (A) evaluation for a hearing aid;

17 (B) fitting of a hearing aid;

18 (C) programming of a hearing aid;

19 (D) hearing aid repairs;

20 (E) follow-up adjustments, servicing, and maintenance of a hearing
21 aid;

1 (F) ear mold impressions; and

2 (G) auditory rehabilitation and training.

3 (4) "Hearing care professional" means an audiologist or hearing aid

4 dispenser licensed under 26 V.S.A. chapter 67, a physician licensed under

5 26 V.S.A. chapter 23 or 33, a physician assistant licensed under 26 V.S.A.

6 chapter 31, or an advanced practice registered nurse licensed under 26 V.S.A.

7 chapter 28.

8 (b) A health insurance plan shall cover the cost of a hearing aid for each ear

9 and the associated hearing aid professional services when the hearing aid or

10 aids are prescribed, fitted, and dispensed by a hearing aid professional.

11 (c)(1) The coverage provided by a health plan for hearing aids and

12 associated services shall be limited only by medical necessity.

13 (2) A covered individual may select a hearing aid that exceeds the limits

14 set forth in subdivision (1) of this subsection and pay the additional cost.

15 (d) The coverage required by this section shall not be subject to a

16 deductible, co-payment, or coinsurance provision that is less favorable to a

17 covered individual than the deductible, co-payment, or coinsurance provisions

18 that apply generally to other nonprimary care items and services under the

19 health insurance plan.

1 Sec. 2. APPLICATION TO MODIFY BENCHMARK PLAN; REPORT

2 (a) On or before May 8, 2020, the Agency of Human Services, in
3 consultation with the Department of Financial Regulation and the Green
4 Mountain Care Board, shall apply to the Centers for Medicare and Medicaid
5 Services to modify the essential health benefits in Vermont's benchmark plan
6 to include coverage of hearing aids and related services at a minimum standard
7 of medical necessity beginning in plan year 2022.

8 (b) The Agency shall contract for actuarial services to the extent necessary
9 to prepare the actuarial certification and report required as part of the
10 application process.

11 (c) On or before April 1, 2020, the Agency shall provide a draft of the
12 completed application materials, including the actuarial certification and
13 report, to the Medicaid and Exchange Advisory Committee and the Office of
14 the Health Care Advocate and make them available on its website. The
15 Agency shall accept public comments on the application materials, shall
16 respond to all public comments, and shall incorporate the public comments
17 into its final application materials when practicable.

18 (d) The Agency shall provide periodic updates on the disposition of its
19 application to the House Committee on Health Care, the Senate Committees on
20 Health and Welfare and on Finance, the Medicaid and Exchange Advisory
21 Committee, and the Office of the Health Care Advocate.

1 Sec. 3. EFFECTIVE DATES

2 (a) Sec. 1 (8 V.S.A. § 40881) shall take effect on January 1, 2021 and shall
3 apply to group health insurance plans issued on and after January 1, 2021 on
4 such date as a health insurer offers, issues, or renews the plan, but in no event
5 later than January 1, 2022.

6 (b) Sec. 2 (application to modify benchmark plan; report) and this section
7 shall take effect on passage.