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H.266

Introduced by Representatives Wood of Waterbury, Anthony of Barre City,  
Brady of Williston, Cordes of Lincoln, Goldman of  
Rockingham, Hango of Berkshire, Hooper of Burlington,  
Howard of Rutland City, Killacky of South Burlington,  
Kornheiser of Brattleboro, Nicoll of Ludlow, Noyes of Wolcott,  
Ode of Burlington, Patt of Worcester, Squirrell of Underhill,  
Sullivan of Dorset, Vyhovsky of Essex, White of Bethel,  
Whitman of Bennington, and Yantachka of Charlotte

Referred to Committee on

Date:

Subject: Health; health insurance; hearing aids

Statement of purpose of bill as introduced: This bill proposes to require  
Medicaid, the State Employees Health Plan, and large group health insurance  
plans to provide coverage for hearing aids beginning in plan year 2022. It  
would also direct the Agency of Human Services to apply for federal approval  
to modify the essential health benefit package for Vermont's individual and  
small group health insurance plans to include coverage for hearing aids  
beginning in plan year 2023.

1 An act relating to an incremental approach to health insurance coverage for  
2 hearing aids

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

4 Sec. 1. 8 V.S.A. § 4088I is added to read:

5 § 4088I. HEARING AIDS

6 (a) As used in this section:

7 (1) “Health insurance plan” means a group health insurance policy or  
8 health benefit plan offered by a health insurer, as defined in 18 V.S.A. § 9402,  
9 and includes Medicaid and any other plan offered or administered by the State  
10 or a subdivision or instrumentality of the State, but does not include:

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

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

15 (2) “Hearing aid” means any small, wearable electronic instrument or  
16 device designed and intended for the ear for the purpose of aiding or  
17 compensating for impaired human hearing and any parts, attachments, or  
18 accessories, including earmolds and associated remote microphones that pair  
19 with hearing aids to improve word comprehension in difficult listening  
20 situations in live or telecommunication settings. The term does not include  
21 batteries, cords, large-audience assisted listening devices, such as those

1 designed for auditoriums, or stand-alone assisted listening devices that can  
2 function without a hearing aid.

3 (3) "Hearing aid professional services" means the practice of fitting,  
4 selecting, dispensing, selling, or servicing hearing aids, or a combination,  
5 including:

6 (A) evaluation for a hearing aid;

7 (B) fitting of a hearing aid;

8 (C) programming of a hearing aid;

9 (D) hearing aid repairs;

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

12 (F) ear mold impressions; and

13 (G) auditory rehabilitation and training.

14 (4) "Hearing care professional" means an audiologist or hearing aid  
15 dispenser licensed under 26 V.S.A. chapter 67, a physician licensed under  
16 26 V.S.A. chapter 23 or 33, a physician assistant licensed under 26 V.S.A.  
17 chapter 31, or an advanced practice registered nurse licensed under 26 V.S.A.  
18 chapter 28.

19 (b) A health insurance plan shall cover the cost of a hearing aid for each ear  
20 and the associated hearing aid professional services when the hearing aid or  
21 aids are prescribed, fitted, and dispensed by a hearing care professional.

1       (c)(1) The coverage provided by a health plan for hearing aids and  
2       associated services shall be limited only by medical necessity.

3       (2) A covered individual may select a hearing aid that exceeds the limits  
4       set forth in subdivision (1) of this subsection and pay the additional cost.

5       (d) The coverage required by this section shall not be subject to a  
6       deductible, co-payment, or coinsurance provision that is less favorable to a  
7       covered individual than the deductible, co-payment, or coinsurance provisions  
8       that apply generally to other nonprimary care items and services under the  
9       health insurance plan.

10       (e)(1) A covered individual who has exhausted all applicable internal  
11       review procedures provided by the health insurance plan shall have the right to  
12       an independent external review as set forth in section 4089f of this title.

13       (2) The provisions of subdivision (1) of this subsection shall not apply  
14       to a Medicaid beneficiary, whose grievance shall be redressed as set forth in  
15       3 V.S.A. § 3091.

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

17       (a) On or before May 7, 2021, the Agency of Human Services, in  
18       consultation with the Department of Financial Regulation and the Green  
19       Mountain Care Board, shall apply to the Centers for Medicare and Medicaid  
20       Services to modify the essential health benefits in Vermont's benchmark plan

1 to include coverage of hearing aids and related services at a minimum standard  
2 of medical necessity beginning in plan year 2023.

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

6 (c) On or before April 1, 2021, the Agency shall provide a draft of the  
7 completed application materials, including the actuarial certification and  
8 report, to the Medicaid and Exchange Advisory Committee and the Office of  
9 the Health Care Advocate and make them available on its website. The  
10 Agency shall accept public comments on the application materials, shall  
11 respond to all public comments, and shall incorporate the public comments  
12 into its final application materials when practicable.

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

17 Sec. 3. AGENCY OF HUMAN SERVICES; FEDERAL APPROVAL

18 The Agency of Human Services shall seek approval from the federal  
19 Centers for Medicare and Medicaid Services to provide coverage of hearing  
20 aids for individuals enrolled in Medicaid as set forth in Sec. 1 of this act.

1       Sec. 4. EFFECTIVE DATES

2           (a) Sec. 1 (8 V.S.A. § 40881) shall take effect on January 1, 2022 and shall  
3       apply:

4           (1) to the State Employees Health Plan on and after January 1, 2022;

5           (2) to large group health insurance plans issued on and after January 1,  
6       2022 on such date as a health insurer offers, issues, or renews the plan, but in  
7       no event later than January 1, 2023; and

8           (3) to Medicaid upon approval by the Centers for Medicare and  
9       Medicaid Services of Vermont's request to provide coverage of hearing aids or  
10       on January 1, 2022, whichever occurs last.

11          (b) Secs. 2 (application to modify benchmark plan; report) and 3 (Agency  
12       of Human Services; federal approval) and this section shall take effect on  
13       passage.