

Senate proposal of amendment

H. 266

An act relating to health insurance coverage for hearing aids

The Senate proposes to the House to amend the bill as follows:

First: By striking out Sec. 2, essential health benefits; benchmark plan; hearing aids; report, in its entirety and inserting in lieu thereof a new Sec. 2 to read as follows:

Sec. 2. ESSENTIAL HEALTH BENEFITS; BENCHMARK PLAN;
HEARING AIDS; REPORT

On or before November 1, 2022, the Departments of Vermont Health Access and of Financial Regulation shall provide an update to the Health Reform Oversight Committee regarding the status of the State's application to the Center for Medicare and Medicaid Innovation within the Centers for Medicare and Medicaid Services to modify the essential health benefits in Vermont's benchmark plan to include coverage of hearing aids and related services beginning in plan year 2024.

Second: In Sec. 3, 33 V.S.A. § 1901k, following “as defined by the”, by striking out “Department of Vermont Health Access” and inserting in lieu thereof Agency of Human Services

Third: In Sec. 4, 8 V.S.A. § 4088l, in subdivision (a)(2), in the second sentence, following “does not include”, by striking out “cords.”

Fourth: In Sec. 4, 8 V.S.A. § 4088l, by striking out subsections (b) and (c) in their entireties and inserting in lieu thereof new subsections (b) and (c) to read as follows:

(b)(1) A health insurance plan shall cover the cost of a hearing aid for each ear and the associated hearing aid professional services when the hearing aid or aids are prescribed, fitted, and dispensed by a hearing care professional. The coverage shall include hearing aid batteries when prescribed by a hearing care professional.

(2) A health insurance plan may limit coverage to not more than one hearing aid per ear every three years, except that a plan shall cover the cost of one or more new hearing aids for a covered individual prior to the expiration of the three-year period based on a hearing care professional's determination that a new hearing aid for one or both ears is medically necessary.

(c)(1) Subject to the limitations set forth in subdivision (b)(2) of this section, the coverage provided by a health plan for hearing aids and associated services shall be limited only by medical necessity.

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