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, Squirrel of Underhill,
Sullivan of Dorset, Vylovsky 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.
An act relating to an incremental approach to health insurance coverage for hearing aids

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

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

§ 4088l. HEARING AIDS

(a) As used in this section:

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

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

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

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

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

(A) evaluation for a hearing aid;

(B) fitting of a hearing aid;

(C) programming of a hearing aid;

(D) hearing aid repairs;

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

(F) ear mold impressions; and

(G) auditory rehabilitation and training.

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

(b) 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.
(c)(1) 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.

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

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

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

Sec. 2. APPLICATION TO MODIFY BENCHMARK PLAN; REPORT

(a) On or before May 7, 2021, the Agency of Human Services, in consultation with the Department of Financial Regulation and the Green Mountain Care Board, shall apply to 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 at a minimum standard of medical necessity beginning in plan year 2023.

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

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

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

Sec. 3. AGENCY OF HUMAN SERVICES; FEDERAL APPROVAL

The Agency of Human Services shall seek approval from the federal Centers for Medicare and Medicaid Services to provide coverage of hearing aids for individuals enrolled in Medicaid as set forth in Sec. 1 of this act.
Sec. 4. EFFECTIVE DATES

(a) Sec. 1 (8 V.S.A. § 4088l) shall take effect on January 1, 2022 and shall apply:

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

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

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

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