

1 TO THE HOUSE OF REPRESENTATIVES:

2 The Committee on Health Care to which was referred House Bill No. 266
3 entitled “An act relating to an incremental approach to health insurance
4 coverage for hearing aids” respectfully reports that it has considered the same
5 and recommends that the bill be amended by striking out all after the enacting
6 clause and inserting in lieu thereof the following:

7 Sec. 1. PURPOSE

8 (a) The General Assembly recognizes the range of negative health
9 outcomes that are associated with untreated hearing loss, including cognitive
10 decline, dementia, falls, social isolation, and depression. All Vermonters
11 should have access to hearing aids and related services, yet many health plans
12 do not cover them. Vermont Medicaid currently covers hearing aids, while
13 most health insurance plans offered in the commercial health insurance market
14 do not. Federal law prohibits or preempts the State from regulating the
15 benefits provided through plans covering more than half of the population of
16 this State, including Medicare and self-funded employer plans. Medicare does
17 not cover hearing aids and related services, and neither do most self-funded
18 employer plans.

19 (b) In 2021 Acts and Resolves No. 74, Sec. E.227, the General Assembly
20 directed the Department of Financial Regulation and other interested
21 stakeholders to review Vermont’s benchmark plan establishing the State’s

1 essential health benefits for qualified health plans offered through the Vermont
2 Health Benefit Exchange and recommend whether to request federal approval
3 to modify the benchmark plan to provide certain benefits, including hearing
4 aids. On March 2, 2022, the Green Mountain Care Board voted to approve a
5 recommendation from the Department of Vermont Health Access to add
6 coverage to the benchmark plan for up to one hearing aid per ear every three
7 years and an annual hearing exam. The Department of Vermont Health Access
8 is pursuing a change to Vermont’s benchmark plan with the federal
9 government for coverage for hearing aids and hearing exams to begin in
10 Vermont’s individual and small group insurance markets in January 2024.

11 (c) The purpose of this bill is to ensure continued coverage of hearing aids
12 and related services in Vermont Medicaid, affirm ongoing efforts to make
13 hearing aids and related services part of Vermont’s benchmark plan, and make
14 hearing aids and related services more accessible to Vermont residents by
15 requiring coverage in large group health insurance plans, which comprise the
16 remaining segment of the commercial health insurance market over which
17 Vermont has regulatory authority and which do not currently offer these
18 benefits.

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

3 On or before November 1, 2022, the Department of Vermont Health Access
4 shall provide an update to the Health Reform Oversight Committee regarding
5 the status of the Department’s application to the Centers for Medicare and
6 Medicaid Services to modify the essential health benefits in Vermont’s
7 benchmark plan to include coverage of hearing aids and related services
8 beginning in plan year 2024.

9 Sec. 3. 33 V.S.A. § 1901k is added to read:

10 § 1901k. MEDICAID COVERAGE FOR HEARING AIDS AND
11 AUDIOLOGY SERVICES

12 Vermont Medicaid shall provide coverage for medically necessary hearing
13 aids and audiology services when delivered by a health care professional
14 practicing within the scope of the professional’s license, including audiologic
15 examinations, hearing screenings, fitting of hearing aids, prescriptions for
16 hearing aid batteries, and other services as defined by the Department of
17 Vermont Health Access by rule.

18 Sec. 4. 8 V.S.A. § 4088l is added to read:

19 § 4088l. COVERAGE FOR HEARING AIDS

20 (a) As used in this section:

1 (1) “Health insurance plan” means a group health insurance policy or
2 health benefit plan offered by a health insurance company, nonprofit hospital
3 or medical service corporation, or health maintenance organization, but does
4 not include:

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

7 (B) a health benefit plan offered by an intermunicipal insurance
8 association to one or more entities providing educational services pursuant to
9 24 V.S.A. chapter 121, subchapter 6; or

10 (C) a policy or plan providing coverage for a specified disease or
11 other limited benefit coverage.

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

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

4 (A) evaluation for a hearing aid;

5 (B) fitting of a hearing aid;

6 (C) programming of a hearing aid;

7 (D) hearing aid repairs;

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

10 (F) ear mold impressions; and

11 (G) auditory rehabilitation and training.

12 (4) “Hearing care professional” means an audiologist or hearing aid
13 dispenser licensed under 26 V.S.A. chapter 67, a physician licensed under
14 26 V.S.A. chapter 23 or 33, a physician assistant licensed under 26 V.S.A.
15 chapter 31, or an advanced practice registered nurse licensed under 26 V.S.A.
16 chapter 28, working within that professional’s scope of practice.

17 (b) A health insurance plan shall cover the cost of a hearing aid for each ear
18 and the associated hearing aid professional services when the hearing aid or
19 aids are prescribed, fitted, and dispensed by a hearing care professional. The
20 coverage shall include hearing aid batteries when prescribed by a hearing care
21 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) A covered individual who has exhausted all applicable internal review
11 procedures provided by the health insurance plan shall have the right to an
12 independent external review as set forth in section 4089f of this title.

13 Sec. 5. EFFECTIVE DATES

14 (a) Sec. 4 (8 V.S.A. § 40881) shall take effect on January 1, 2024 and shall
15 apply to all health insurance plans issued on and January 1, 2024 on such date
16 as a health insurer offers, issues, or renews the health insurance plan, but in no
17 event later than January 1, 2025.

18 (b) The remaining sections shall take effect on passage.

19 and that after passage the title of the bill be amended to read: “An act
20 relating to health insurance coverage for hearing aids”

1 (Committee vote: _____)

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Representative _____

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FOR THE COMMITTEE