

1 TO THE HONORABLE SENATE:

2 The Committee on Health and Welfare to which was referred House Bill  
3 No. 266 entitled “An act relating to health insurance coverage for hearing aids”  
4 respectfully reports that it has considered the same and recommends that the  
5 Senate propose to the House that the bill be amended as follows:

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

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

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

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

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

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

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

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

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

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

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2 (Committee vote: \_\_\_\_\_)

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Senator \_\_\_\_\_

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FOR THE COMMITTEE