

House Bill 1061

By: Representatives Lindsey of the 54<sup>th</sup>, Holt of the 112<sup>th</sup>, Wilkinson of the 52<sup>nd</sup>, and Watson of the 163<sup>rd</sup>

A BILL TO BE ENTITLED  
AN ACT

1 To amend Chapter 24 of Title 33 of the Official Code of Georgia Annotated, relating  
2 generally to insurance, so as to provide for a short title and findings; to require health plans  
3 to provide coverage for hearing aids for certain individuals; to provide for the frequency of  
4 replacement of hearing aids; to provide for coverage of services and supplies; to provide  
5 options for higher priced devices; to provide for related matters; to repeal conflicting laws;  
6 and for other purposes.

7 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

8 **SECTION 1.**

9 Chapter 24 of Title 33 of the Official Code of Georgia Annotated, relating generally to  
10 insurance, is amended by adding a new Code section to read as follows:

11 "33-24-59.16.

12 (a) This Code section shall be known and may be cited as the 'Hearing Aid Coverage for  
13 Children Act.'

14 (b) The General Assembly finds and declares that:

15 (1) The language development of children with partial or total hearing loss may be  
16 impaired due to the hearing loss. Children learn the concept of spoken language through  
17 auditory stimuli, and the language skills of children who have hearing loss improve when  
18 they are provided with hearing aids and access to visual language upon the discovery of  
19 hearing loss; and

20 (2) Providing hearing aids to children with hearing loss will reduce the costs borne by  
21 this state, including special education, alternative treatments that would otherwise be  
22 necessary if a hearing aid were not provided, and other costs associated with such hearing  
23 loss.

24 (c) As used in this Code section, the term:

25 (1) 'Health benefit policy' means any individual or group plan, policy, or contract for  
26 health care services issued, delivered, issued for delivery, or renewed in this state which

27 provides major medical benefits, including those contracts executed by the State of  
28 Georgia on behalf of indigents and on behalf of state employees under Article 1 of  
29 Chapter 18 of Title 45, by a health care corporation, health maintenance organization,  
30 preferred provider organization, accident and sickness insurer, fraternal benefit society,  
31 hospital service corporation, medical service corporation, or any similar entity and any  
32 self-insured health care plan not subject to the exclusive jurisdiction of the Employee  
33 Retirement Income Security Act of 1974, 29 U.S.C. Sec. 1001, et seq.

34 (2) 'Hearing aid' means any nonexperimental and wearable instrument or device offered  
35 to aid or compensate for impaired human hearing that is worn in or on the body. The  
36 term 'hearing aid' includes any parts, ear molds, repair parts, and replacement parts of this  
37 instrument or device including, but not limited to, nonimplanted bone anchored hearing  
38 aids, nonimplanted bone conduction hearing aids, and frequency modulation systems.  
39 Personal Sound Amplification Devices (PSAP's) shall not qualify as hearing aids. Any  
40 hearing devices that are preprogrammed prior to a fitting shall not qualify as hearing aids.  
41 Any hearing devices that are preprogrammed and sent directly to the patient prior to a  
42 fitting shall not qualify as hearing aids.

43 (d) Every health benefit policy that is delivered, issued, executed, or renewed in this state  
44 or approved for issuance or renewal in this state by the Commissioner on or after  
45 July 1, 2012, shall provide coverage for the full cost of one hearing aid per hearing  
46 impaired ear subject to a \$2,500.00 minimum and up to \$3,000.00 per hearing aid for  
47 covered individuals 22 years of age or under. Such coverage shall provide the replacement  
48 for one hearing aid per hearing impaired ear every 36 months for covered individuals. This  
49 section does not prohibit an entity subject to this section from providing coverage that is  
50 greater or more favorable to an insured or enrolled individual than the coverage required  
51 under this Code section.

52 (e) In the event that a hearing aid or aids cannot adequately meet the needs of the covered  
53 individual and the hearing aid or aids cannot be adequately repaired or adjusted, the hearing  
54 aid or aids shall be replaced. Coverage for the replacement shall be offered within two  
55 months from the date it is determined that the aid or aids cannot be repaired or adjusted.

56 (f) The coverage provided by this Code section shall include the following:

57 (1) Services and supplies including, but not limited to, the initial hearing aid evaluation,  
58 fitting, dispensing, programming, servicing, repairs, follow-up maintenance, adjustments,  
59 supplies including ear molds, ear mold impressions, auditory training, and probe  
60 microphone measurements to ensure appropriate gain and output, as well as verifying  
61 benefit from the system selected according to accepted professional standards. Such  
62 services shall be covered on a continuous basis, as needed during each 36 month

63 coverage period or for the duration of the hearing aid warranty, whichever time period  
64 is longer;

65 (2) An option for the covered individual to choose a higher priced hearing aid or aids and  
66 to pay the difference between the price of the hearing aid and the benefit amount as  
67 referenced above, without financial or contractual penalty to the insured or to the provider  
68 of the hearing aid; and

69 (3) An option for the covered individual to purchase his or her hearing aid or aids  
70 through any licensed audiologist or licensed hearing aid dealer or dispenser in this state.

71 (g) A health insurance plan may not deny or refuse coverage of, refuse to contract with,  
72 or refuse to renew or refuse to reissue or otherwise terminate or restrict coverage of a  
73 covered individual solely because he or she is or has been previously diagnosed with  
74 hearing loss.

75 (h) The benefits covered under this Code section shall be subject to the same annual  
76 deductible, coinsurance or copayment, or utilization review applicable to other similar  
77 covered benefits under the health benefit policy."

78 **SECTION 2.**

79 All laws and parts of laws in conflict with this Act are repealed.