

House Bill 1155

By: Representative Lindsey of the 54th

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 "33-24-59.17.

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. Section 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 Such hearing aid components and parts described in this paragraph shall be included
40 within the maximum coverage provided for in subsection (d) of this Code section.
41 Personal Sound Amplification Products (PSAPs) shall not qualify as hearing aids.

42 (d) Every health benefit policy that is delivered, issued, executed, or renewed in this state
43 or approved for issuance or renewal in this state by the Commissioner on or after
44 July 1, 2014, shall provide coverage for the billed charges of one hearing aid per hearing
45 impaired ear not to exceed \$2,500.00 per hearing aid for covered individuals 22 years of
46 age or under when it is determined by a licensed physician or licensed audiologist that the
47 treatment is medically necessary health care. Such coverage shall provide the replacement
48 for one hearing aid per hearing impaired ear every 36 months for covered individuals. This
49 subsection shall not prohibit an entity subject to this Code section from providing coverage
50 that is greater or more favorable to an insured or enrolled individual than the coverage
51 required 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 the initial hearing aid evaluation, fitting, dispensing,
58 programming, servicing, repairs, follow-up maintenance, adjustments, ear molds, ear
59 mold impressions, auditory training, and probe microphone measurements to ensure
60 appropriate gain and output, as well as verifying benefit from the system selected
61 according to accepted professional standards. Such services shall be covered on a
62 continuous basis, as needed during each 36 month coverage period or for the duration of
63 the hearing aid warranty, whichever time period is longer. Such hearing aid components,

64 parts, and services described in this paragraph shall be included in the maximum
65 coverage provided for in subsection (d) of this Code section;

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

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

72 (g) A health insurance plan may not deny or refuse coverage of, refuse to contract with,
73 or refuse to renew or reissue or otherwise terminate or restrict coverage of a covered
74 individual solely because he or she is or has been previously diagnosed with 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 (i) This Code section shall not apply to any health benefit policy offered by an employer
79 with ten or fewer employees."

80 **SECTION 2.**

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