

The House Committee on Insurance offers the following substitute to SB 206:

A BILL TO BE ENTITLED  
AN ACT

1 To amend Chapter 24 of Title 33 of the Official Code of Georgia Annotated, relating to  
2 insurance generally, so as to provide for a short title and findings; to require health plans to  
3 provide coverage for hearing aids for certain individuals; to provide for the frequency of  
4 replacing hearing aids; to provide for coverage of services and supplies; to provide options  
5 for higher priced devices; to provide for related matters; to repeal conflicting laws; and for  
6 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 to insurance  
10 generally, is amended by adding a new Code section to read as follows:

11 "33-24-59.21.

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  
 37 such instrument or device, including, but not limited to, nonimplanted bone anchored  
 38 hearing aids, nonimplanted bone conduction hearing aids, and frequency modulation  
 39 systems. Personal sound amplification products shall not qualify as hearing aids.

40 (d) Every health benefit policy that is delivered, issued, executed, or renewed in this state  
 41 or approved for issuance or renewal in this state by the Commissioner on or after  
 42 January 1, 2018, shall provide coverage for the billed charges of one hearing aid per  
 43 hearing impaired ear not to exceed \$3,000.00 per hearing aid for covered individuals 18  
 44 years of age or under. Such coverage shall provide the replacement for one hearing aid per  
 45 hearing impaired ear every 48 months for covered individuals. The parent or guardian of  
 46 such individual is responsible for billed charges in excess of such benefits. This subsection  
 47 shall not prohibit an entity subject to this Code section from providing coverage that is  
 48 greater or more favorable to an insured or enrolled individual than the coverage required  
 49 under this Code section.

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

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

56 (1) Medically necessary services and supplies, including the initial hearing aid  
 57 evaluation, fitting, dispensing, programming, servicing, repairs, follow-up maintenance,  
 58 adjustments, ear molds, ear mold impressions, auditory training, and probe microphone  
 59 measurements to ensure appropriate gain and output, as well as verifying benefit from the  
 60 system selected according to accepted professional standards. Such services shall be  
 61 covered on a continuous basis, as needed, during each 48 month coverage period not to  
 62 exceed \$3,000.00 per hearing impaired ear or for the duration of the hearing aid warranty,  
 63 whichever time period is longer;

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

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

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

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

76 (i) An insurer, corporation, health maintenance organization, or governmental entity  
 77 providing coverage for a hearing aid or aids pursuant to this Code section is exempt from  
 78 providing coverage for children's hearing aids required under this Code section and not  
 79 covered by the insurer, corporation, health maintenance organization, or governmental  
 80 entity providing coverage for such treatment pursuant to this Code section as of  
 81 January 1, 2019, if:

82 (1) An actuary affiliated with the insurer, corporation, health maintenance organization,  
 83 or governmental entity who is a member of the American Academy of Actuaries and who  
 84 meets the American Academy of Actuaries' professional qualification standards for  
 85 rendering an actuarial opinion related to health insurance rate making certifies in writing  
 86 to the Commissioner that:

87 (A) Based on an analysis to be completed no more frequently than one time per year  
 88 by each insurer, corporation, health maintenance organization, or governmental entity  
 89 for the most recent experience period of at least one year's duration, the costs associated  
 90 with coverage of children's hearing aids required under this Code section, and not  
 91 covered as of January 1, 2019, exceeded 1 percent of the premiums charged over the  
 92 experience period by the insurer, corporation, or health maintenance organization; and

93 (B) Such costs solely would lead to an insurance in average premiums charged of more  
 94 than 1 percent for all insurance policies, subscription contracts, or health care plans  
 95 commencing on inception or the next renewal date, based on the premium rating  
 96 methodology and practices the insurer, corporation, health maintenance organization,  
 97 or governmental entity employs; and

98 (2) The Commissioner approves the certification of the actuary.

99 (j) Beginning January 1, 2018, to the extent that this Code section requires benefits that  
 100 exceed the essential health benefits required under Section 1302(b) of the federal Patient

101 Protection and Affordable Care Act, P. L. 111-148, the specific benefits that exceed the  
102 required essential health benefits shall not be required of a qualified health plan as defined  
103 in such act when the qualified health plan is offered in this state through the exchange.  
104 Nothing in this subsection shall nullify the application of this Code section to plans offered  
105 outside the state's exchange.  
106 (k) This Code section shall not apply to any accident and sickness contract, policy, or  
107 benefit plan offered by any employer with ten or fewer employees."

108 **SECTION 2.**

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