SENATE DOCKET, NO. FILED ON: 1/13/2009

**SENATE . . . . . . . . . . . . . . No.**

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The Commonwealth of Massachusetts

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PRESENTED BY:

**John A. Hart, Jr.**

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*To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General
 Court assembled:*

 The undersigned legislators and/or citizens respectfully petition for the passage of the accompanying bill:

An Act providing coverage for hearing aids.

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PETITION OF:

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| --- | --- |
| Name: | District/Address: |
| John A. Hart, Jr. | First Suffolk |

[SIMILAR MATTER FILED IN PREVIOUS SESSION
SEE SENATE, NO. S00589 OF 2007-2008.]

The Commonwealth of Massachusetts

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**In the Year Two Thousand and Nine**

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An Act providing coverage for hearing aids.

 *Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:*

SECTION 1. Chapter 32A of the General Laws is hereby amended by inserting after section 17G, as inserted by section 1 of chapter 81 of the acts of 2000, the following section:-

Section 17H. (a) For purposes of this section, the following words shall have the following meanings:

"Hard of hearing", hard of hearing as defined in section 191 of chapter 6 of the General Laws.

"Hearing instrument specialist", a hearing instrument specialist as defined in section 196 of chapter 112 of the General Laws.

"Hearing aid", a hearing aid as defined in section 196 of chapter 112 of the General Laws.
SECTION 2.  Section 19 of said chapter 152, as so appearing, is hereby amended

"Out-of-network provider", a health care provider that does not have a contract with the insurer.

(b) The commission shall provide to any active or retired employee of the commonwealth who is insured under the group insurance commission coverage for two hearing aids every three years, unless an employee voluntarily obtains such hearing aids from an out-of-network health care provider, if any. Hearing aid coverage pursuant to this section shall not exceed an amount of $2,000 for each three-year period.

(c) Nothing in this section shall prohibit the commission from offering greater coverage for hearing aids than that required by this section.

SECTION 2. Chapter 175 of the General Laws is hereby amended by inserting after section 47U, as inserted by section 8 of chapter 141 of the acts of 2000, the following section:-

Section 47V. (a) For purposes of this section, the following words shall have the following meanings:

"Hard of hearing", hard of hearing as defined in section 191 of chapter 6 of the General Laws.

"Hearing instrument specialist", a hearing instrument specialist as defined in section 196 of chapter 112 of the General Laws.

"Hearing aid", a hearing aid as defined in section 196 of chapter 112 of the General Laws.

"Out-of-network provider", a health provider that does not have a contract with the insurer.

(b) Any policy of accident and sickness insurance as described in section 108 which provides hospital expense and surgical expense insurance and which is delivered, issued or subsequently renewed by agreement between the insurer and policyholder in the commonwealth; any blanket or general policy of insurance described in subdivision (A), (C) or (D) of section 110 which provides hospital expense and surgical expense insurance and which is delivered, issued or subsequently renewed by agreement between the insurer and the policyholder, within or without the commonwealth; or any employees' health and welfare fund which provides hospital expense and surgical expense benefits and which is delivered, issued or renewed to any person or group of persons in the commonwealth, shall provide coverage for two hearing aids every three years, unless a policyholder voluntarily obtains such hearing aids from an out-of-network health care provider, if any. Hearing aid coverage pursuant to this section shall not exceed an amount of $2,000 for each three-year period.

(c) Nothing in this section shall prohibit an insurer from offering greater coverage for hearing aids than that required by this section.

SECTION 3. The third paragraph of section 110E of said chapter 175 is hereby amended by inserting after clause (16) the following clause:-

(17) An insurer's written statement purporting to offer insurance coverage for durable medical equipment without specifically stating any exclusions, including but not limited to exclusions for hearing aids, shall be considered misleading for purposes of this section.

SECTION 4. Chapter 176A of the General Laws is hereby amended by inserting after section 8U, as inserted by section 14 of chapter 141 of the acts of 2000, the following section:-

Section 8V. (a) For purposes of this section, the following words shall have the following meanings:

"Hard of hearing", hard of hearing as defined in section 191 of chapter 6 of the General Laws.

"Hearing instrument specialist", a hearing instrument specialist as defined in section 196 of chapter 112 of the General Laws.

"Hearing aid", a hearing aid as defined in section 196 of chapter 112 of the General Laws.

"Out-of-network provider", a health provider that does not have a contract with the insurer.

(b) Any contracts, except contracts providing supplemental coverage to Medicare or other governmental programs, between a subscriber and the corporation under an individual or group hospital service plan which is delivered, issued or renewed in the commonwealth shall provide as benefits to all individual subscribers or members within the commonwealth and to all group members having a principal place of employment within the commonwealth, coverage for expenses incurred for two hearing aids every three years, unless a subscriber voluntarily obtains such hearing aids from an out-of-network health care provider, if any. Hearing aid coverage pursuant to this section shall not exceed an amount of $2,000 for each three-year period.

(c) Nothing in this section shall prohibit a corporation from offering greater coverage for hearing aids than that required by this section.

SECTION 5. Chapter 176B of the General Laws is hereby amended by inserting after section 4U, as inserted by section 15 of chapter 141 of the acts of 2000, the following section:-

Section 4V. (a) For purposes of this section, the following words shall have the following meanings:

"Hard of hearing", hard of hearing as defined in section 191 of chapter 6 of the General Laws.

"Hearing instrument specialist", a hearing instrument specialist as defined in section 196 of chapter 112 of the General Laws.

"Hearing aid", a hearing aid as defined in section 196 of chapter 112 of the General Laws.

"Out-of-network provider", a health provider that does not have a contract with the insurer.

(b) Any subscription certificate under an individual or group medical service agreement, except certificates which provide supplemental coverage to Medicare or other governmental programs, that shall be delivered, issued or renewed within the commonwealth shall provide as benefits to all individual subscribers or members within the commonwealth and to all group members having a principal place of employment in the commonwealth, coverage for expenses incurred for two hearing aids every three years, unless a subscriber or member voluntarily obtains such hearing aids from an out-of-network health care provider, if any. Hearing aid coverage pursuant to this section shall not exceed an amount of $2,000 for each three-year period.

(c) Nothing in this section shall prohibit a medical service corporation from offering greater coverage for hearing aids than that required by this section.

SECTION 6. Chapter 176G of the General Laws is hereby amended by inserting after section 4M, as inserted by section 10 of chapter 80 of the acts of 2000, the following section:-

Section 4N. (a) For purposes of this section, the following words shall have the following meanings:

"Hard of hearing", hard of hearing as defined in section 191 of chapter 6 of the General Laws.

"Hearing instrument specialist", a hearing instrument specialist as defined in section 196 of chapter 112 of the General Laws.

"Hearing aid", a hearing aid as defined in section 196 of chapter 112 of the General Laws.

"Out-of-network provider", a health provider that does not have a contract with the insurer.

(b) An individual or group health maintenance contract shall provide coverage and benefits for expenses incurred for two hearing aids every three years, unless a member voluntarily obtains such hearing aids from an out-of-network health care provider, if any. Hearing aid coverage pursuant to this section shall not exceed an amount of $2,000 for each three-year period.

(c) Nothing in this section shall prohibit a health maintenance organization from offering greater coverage for hearing aids than that required by this section.

SECTION 7. Pursuant to sections 191 to 199, inclusive, of chapter 6 of the General Laws, the Massachusetts Commission for the Deaf and Hard of Hearing shall consult with the Commissioner of Insurance to ensure that sections 1 to 6 of this act are enforced.