

By: Senator(s) Dawkins

To: Insurance

SENATE BILL NO. 2848

1 AN ACT TO REQUIRE CERTAIN INSURERS AND NONPROFIT HEALTH
2 SERVICE PLANS TO PROVIDE COVERAGE OF HEARING AIDS; AND FOR RELATED
3 PURPOSES.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI:

5 **SECTION 1.** (1) As used in this section, "hearing aid" shall
6 mean a nondisposable device that is of a design and circuitry to
7 optimize audition and listening skills in the environment commonly
8 experienced by children.

9 (2) As used in this section, "medically appropriate" shall
10 mean that medical or surgical correction of the hearing loss has
11 been ruled out by a licensed physician.

12 (3) As used in this section, "audiologically appropriate"
13 shall mean based on the prevailing standards of the practice of
14 audiology. Audiologically appropriate would include physiologic
15 technologies such as Auditory Brainstem Response (ABR) and
16 otoacoustic emissions (OAE). Protocols may be updated as new
17 physiologic technologies or improvements to existing physiologic
18 technologies that would substantially enhance hearing assessment
19 are developed.

20 (4) As used in this section, "dependent" in relation to an
21 insured shall mean a child who is a dependent of the employee and
22 less than twenty-one (21) years of age or older if so defined by
23 employee's insurance plan.

24 (5) This section shall apply to the following entities:

25 (a) Insurers and nonprofit health service plans,
26 including the office of group benefits, that provide hospital,
27 medical or surgical benefits to individuals or groups on an

28 expense-incurred basis under health insurance policies or
29 contracts that are issued or delivered in this state.

30 (b) Managed care organizations as defined and licensed
31 by state law that provide hospital, medical or surgical benefits
32 to individuals or groups under contracts that are issued or
33 delivered in this state.

34 (6) (a) An entity subject to this section shall provide
35 coverage for hearing aids and medically/audiologically appropriate
36 testing necessary for evaluation and fitting of a child considered
37 a dependent who is covered under a policy or contract of insurance
38 if the hearing aids are fitted and dispensed by a licensed
39 professional following medical clearance, as required by law, by a
40 physician licensed to practice medicine.

41 (b) An entity subject to this section may limit the
42 benefit payable under paragraph (a) of this subsection to One
43 Thousand Five Hundred Dollars (\$1,500.00) per hearing aid for each
44 hearing-impaired ear every thirty-six (36) months.

45 (c) An entity subject to this section will provide for
46 up to four (4) additional ear molds per year for children up to
47 two (2) years of age.

48 (d) An insured or enrolled individual may choose a
49 hearing aid that is priced higher than the benefit payable under
50 this subsection and may pay the difference between the price of
51 the hearing aid and the benefit payable under this subsection
52 without financial or contractual penalty to the provider of the
53 hearing aid.

54 (e) In the case of a health insurer or managed care
55 organization that administers benefits according to contracts with
56 health care providers, hearing aids covered pursuant to this
57 section shall be obtained from health care providers contracted
58 with the health insurer or managed care organization. Such
59 providers shall be subject to the same contracting and

60 credentialing requirements that apply to other contracted health
61 care providers.

62 (7) This section does not prohibit an entity subject to the
63 provisions of this section from providing coverage that is greater
64 or more favorable to an insured or enrolled individual than the
65 coverage required under this section.

66 **SECTION 2.** The provisions of this section shall take effect
67 and be in force from and after July 1, 2007, and shall apply to
68 any new policy, contract, program or plan issued by an entity
69 subject to the provisions of this section on or after July 1,
70 2007. Any such policy, contract, program or plan in effect prior
71 to July 1, 2007, shall convert to the provisions of this section
72 on or before the renewal date thereof, but in no event later than
73 January 1, 2009. Any policy affected by the provisions of this
74 section shall apply to an insured or participant under such
75 policy, contract, program or plan whether or not the hearing
76 impairment is a preexisting condition of the insured or
77 participant.