

By: Representative Massengill

To: Insurance

HOUSE BILL NO. 168

1 AN ACT TO REQUIRE THAT CERTAIN INSURANCE POLICIES AND
2 CONTRACTS SHALL PROVIDE COVERAGE FOR HEARING AIDS AND SERVICES FOR
3 DEAF AND HEARING IMPAIRED; AND FOR RELATED PURPOSES.

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

5 **SECTION 1.** (1) All individual and group health insurance
6 policies providing coverage on an expense-incurred basis,
7 individual and group service or indemnity type contracts issued by
8 a nonprofit corporation, individual and group service contracts
9 issued by a health maintenance organization, all self-insured
10 group arrangements to the extent not preempted by federal law and
11 all managed health care delivery entities of any type or
12 description that are delivered, issued for delivery, continued or
13 renewed on or after July 1, 2017, and providing coverage to any
14 resident of this state shall provide benefits or coverage for
15 hearing aids and services for deaf and hearing impaired for
16 dependent children under twenty-one (21) years of age who are
17 covered under a policy or contract of insurance. Coverage or
18 benefits shall be provided when the prescribing physician has



19 issued a written order stating that the dependent child is deaf or
20 hearing impaired and that the treatment is medically cleared.
21 Coverage or benefits shall be provided for all the hearing
22 examinations and tests that are administered. The coverage
23 required under this section shall meet the requirements set forth
24 in subsection (2) of this section.

25 (2) A dependent child under twenty-one (21) years of age
26 shall not be required to pay an additional deductible or
27 coinsurance for testing that is greater than an annual deductible
28 or coinsurance established for similar benefits. If the program
29 or contract does not cover a similar benefit, a deductible or
30 coinsurance may not be set at a level that materially diminishes
31 the value of the deaf or hearing impaired treatment required.
32 Reimbursement to health care providers for deaf or hearing
33 impaired treatment provided under this section shall be equal to
34 or greater than reimbursement to health care providers provided
35 under the Medicaid program.

36 (3) A group health plan or health insurance issuer is not
37 required under this section to provide for a referral to a
38 nonparticipating health care provider unless the plan or issuer
39 does not have an appropriate health care provider that is
40 available and accessible to administer the screening exam and that
41 is a participating health care provider with respect to that
42 treatment.



43 (4) If a plan or issuer refers a dependent child under
44 twenty-one (21) years of age to a nonparticipating health care
45 provider in accordance with this section, services provided
46 according to the approved screening exam and resulting treatment,
47 if any, shall be provided at no additional cost to the dependent
48 child beyond what the dependent child would otherwise pay for
49 services received by a participating health care provider.

50 **SECTION 2.** This act shall take effect and be in force from
51 and after July 1, 2017.

