

By: Representatives Massengill, Steverson,
Lancaster, Byrd, Karriem

To: Insurance

HOUSE BILL NO. 155

1 AN ACT TO REQUIRE THAT CERTAIN INSURANCE POLICIES AND
2 CONTRACTS SHALL PROVIDE COVERAGE FOR HEARING AIDS AND SERVICES FOR
3 CHILDREN WHO ARE DEAF OR HEARING IMPAIRED UNDER 21 YEARS OF AGE;
4 TO AMEND SECTION 25-15-7, MISSISSIPPI CODE OF 1972, TO DELETE THE
5 PROHIBITION ON THE STATE HEALTH PLAN COVERING HEARING AIDS; AND
6 FOR RELATED PURPOSES.

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

8 **SECTION 1.** (1) All individual and group health insurance
9 policies providing coverage on an expense-incurred basis,
10 individual and group service or indemnity type contracts issued by
11 a nonprofit corporation, individual and group service contracts
12 issued by a health maintenance organization, all self-insured
13 group arrangements to the extent not preempted by federal law and
14 all managed health care delivery entities of any type or
15 description that are delivered, issued for delivery, continued or
16 renewed on or after July 1, 2022, and providing coverage to any
17 resident of this state shall provide benefits or coverage for
18 hearing aids and services for dependent children under twenty-one
19 (21) years of age who are covered under a policy or contract of
20 insurance. Coverage or benefits shall be provided when the



21 prescribing physician has issued a written order stating that the
22 dependent child is deaf or hearing impaired and that the treatment
23 is medically cleared, and when fitting and dispensing are provided
24 by a licensed audiologist. Coverage or benefits shall be provided
25 for all the hearing examinations and tests that are administered.
26 Hearing aid is defined as a nonsurgical, wearable instrument or
27 device designed to deliver amplified sound to an individual who is
28 hearing impaired, including any parts, ear molds, repair parts and
29 replacement parts of such instrument or device. Personal sound
30 amplification products shall not qualify as hearing aids.
31 The coverage required under this section shall meet the
32 requirements set forth in subsection (2) of this section.

33 (2) A dependent child under twenty-one (21) years of age
34 shall not be required to pay an additional deductible or
35 coinsurance for testing that is greater than an annual deductible
36 or coinsurance established for similar benefits. If the program
37 or contract does not cover a similar benefit, a deductible or
38 coinsurance may not be set at a level that materially diminishes
39 the value of the deaf or hearing impaired treatment required.
40 Reimbursement to health care providers for deaf or hearing
41 impaired treatment provided under this section shall be equal to
42 or greater than reimbursement to health care providers provided
43 under the Medicaid program. An entity subject to this section may
44 limit coverage to one (1) hearing aid for each hearing-impaired
45 ear every thirty-six (36) months. Health benefit policy shall not



46 deny or refuse coverage of, refuse to contract with, or refuse to
47 renew or reissue or otherwise terminate or restrict coverage of a
48 covered individual solely because he or she is or has been
49 previously diagnosed with hearing loss.

50 (3) A group health plan or health insurance issuer is not
51 required under this section to provide for a referral to a
52 nonparticipating health care provider unless the plan or issuer
53 does not have an appropriate health care provider that is
54 available and accessible to administer the screening exam and that
55 is a participating health care provider with respect to that
56 treatment.

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

64 **SECTION 2.** Section 25-15-7, Mississippi Code of 1972, is
65 amended as follows:

66 25-15-7. Such health insurance shall not include expense
67 incurred by or on account of an individual prior to July 1, 1972,
68 as to him or her; dental care and treatment, except dental surgery
69 and appliances to the extent necessary for the correction of
70 damage caused by accidental injury while covered by the plan, or



71 as a direct result of disease covered by the plan;
72 eyeglasses * * * and examinations for the prescription or fitting
73 thereof; cosmetic surgery or treatment, except to the extent
74 necessary for correction of damage by accidental injury while
75 covered by the plan or as a direct result of disease covered by
76 the plan; services received in a hospital owned or operated by the
77 United States government for which no charge is made; services
78 received for injury or sickness due to war or any act of war,
79 whether declared or undeclared, which war or act of war shall have
80 occurred after July 1, 1972; expense for which the individual is
81 not required to make payment; expenses to the extent of benefits
82 provided under any employer group plan other than this plan, in
83 which the state participates in the cost thereof; and such other
84 expenses as may be excluded by regulations of the board.

85 **SECTION 3.** This act shall take effect and be in force from
86 and after July 1, 2022.

