

By: Senator(s) Simmons (13th), Boyd, Jordan, Jackson (11th), Barnett, Seymour, Simmons (12th) To: Insurance

SENATE BILL NO. 2644

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, 2022, 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. Coverage  
16 or benefits shall be provided when the prescribing physician has  
17 issued a written order stating that the individual is deaf or  
18 hearing impaired and that the treatment is medically cleared.



19 Coverage or benefits shall be provided for all the hearing  
20 examinations and tests that are administered. The coverage  
21 required under this section shall not be less than One Thousand  
22 Four Hundred Dollars (\$1,400.00) per hearing aid every thirty-six  
23 (36) months. The coverage required under this section shall meet  
24 the requirements set forth in subsection (2) of this section.

25 (2) An individual shall not be required to pay an additional  
26 deductible or coinsurance for testing that is greater than an  
27 annual deductible or coinsurance established for similar benefits.  
28 If the program or contract does not cover a similar benefit, a  
29 deductible or coinsurance may not be set at a level that  
30 materially diminishes the value of the deaf or hearing impaired  
31 treatment required. Reimbursement to health care providers for  
32 deaf or hearing impaired treatment provided under this section  
33 shall be equal to or greater than reimbursement to health care  
34 providers provided under Title XVII of the Social Security Act  
35 (Medicare).

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 an individual to a  
44 nonparticipating health care provider in accordance with this  
45 section, services provided according to the approved screening  
46 exam and resulting treatment, if any, shall be provided at no  
47 additional cost to the individual beyond what the individual would  
48 otherwise pay for services received by a participating health care  
49 provider.

50           **SECTION 2.** This act shall take effect and be in force from  
51 and after July 1, 2022.

