

By: Senator(s) Chism, Boyd, Parker, Suber, McCaughn, McLendon, Williams, Seymour, Tate

To: Insurance

SENATE BILL NO. 2339

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 CHILDREN UNDER 21 YEARS OF AGE; TO AMEND
4 SECTION 25-15-7, MISSISSIPPI CODE OF 1972, TO REMOVE HEARING AIDS
5 FROM THE LIST OF BENEFITS EXCLUDED FROM COVERAGE UNDER THE STATE
6 AND SCHOOL EMPLOYEES HEALTH INSURANCE PLAN; AND FOR RELATED
7 PURPOSES.

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

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



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

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

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



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

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

55 25-15-7. Such health insurance shall not include expense
56 incurred by or on account of an individual prior to July 1, 1972,
57 as to him; dental care and treatment, except dental surgery and
58 appliances to the extent necessary for the correction of damage
59 caused by accidental injury while covered by the plan, or as a
60 direct result of disease covered by the plan; eyeglasses, * * *
61 and examinations for the prescription or fitting thereof; cosmetic
62 surgery or treatment, except to the extent necessary for
63 correction of damage by accidental injury while covered by the
64 plan or as a direct result of disease covered by the plan;
65 services received in a hospital owned or operated by the United
66 States government for which no charge is made; services received
67 for injury or sickness due to war or any act of war, whether
68 declared or undeclared, which war or act of war shall have
69 occurred after July 1, 1972; expense for which the individual is
70 not required to make payment; expenses to the extent of benefits



71 provided under any employer group plan other than this plan, in
72 which the state participates in the cost thereof; and such other
73 expenses as may be excluded by regulations of the board.

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

