

ASSEMBLY, No. 1401

STATE OF NEW JERSEY 213th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2008 SESSION

Sponsored by:

Assemblywoman CONNIE WAGNER

District 38 (Bergen)

SYNOPSIS

Requires health insurers, State Health Benefits Program and NJ FamilyCare to provide coverage for hearing aids for covered persons 18 years of age and younger.

CURRENT VERSION OF TEXT

Introduced Pending Technical Review by Legislative Counsel



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1 AN ACT concerning health insurance coverage for hearing aids for
2 children and supplementing Titles 17, 26, 30 and 52 of the
3 Revised Statutes and Title 17B of the New Jersey Statutes.
4

5 **BE IT ENACTED** by the Senate and General Assembly of the State
6 of New Jersey:
7

8 1. A hospital service corporation contract that provides hospital
9 and medical expense benefits and is delivered, issued, executed or
10 renewed in this State pursuant to P.L.1938, c.366 (C.17:48-1 et
11 seq.), or approved for issuance or renewal in this State by the
12 Commissioner of Banking and Insurance, on or after the effective
13 date of this act, shall provide coverage for medically necessary
14 expenses incurred in the purchase of a hearing aid for a covered
15 person 18 years of age or younger, as provided in this section.

16 A hospital service corporation contract shall provide coverage
17 that includes the purchase of a hearing aid for each ear, when
18 medically necessary and as prescribed or recommended by a
19 licensed physician or audiologist. A hospital service corporation
20 may limit the benefit provided in this section to \$1,000 per hearing
21 aid for each hearing-impaired ear every 24 months. A covered
22 person may choose a hearing aid that is priced higher than the
23 benefit payable under this section and may pay the difference
24 between the price of the hearing aid and the benefit payable under
25 this section, without financial or contractual penalty to the provider
26 of the hearing aid.

27 The benefits shall be provided to the same extent as for any other
28 condition under the contract.

29 This section shall apply to those hospital service corporation
30 contracts in which the hospital service corporation has reserved the
31 right to change the premium.
32

33 2. A medical service corporation contract that provides hospital
34 and medical expense benefits and is delivered, issued, executed or
35 renewed in this State pursuant to P.L.1940, c.74 (C.17:48A-1 et
36 seq.), or approved for issuance or renewal in this State by the
37 Commissioner of Banking and Insurance, on or after the effective
38 date of this act, shall provide coverage for medically necessary
39 expenses incurred in the purchase of a hearing aid for a covered
40 person 18 years of age or younger, as provided in this section.

41 A medical service corporation contract shall provide coverage
42 that includes the purchase of a hearing aid for each ear, when
43 medically necessary and as prescribed or recommended by a
44 licensed physician or audiologist. A medical service corporation
45 may limit the benefit provided in this section to \$1,000 per hearing
46 aid for each hearing-impaired ear every 24 months. A covered
47 person may choose a hearing aid that is priced higher than the
48 benefit payable under this section and may pay the difference

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1 between the price of the hearing aid and the benefit payable under
2 this section, without financial or contractual penalty to the provider
3 of the hearing aid.

4 The benefits shall be provided to the same extent as for any other
5 condition under the contract.

6 This section shall apply to those medical service corporation
7 contracts in which the medical service corporation has reserved the
8 right to change the premium.

9
10 3. A health service corporation contract that provides hospital
11 and medical expense benefits and is delivered, issued, executed or
12 renewed in this State pursuant to P.L.1985, c.236 (C.17:48E-1 et
13 seq.), or approved for issuance or renewal in this State by the
14 Commissioner of Banking and Insurance, on or after the effective
15 date of this act, shall provide coverage for medically necessary
16 expenses incurred in the purchase of a hearing aid for a covered
17 person 18 years of age or younger, as provided in this section.

18 A health service corporation contract shall provide coverage that
19 includes the purchase of a hearing aid for each ear, when medically
20 necessary and as prescribed or recommended by a licensed
21 physician or audiologist. A health service corporation may limit the
22 benefit provided in this section to \$1,000 per hearing aid for each
23 hearing-impaired ear every 24 months. A covered person may
24 choose a hearing aid that is priced higher than the benefit payable
25 under this section and may pay the difference between the price of
26 the hearing aid and the benefit payable under this section, without
27 financial or contractual penalty to the provider of the hearing aid.

28 The benefits shall be provided to the same extent as for any other
29 condition under the contract.

30 This section shall apply to those health service corporation
31 contracts in which the health service corporation has reserved the
32 right to change the premium.

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34 4. An individual health insurance policy that provides hospital
35 and medical expense benefits and is delivered, issued, executed or
36 renewed in this State pursuant to chapter 26 of Title 17B of the New
37 Jersey Statutes, or approved for issuance or renewal in this State by
38 the Commissioner of Banking and Insurance, on or after the
39 effective date of this act, shall provide coverage for medically
40 necessary expenses incurred in the purchase of a hearing aid for a
41 covered person 18 years of age or younger, as provided in this
42 section.

43 A policy shall provide coverage that includes the purchase of a
44 hearing aid for each ear, when medically necessary and as
45 prescribed or recommended by a licensed physician or audiologist.
46 An insurer may limit the benefit provided in this section to \$1,000
47 per hearing aid for each hearing-impaired ear every 24 months. A
48 covered person may choose a hearing aid that is priced higher than

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1 the benefit payable under this section and may pay the difference
2 between the price of the hearing aid and the benefit payable under
3 this section, without financial or contractual penalty to the provider
4 of the hearing aid.

5 The benefits shall be provided to the same extent as for any other
6 condition under the policy.

7 This section shall apply to those policies in which the insurer has
8 reserved the right to change the premium.

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10 5. A group health insurance policy that provides hospital and
11 medical expense benefits and is delivered, issued, executed or
12 renewed in this State pursuant to chapter 27 of Title 17B of the New
13 Jersey Statutes, or approved for issuance or renewal in this State by
14 the Commissioner of Banking and Insurance, on or after the
15 effective date of this act, shall provide coverage for medically
16 necessary expenses incurred in the purchase of a hearing aid for a
17 covered person 18 years of age or younger, as provided in this
18 section.

19 A policy shall provide coverage that includes the purchase of a
20 hearing aid for each ear, when medically necessary and as
21 prescribed or recommended by a licensed physician or audiologist.
22 An insurer may limit the benefit provided in this section to \$1,000
23 per hearing aid for each hearing-impaired ear every 24 months. A
24 covered person may choose a hearing aid that is priced higher than
25 the benefit payable under this section and may pay the difference
26 between the price of the hearing aid and the benefit payable under
27 this section, without financial or contractual penalty to the provider
28 of the hearing aid.

29 The benefits shall be provided to the same extent as for any other
30 condition under the policy.

31 This section shall apply to those policies in which the insurer has
32 reserved the right to change the premium.

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34 6. An individual health benefits plan that provides hospital and
35 medical expense benefits and is delivered, issued, executed or
36 renewed in this State pursuant to P.L.1992, c.161 (C.17B:27A-2 et
37 seq.), on or after the effective date of this act, shall provide
38 coverage for medically necessary expenses incurred in the purchase
39 of a hearing aid for a covered person 18 years of age or younger, as
40 provided in this section.

41 A health benefits plan shall provide coverage that includes the
42 purchase of a hearing aid for each ear, when medically necessary
43 and as prescribed or recommended by a licensed physician or
44 audiologist. A carrier may limit the benefit provided in this section
45 to \$1,000 per hearing aid for each hearing-impaired ear every 24
46 months. A covered person may choose a hearing aid that is priced
47 higher than the benefit payable under this section and may pay the
48 difference between the price of the hearing aid and the benefit

1 payable under this section, without financial or contractual penalty
2 to the provider of the hearing aid.

3 The benefits shall be provided to the same extent as for any other
4 condition under the health benefits plan.

5 This section shall apply to those health benefits plans in which
6 the carrier has reserved the right to change the premium.
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8 7. A small employer health benefits plan that provides hospital
9 and medical expense benefits and is delivered, issued, executed or
10 renewed in this State pursuant to P.L.1992, c.162 (C.17B:27A-17 et
11 seq.), on or after the effective date of this act, shall provide
12 coverage for medically necessary expenses incurred in the purchase
13 of a hearing aid for a covered person 18 years of age or younger, as
14 provided in this section.

15 A health benefits plan shall provide coverage that includes the
16 purchase of a hearing aid for each ear, when medically necessary
17 and as prescribed or recommended by a licensed physician or
18 audiologist. A carrier may limit the benefit provided in this section
19 to \$1,000 per hearing aid for each hearing-impaired ear every 24
20 months. A covered person may choose a hearing aid that is priced
21 higher than the benefit payable under this section and may pay the
22 difference between the price of the hearing aid and the benefit
23 payable under this section, without financial or contractual penalty
24 to the provider of the hearing aid.

25 The benefits shall be provided to the same extent as for any other
26 condition under the health benefits plan.

27 This section shall apply to those health benefits plans in which
28 the carrier has reserved the right to change the premium.
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30 8. A health maintenance organization contract for health care
31 services that is delivered, issued, executed or renewed in this State
32 pursuant to P.L.1973, c.337 (C.26:2J-1 et seq.), or approved for
33 issuance or renewal in this State by the Commissioner of Banking
34 and Insurance, on or after the effective date of this act, shall provide
35 health care services for medically necessary expenses incurred in
36 the purchase of a hearing aid for an enrollee 18 years of age or
37 younger, as provided in this section.

38 The health care services shall include the purchase of a hearing
39 aid for each ear, when medically necessary and as prescribed or
40 recommended by a licensed physician or audiologist. A health
41 maintenance organization may limit the health care services
42 provided in this section to \$1,000 per hearing aid for each hearing-
43 impaired ear every 24 months. An enrollee may choose a hearing
44 aid that is priced higher than the health care services payable under
45 this section and may pay the difference between the price of the
46 hearing aid and the health care services payable under this section,
47 without financial or contractual penalty to the provider of the
48 hearing aid.

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1 The health care services shall be provided to the same extent as
2 for any other condition under the contract.

3 This section shall apply to those contracts for health care
4 services under which the right to change the schedule of charges for
5 enrollee coverage is reserved.

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7 9. The State Health Benefits Commission shall ensure that every
8 contract purchased by the commission, on or after the effective date
9 of this act, that provides hospital or medical expense benefits shall
10 provide benefits for medically necessary expenses incurred in the
11 purchase of a hearing aid for a covered person 18 years of age or
12 younger, as provided in this section.

13 The benefits shall include the purchase of a hearing aid for each
14 ear, when medically necessary and as prescribed or recommended
15 by a licensed physician or audiologist. The commission may limit
16 the benefit provided in this section to \$1,000 per hearing aid for
17 each hearing-impaired ear every 24 months. A covered person may
18 choose a hearing aid that is priced higher than the benefit payable
19 under this section and may pay the difference between the price of
20 the hearing aid and the benefit payable under this section, without
21 financial or contractual penalty to the provider of the hearing aid.

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23 10. The Commissioner of Human Services shall ensure that
24 every contract for health care services under the NJ FamilyCare
25 Program, P.L.2005, c.156 (C.30:4J-8 et al.), entered into on or after
26 the effective date of this act, provides benefits for medically
27 necessary expenses incurred in the purchase of a hearing aid for a
28 covered person 18 years of age or younger, as provided in this
29 section.

30 The benefits shall include the purchase of a hearing aid for each
31 ear, when medically necessary and as prescribed or recommended
32 by a licensed physician or audiologist. The commissioner may limit
33 the benefit provided in this section to \$1,000 per hearing aid for
34 each hearing-impaired ear every 24 months in the NJ FamilyCare
35 plan, and may provide, when applicable, that a covered person may
36 choose a hearing aid that is priced higher than the benefit payable
37 under this section and may pay the difference between the price of
38 the hearing aid and the benefit payable under this section, without
39 financial or contractual penalty to the provider of the hearing aid.

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41 11. This act shall take effect on the 30th day after enactment.

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STATEMENT

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46 This bill would require hospital, medical and health service
47 corporations, individual, small employer and group health insurers,
48 health maintenance organizations, the State Health Benefits

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1 Program and the NJ FamilyCare Program to provide coverage for
2 medically necessary expenses incurred in the purchase of a hearing
3 aid for covered children 18 years of age or younger.
4 The coverage shall include the purchase of a hearing aid for each
5 ear, when medically necessary and as prescribed or recommended
6 by a licensed physician or audiologist. The bill provides that the
7 insurer may limit the benefit to \$1,000 per hearing aid for each
8 hearing-impaired ear every 24 months. The bill further provides
9 that a covered person may choose a hearing aid that is priced higher
10 than the benefit payable under this bill, and may pay the difference
11 between the price of the hearing aid and the benefit payable,
12 without financial or contractual penalty to the provider of the
13 hearing aid.

WITHDRAWN