ASSEMBLY, No. 1686

STATE OF NEW JERSEY

220th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2022 SESSION

Sponsored by:

Assemblywoman ANNETTE QUIJANO
District 20 (Union)
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District 14 (Mercer and Middlesex)
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District 20 (Union)

Co-Sponsored by:

Assemblywomen McKnight and Jasey

SYNOPSIS

Requires health insurers to provide coverage for hearing aids.

CURRENT VERSION OF TEXT

Introduced Pending Technical Review by Legislative Counsel.



(Sponsorship Updated As Of: 12/8/2022)

AN ACT concerning health insurance coverage for hearing aids and supplementing Titles 17 and 26 of the Revised Statutes and Title 17B of the New Jersey Statutes.

BE IT ENACTED by the Senate and General Assembly of the State of New Jersey:

- 1. A hospital service corporation contract that provides hospital or medical expense benefits and is delivered, issued, executed or renewed in this State, or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance, on or after the effective date of this act, shall provide coverage for medically necessary expenses incurred in the purchase of a hearing aid pursuant to this section.
- a. The coverage shall include the purchase of one analog or digital hearing aid for each ear at least every 48 months, as prescribed or recommended by a State licensed audiologist or a hearing aid dispenser licensed pursuant to P.L.1973, c.19 (C.45:9A-1 et seq.).
- b. The total cost sharing responsibility of the covered person for the hearing aid, including any copayments or deductibles, shall not exceed 15 percent of the cost of the hearing aid.
- c. This section shall apply to those hospital service corporation contracts in which the hospital service corporation has reserved the right to change the premium.

- 2. A medical service corporation contract that provides hospital or medical expense benefits and is delivered, issued, executed or renewed in this State, or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance, on or after the effective date of this act, shall provide coverage for medically necessary expenses incurred in the purchase of a hearing aid pursuant to this section.
- a. The coverage shall include the purchase of one analog or digital hearing aid for each ear at least every 48 months, as prescribed or recommended by a State licensed audiologist or a hearing aid dispenser licensed pursuant to P.L.1973, c.19 (C.45:9A-1 et seq.).
- b. The total cost sharing responsibility of the covered person for the hearing aid, including any copayments or deductibles, shall not exceed 15 percent of the cost of the hearing aid.
- c. This section shall apply to those medical service corporation contracts in which the medical service corporation has reserved the right to change the premium.

3. A health service corporation contract that provides hospital or medical expense benefits and is delivered, issued, executed or renewed in this State, or approved for issuance or renewal in this

- State by the Commissioner of Banking and Insurance, on or after the effective date of this act, shall provide coverage for medically necessary expenses incurred in the purchase of a hearing aid pursuant to this section.
 - a. The coverage shall include the purchase of one analog or digital hearing aid for each ear at least every 48 months, as prescribed or recommended by a State licensed audiologist or a hearing aid dispenser licensed pursuant to P.L.1973, c.19 (C.45:9A-1 et seq.).
 - b. The total cost sharing responsibility of the covered person for the hearing aid, including any copayments or deductibles, shall not exceed 15 percent of the cost of the hearing aid.
 - c. This section shall apply to those health service corporation contracts in which the health service corporation has reserved the right to change the premium.

- 4. A group health insurance policy that provides hospital or medical expense benefits and is delivered, issued, executed or renewed in this State, or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance, on or after the effective date of this act, shall provide coverage for medically necessary expenses incurred in the purchase of a hearing aid pursuant to this section.
- a. The coverage shall include the purchase of one analog or digital hearing aid for each ear at least every 48 months, as prescribed or recommended by a State licensed audiologist or a hearing aid dispenser licensed pursuant to P.L.1973, c.19 (C.45:9A-1 et seq.).
- b. The total cost sharing responsibility of the covered person for the hearing aid, including any copayments or deductibles, shall not exceed 15 percent of the cost of the hearing aid.
- c. This section shall apply to those insurance policies in which the insurer has reserved the right to change the premium.

- 5. An individual health insurance policy that provides hospital or medical expense benefits and is delivered, issued, executed or renewed in this State, or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance, on or after the effective date of this act, shall provide coverage for medically necessary expenses incurred in the purchase of a hearing aid pursuant to this section.
- a. The coverage shall include the purchase of one analog or digital hearing aid for each ear at least every 48 months, as prescribed or recommended by a State licensed audiologist or a hearing aid dispenser licensed pursuant to P.L.1973, c.19 (C.45:9A-1 et seq.).

- b. The total cost sharing responsibility of the covered person 2 for the hearing aid, including any copayments or deductibles, shall not exceed 15 percent of the cost of the hearing aid.
 - c. This section shall apply to those insurance policies in which the insurer has reserved the right to change the premium.

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- A certificate of authority to establish and operate a health maintenance organization in this State shall not be issued or continued by the Commissioner of Health, on or after the effective date of this act, unless the health maintenance organization provides health care services coverage for the purchase of a hearing aid pursuant to this section.
- a. The coverage shall include the purchase of one analog or digital hearing aid for each ear at least every 48 months, as prescribed or recommended by a State licensed audiologist or a hearing aid dispenser licensed pursuant to P.L.1973, c.19 (C.45:9A-1 et seq.).
- b. The total cost sharing responsibility of the enrollee for the hearing aid, including any copayments or deductibles, shall not exceed 15 percent of the cost of the hearing aid.
- The provisions of this section shall apply to those contracts for health care services by health maintenance organizations under which the right to change the schedule of charges for enrollee coverage is reserved.

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- 7. An individual health benefits plan that provides hospital or medical expense benefits and is delivered, issued, executed or renewed in this State pursuant to P.L.1992, c.161 (C.17B:27A-2 et seq.), or approved for issuance or renewal in this State, on or after the effective date of this act, shall provide coverage for medically necessary expenses incurred in the purchase of a hearing aid pursuant to this section.
- The coverage shall include the purchase of one analog or digital hearing aid for each ear at least every 48 months, as prescribed or recommended by a State licensed audiologist or a hearing aid dispenser licensed pursuant to P.L.1973, c.19 (C.45:9A-1 et seq.).
- b. The total cost sharing responsibility of the covered person for the hearing aid, including any copayments or deductibles, shall not exceed 15 percent of the cost of the hearing aid.
- This section shall apply to those health benefits plans in which the carrier has reserved the right to change the premium.

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A small employer health benefits plan that provides hospital or medical expense benefits and is delivered, issued, executed or renewed in this State pursuant to P.L.1992, c.162 (C.17B:27A-17 et seq.) or approved for issuance or renewal in this State, on or after the effective date of this act, shall provide coverage for medically

necessary expenses incurred in the purchase of a hearing aid 1 2 pursuant to this section.

- The coverage shall include the purchase of one analog or digital hearing aid for each ear at least every 48 months, as prescribed or recommended by a State licensed audiologist or a hearing aid dispenser licensed pursuant to P.L.1973, c.19 (C.45:9A-1 et seq.).
- b. The total cost sharing responsibility of the covered person for the hearing aid, including any copayments or deductibles, shall not exceed 15 percent of the cost of the hearing aid.
- This section shall apply to those health benefits plans in which the carrier has reserved the right to change the premium.

9. The State Health Benefits Commission shall provide coverage for medically necessary expenses incurred in the purchase of a hearing aid pursuant to this section.

- a. The coverage shall include the purchase of one analog or digital hearing aid for each ear at least every 48 months, as prescribed or recommended by a State licensed audiologist or a hearing aid dispenser licensed pursuant to P.L.1973, c.19 (C.45:9A-1 et seq.).
- b. The total cost sharing responsibility of the covered person for the hearing aid, including any copayments or deductibles, shall not exceed 15 percent of the cost of the hearing aid.

10. The School Employees' Health Benefits Commission shall provide coverage for medically necessary expenses incurred in the purchase of a hearing aid pursuant to this section.

- The coverage shall include the purchase of one analog or digital hearing aid for each ear at least every 48 months, as prescribed or recommended by a State licensed audiologist or a hearing aid dispenser licensed pursuant to P.L.1973, c.19 (C.45:9A-1 et seq.).
- b. The total cost sharing responsibility of the covered person for the hearing aid, including any copayments or deductibles, shall not exceed 15 percent of the cost of the hearing aid.
 - 11. This act shall take effect on the 30th day after enactment.

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STATEMENT

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This bill would require hospital, medical and health service corporations, commercial insurers, health maintenance organizations, health benefits plans issued pursuant to the New Jersey Individual Health Coverage and Small Employer Health Benefits Programs, and plans provided by the State Health Benefits Commission and the School Employees' Health Benefits

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1 Commission to provide coverage for medically necessary expenses 2 incurred in the purchase of a hearing aid.

The coverage shall include the purchase of one analog or digital hearing aid for each ear at least every 48 months, as prescribed or recommended by a State licensed audiologist or State licensed hearing aid dispenser. The total cost sharing responsibility of the covered person for the hearing aid, including any copayments or deductibles, shall not exceed 15 percent of the cost of the hearing aid.