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L.D. 1514

2	Date: $66 - 11 - 07$ (Filing No. S-265)				
3	INSURANCE AND FINANCIAL SERVICES				
4	Reproduced and distributed under the direction of the Secretary of the Senate.				
5	STATE OF MAINE				
6	SENATE				
7	123RD LEGISLATURE				
8	FIRST REGULAR SESSION Majority				
9 10	COMMITTEE AMENDMENT "A" to S.P. 537, L.D. 1514, Bill, "An Act To Require Health Insurance Coverage for Hearing Aids"				
11	Amend the bill by striking out all of sections 2, 3 and 4 and inserting the following:				
12	'Sec. 2. 24-A MRSA §2762 is enacted to read:				
13	§2762. Coverage for hearing aids				
14 15 16 17 18	1. Hearing aid; definition. For purposes of this section, "hearing aid" means a nonexperimental, wearable instrument or device designed for the ear and offered for the purpose of aiding or compensating for impaired human hearing, excluding batteries and cords and other assistive listening devices, including, but not limited to, frequency modulation systems.				
19 20 21 22	2. Required coverage. All individual health policies and contracts must provide coverage for the purchase of a hearing aid for each hearing-impaired ear for an individual covered under the policy or contract who is 18 years of age or under in accordance with the following requirements.				
23 24	A. The hearing loss must be documented by a physician or audiologist licensed pursuant to Title 32, chapter 77.				
25 26	B. The hearing aid must be purchased from an audiologist licensed pursuant to Title 32, chapter 77 or a hearing aid dealer licensed pursuant to Title 32, chapter 23-A.				
27 28	C. The policy or contract may limit coverage to \$1,400 per hearing aid for each hearing-impaired ear every 36 months.				
29 30 31 32 33	3. Limits; coinsurance; deductibles. Except as otherwise provided in this section, any policy or contract that provides coverage for services under this section may contain provisions for maximum benefits and coinsurance and reasonable limitations, deductibles and exclusions to the extent that these provisions are not inconsistent with the requirements of this section.				

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COMMITTEE AMENDMENT

Sec. 3. 24-A MRSA §2847-M is enacted to read:

2 §2847-M. Coverage for hearing aids

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1. Hearing aid; definition. For purposes of this section, "hearing aid" means a nonexperimental, wearable instrument or device designed for the ear and offered for the purpose of aiding or compensating for impaired human hearing, excluding batteries and cords and other assistive listening devices, including, but not limited to, frequency modulation systems.

8 2. Required coverage. All group health insurance policies, contracts and
 9 certificates must provide coverage for the purchase of a hearing aid for each hearing 10 impaired ear for an individual covered under the policy, contract or certificate who is 18
 11 years of age or under in accordance with the following requirements.

A. The hearing loss must be documented by a physician or audiologist licensed
 pursuant to Title 32, chapter 77.

B. The hearing aid must be purchased from an audiologist licensed pursuant to Title
 32, chapter 77 or a hearing aid dealer licensed pursuant to Title 32, chapter 23-A.

16 C. The policy, contract or certificate may limit coverage to \$1,400 per hearing aid
 17 for each hearing-impaired ear every 36 months.

18 3. Limits; coinsurance; deductibles. Except as otherwise provided in this section, any policy, contract or certificate that provides coverage for services under this section may contain provisions for maximum benefits and coinsurance and reasonable limitations, deductibles and exclusions to the extent that these provisions are not inconsistent with the requirements of this section.

23 Sec. 4. 24-A MRSA §4253 is enacted to read:

24 §4253. Coverage for hearing aids

1. Hearing aid; definition. For purposes of this section, "hearing aid" means a nonexperimental, wearable instrument or device designed for the ear and offered for the purpose of aiding or compensating for impaired human hearing, excluding batteries and cords and other assistive listening devices, including, but not limited to, frequency modulation systems.

30 2. Required coverage. All health maintenance organization individual and group 31 health insurance contracts must provide coverage for the purchase of a hearing aid for 32 each hearing-impaired ear for an individual covered under the policy, contract or 33 certificate who is 18 years of age or under in accordance with the following requirements.

- A. The hearing loss must be documented by a physician or audiologist licensed
 pursuant to Title 32, chapter 77.
- B. The hearing aid must be purchased from an audiologist licensed pursuant to Title
 32, chapter 77 or a hearing aid dealer licensed pursuant to Title 32, chapter 23-A.

38 C. The policy, contract or certificate may limit coverage to \$1,400 per hearing aid
 39 for each hearing-impaired ear every 36 months.

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COMMITTEE AMENDMENT

COMMITTEE AMENDMENT " A " to S.P. 537, L.D. 1514

1 3. Limits; coinsurance; deductibles. Except as otherwise provided in this section, 2 any contract that provides coverage for services under this section may contain provisions 3 for maximum benefits and coinsurance and reasonable limitations, deductibles and 4 exclusions to the extent that these provisions are not inconsistent with the requirements of 5 this section.'

6 Amend the bill by inserting after section 5 the following:

7 'Sec. 6. Exemption from review. Notwithstanding the Maine Revised Statutes,
8 Title 24-A, section 2752, this Act is enacted without review and evaluation by the
9 Department of Professional and Financial Regulation, Bureau of Insurance.

10 Sec. 7. Appropriations and allocations. The following appropriations and allocations are made.

12 ADMINISTRATIVE AND FINANCIAL SERVICES, DEPARTMENT OF

13 Salary Plan 0305

14 Initiative: Appropriates and allocates funds for the additional costs of health insurance to

15 the State resulting from the requirement to provide coverage for hearing aids for persons

16 18 years of age or under and limits coverage to \$1,400 per hearing aid every 36 months.

17	GENERAL FUND	2007-08	2008-09
18	Personal Services	\$0	\$54,000
19			
20	GENERAL FUND TOTAL	\$0	\$54,000
21		2007 00	2000 00
	HIGHWAY FUND	2007-08	2008-09
22	Personal Services	\$0	\$21,000
23			
24	HIGHWAY FUND TOTAL	\$0	\$21,000

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SUMMARY

This amendment requires health insurance policies, contracts and certificates to provide coverage for hearing aids for persons 18 years of age and under. The amendment allows insurance policies to limit coverage to \$1,400 per hearing aid every 36 months. The bill would have required coverage for hearing aids for persons under 21 years of age without limits on the amount of coverage.

32 The amendment also adds an appropriations and allocations section to the bill.

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 FISCAL NOTE REQUIRED

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 (See attached)

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COMMITTEE AMENDMENT



123rd MAINE LEGISLATURE

LD 1514

An Act To Require Health Insurance Coverage for Hearing Aids

LR 205(02)

Fiscal Note for Bill as Amended by Committee Amendment "A" Committee: Insurance and Financial Services Fiscal Note Required: Yes

Fiscal Note

			Projections	Projections
	2007-08	2008-09	2009-10	2010-11
Net Cost (Savings)				
General Fund	\$0	\$54,000	\$56,000	\$59,000
Highway Fund	\$0	\$21,000	\$22,000	\$23,000
Appropriations/Allocations				
General Fund	\$0	\$54,000	\$56,000	\$59,000
Highway Fund	\$0	\$21,000	\$22,000	\$23,000

Fiscal Detail and Notes

Adding hearing aid coverage to persons age 18 and under with a limit of \$1,400 per hearing aid for each hearing impaired ear every 36 months will increase premium costs effective with the contract year beginning July 1, 2008. The additional employer costs across all funds to the state employee health insurance program is estimated to be approximately \$131,000 for fiscal year 2008-09.

A General Fund appropriation of \$54,000 and a Highway Fund allocation of \$21,000 are included for the salary plan reserve accounts to fund increases for General Fund and Highway Fund employees. The costs for employees paid by other funds, including a small amount for the Fund for a Healthy Maine, may require increased allotments as recommended by the State Budget Officer and approved by the Governor.

Any additional costs to the Bureau of Insurance in the Department of Professional and Financial Regulation in implementing this legislation can be absorbed by the bureau within existing budget resources. This fiscal note does not reflect the additional costs to the private health insurance market.