MISSISSIPPI LEGISLATURE REGULAR SESSION 2021

By: Representative Massengill To: Insurance

HOUSE BILL NO. 13

AN ACT TO REQUIRE THAT CERTAIN INSURANCE POLICIES AND CONTRACTS SHALL PROVIDE COVERAGE FOR HEARING AIDS AND SERVICES FOR CHILDREN WHO ARE DEAF OR HEARING IMPAIRED UNDER 21 YEARS OF AGE; AND FOR RELATED PURPOSES.

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

SECTION 1. (1) All individual and group health insurance policies providing coverage on an expense-incurred basis, individual and group service or indemnity type contracts issued by a nonprofit corporation, individual and group service contracts issued by a health maintenance organization, all self-insured group arrangements to the extent not preempted by federal law and all managed health care delivery entities of any type or description that are delivered, issued for delivery, continued or renewed on or after July 1, 2021, and providing coverage to any resident of this state shall provide benefits or coverage for hearing aids and services for dependent children under twenty-one (21) years of age who are covered under a policy or contract of insurance. Coverage or benefits shall be provided when the prescribing physician has issued a written order stating that the

dependent child is deaf or hearing impaired and that the treatment is medically cleared, and when fitting and dispensing are provided by a licensed audiologist. Coverage or benefits shall be provided for all the hearing examinations and tests that are administered. Hearing aid is defined as a nonsurgical, wearable instrument or device designed to deliver amplified sound to an individual who is hearing impaired, including any parts, ear molds, repair parts and replacement parts of such instrument or device. Personal sound amplification products shall not qualify as hearing aids. The coverage required under this section shall meet the requirements set forth in subsection (2) of this section.

(2) A dependent child under twenty-one (21) years of age shall not be required to pay an additional deductible or coinsurance for testing that is greater than an annual deductible or coinsurance established for similar benefits. If the program or contract does not cover a similar benefit, a deductible or coinsurance may not be set at a level that materially diminishes the value of the deaf or hearing impaired treatment required. Reimbursement to health care providers for deaf or hearing impaired treatment provided under this section shall be equal to or greater than reimbursement to health care providers provided under the Medicaid program. An entity subject to this section may limit coverage to one (1) hearing aid for each hearing-impaired ear every thirty-six (36) months. Health benefit policy shall not deny or refuse coverage of, refuse to contract with, or refuse to

renew or reissue or otherwise terminate or restrict coverage of a covered individual solely because he or she is or has been previously diagnosed with hearing loss.

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

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

SECTION 2. This act shall take effect and be in force from and after July 1, 2021.