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133rd General Assembly
Regular Session
2019-2020

Sub. H. B. No. 243

A BILL

To enact sections 3902.50 and 3902.51 of the 1
Revised Code to require health plan issuers to 2
cover hearing aids and related services for 3
persons twenty-one years of age and younger and 4
to designate these changes "Madeline's Law." 5

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF OHIO:

Section 1. That sections 3902.50 and 3902.51 of the 6
Revised Code be enacted to read as follows: 7

Sec. 3902.50. As used in sections 3902.50 and 3902.51 of 8
the Revised Code: 9

(A) "Covered person," "health benefit plan," and "health 10
plan issuer" have the same meanings as in section 3922.01 of the 11
Revised Code. 12

(B) "Hearing aid" means any wearable instrument or device 13
designed or offered for the purpose of aiding or compensating 14
for impaired human hearing, including all attachments, 15
accessories, and parts thereof, except batteries and cords, that 16
is dispensed by a licensed audiologist, a licensed hearing aid 17



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dealer or fitter, or an otolaryngologist. 18

(C) "Otolaryngologist" means a licensed physician who 19
practices otolaryngology. 20

(D) "Related services" means services necessary to assess, 21
select, and appropriately adjust or fit a hearing aid to ensure 22
optimal performance. 23

Sec. 3902.51. (A) Notwithstanding section 3901.71 of the 24
Revised Code, a health benefit plan shall provide coverage for 25
the full cost of both of the following: 26

(1) One hearing aid per hearing-impaired ear up to two 27
thousand five hundred dollars every forty-eight months for a 28
covered person twenty-one years of age or younger who is 29
verified as being deaf or hearing impaired by a licensed 30
audiologist or by an otolaryngologist or other licensed 31
physician; 32

(2) All related services prescribed by an otolaryngologist 33
or recommended by a licensed audiologist and dispensed by a 34
licensed audiologist, a licensed hearing aid dealer or fitter, 35
or an otolaryngologist. 36

(B) A covered person may choose a higher priced hearing 37
aid and may pay the difference in cost above the two-thousand- 38
five-hundred-dollar required coverage provided in this section 39
without any financial or contractual penalty to the covered 40
person or to the provider of the hearing aid. 41

(C) A health plan issuer is not required to pay a claim 42
for the cost of a hearing aid as required by division (A) of 43
this section if, less than forty-eight months prior to the date 44
of the claim, the covered person received the coverage required 45
under division (A) of this section from any health benefit plan. 46

(D) (1) A health benefit plan shall only provide coverage 47
for hearing aids that are considered medically appropriate to 48
meet the needs of the covered person, according to professional 49
standards established by the state speech and hearing 50
professionals board. 51

(2) A health benefit plan shall not exclude coverage for 52
any hearing aid that would be considered medically appropriate 53
to meet the needs of the covered person, according to 54
professional standards established by the state speech and 55
hearing professionals board. 56

(3) The state speech and hearing professionals board shall 57
adopt professional standards to permit compliance with this 58
section. 59

Section 2. This act shall apply to health benefit plans, 60
as defined in section 3922.01 of the Revised Code, delivered, 61
issued for delivery, modified, or renewed on or after the 62
effective date of this act. 63

Section 3. This act shall be known as "Madeline's Law." 64