A BILL

To enact sections 3902.50 and 3902.51 of the Revised Code to require health plan issuers to cover hearing aids and related services for persons under twenty-two years of age.

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

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

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

(A) "Cost-sharing" means the cost to a covered person under a health benefit plan according to any coverage limit, copayment, coinsurance, deductible, or other out-of-pocket expense requirement.

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

(C) "Hearing aid" means any wearable instrument or device.
designed or offered for the purpose of aiding or compensating for impaired human hearing, including all attachments, accessories, and parts thereof, except batteries and cords, that is dispensed by a hearing aid dealer licensed under Chapter 4747. of the Revised Code or by an audiologist licensed under Chapter 4753. of the Revised Code.

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

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

(1) One hearing aid per hearing-impaired ear up to one thousand four hundred dollars every thirty-six months for a covered person under twenty-two years of age;

(2) All related services prescribed by an audiologist licensed pursuant to section 4753.07 of the Revised Code and dispensed by a licensed audiologist or licensed hearing aid dealer.

(B) A covered person may choose a higher priced hearing aid and may pay the difference in cost above the one thousand four hundred dollar required coverage provided in this section without any financial or contractual penalty to the covered person or to the provider of the hearing aid.

(C) A health plan issuer is not required to pay a claim for the cost of a hearing aid as required by division (A) of this section if, less than thirty-six months prior to the date of the claim, the covered person received the coverage required under division (A) of this section from any health benefit plan.
Section 2. This act shall apply to health benefit plans, as defined in section 3922.01 of the Revised Code, delivered, issued for delivery, modified, or renewed on or after the effective date of this act.