

As Introduced

133rd General Assembly

Regular Session

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H. B. No. 243

Representatives Weinstein, Russo

**Cosponsors: Representatives Boggs, Boyd, Brent, Clites, Cross, Crossman,
Galonski, Ghanbari, Ingram, Kent, Lepore-Hagan, Lightbody, Liston, Manchester,
Miller, A., O'Brien, Skindell, Smith, K., Sobecki, Sweeney, Upchurch**

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 under twenty-two years of age. 4

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

Section 1. That sections 3902.50 and 3902.51 of the 5
Revised Code be enacted to read as follows: 6

Sec. 3902.50. As used in sections 3902.50 and 3902.51 of 7
the Revised Code: 8

(A) "Cost-sharing" means the cost to a covered person 9
under a health benefit plan according to any coverage limit, 10
copayment, coinsurance, deductible, or other out-of-pocket 11
expense requirement. 12

(B) "Covered person," "health benefit plan," and "health 13
plan issuer" have the same meanings as in section 3922.01 of the 14
Revised Code. 15

(C) "Hearing aid" means any wearable instrument or device 16

designed or offered for the purpose of aiding or compensating 17
for impaired human hearing, including all attachments, 18
accessories, and parts thereof, except batteries and cords, that 19
is dispensed by a hearing aid dealer licensed under Chapter 20
4747. of the Revised Code or by an audiologist licensed under 21
Chapter 4753. of the Revised Code. 22

(D) "Related services" means services necessary to assess, 23
select, and appropriately adjust or fit a hearing aid to ensure 24
optimal performance. 25

Sec. 3902.51. (A) Notwithstanding section 3901.71 of the 26
Revised Code, a health benefit plan shall provide coverage for 27
the full cost of both of the following: 28

(1) One hearing aid per hearing-impaired ear up to one 29
thousand four hundred dollars every thirty-six months for a 30
covered person under twenty-two years of age; 31

(2) All related services prescribed by an audiologist 32
licensed pursuant to section 4753.07 of the Revised Code and 33
dispensed by a licensed audiologist or licensed hearing aid 34
dealer. 35

(B) A covered person may choose a higher priced hearing 36
aid and may pay the difference in cost above the one thousand 37
four hundred dollar required coverage provided in this section 38
without any financial or contractual penalty to the covered 39
person or to the provider of the hearing aid. 40

(C) A health plan issuer is not required to pay a claim 41
for the cost of a hearing aid as required by division (A) of 42
this section if, less than thirty-six months prior to the date 43
of the claim, the covered person received the coverage required 44
under division (A) of this section from any health benefit plan. 45

Section 2. This act shall apply to health benefit plans,	46
as defined in section 3922.01 of the Revised Code, delivered,	47
issued for delivery, modified, or renewed on or after the	48
effective date of this act.	49