

_____ moved to amend as follows:

- In line 2 of the title, after "5162.13," insert "and" 1
- In line 3 of the title, after "sections" insert "3902.63," 2
- In line 17 of the title, delete "name this act" and insert
"designate those provisions" 3
4
- In line 18 of the title, after "Act;" insert "to require health plan
issuers to cover hearing aids and related services for persons age twenty- 5
one and younger;" 6
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- In line 21, after "sections" insert "3902.63," 8
- After line 229, insert: 9
- Sec. 3902.63.** (A) As used in this section: 10
- (1) "Hearing aid" means any wearable instrument or device 11
designed or offered for the purpose of aiding or compensating 12
for impaired human hearing, including all attachments, 13
accessories, and parts thereof, except batteries and cords, that 14
is dispensed by a licensed audiologist, a licensed hearing aid 15
dealer or fitter, or an otolaryngologist. 16



(2) "Otolaryngologist" means a licensed physician who practices otolaryngology. 17
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(3) "Related services" means services necessary to assess, select, and appropriately adjust or fit a hearing aid to ensure optimal performance. 19
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(B) On and after the effective date of this section, and notwithstanding section 3901.71 of the Revised Code, a health benefit plan shall provide coverage for the full cost of both of the following: 22
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(1) One hearing aid per hearing-impaired ear up to two thousand five hundred dollars every forty-eight months for a covered person twenty-one years of age or younger who is verified as being deaf or hearing impaired by a licensed audiologist or by an otolaryngologist or other licensed physician; 26
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(2) All related services prescribed by an otolaryngologist or recommended by a licensed audiologist and dispensed by a licensed audiologist, a licensed hearing aid dealer or fitter, or an otolaryngologist. 32
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(C) A covered person may choose a higher priced hearing aid and may pay the difference in cost above the two-thousand-five-hundred-dollar required coverage required by this section without any financial or contractual penalty to the covered person or to the provider of the hearing aid. 36
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(D) A health plan issuer is not required to pay a claim for the cost of a hearing aid as required by division (B) of this section if, less than forty-eight months prior to the date of the claim, the covered person received the coverage required under division (B) of this section from any health benefit plan. 41
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(E) (1) A health benefit plan shall only provide coverage 46
for hearing aids that are considered medically appropriate to 47
meet the needs of the covered person, according to professional 48
standards established by the state speech and hearing 49
professionals board. 50

(2) A health benefit plan shall not exclude coverage for 51
any hearing aid that would be considered medically appropriate 52
to meet the needs of the covered person, according to 53
professional standards established by the state speech and 54
hearing professionals board. 55

(3) The state speech and hearing professionals board shall 56
adopt professional standards concerning hearing aids as needed 57
to evaluate the compliance of a health benefit plan with this 58
section." 59

The motion was _____ agreed to.

SYNOPSIS 60

Hearing aid coverage 61

R.C. 3902.63 62

Adds provisions requiring health plan issuers to cover 63
hearing aids and related services for persons age 21 and 64
younger. 65