
HOUSE BILL 1356

State of Washington

63rd Legislature

2013 Regular Session

By Representatives Green, Appleton, Morrell, Stanford, Sells, Reykdal, Ormsby, Moeller, Jinkins, Roberts, Van De Wege, and Pollet

Read first time 01/24/13. Referred to Committee on Health Care & Wellness.

1 AN ACT Relating to providing coverage for hearing aids; adding a
2 new section to chapter 41.05 RCW; adding a new section to chapter 48.20
3 RCW; adding a new section to chapter 48.21 RCW; adding a new section to
4 chapter 48.44 RCW; adding a new section to chapter 48.46 RCW; creating
5 a new section; and providing an effective date.

6 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

7 NEW SECTION. **Sec. 1.** The legislature finds that the inability to
8 purchase hearing aids adversely affects hearing-impaired people of all
9 ages and impacts the employment and educational opportunities of
10 hearing-impaired children and adults in Washington state by limiting
11 communication options. To provide these individuals with equal
12 opportunity and protect the well-being of the population, the
13 legislature intends to establish insurance coverage provisions for
14 hearing aids.

15 NEW SECTION. **Sec. 2.** A new section is added to chapter 41.05 RCW
16 to read as follows:

17 All state purchased health care that provides coverage for
18 prostheses must include coverage for hearing aids. For coverage to

1 apply, the hearing aids must be recommended by the patient's physician,
2 an advanced registered nurse practitioner as authorized by the nursing
3 care quality assurance commission under chapter 18.79 RCW, or a
4 physician assistant under chapter 18.71A or 18.57A RCW.

5 This section does not prevent the application of standard health
6 plan provisions applicable to prosthesis benefits, such as deductibles,
7 copayments, medical necessity, quantity limitations, or
8 preauthorizations. This section does not limit the authority of the
9 state health care authority to negotiate rates and contract with
10 specific providers for the delivery of prostheses. The replacement of
11 hearing aids is limited as follows: Up to one thousand dollars, as
12 adjusted for inflation annually by the implicit price deflator as
13 published annually by the federal bureau of labor statistics, every
14 three years for an adult; full cost every two years for children ages
15 two through eighteen; and full cost no more than three times a year for
16 infants and toddlers until age two. This section does not apply to
17 medicare supplement policies or supplemental contracts covering a
18 specified disease or other limited benefits.

19 NEW SECTION. **Sec. 3.** A new section is added to chapter 48.20 RCW
20 to read as follows:

21 An insurer that offers to any individual a health benefit plan that
22 provides coverage for prostheses must include coverage for hearing
23 aids. For coverage to apply, the hearing aids must be recommended by
24 the patient's physician, an advanced registered nurse practitioner as
25 authorized by the nursing care quality assurance commission under
26 chapter 18.79 RCW, or a physician assistant under chapter 18.71A or
27 18.57A RCW.

28 This section does not prevent the application of standard health
29 plan provisions applicable to prosthesis benefits, such as deductibles,
30 copayments, medical necessity, quantity limitations, or
31 preauthorizations. This section does not limit the authority of a
32 carrier to negotiate rates and contract with specific providers for the
33 delivery of prostheses. The replacement of hearing aids is limited as
34 follows: Up to one thousand dollars, as adjusted for inflation
35 annually by the implicit price deflator as published annually by the
36 federal bureau of labor statistics, every three years for an adult;
37 full cost every two years for children ages two through eighteen; and

1 full cost no more than three times a year for infants and toddlers
2 until age two. This section does not apply to medicare supplement
3 policies or supplemental contracts covering a specified disease or
4 other limited benefits.

5 NEW SECTION. **Sec. 4.** A new section is added to chapter 48.21 RCW
6 to read as follows:

7 A group insurance contract or blanket disability insurance contract
8 that provides coverage for prostheses must include coverage for hearing
9 aids. For coverage to apply, the hearing aids must be recommended by
10 the patient's physician, and advanced registered nurse practitioner as
11 authorized by the nursing care quality assurance commission under
12 chapter 18.79 RCW, or a physician assistant under chapter 18.71A or
13 18.57A RCW.

14 This section does not prevent the application of standard health
15 plan provisions applicable to prosthesis benefits, such as deductibles,
16 copayments, medical necessity, quantity limitations, or
17 preauthorizations. This section does not limit the authority of a
18 carrier to negotiate rates and contract with specific providers for the
19 delivery of prostheses. The replacement of hearing aids is limited as
20 follows: Up to one thousand dollars, as adjusted for inflation
21 annually by the implicit price deflator as published annually by the
22 federal bureau of labor statistics, every three years for an adult;
23 full cost every two years for children ages two through eighteen; and
24 full cost no more than three times a year for infants and toddlers
25 until age two. This section does not apply to medicare supplement
26 policies or supplemental contracts covering a specified disease or
27 other limited benefits.

28 NEW SECTION. **Sec. 5.** A new section is added to chapter 48.44 RCW
29 to read as follows:

30 A health care service contractor that provides coverage for
31 prostheses must include coverage for hearing aids. For coverage to
32 apply, the hearing aids must be recommended by the patient's physician,
33 an advanced registered nurse practitioner as authorized by the nursing
34 care quality assurance commission under chapter 18.79 RCW, or a
35 physician assistant under chapter 18.71A or 18.57A RCW.

1 This section does not prevent the application of standard health
2 plan provisions applicable to prosthesis benefits, such as deductibles,
3 copayments, medical necessity, quantity limitations, or
4 preauthorizations. This section does not limit the authority of the
5 carrier to negotiate rates and contract with specific providers for the
6 delivery of prostheses. The replacement of hearing aids is limited as
7 follows: Up to one thousand dollars, as adjusted for inflation
8 annually by the implicit price deflator as published annually by the
9 federal bureau of labor statistics, every three years for an adult;
10 full cost every two years for children ages two through eighteen; and
11 full cost no more than three times a year for infants and toddlers
12 until age two. This section does not apply to medicare supplement
13 policies or supplemental contracts covering a specified disease or
14 other limited benefits.

15 NEW SECTION. **Sec. 6.** A new section is added to chapter 48.46 RCW
16 to read as follows:

17 A health maintenance organization that provides coverage for
18 prostheses must include coverage for hearing aids. For coverage to
19 apply, the hearing aids must be recommended by the patient's physician,
20 an advanced registered nurse practitioner as authorized by the nursing
21 care quality assurance commission under chapter 18.79 RCW, or a
22 physician assistant under chapter 18.71A or 18.57A RCW.

23 This section does not prevent the application of standard health
24 plan provisions applicable to prosthesis benefits, such as deductibles,
25 copayments, medical necessity, quantity limitations, or
26 preauthorizations. This section does not limit the authority of the
27 carrier to negotiate rates and contract with specific providers for the
28 delivery of prostheses. The replacement of hearing aids is limited as
29 follows: Up to one thousand dollars, as adjusted for inflation
30 annually by the implicit price deflator as published annually by the
31 federal bureau of labor statistics, every three years for an adult;
32 full cost every two years for children ages two through eighteen; and
33 full cost no more than three times a year for infants and toddlers
34 until age two. This section does not apply to medicare supplement
35 policies or supplemental contracts covering a specified disease or

1 other limited benefits.

2 NEW SECTION. **Sec. 7.** This act takes effect January 1, 2014.

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