
Health Care & Wellness Committee

E2SSB 5179

Brief Description: Requiring coverage for hearing instruments under public employee and medicaid programs.

Sponsors: Senate Committee on Ways & Means (originally sponsored by Senators Bailey, Keiser, Palumbo, Hasegawa and Conway).

Brief Summary of Engrossed Second Substitute Bill

- Requires coverage for hearing instruments for enrollees in Medicaid and Public Employees' Benefit Board health plans.

Hearing Date: 2/16/18

Staff: Chris Blake (786-7392).

Background:

The Health Care Authority (Authority) has responsibility for a number of health care programs for public employees and low-income residents of Washington.

Hearing Aid Coverage for Public Employees' Benefits Board Plan Enrollees.

The Public Employees' Benefits Board (PEBB), acting through the Authority, approves benefit plans and premiums for active state employees, retired state and Kindergarten - 12 (K-12) employees, and some active local government and K-12 employees. Under the Uniform Medical Plan, enrollees may receive one hearing examination every year. Enrollees may receive up to \$800 every three years for the purchase of a hearing aid, ear molds, batteries and cords, and a follow-up consultation. The PEBB fully-insured health plans offer similar coverage.

Hearing Aid Coverage for Medicaid Enrollees.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

The Authority administers the medical assistance program, generally known as "Medicaid," which is a state-federal program that pays for health care for low-income state residents who meet certain eligibility criteria. Benefits under the program vary according to a person's eligibility category which is determined by several factors, including income, age, health condition, and disability status.

Hearing aid coverage is currently available for Medicaid clients who are up to 20 years old once they have completed a hearing evaluation and received a referral for a hearing aid. In addition, adults who are enrolled for coverage through the Developmental Disability Administration at the Department of Social and Health Services may receive hearing aids. Coverage includes new monaural or binaural hearing aids, as well as ear molds, replacement parts, and repairs. Hearing aid coverage had been available for adults enrolled in Medicaid until the 2011-13 Operating Budget eliminated the benefit.

Summary of Bill:

Beginning January 1, 2019, health plans offered to public employees and their dependents must include coverage for a new hearing instrument every five years and services and supplies such as the initial assessment, fitting, adjustment, and auditory training. The hearing instrument must be recommended and dispensed by an audiologist or hearing aid specialist.

Beginning January 1, 2019, the medical assistance program must include coverage for hearing instruments when medically necessary. The coverage must include a new hearing instrument every five years, a new hearing instrument when alterations to an enrollee's existing hearing instrument does not meet the patient's needs, and services and supplies such as the initial assessment, fitting, adjustment, and auditory training. The hearing instrument must be recommended and dispensed by an audiologist or hearing aid specialist.

The term "hearing instrument" is defined as any wearable prosthetic instrument or device that aids, improves, compensates for, or corrects defective human hearing. The term includes any parts and accessories, except for batteries, cords, ear molds, and assistive listening devices.

The medical assistance benefit is null and void if it is not referenced in the operating budget.

Appropriation: None.

Fiscal Note: Available.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed. However, the bill is null and void unless funded in the budget.