
Health Care & Wellness Committee

HB 1222

Brief Description: Requiring coverage for hearing instruments.

Sponsors: Representatives Orwall, Simmons, Reeves, Reed, Leavitt, Kloba, Farivar, Doglio, Morgan, Slatter, Ramel, Goodman, Callan, Fosse, Pollet, Lekanoff and Macri.

Brief Summary of Bill

- Requires large group health plans to provide coverage for hearing instruments.
- Requires the Insurance Commissioner to include hearing instruments in any updated essential health benefits benchmark plan, upon authorization from the Legislature to update the plan.

Hearing Date: 1/18/23

Staff: Kim Weidenaar (786-7120).

Background:

Hearing instruments.

A "hearing instrument" is defined as any wearable prosthetic instrument or device designed for or represented as aiding, improving, compensating for, or correcting defective human hearing and any parts, attachments, or accessories of such an instrument or device, excluding batteries and cords, ear molds, and assistive listening devices. The fitting and dispensing of hearing instruments must be performed by a licensed hearing aid specialist, a licensed audiologist, or an audiologist holding an interim permit from the Department of Health.

A hearing aid specialist or audiologist may not sell a hearing instrument unless the prospective patient or client has presented a written statement signed by a licensed physician that states that

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the patient's or client's hearing loss has been medically evaluated and the patient or client may be considered a candidate for a hearing instrument. The medical evaluation must have taken place within the preceding six months. A hearing aid specialist or audiologist may allow the prospective patient or client 18 years of age or older to waive the medical evaluation requirement, if the hearing aid specialist or audiologist:

- informs the prospective patient or client that the exercise of the waiver is not in the patient or client's best health interest;
- does not in any way actively encourage the prospective patient or client to waive the medical evaluation;
- offers the prospective patient or client the opportunity to sign the following statement: "I have been advised the Food and Drug Administration has determined that my best health interest would be served if I had a medical evaluation before purchasing a hearing instrument"; and
- provides the prospective patient or client with a copy of the signed waiver statement.

Hearing Instrument Coverage in Washington.

Beginning January 1, 2019, health plans offered to public employees and Medicaid enrollees must include coverage for hearing instruments. For public employees, coverage must include a new hearing instrument every five years, and services and supplies such as the initial assessment, fitting, adjustment, and auditory training. For Medicaid enrollees, coverage must include, when medically necessary, a new hearing instrument every five years, a new hearing instrument when alterations to the existing hearing instrument cannot meet the needs of the patient, and services and supplies such as the initial assessment, fitting, adjustment, and auditory training. The hearing instrument must be recommended and dispensed by a licensed audiologist, hearing aid specialist, or physician or osteopathic physician specializing in otolaryngology.

Over-the-Counter Hearing Instruments.

On October 17, 2022, federal Food and Drug Administration rules went into effect authorizing the use of a new category of hearing aid, over-the-counter (OTC) hearing instruments, which consumers may purchase directly from stores or online retailers without obtaining a medical exam or requiring a fitting by an audiologist or hearing aid specialist. The OTC hearing instruments are available to adults with perceived mild to moderate hearing impairment.

Essential Health Benefits Benchmark Plan.

Passed in 2010, the federal Patient Protection and Affordable Care Act (ACA) enacted a variety of provisions related to private health insurance coverage, including establishing essential health benefits. The ACA requires most individual and small group market health plans to cover 10 categories of essential health benefits. To determine the specific services covered within each category, federal rules allow states to choose a benchmark plan and to supplement that plan to ensure it covers all 10 categories. State law designates the largest small group plan in the state as the benchmark plan.

Summary of Bill:

A health carrier offering a large group health plan issued or renewed on or after January 1, 2024, must include coverage for hearing instruments, except for OTC hearing instruments, including bone conduction hearing devices. The coverage must include the hearing instrument, the initial assessment, fitting, adjustment, auditory training, and ear molds, as necessary, to maintain optimal fit.

The maximum benefit amount required is \$2,500 per ear with hearing loss every 36 months. A covered individual may choose a higher priced hearing instrument and pay the difference between price of the hearing instrument and the benefit. This benefit is not subject to the covered individual's deductible, unless the plan is offered as a qualifying health plan for a health savings account in which case the health carrier must establish the health plan's cost sharing at the minimum level necessary to preserve the enrollee's ability to claim tax exempt contributions and withdrawals from the health savings account under federal law and regulations.

Coverage for minors under 18 years of age is only available after the minor has received medical clearance within the past six months from an otolaryngologist for an initial evaluation of hearing loss or from a licensed physician which indicates there has not been a substantial change in clinical status since the initial evaluation by an otolaryngologist.

Upon authorization from the Legislature to modify the state's essential health benefit benchmark plan, the Insurance Commissioner must include coverage for hearing instrument in the updated plan.

For purposes of these requirements, an OTC hearing instrument is defined as an air-conduction hearing aid that does not require implantation or other surgical intervention, and is intended for use by a person age 18 or older to compensate for perceived mild to moderate hearing impairment. The device allows the user to control the hearing aid and customize it to the user's hearing needs and may use wireless technology or may include tests for self-assessment of hearing loss. The device is available OTC, without prescription, involvement, or intervention of a licensed person, to consumers.

Appropriation: None.

Fiscal Note: Available.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.