

SENATE BILL REPORT

ESHB 1222

As of March 12, 2023

Title: An act relating to requiring coverage for hearing instruments.

Brief Description: Requiring coverage for hearing instruments.

Sponsors: House Committee on Health Care & Wellness (originally sponsored by Representatives Orwall, Simmons, Reeves, Reed, Leavitt, Kloba, Farivar, Doglio, Morgan, Slatter, Ramel, Goodman, Callan, Fosse, Pollet, Lekanoff and Macri).

Brief History: Passed House: 2/28/23, 89-8.

Committee Activity: Health & Long Term Care: 3/14/23.

Brief Summary of Bill

- Requires non-grandfathered large group health plans to provide coverage for hearing instruments.
- Modifies requirements for hearing instrument coverage for plans offered to public employees.
- 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.

SENATE COMMITTEE ON HEALTH & LONG TERM CARE

Staff: Greg Attanasio (786-7410)

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

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performed by a licensed hearing aid specialist, a licensed audiologist, or an audiologist holding an interim permit from the Department of Health.

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 ten 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 ten categories. State law designates the largest small group plan in the state as the benchmark plan. In 2019, the Department of Health and Human Services issued a notice of benefits and payment parameters that gives states an opportunity to update their essential health benefit benchmark plans for 2020 and beyond.

Summary of Bill: A health carrier offering a non-grandfathered large group health plan and health plans offered to public employees and their covered dependents 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.

A health carrier and health plan offered to public employees must provide coverage for hearing instruments at no less than \$3,000 per ear with hearing loss every 36 months. This benefit is not subject to the enrollee's deductible, unless the plan is offered as a qualifying health plan for a health savings account in which case the health carrier or health plan may

only establish the health plan's deductible 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.

Current law requiring health plans offered to public employees and their covered dependents to include coverage for a new hearing instrument every five years expires December 31, 2023.

Upon authorization from the Legislature to modify the state's essential health benefit benchmark plan, the insurance commissioner must include coverage for hearing instruments and the associated services in the updated plan.

Appropriation: None.

Fiscal Note: Requested on March 10, 2023.

Creates Committee/Commission/Task Force that includes Legislative members: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.