

# House Bill 2994

Sponsored by Representatives PHAM H, REYNOLDS, BYNUM; Representative DIEHL (at the request of Pacific Northwest Chapter of AG Bell) (Pre-session filed.)

## SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced**.

Modifies requirements for health insurance coverage of hearing-related items and services.

## A BILL FOR AN ACT

Relating to hearing; creating new provisions; and amending ORS 743A.140 and 743A.141.

**Be It Enacted by the People of the State of Oregon:**

**SECTION 1.** ORS 743A.140 is amended to read:

743A.140. (1) A health benefit plan, as defined in ORS 743B.005, shall reimburse the cost of:

(a) Bilateral cochlear implants if medically appropriate for the treatment of hearing loss; and  
*[(b) Programming and reprogramming cochlear implants.]*

**(b) The fitting, programming and reprogramming of bilateral or unilateral cochlear implants or other assistive listening devices performed by licensed audiologists.**

(2) For purposes of ORS 746.230, a reasonable investigation of a claim for bilateral cochlear implants must include a request to the treating surgeon for a written recommendation based on peer-reviewed medical literature and for the medical findings that support the recommendation.

(3) A health benefit plan shall reimburse the cost of repair and replacement parts for a cochlear implant if the repair or parts are not covered by a warranty and are necessary for the device to be functional for the user.

**(4) A health benefit plan shall reimburse the costs described in this section if prescribed by a licensed health professional regardless of whether over-the-counter items and services are available without a prescription.**

**(5) An adverse determination on a claim for coverage under this section must include a prominent notice to the enrollee of the enrollee's rights to file grievances and request appeals and reviews under ORS 743B.250 and must provide a toll-free telephone number or chat line for enrollees to seek assistance in contesting the denial of or limitation on coverage.**

**(6) Coverage under this section may not be subject to a deductible.**

*[(4)]* (7) The provisions of this section are exempt from ORS 743A.001.

**SECTION 2.** ORS 743A.141 is amended to read:

743A.141. (1) As used in this section:

**(a) "Assistive listening device" means devices used with or without hearing aids or cochlear implants to provide access to sound or improve the ability of a user with hearing loss to hear in various listening situations, such as being located a distance from a speaker, in an environment with competing background noise or in a room with poor acoustics or reverberation.**

**NOTE:** Matter in **boldfaced** type in an amended section is new; matter *[italic and bracketed]* is existing law to be omitted. New sections are in **boldfaced** type.

1        [(a)] (b) “Hearing aid” means any nondisposable, wearable instrument or device designed to aid  
 2 or compensate for impaired human hearing and any necessary ear mold, part, attachments or ac-  
 3 cessory for the instrument or device, except batteries and cords.

4        [(b) “Hearing assistive technology systems” means devices used with or without hearing aids or  
 5 cochlear implants to improve the ability of a user with hearing loss to hear in various listening situ-  
 6 ations, such as being located a distance from a speaker, in an environment with competing background  
 7 noise or in a room with poor acoustics or reverberation.]

8        (2) A health benefit plan, as defined in ORS 743B.005, shall provide payment, coverage or re-  
 9 imbursement for:

10        (a) One hearing aid per hearing impaired ear if:

11        (A) Prescribed, fitted and dispensed by a licensed audiologist with the approval of a licensed  
 12 physician; and

13        (B) Medically necessary for the treatment of hearing loss in an enrollee in the plan who is:

14        (i) 18 years of age or younger; or

15        (ii) 19 to 25 years of age and enrolled in a secondary school or an accredited educational insti-  
 16 tution.

17        (b) Ear molds and replacement ear molds:

18        (A) [Up to] **As medically necessary and at least** four times per plan year for enrollees who  
 19 are younger than eight years of age; and

20        (B) **As medically necessary and** at least once per year for enrollees who are:

21        (i) Eight to 18 years of age; or

22        (ii) 19 to 25 years of age and enrolled in a secondary school or an accredited educational insti-  
 23 tution.

24        (c) One box of replacement batteries per year for each hearing aid.

25        (d) Necessary diagnostic and treatment services at least twice per year for enrollees who are  
 26 younger than four years of age and at least once per year for enrollees who are four years of age  
 27 or older, including:

28        (A) Hearing tests appropriate for an enrollee’s age or developmental need;

29        (B) Hearing aid checks; and

30        (C) Aided testing.

31        (e) Bone conduction sound processors, if necessary for appropriate amplification of the hearing  
 32 loss.

33        (f) [Hearing assistive technology systems] **Assistive listening devices** for an enrollee who is  
 34 younger than 19 years of age, if necessary [for] **to provide access to sound and provide** appro-  
 35 priate amplification of the hearing loss.

36        (g) **Other components required for a hearing device to function properly and effectively,**  
 37 **including but not limited to:**

38        (A) **Bone-conducting sound processor headbands; and**

39        (B) **Prosthetic device parts.**

40        (3) An insurer may not impose any financial or contractual penalty upon an audiologist if an  
 41 enrollee elects to purchase a hearing aid or other device priced higher than the benefit amount by  
 42 paying the difference between the benefit amount and the price of the hearing aid or other device.

43        (4) A health benefit plan shall provide the benefits described in subsection (2)(a), (e) and (f) of  
 44 this section:

45        (a) Every 36 months; or

1 (b) For hearing aids, more frequently than every 36 months if modifications to an existing  
2 hearing aid will not meet the needs of an enrollee who is:

3 (A) Under 19 years of age; or

4 (B) 19 to 25 years of age and enrolled in a secondary school or an accredited educational in-  
5 stitution.

6 (5) An insurer must contract with pediatric audiologists in sufficient numbers and geographic  
7 locations in this state to comply with ORS 743B.202 and 743B.505.

8 (6) Insurance producers shall ensure that enrollees have access to navigators or other assisters  
9 to facilitate the diagnosis of hearing loss and needed amplification and ensure that technologies are  
10 available to treat hearing loss in enrollees who are 19 years of age or younger. Upon receiving a  
11 claim for reimbursement for the diagnosis of hearing loss, an insurer shall provide notice of the  
12 coverage limits to the enrollee or to the parent or legal guardian of the enrollee. With respect to  
13 enrollees with hearing loss who are younger than 19 years of age, an insurer shall provide educa-  
14 tional materials to the parent or legal guardian of the enrollee and shall have a process in place to  
15 ensure that appropriate technologies are available.

16 (7) The payment, coverage or reimbursement required under this section may be subject to  
17 provisions of the health benefit plan that apply to other durable medical equipment benefits covered  
18 by the plan, including but not limited to provisions relating to [*deductibles*,] coinsurance and prior  
19 authorization, **but may not be subject to deductibles.**

20 (8) This section is exempt from ORS 743A.001.

21 **SECTION 3. The amendments to ORS 743A.140 and 743A.141 by sections 1 and 2 of this**  
22 **2023 Act apply to policies and certificates of insurance issued, renewed or extended on or**  
23 **after the effective date of this 2023 Act.**

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