

## HOUSE AMENDMENTS TO HOUSE BILL 2392

By COMMITTEE ON HEALTH CARE

April 21

- 1 On page 1 of the printed bill, delete line 17.
- 2 In line 18, restore the bracketed material and delete the boldfaced material.
- 3 Delete lines 19 through 31 and delete page 2.
- 4 On page 3, delete lines 1 through 21 and insert:
- 5 **“SECTION 2.** ORS 743A.141 is amended to read:
- 6 **“743A.141.** (1) As used in this section[,]:
- 7 **“(a)** ‘Hearing aid’ means any nondisposable, wearable instrument or device designed to aid or
- 8 compensate for impaired human hearing and any necessary ear mold, part, attachments or accessory
- 9 for the instrument or device, except batteries and cords.
- 10 **“(b)** **‘Hearing assistive technology systems’ means devices used with or without hearing**
- 11 **aids or cochlear implants to improve the ability of a user with hearing loss to hear in various**
- 12 **listening situations, such as being located a distance from a speaker, in an environment with**
- 13 **competing background noise or in a room with poor acoustics or reverberation.**
- 14 **“(2)** A health benefit plan, as defined in ORS 743B.005, shall provide payment, coverage or re-
- 15 imbursement for:
- 16 **“(a)** One hearing aid per hearing impaired ear if:
- 17 **“[(a)] (A)** Prescribed, fitted and dispensed by a licensed audiologist with the approval of a li-
- 18 censed physician; and
- 19 **“[(b)] (B)** Medically necessary for the treatment of hearing loss in an enrollee in the plan who
- 20 is:
- 21 **“[(A)] (i)** 18 years of age or younger; or
- 22 **“[(B)] (ii)** 19 to 25 years of age and enrolled in a secondary school or an accredited educational
- 23 institution.
- 24 **“(b)** **Ear molds and replacement ear molds:**
- 25 **“(A)** **Up to four times per plan year for enrollees who are younger than eight years of**
- 26 **age; and**
- 27 **“(B)** **At least once per year for enrollees who are:**
- 28 **“(i)** **Eight to 18 years of age; or**
- 29 **“(ii)** **19 to 25 years of age and enrolled in a secondary school or an accredited educational**
- 30 **institution.**
- 31 **“(c)** **One box of replacement batteries per year for each hearing aid.**
- 32 **“(d)** **Necessary diagnostic and treatment services at least twice per year for enrollees**
- 33 **who are younger than four years of age and at least once per year for enrollees who are four**
- 34 **years of age or older, including:**
- 35 **“(A)** **Hearing tests appropriate for an enrollee’s age or developmental need;**

1       **“(B) Hearing aid checks; and**

2       **“(C) Aided testing.**

3       **“(e) Bone conduction sound processors, if necessary for appropriate amplification of the**  
4 **hearing loss.**

5       **“(f) Hearing assistive technology systems for an enrollee who is younger than 19 years**  
6 **of age, if necessary for appropriate amplification of the hearing loss.**

7       *“(3)(a) The maximum benefit amount required by this section is \$4,000 every 48 months, but a*  
8 *health benefit plan may offer a benefit that is more favorable to the enrollee. An insurer shall adjust*  
9 *the benefit amount on January 1 of each year to reflect the increase since January 1, 2010, in the U.S.*  
10 *City Average Consumer Price Index for All Urban Consumers for medical care as published by the*  
11 *Bureau of Labor Statistics of the United States Department of Labor.]*

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

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

18       **“(a) Every 36 months; or**

19       **“(b) For hearing aids, more frequently than every 36 months if modifications to an ex-**  
20 **isting hearing aid will not meet the needs of an enrollee who is:**

21       **“(A) Eight to 18 years of age; or**

22       **“(B) 19 to 25 years of age and enrolled in a secondary school or an accredited educational**  
23 **institution.**

24       **“(5) An insurer must contract with pediatric audiologists in sufficient numbers and ge-**  
25 **ographic locations in this state to comply with ORS 743B.202 and 743B.505.**

26       **“(6) Insurance producers shall ensure that enrollees have access to navigators or other**  
27 **assisters to facilitate the diagnosis of hearing loss and needed amplification and ensure that**  
28 **technologies are available to treat hearing loss in enrollees who are 19 years of age or**  
29 **younger. Upon receiving a claim for reimbursement for the diagnosis of hearing loss, an**  
30 **insurer shall provide notice of the coverage limits to the enrollee or to the parent or legal**  
31 **guardian of the enrollee. With respect to enrollees with hearing loss who are younger than**  
32 **19 years of age, an insurer shall provide educational materials to the parent or legal guardian**  
33 **of the enrollee and have a process in place to ensure that appropriate technologies are**  
34 **available.**

35       *“(4) (7) The payment, coverage or reimbursement required under this section may be subject*  
36 *to provisions of the health benefit plan that apply to other durable medical equipment benefits cov-*  
37 *ered by the plan, including but not limited to provisions relating to deductibles, coinsurance and*  
38 *prior authorization.*

39       **“(5) (8) This section is exempt from ORS 743A.001.”.**