

**HB 4104 STAFF MEASURE SUMMARY**

**Carrier:** Sen. DeBoer

**Senate Committee On Health Care**

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**Action Date:** 02/21/18

**Action:** Do pass.

**Vote:** 5-0-0-0

**Yeas:** 5 - Beyer, DeBoer, Knopp, Monnes Anderson, Steiner Hayward

**Fiscal:** No fiscal impact

**Revenue:** No revenue impact

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**WHAT THE MEASURE DOES:**

Requires health insurers to reimburse costs of bilateral cochlear implants, if medically appropriate, including programming and reprogramming expenses, and repair costs. Defines hearing assistive technology system. Requires health insurers to reimburse for ear molds, replacement ear molds, and hearing assistive technology system for an enrollee who is younger than 19, or 19 to 25 years of age and enrolled in a secondary school or accredited educational institution. Requires health insurers provide other specific hearing aid benefits. Requires health insurers to ensure members have access to pediatric audiologists, provide notice of coverage limits, and offer education materials describing appropriate technologies.

**ISSUES DISCUSSED:**

- Maintenance of bilateral cochlear implants
- Out-of-pocket costs of treatments and equipment for deaf and hard-of-hearing children
- Development of children's hearing and speech
- Application of measure to commercial health benefit plans

**EFFECT OF AMENDMENT:**

No amendment.

**BACKGROUND:**

The Centers for Disease Control and Prevention report that about two to three out of every 1,000 children in the United States are born with a detectable level of hearing loss in one or both ears, and more than 90 percent of deaf children are born to hearing parents. As of 2012, approximately 38,000 cochlear implants have been implanted in children. In Oregon, hearing services and technology are limited in scope for families and children with hearing loss. Current health insurance coverage most often is limited to initial and ongoing hearing evaluations, essential fitting and verification procedures, essential supplies, essential equipment, cochlear implants, and replacement hearing aids when necessary. In 2017, House Bill 2392 was introduced and would have required a health benefit plan to provide: payment, coverage, or reimbursement for ear molds and replacement ear molds; one box per year of replacement batteries for each hearing aid necessary for diagnostic and treatment services, twice per year for enrollees younger than four years old, and once per year for enrollees age four or older if necessary for bone conduction sound processors, and hearing assistive technology systems for an enrollee who is younger than age 19.

HB 4104 requires health insurers provide access to pediatric audiologists and assistive listening devices to aid with hearing.