

Requested by Representative PHAM H

**PROPOSED AMENDMENTS TO  
HOUSE BILL 2994**

1 On page 1 of the printed bill, line 2, after “ORS” insert “243.141,  
2 243.877.”.

3 Delete lines 4 through 31 and delete pages 2 and 3 and insert:

4 **“SECTION 1. Section 2 of this 2023 Act is added to and made a part  
5 of ORS chapter 414.**

6 **“SECTION 2. Notwithstanding ORS 414.065 and 414.690, a coordi-  
7 nated care organization and the Oregon Health Authority shall provide  
8 to medical assistance recipients who are 18 years of age or younger the  
9 devices and services described in ORS 743A.140 and 743A.141.**

10 **“SECTION 3. ORS 743A.140 is amended to read:**

11 **“743A.140. (1) A health benefit plan, as defined in ORS 743B.005, shall  
12 reimburse the cost of:**

13 **“(a) Bilateral cochlear implants if medically appropriate for the treatment  
14 of hearing loss; and**

15 **“[(b) *Programming and reprogramming cochlear implants.*]**

16 **“(b) The fitting, programming and reprogramming of bilateral or  
17 unilateral cochlear implants or other assistive listening devices per-  
18 formed by licensed audiologists.**

19 **“(2) For purposes of ORS 746.230, a reasonable investigation of a claim  
20 for bilateral cochlear implants must include a request to the treating surgeon  
21 for a written recommendation based on peer-reviewed medical literature and**

1 for the medical findings that support the recommendation.

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

5 “(4) **A health benefit plan shall reimburse the costs described in this**  
6 **section when prescribed by a licensed health professional even if**  
7 **over-the-counter items and services are available without a pre-**  
8 **scription.**

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

15 “(6) **Coverage under this section may not be subject to a deductible,**  
16 **except as provided in ORS 742.008.**

17 “[~~4~~] (7) The provisions of this section are exempt from ORS 743A.001.

18 “**SECTION 4.** ORS 743A.141 is amended to read:

19 “743A.141. (1) As used in this section:

20 “(a) **‘Assistive listening device’ means devices used with or without**  
21 **hearing aids or cochlear implants to provide access to sound or im-**  
22 **prove the ability of a user with hearing loss to hear in various listen-**  
23 **ing situations, such as being located a distance from a speaker, in an**  
24 **environment with competing background noise or in a room with poor**  
25 **acoustics or reverberation.**

26 “[~~a~~] (b) **‘Hearing aid’ means any nondisposable, wearable instrument or**  
27 **device designed to aid or compensate for impaired human hearing and any**  
28 **necessary ear mold, part, attachments or accessory for the instrument or**  
29 **device, except batteries and cords.**

30 “[~~b~~] *‘Hearing assistive technology systems’ means devices used with or*

1 *without hearing aids or cochlear implants to improve the ability of a user with*  
2 *hearing loss to hear in various listening situations, such as being located a*  
3 *distance from a speaker, in an environment with competing background noise*  
4 *or in a room with poor acoustics or reverberation.]*

5 “(2) A health benefit plan, as defined in ORS 743B.005, shall provide  
6 payment, coverage or reimbursement for:

7 “(a) One hearing aid per hearing impaired ear if:

8 “(A) Prescribed, fitted and dispensed by a licensed audiologist with the  
9 approval of a licensed physician; and

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

12 “(i) 18 years of age or younger; or

13 “(ii) 19 to 25 years of age and enrolled in a secondary school or an ac-  
14 credited educational institution.

15 “(b) Ear molds and replacement ear molds:

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

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

20 “(i) Eight to 18 years of age; or

21 “(ii) 19 to 25 years of age and enrolled in a secondary school or an ac-  
22 credited educational institution.

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

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

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

29 “(B) Hearing aid checks **and conformity evaluations**; and

30 “(C) Aided testing.

1 “(e) Bone conduction sound processors, if necessary for appropriate am-  
2 plification of the hearing loss.

3 “(f) [*Hearing assistive technology systems*] **Assistive listening devices** for  
4 an enrollee who is younger than 19 years of age, if necessary [*for*] **to provide**  
5 **access to sound and provide** appropriate amplification of the hearing loss.

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

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

9 “(B) **Prosthetic device parts.**

10 “(h) **The cost of repair or replacement parts for a hearing aid or**  
11 **other assistive listening device if the repair or parts are not covered**  
12 **by a warranty and are necessary for the device to be functional for the**  
13 **user, regardless of the age of the user.**

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

18 “(4) A health benefit plan shall provide the benefits described in sub-  
19 section (2)(a), (e) and (f) of this section:

20 “(a) Every 36 months; or

21 “(b) For hearing aids, more frequently than every 36 months if modifica-  
22 tions to an existing hearing aid will not meet the needs of an enrollee who  
23 is:

24 “(A) Under 19 years of age; or

25 “(B) 19 to 25 years of age and enrolled in a secondary school or an ac-  
26 credited educational institution.

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

30 “(6) Insurance producers shall ensure that enrollees have access to

1 navigators or other assisters to facilitate the diagnosis of hearing loss and  
2 needed amplification and ensure that technologies are available to treat  
3 hearing loss in enrollees who are 19 years of age or younger. Upon receiving  
4 a claim for reimbursement for the diagnosis of hearing loss, an insurer shall  
5 provide notice of the coverage limits to the enrollee or to the parent or legal  
6 guardian of the enrollee. With respect to enrollees with hearing loss who are  
7 younger than 19 years of age, an insurer shall provide educational materials  
8 to the parent or legal guardian of the enrollee and shall have a process in  
9 place to ensure that appropriate technologies are available.

10 “(7) The payment, coverage or reimbursement required under this section  
11 may be subject to provisions of the health benefit plan that apply to other  
12 durable medical equipment benefits covered by the plan, including but not  
13 limited to provisions relating to [*deductibles*,] coinsurance and prior author-  
14 ization, **but may not be subject to deductibles except as provided in**  
15 **ORS 742.008.**

16 “(8) **A health benefit plan shall reimburse the costs described in this**  
17 **section when prescribed by a licensed health professional even if**  
18 **over-the-counter items and services are available without a pre-**  
19 **scription.**

20 “[~~(8)~~] (9) This section is exempt from ORS 743A.001.

21 “**SECTION 5.** ORS 243.144, as amended by section 2, chapter 72, Oregon  
22 Laws 2022, is amended to read:

23 “243.144. Benefit plans offered by the Public Employees’ Benefit Board  
24 that reimburse the cost of medical and other health services and supplies  
25 must comply with the requirements for health benefit plan coverage de-  
26 scribed in:

27 “(1) ORS 743A.058;

28 “(2) **ORS 743A.140;**

29 “(3) **ORS 743A.141;**

30 “[~~(2)~~] (4) ORS 743B.256;

1       **“(5) ORS 743B.287 (4);**  
2       **“[(3)] (6) ORS 743B.420;**  
3       **“[(4)] (7) ORS 743B.423;**  
4       **“[(5)] (8) ORS 743B.601; and**  
5       **“[(6)] (9) ORS 743B.810[; and]**  
6       **“[(7) ORS 743B.287 (4)].**

7       **“SECTION 6.** ORS 243.877, as amended by section 3, chapter 72, Oregon  
8 Laws 2022, is amended to read:

9       “243.877. Benefit plans offered by the Oregon Educators Benefit Board  
10 that reimburse the cost of medical and other health services and supplies  
11 must comply with the requirements for health benefit plan coverage de-  
12 scribed in:

13       “(1) ORS 743A.058;  
14       **“(2) ORS 743A.140;**  
15       **“(3) ORS 743A.141;**  
16       “[(2)] (4) ORS 743B.256;  
17       **“(5) ORS 743B.287 (4);**  
18       “[(3)] (6) ORS 743B.420;  
19       “[(4)] (7) ORS 743B.423;  
20       “[(5)] (8) ORS 743B.601; and  
21       “[(6)] (9) ORS 743B.810[; and]  
22       “[(7) ORS 743B.287 (4)].

23       **“SECTION 7. The amendments to ORS 243.141, 243.877, 743A.140 and**  
24 **743A.141 by sections 3 to 6 of this 2023 Act apply to policies and cer-**  
25 **tificates of insurance issued, renewed or extended on or after the ef-**  
26 **fective date of this 2023 Act.”.**

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