GENERAL ASSEMBLY OF NORTH CAROLINA SESSION 2009

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SENATE BILL 375 PROPOSED COMMITTEE SUBSTITUTE S375-PCS15293-RG-33

Short Title: Insurance/Cover Hearing Aids. (Public)			
Sponsors:			
Referred to:			
March 4, 2009			
A BILL TO BE ENTITLED			
AN ACT TO REQUIRE HEALTH BENEFIT PLANS AND THE STATE HEALTH PLAN TO COVER HEARING AIDS AND REPLACEMENT HEARING AIDS.			
The General Assembly of North Carolina enacts: SECTION 1. Article 3 of Chapter 58 of the General Statutes is amended by adding			
the following new section to read:			
"§ 58-3-280. Coverage for hearings aids.			
(a) Every health benefit plan, including the State Health Plan for Teachers and State			
Employees, shall provide coverage for one hearing aid per hearing-impaired ear up to two			
thousand five hundred dollars (\$2,500) per hearing aid every 36 months for covered individuals			
under the age of 22 years subject to subsection (b) of this section. The coverage shall include			
all medically necessary hearing aids and services that are ordered by an audiologist licensed in			
this State. Coverage shall be as follows:			
(1) Initial hearing aids and replacement hearing aids not more frequently than			
every 36 months.			
(2) A new hearing aid when alterations to the existing hearing aid cannot			
adequately meet the needs of the covered individual.			
(3) Services and supplies including the initial hearing aid evaluation, fitting, and			
<u>adjustments.</u>			
(b) The same deductibles, coinsurance, and other limitations as apply to similar services			
covered under the health benefit plan apply to hearing aids and related services and supplies			
required to be covered under this section.			
(c) Nothing in this section prevents an insurer from applying utilization review criteria			
to determine medical necessity as defined by G.S. 58-50-61 as long as it does so in accordance			
with all requirements for utilization review programs and medical necessity determinations			
specified in that section, including the offering of an insurer appeal process and where			
applicable, health benefit plans external review as provided in Part 4 of Article 50 of Chapter			
58 of the General Statutes."			
SECTION 2. G.S. 135-45.8(13) reads as rewritten:			

§ 135-45.8. General limitations and exclusions.

The following shall in no event be considered covered expenses nor will benefits described in G.S. 135-45.6 through G.S. 135-45.11 be payable for:

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1	(13) Charges for eyeglasses or other corrective lenses (except	for cataract lenses
2	certified as medically necessary for aphakia persons) a	nd hearing aids or
3	examinations for the prescription or fitting thereof.person	s).
4		
5	SECTION 3. This act becomes effective March 1, 2010, an	d applies to health
6	benefit plans that are delivered, issued for delivery, or renewed on and after	that date.

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