

GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2009

H

D

HOUSE BILL 589\*  
PROPOSED COMMITTEE SUBSTITUTE H589-PCS80447-RD-56

Short Title: Insurance/Cover Hearing Aids.

(Public)

Sponsors:

Referred to:

March 16, 2009

1 A BILL TO BE ENTITLED  
2 AN ACT TO REQUIRE HEALTH BENEFIT PLANS AND THE STATE HEALTH PLAN  
3 TO COVER HEARING AIDS AND REPLACEMENT HEARING AIDS.

4 The General Assembly of North Carolina enacts:

5 **SECTION 1.** Article 3 of Chapter 58 of the General Statutes is amended by adding  
6 the following new section to read:

7 "**§ 58-3-280. Coverage for hearing aids.**

8 (a) Every health benefit plan, including the State Health Plan for Teachers and State  
9 Employees, shall provide coverage for one hearing aid per hearing-impaired ear up to two  
10 thousand five hundred dollars (\$2,500) per hearing aid every 36 months for covered individuals  
11 under the age of 22 years subject to subsection (b) of this section. The coverage shall include  
12 all medically necessary hearing aids and services that are ordered by an audiologist licensed in  
13 this State. Coverage shall be as follows:

14 (1) Initial hearing aids and replacement hearing aids not more frequently than  
15 every 36 months.

16 (2) A new hearing aid when alterations to the existing hearing aid cannot  
17 adequately meet the needs of the covered individual.

18 (3) Services, including the initial hearing aid evaluation, fitting, and  
19 adjustments, and supplies, including ear molds.

20 (b) The same deductibles, coinsurance, and other limitations as apply to similar services  
21 covered under the health benefit plan apply to hearing aids and related services and supplies  
22 required to be covered under this section.

23 (c) Nothing in this section prevents an insurer from applying utilization review criteria  
24 to determine medical necessity as defined by G.S. 58-50-61 as long as it does so in accordance  
25 with all requirements for utilization review programs and medical necessity determinations  
26 specified in that section, including the offering of an insurer appeal process and where  
27 applicable, health benefit plans external review as provided in Part 4 of Article 50 of Chapter  
28 58 of the General Statutes."

29 **SECTION 2.** G.S. 135-45.8(13), as amended by Section 2(d) of Session Law  
30 2009-16, reads as rewritten:

31 "**§ 135-45.8. General limitations and exclusions.**

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

34 ...



\* H 5 8 9 - P C S 8 0 4 4 7 - R D - 5 6 \*

1           (13) Charges for routine eye examinations, eyeglasses or other corrective lenses  
2           (except for cataract lenses certified as medically necessary for aphakia  
3           ~~persons) and hearing aids or examinations for the prescription or fitting~~  
4           ~~thereof.~~ persons).

5           ...."

6           **SECTION 3.** This act becomes effective March 1, 2010, and applies to health  
7 benefit plans that are delivered, issued for delivery, or renewed on and after that date.