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**Public Law**  
123rd Legislature  
First Regular Session

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**Chapter 452**  
**S.P. 537 - L.D. 1514**

**An Act To Require Health Insurance Coverage for Hearing Aids**

**Be it enacted by the People of the State of Maine as follows:**

**Sec. 1. 24 MRSA §2317-B, sub-§12-B** is enacted to read:

**12-B. Title 24-A, sections 2762, 2847-M and 4253.** Coverage for hearing aids, Title 24-A, sections 2762, 2847-M and 4253;

**Sec. 2. 24-A MRSA §2762** is enacted to read:

**§ 2762. Coverage for hearing aids**

**1. Hearing aid; definition.** For purposes of this section, "hearing aid" means a nonexperimental, wearable instrument or device designed for the ear and offered for the purpose of aiding or compensating for impaired human hearing, excluding batteries and cords and other assistive listening devices, including, but not limited to, frequency modulation systems.

**2. Required coverage.** In accordance with the application of coverage set forth in subsection 3, all individual health policies and contracts must provide coverage for the purchase of a hearing aid for each hearing-impaired ear for an individual covered under the policy or contract in accordance with the following requirements.

**A.** The hearing loss must be documented by a physician or audiologist licensed pursuant to Title 32, chapter 77.

**B.** The hearing aid must be purchased from an audiologist licensed pursuant to Title 32, chapter 77 or a hearing aid dealer licensed pursuant to Title 32, chapter 23-A.

**C.** The policy or contract may limit coverage to \$1,400 per hearing aid for each hearing-impaired ear every 36 months.

**3. Application of coverage.** The requirements of subsection 2 apply to an individual:

**A.** From birth to 5 years of age, who is covered under a policy or contract that is issued or renewed on or after January 1, 2008;

B. From 6 to 13 years of age, who is covered under a policy or contract that is issued or renewed on or after January 1, 2009; and

C. From 14 to 18 years of age, who is covered under a policy or contract that is issued or renewed on or after January 1, 2010.

**4. Limits; coinsurance; deductibles.** Except as otherwise provided in this section, any policy or contract that provides coverage for services under this section may contain provisions for maximum benefits and coinsurance and reasonable limitations, deductibles and exclusions to the extent that these provisions are not inconsistent with the requirements of this section.

**Sec. 3. 24-A MRS §2847-M** is enacted to read:

**§ 2847-M. Coverage for hearing aids**

**1. Hearing aid; definition.** For purposes of this section, "hearing aid" means a nonexperimental, wearable instrument or device designed for the ear and offered for the purpose of aiding or compensating for impaired human hearing, excluding batteries and cords and other assistive listening devices, including, but not limited to, frequency modulation systems.

**2. Required coverage.** In accordance with the application of coverage set forth in subsection 3, all group health insurance policies, contracts and certificates must provide coverage for the purchase of a hearing aid for each hearing-impaired ear for an individual covered under the policy, contract or certificate who is 18 years of age or under in accordance with the following requirements.

A. The hearing loss must be documented by a physician or audiologist licensed pursuant to Title 32, chapter 77.

B. The hearing aid must be purchased from an audiologist licensed pursuant to Title 32, chapter 77 or a hearing aid dealer licensed pursuant to Title 32, chapter 23-A.

C. The policy, contract or certificate may limit coverage to \$1,400 per hearing aid for each hearing-impaired ear every 36 months.

**3. Application of coverage.** The requirements of subsection 2 apply to an individual:

A. From birth to 5 years of age, who is covered under a policy, contract or certificate that is issued or renewed on or after January 1, 2008;

B. From 6 to 13 years of age, who is covered under a policy, contract or certificate that is issued or renewed on or after January 1, 2009; and

C. From 14 to 18 years of age, who is covered under a policy, contract or certificate that is issued or renewed on or after January 1, 2010.

**4. Limits; coinsurance; deductibles.** Except as otherwise provided in this section, any policy, contract or certificate that provides coverage for services under this section may contain provisions for maximum benefits and coinsurance and reasonable limitations, deductibles and exclusions to the extent that these provisions are not inconsistent with the requirements of this section.

**Sec. 4. 24-A MRS §4253** is enacted to read:

## **§ 4253. Coverage for hearing aids**

**1. Hearing aid; definition.** For purposes of this section, "hearing aid" means a nonexperimental, wearable instrument or device designed for the ear and offered for the purpose of aiding or compensating for impaired human hearing, excluding batteries and cords and other assistive listening devices, including, but not limited to, frequency modulation systems.

**2. Required coverage.** In accordance with the application of coverage set forth in subsection 3, all health maintenance organization individual and group health insurance contracts must provide coverage for the purchase of a hearing aid for each hearing-impaired ear for an individual covered under the policy, contract or certificate who is 18 years of age or under in accordance with the following requirements.

A. The hearing loss must be documented by a physician or audiologist licensed pursuant to Title 32, chapter 77.

B. The hearing aid must be purchased from an audiologist licensed pursuant to Title 32, chapter 77 or a hearing aid dealer licensed pursuant to Title 32, chapter 23-A.

C. The policy, contract or certificate may limit coverage to \$1,400 per hearing aid for each hearing-impaired ear every 36 months.

**3. Application of coverage.** The requirements of subsection 2 apply to an individual:

A. From birth to 5 years of age, who is covered under a contract that is issued or renewed on or after January 1, 2008;

B. From 6 to 13 years of age, who is covered under a contract that is issued or renewed on or after January 1, 2009; and

C. From 14 to 18 years of age, who is covered under a contract that is issued or renewed on or after January 1, 2010.

**4. Limits; coinsurance; deductibles.** Except as otherwise provided in this section, any contract that provides coverage for services under this section may contain provisions for maximum benefits and coinsurance and reasonable limitations, deductibles and exclusions to the extent that these provisions are not inconsistent with the requirements of this section.

**Sec. 5. Application.** The requirements of this Act apply to all policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State on or after January 1, 2008. For purposes of this Act, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

**Sec. 6. Exemption from review.** Notwithstanding the Maine Revised Statutes, Title 24-A, section 2752, this Act is enacted without review and evaluation by the Department of Professional and Financial Regulation, Bureau of Insurance.

**Sec. 7. Application.** The requirements of this Act apply to all policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State on or after January 1, 2008. For purposes of this section, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

**Sec. 8. Appropriations and allocations.** The following appropriations and allocations are made.

**ADMINISTRATIVE AND FINANCIAL SERVICES, DEPARTMENT OF**

**Salary Plan 0305**

Initiative: Appropriates and allocates funds for the additional costs of health insurance to the State resulting from the requirement to provide coverage for hearing aids for persons 18 years of age and under, which will be phased in over 3 years and limits coverage to \$1,400 per hearing aid every 36 months.

<b>GENERAL FUND</b>	<b>2007-08</b>	<b>2008-09</b>
Personal Services	\$0	(\$15,000)
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GENERAL FUND TOTAL	\$0	(\$15,000)
<b>HIGHWAY FUND</b>	<b>2007-08</b>	<b>2008-09</b>
Personal Services	\$0	(\$6,000)
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HIGHWAY FUND TOTAL	\$0	(\$6,000)

Effective September 20, 2007