

**As Introduced**

**133rd General Assembly**

**Regular Session**

**2019-2020**

**H. B. No. 243**

**Representatives Weinstein, Russo**

**Cosponsors: Representatives Boggs, Boyd, Brent, Clites, Cross, Crossman,  
Galonski, Ghanbari, Ingram, Kent, Lepore-Hagan, Lightbody, Liston, Manchester,  
Miller, A., O'Brien, Skindell, Smith, K., Sobecki, Sweeney, Upchurch**

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**A BILL**

To enact sections 3902.50 and 3902.51 of the 1  
Revised Code to require health plan issuers to 2  
cover hearing aids and related services for 3  
persons under twenty-two years of age. 4

**BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF OHIO:**

**Section 1.** That sections 3902.50 and 3902.51 of the 5  
Revised Code be enacted to read as follows: 6

**Sec. 3902.50.** As used in sections 3902.50 and 3902.51 of 7  
the Revised Code: 8

(A) "Cost-sharing" means the cost to a covered person 9  
under a health benefit plan according to any coverage limit, 10  
copayment, coinsurance, deductible, or other out-of-pocket 11  
expense requirement. 12

(B) "Covered person," "health benefit plan," and "health 13  
plan issuer" have the same meanings as in section 3922.01 of the 14  
Revised Code. 15

(C) "Hearing aid" means any wearable instrument or device 16

designed or offered for the purpose of aiding or compensating 17  
for impaired human hearing, including all attachments, 18  
accessories, and parts thereof, except batteries and cords, that 19  
is dispensed by a hearing aid dealer licensed under Chapter 20  
4747. of the Revised Code or by an audiologist licensed under 21  
Chapter 4753. of the Revised Code. 22

(D) "Related services" means services necessary to assess, 23  
select, and appropriately adjust or fit a hearing aid to ensure 24  
optimal performance. 25

**Sec. 3902.51.** (A) Notwithstanding section 3901.71 of the 26  
Revised Code, a health benefit plan shall provide coverage for 27  
the full cost of both of the following: 28

(1) One hearing aid per hearing-impaired ear up to one 29  
thousand four hundred dollars every thirty-six months for a 30  
covered person under twenty-two years of age; 31

(2) All related services prescribed by an audiologist 32  
licensed pursuant to section 4753.07 of the Revised Code and 33  
dispensed by a licensed audiologist or licensed hearing aid 34  
dealer. 35

(B) A covered person may choose a higher priced hearing 36  
aid and may pay the difference in cost above the one thousand 37  
four hundred dollar required coverage provided in this section 38  
without any financial or contractual penalty to the covered 39  
person or to the provider of the hearing aid. 40

(C) A health plan issuer is not required to pay a claim 41  
for the cost of a hearing aid as required by division (A) of 42  
this section if, less than thirty-six months prior to the date 43  
of the claim, the covered person received the coverage required 44  
under division (A) of this section from any health benefit plan. 45

<b>Section 2.</b> This act shall apply to health benefit plans,	46
as defined in section 3922.01 of the Revised Code, delivered,	47
issued for delivery, modified, or renewed on or after the	48
effective date of this act.	49