

HOUSE BILL 761

By Montgomery

AN ACT to amend Tennessee Code Annotated, Title 56,  
relative to health insurance coverage for hearing  
aids for children.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Title 56, Chapter 7, Part 23, is amended by  
adding the following as a new section:

56-7-2368.

(a) As used in this section, unless the context otherwise requires:

(1) "Child" or "children" means any person under eighteen (18)  
years of age; and

(2) "Hearing aid" means any wearable, nonexperimental,  
nondisposable instrument or device designed for the ear and used to aid  
or compensate for impaired human hearing, including earmolds and  
services necessary to select, fit, and adjust the hearing aid, but excluding  
batteries, cords, and other assistive listening devices such as FM  
systems.

(b)

(1) Every individual or group health insurance policy providing  
coverage on an expense-incurred basis, every policy or contract issued  
by a hospital or medical service corporation, every individual or group  
service contract issued by a health maintenance organization, and every  
self-insured group arrangement to the extent not preexempted by federal  
law, which is delivered, issued for delivery, or renewed in this state on or

after January 1, 2012, shall provide coverage of up to one thousand dollars (\$1,000) per individual hearing aid per ear, every three (3) years, for every child covered as a dependent by the policy holder.

(2) If a licensed audiologist or physician certifies that the child's hearing loss has become significantly worse during the three-year period since the child received a hearing aid, coverage shall be provided for a new hearing aid suitable to the child's hearing needs before the end of the three-year period.

(c) The insured may choose a hearing aid exceeding one thousand dollars (\$1,000) and pay the difference in cost above the amount of coverage required by this section. Reimbursement shall be provided according to the respective principles and policies of the insurer.

(d) The insurer may require the policyholder to provide a prescription by a licensed audiologist or physician or show proof through other suitable documentation of the need for a hearing aid, and this section shall not preclude the insurer from conducting managed care, medical necessity, or utilization review or shall prevent the operation of such policy provisions as deductibles, coinsurance, allowable charge limitations, coordination of benefits or provisions restricting coverage to services by licensed, certified or carrier-approved providers or facilities.

(e) This section shall not apply to insurance coverage providing benefits for the following:

- (1) Hospital confinement indemnity;
- (2) Disability income;
- (3) Accident only;

- (4) Long term care;
- (5) Medicare supplement;
- (6) Limited benefit health;
- (7) Specified disease indemnity;
- (8) Sickness or bodily injury or death by accident, or both; and
- (9) Other limited benefit policies.

SECTION 2. This act shall take effect January 1, 2012, the public welfare requiring it, and shall apply to policies or contracts issued on or after January 1, 2012.