## GENERAL ASSEMBLY OF NORTH CAROLINA SESSION 2009

Н 2

## HOUSE BILL 589\* Committee Substitute Favorable 5/26/09

	Committee Substitute Favorable 5/20/09	
Short Title:	Insurance/Cover Hearing Aids.	(Public)
Sponsors:		
Referred to:		
	March 16, 2009	
	A BILL TO BE ENTITLED	
TO COV	O REQUIRE HEALTH BENEFIT PLANS AND THE STATE HE VER HEARING AIDS AND REPLACEMENT HEARING AIDS.	EALTH PLAN
	l Assembly of North Carolina enacts:	معالمة معالمة
	<b>SECTION 1.</b> Article 3 of Chapter 58 of the General Statutes is ameng new section to read:	nded by adding
	. Coverage for hearing aids.	
	Every health benefit plan, including the State Health Plan for Teac	chers and State
	shall provide coverage for one hearing aid per hearing-impaired	-
	ve hundred dollars (\$2,500) per hearing aid every 36 months for cove	
	ge of 22 years subject to subsection (b) of this section. The coverage	
	y necessary hearing aids and services that are ordered by an audiolo	gist licensed in
	overage shall be as follows:	0 1 1
7	1) <u>Initial hearing aids and replacement hearing aids not more f</u>	requently than
(	every 36 months.	
7	2) A new hearing aid when alterations to the existing heari adequately meet the needs of the covered individual.	ing and cannot
(	3) Services, including the initial hearing aid evaluation,	fitting and
7	adjustments, and supplies, including ear molds.	, mung, and
(b) T	The same deductibles, coinsurance, and other limitations as apply to s	similar services
	ler the health benefit plan apply to hearing aids and related service	
	be covered under this section.	<u></u>
_	Nothing in this section prevents an insurer from applying utilization	review criteria
	e medical necessity as defined by G.S. 58-50-61 as long as it does so	
	uirements for utilization review programs and medical necessity	
	that section, including the offering of an insurer appeal proce	
	health benefit plans external review as provided in Part 4 of Article	
58 of the Ge	eneral Statutes."	•
S	<b>SECTION 2.</b> G.S. 135-45.8(13), as amended by Section 2(d) of	f Session Law
2009-16, rea	ads as rewritten:	
"§ 135-45.8.	. General limitations and exclusions.	
The follo	owing shall in no event be considered covered expenses nor will ben	nefits described
in G.S. 135-	45.6 through G.S. 135-45.11 be payable for:	
. (	13) Charges for routine eye examinations, eyeglasses or other co	orrective lenses



(except for cataract lenses certified as medically necessary for aphakia

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

1

2