

GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2009

H

4

HOUSE BILL 589\*  
Committee Substitute Favorable 5/26/09  
Committee Substitute #2 Favorable 6/3/09  
Fourth Edition Engrossed 7/22/09

Short Title: Insurance/Cover Hearing Aids.

(Public)

Sponsors:

Referred to:

March 16, 2009

A BILL TO BE ENTITLED

AN ACT TO REQUIRE HEALTH BENEFIT PLANS AND THE STATE HEALTH PLAN  
TO COVER HEARING AIDS AND REPLACEMENT HEARING AIDS.

The General Assembly of North Carolina enacts:

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

**"§ 58-3-285. Coverage for hearing aids.**

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

- (1) Initial hearing aids and replacement hearing aids not more frequently than every 36 months.
- (2) A new hearing aid when alterations to the existing hearing aid cannot adequately meet the needs of the covered individual.
- (3) Services, including the initial hearing aid evaluation, fitting, and adjustments, and supplies, including ear molds.

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

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

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

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

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

...



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~~, except as authorized under G.S. 58-3-280, hearing aids or  
4           examinations for the prescription or fitting thereof.

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.