

P.L. 2023, CHAPTER 275, *approved January 16, 2024*  
Senate, No. 2535 (*Third Reprint*)

1 AN ACT requiring health benefits coverage for hearing aids and  
2 cochlear implants, amending P.L.2008, c.126 and supplementing  
3 P.L.2007, c.103 (C 52:14-17.46).

4  
5 **BE IT ENACTED** by the Senate and General Assembly of the State  
6 of New Jersey:

7  
8 1. Section 2 of P.L.2008, c.126 (C.17:48-6gg) is amended to  
9 read as follows:

10 2. a. A hospital service corporation contract that provides  
11 hospital and medical expense benefits and is delivered, issued,  
12 executed or renewed in this State pursuant to P.L.1938, c.366  
13 (C.17:48-1 et seq.), or approved for issuance or renewal in this State  
14 by the Commissioner of Banking and Insurance, on or after the  
15 effective date of this act, shall provide coverage for medically  
16 necessary expenses incurred in the purchase of a hearing aid or  
17 cochlear implant for a covered person **[15]** <sup>3</sup>**[21]** years of age or  
18 younger<sup>3</sup>, as provided in this section.

19 b. A hospital service corporation contract shall provide  
20 coverage that includes the purchase of a hearing aid for each ear,  
21 when medically necessary and as prescribed or recommended by a  
22 licensed physician or audiologist. **[A hospital service corporation**  
23 **may limit the benefit provided in this section to \$1,000 per hearing**  
24 **aid for each hearing-impaired ear every 24 months. A covered**  
25 **person may choose a hearing aid that is priced higher than the**  
26 **benefit payable under this section and may pay the difference**  
27 **between the price of the hearing aid and the benefit payable under**  
28 **this section, without financial or contractual penalty to the provider**  
29 **of the hearing aid.]** <sup>1</sup>A hospital service corporation may limit the  
30 benefit provided in this section to <sup>2</sup>**[one]** <sup>3</sup>**[\$2,500 per<sup>2</sup>]** one<sup>3</sup>  
31 hearing aid for each hearing-impaired ear every <sup>2</sup>**[24]** <sup>3</sup>**[60<sup>2</sup>]** 24<sup>3</sup>  
32 months.<sup>1</sup>

33 c. <sup>1</sup>**[(1)]** A hospital service corporation contract shall provide  
34 coverage of the cost of treatment related to cochlear implants.

EXPLANATION – Matter enclosed in bold-faced brackets **[thus]** in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter

Matter enclosed in superscript numerals has been adopted as follows:

<sup>1</sup>Senate SCM committee amendments adopted November 3, 2022.

<sup>2</sup>Assembly AAP committee amendments adopted December 18, 2023.

<sup>3</sup>Senate amendments adopted in accordance with Governor's recommendations January 8, 2024.

1 including procedures for the implantation of cochlear devices and  
 2 costs for any parts, attachments, or accessories of the device <sup>2</sup>,  
 3 including replacement of obsolete external cochlear implant  
 4 processors<sup>2</sup> .

5 <sup>1</sup>[(2) If a contract does not have in its network a provider who  
 6 can provide any part, attachment, or accessory necessary to the  
 7 continued function of a preexisting cochlear implant, the contract  
 8 shall cover the part, attachment, or accessory when purchased from  
 9 and provided by an out-of-network provider, and shall only impose  
 10 cost sharing as if the out-of-network provider were part of the  
 11 provider network.]<sup>1</sup>

12 d. The benefits shall be provided to the same extent as for any  
 13 other condition under the contract.

14 e. This section shall apply to those hospital service corporation  
 15 contracts in which the hospital service corporation has reserved the  
 16 right to change the premium.

17 (cf: P.L.2008, c.126, s.2)

18

19 2. Section 3 of P.L.2008, c.126 (C.17:48A-7dd) is amended to  
 20 read as follows:

21 3. a. A medical service corporation contract that provides  
 22 hospital and medical expense benefits and is delivered, issued,  
 23 executed or renewed in this State pursuant to P.L.1940, c.74  
 24 (C.17:48A-1 et seq.), or approved for issuance or renewal in this  
 25 State by the Commissioner of Banking and Insurance, on or after  
 26 the effective date of this act, shall provide coverage for medically  
 27 necessary expenses incurred in the purchase of a hearing aid or  
 28 cochlear implant for a covered person ~~[15]~~ <sup>3</sup>[21 years of age or  
 29 younger]<sup>3</sup>, as provided in this section.

30 b. A medical service corporation contract shall provide  
 31 coverage that includes the purchase of a hearing aid for each ear,  
 32 when medically necessary and as prescribed or recommended by a  
 33 licensed physician or audiologist. ~~[A medical service corporation~~  
 34 ~~may limit the benefit provided in this section to \$1,000 per hearing~~  
 35 ~~aid for each hearing-impaired ear every 24 months. A covered~~  
 36 ~~person may choose a hearing aid that is priced higher than the~~  
 37 ~~benefit payable under this section and may pay the difference~~  
 38 ~~between the price of the hearing aid and the benefit payable under~~  
 39 ~~this section, without financial or contractual penalty to the provider~~  
 40 ~~of the hearing aid.]~~ <sup>1</sup>A medical service corporation may limit the  
 41 benefit provided in this section to <sup>2</sup>[one] <sup>3</sup>[\$2,500 per<sup>2</sup>] <sup>3</sup>one<sup>3</sup>  
 42 hearing aid for each hearing-impaired ear every <sup>2</sup>[24] <sup>3</sup>[60<sup>2</sup>] <sup>3</sup>24<sup>3</sup>  
 43 months.<sup>1</sup>

44 c. <sup>1</sup>[(1)]<sup>1</sup> A medical service corporation contract shall provide  
 45 coverage of the cost of treatment related to cochlear implants,  
 46 including procedures for the implantation of cochlear devices and

1 costs for any parts, attachments, or accessories of the device <sup>2</sup>,  
 2 including replacement of obsolete external cochlear implant  
 3 processors<sup>2</sup>.

4 <sup>1</sup>[(2) If a contract does not have in its network a provider who  
 5 can provide any part, attachment, or accessory necessary to the  
 6 continued function of a preexisting cochlear implant, the contract  
 7 shall cover the part, attachment, or accessory when purchased from  
 8 and provided by an out-of-network provider, and shall only impose  
 9 cost sharing as if the out-of-network provider were part of the  
 10 provider network.]<sup>1</sup>

11 d. The benefits shall be provided to the same extent as for any  
 12 other condition under the contract.

13 e. This section shall apply to those medical service corporation  
 14 contracts in which the medical service corporation has reserved the  
 15 right to change the premium.

16 (cf: P.L.2008, c.126, s.3)

17

18 3. Section 4 of P.L.2008, c.126 (C.17:48E-35.31) is amended  
 19 to read as follows:

20 4. a. A health service corporation contract that provides  
 21 hospital and medical expense benefits and is delivered, issued,  
 22 executed or renewed in this State pursuant to P.L.1985, c.236  
 23 (C.17:48E-1 et al.), or approved for issuance or renewal in this State  
 24 by the Commissioner of Banking and Insurance, on or after the  
 25 effective date of this act, shall provide coverage for medically  
 26 necessary expenses incurred in the purchase of a hearing aid or  
 27 cochlear implant for a covered person ~~15~~ <sup>3</sup>21 years of age or  
 28 younger<sup>3</sup>, as provided in this section.

29 b. A health service corporation contract shall provide coverage  
 30 that includes the purchase of a hearing aid for each ear, when  
 31 medically necessary and as prescribed or recommended by a  
 32 licensed physician or audiologist. ~~1~~ A health service corporation  
 33 may limit the benefit provided in this section to \$1,000 per hearing  
 34 aid for each hearing-impaired ear every 24 months. A covered  
 35 person may choose a hearing aid that is priced higher than the  
 36 benefit payable under this section and may pay the difference  
 37 between the price of the hearing aid and the benefit payable under  
 38 this section, without financial or contractual penalty to the provider  
 39 of the hearing aid.] <sup>1</sup>A health service corporation may limit the  
 40 benefit provided in this section to <sup>2</sup>one <sup>3</sup>[\$2,500 per<sup>2</sup> one<sup>3</sup>  
 41 hearing aid for each hearing-impaired ear every <sup>2</sup>24 <sup>3</sup>60<sup>2</sup> 24<sup>3</sup>  
 42 months.<sup>1</sup>

43 c. <sup>1</sup>[(1)]<sup>1</sup> A health service corporation contract shall provide  
 44 coverage of the cost of treatment related to cochlear implants,  
 45 including procedures for the implantation of cochlear devices and  
 46 costs for any parts, attachments, or accessories of the device <sup>2</sup>,

1 including replacement of obsolete external cochlear implant  
2 processors<sup>2</sup>.

3 <sup>1</sup>[(2) If a contract does not have in its network a provider who  
4 can provide any part, attachment, or accessory necessary to the  
5 continued function of a preexisting cochlear implant, the contract  
6 shall cover the part, attachment, or accessory when purchased from  
7 and provided by an out-of-network provider, and shall only impose  
8 cost sharing as if the out-of-network provider were part of the  
9 provider network.]<sup>1</sup>

10 d. The benefits shall be provided to the same extent as for any  
11 other condition under the contract.

12 e. This section shall apply to those health service corporation  
13 contracts in which the health service corporation has reserved the  
14 right to change the premium.

15 (cf: P.L.2008, c.126, s.4)

16

17 4. Section 5 of P.L.2008, c.126 (C.17B:26-2.1aa) is amended to  
18 read as follows:

19 5. a. An individual health insurance policy that provides  
20 hospital and medical expense benefits and is delivered, issued,  
21 executed or renewed in this State pursuant to chapter 26 of Title  
22 17B of the New Jersey Statutes, or approved for issuance or renewal  
23 in this State by the Commissioner of Banking and Insurance, on or  
24 after the effective date of this act, shall provide coverage for  
25 medically necessary expenses incurred in the purchase of a hearing  
26 aid or cochlear implant for a covered person ~~15~~<sup>3</sup>[21 years of age  
27 or younger]<sup>3</sup>, as provided in this section.

28 b. A policy shall provide coverage that includes the purchase of  
29 a hearing aid for each ear, when medically necessary and as  
30 prescribed or recommended by a licensed physician or audiologist.  
31 [An insurer may limit the benefit provided in this section to \$1,000  
32 per hearing aid for each hearing-impaired ear every 24 months. A  
33 covered person may choose a hearing aid that is priced higher than  
34 the benefit payable under this section and may pay the difference  
35 between the price of the hearing aid and the benefit payable under  
36 this section, without financial or contractual penalty to the provider  
37 of the hearing aid.]<sup>1</sup>An insurer may limit the benefit provided in  
38 this section to <sup>2</sup>[one] <sup>3</sup>[\$2,500 per<sup>2</sup>] one<sup>3</sup> hearing aid for each  
39 hearing-impaired ear every <sup>2</sup>[24] <sup>3</sup>[60<sup>2</sup>] 24<sup>3</sup> months.<sup>1</sup>

40 c. <sup>1</sup>[(1)]<sup>1</sup> An individual health insurance policy shall provide  
41 coverage of the cost of treatment related to cochlear implants,  
42 including procedures for the implantation of cochlear devices and  
43 costs for any parts, attachments, or accessories of the device <sup>2</sup>,  
44 including replacement of obsolete external cochlear implant  
45 processors<sup>2</sup>.

1 <sup>1</sup>[(2) If a policy does not have in its network a provider who can  
2 provide any part, attachment, or accessory necessary to the  
3 continued function of a preexisting cochlear implant, the policy  
4 shall cover the part, attachment, or accessory when purchased from  
5 and provided by an out-of-network provider, and shall only impose  
6 cost sharing as if the out-of-network provider were part of the  
7 provider network.]<sup>1</sup>

8 d. The benefits shall be provided to the same extent as for any  
9 other condition under the policy.

10 e. This section shall apply to those policies in which the insurer  
11 has reserved the right to change the premium.

12 (cf: P.L.2008, c.126, s.5)

13  
14 5. Section 6 of P.L.2008, c.126 (C.17B:27-46.1gg) is amended  
15 to read as follows:

16 6. a. A group health insurance policy that provides hospital  
17 and medical expense benefits and is delivered, issued, executed or  
18 renewed in this State pursuant to chapter 27 of Title 17B of the New  
19 Jersey Statutes, or approved for issuance or renewal in this State by  
20 the Commissioner of Banking and Insurance, on or after the  
21 effective date of this act, shall provide coverage for medically  
22 necessary expenses incurred in the purchase of a hearing aid or  
23 cochlear implant for a covered person ~~15~~ <sup>3</sup>21 years of age or  
24 younger<sup>3</sup>, as provided in this section.

25 b. A policy shall provide coverage that includes the purchase of  
26 a hearing aid for each ear, when medically necessary and as  
27 prescribed or recommended by a licensed physician or audiologist.  
28 ~~[An insurer may limit the benefit provided in this section to \$1,000~~  
29 ~~per hearing aid for each hearing-impaired ear every 24 months. A~~  
30 ~~covered person may choose a hearing aid that is priced higher than~~  
31 ~~the benefit payable under this section and may pay the difference~~  
32 ~~between the price of the hearing aid and the benefit payable under~~  
33 ~~this section, without financial or contractual penalty to the provider~~  
34 ~~of the hearing aid.]<sup>1</sup> An insurer may limit the benefit provided in  
35 this section to <sup>2</sup>[one] <sup>3</sup>[\$2,500 per<sup>2</sup>] one<sup>3</sup> hearing aid for each  
36 hearing-impaired ear every <sup>2</sup>[24] <sup>3</sup>[60<sup>2</sup>] 24<sup>3</sup> months.<sup>1</sup>~~

37 c. <sup>1</sup>[(1)]<sup>1</sup> A group health insurance policy shall provide  
38 coverage of the cost of treatment related to cochlear implants,  
39 including procedures for the implantation of cochlear devices and  
40 costs for any parts, attachments, or accessories of the device <sup>2</sup>,  
41 including replacement of obsolete external cochlear implant  
42 processors<sup>2</sup>.

43 <sup>1</sup>[(2) If a policy does not have in its network a provider who can  
44 provide any part, attachment, or accessory necessary to the  
45 continued function of a preexisting cochlear implant, the policy  
46 shall cover the part, attachment, or accessory when purchased from

1 and provided by an out-of-network provider, and shall only impose  
 2 cost sharing as if the out-of-network provider were part of the  
 3 provider network.】<sup>1</sup>

4 d. The benefits shall be provided to the same extent as for any  
 5 other condition under the policy.

6 e. This section shall apply to those policies in which the insurer  
 7 has reserved the right to change the premium.

8 (cf: P.L.2008, c.126, s.6)

9

10 6. Section 7 of P.L.2008, c.126 (C.17B:27A-7.14) is amended  
 11 to read as follows:

12 7. a. An individual health benefits plan that provides hospital  
 13 and medical expense benefits and is delivered, issued, executed or  
 14 renewed in this State pursuant to P.L.1992, c.161 (C.17B:27A-2 et  
 15 al.), on or after the effective date of this act, shall provide coverage  
 16 for medically necessary expenses incurred in the purchase of a  
 17 hearing aid or cochlear implant for a covered person ~~【15】~~ <sup>3</sup>~~【21~~  
 18 years of age or younger】<sup>3</sup>, as provided in this section.

19 b. A health benefits plan shall provide coverage that includes  
 20 the purchase of a hearing aid for each ear, when medically  
 21 necessary and as prescribed or recommended by a licensed  
 22 physician or audiologist. ~~【A carrier may limit the benefit provided~~  
 23 ~~in this section to \$1,000 per hearing aid for each hearing-impaired~~  
 24 ~~ear every 24 months. A covered person may choose a hearing aid~~  
 25 ~~that is priced higher than the benefit payable under this section and~~  
 26 ~~may pay the difference between the price of the hearing aid and the~~  
 27 ~~benefit payable under this section, without financial or contractual~~  
 28 ~~penalty to the provider of the hearing aid.】<sup>1</sup>~~ A carrier may limit the  
 29 benefit provided in this section to <sup>2</sup>【one】 <sup>3</sup>【\$2,500 per<sup>2</sup>】 one<sup>3</sup>  
 30 hearing aid for each hearing-impaired ear every <sup>2</sup>【24】 <sup>3</sup>【60<sup>2</sup>】 24<sup>3</sup>  
 31 months.<sup>1</sup>

32 c. <sup>1</sup>~~【(1)】<sup>1</sup>~~ An individual health benefits plan shall provide  
 33 coverage of the cost of treatment related to cochlear implants,  
 34 including procedures for the implantation of cochlear devices and  
 35 costs for any parts, attachments, or accessories of the device <sup>2</sup>,  
 36 including replacement of obsolete external cochlear implant  
 37 processors<sup>2</sup>.

38 <sup>1</sup>~~【(2) If a plan does not have in its network a provider who can~~  
 39 ~~provide any part, attachment, or accessory necessary to the~~  
 40 ~~continued function of a preexisting cochlear implant, the plan shall~~  
 41 ~~cover the part, attachment, or accessory when purchased from and~~  
 42 ~~provided by an out-of-network provider, and shall only impose cost~~  
 43 ~~sharing as if the out-of-network provider were part of the provider~~  
 44 ~~network.】<sup>1</sup>~~

45 d. The benefits shall be provided to the same extent as for any  
 46 other condition under the health benefits plan.

1 e. This section shall apply to those health benefits plans in  
2 which the carrier has reserved the right to change the premium.

3 (cf: P.L.2008, c.126, s.7)

4

5 7. Section 8 of P.L.2008, c.126 (C.17B:27A-19.18) is amended  
6 to read as follows:

7 8. a. A small employer health benefits plan that provides  
8 hospital and medical expense benefits and is delivered, issued,  
9 executed or renewed in this State pursuant to P.L.1992, c.162  
10 (C.17B:27A-17 et seq.), on or after the effective date of this act,  
11 shall provide coverage for medically necessary expenses incurred in  
12 the purchase of a hearing aid or cochlear implant for a covered  
13 person ~~15~~ <sup>3</sup>~~21~~ years of age or younger<sup>3</sup>, as provided in this  
14 section.

15 b. A health benefits plan shall provide coverage that includes  
16 the purchase of a hearing aid for each ear, when medically  
17 necessary and as prescribed or recommended by a licensed  
18 physician or audiologist. ~~A carrier may limit the benefit provided~~  
19 ~~in this section to \$1,000 per hearing aid for each hearing-impaired~~  
20 ~~ear every 24 months. A covered person may choose a hearing aid~~  
21 ~~that is priced higher than the benefit payable under this section and~~  
22 ~~may pay the difference between the price of the hearing aid and the~~  
23 ~~benefit payable under this section, without financial or contractual~~  
24 ~~penalty to the provider of the hearing aid.]~~ <sup>1</sup>A carrier may limit the  
25 benefit provided in this section to <sup>2</sup>~~one~~ <sup>3</sup>~~[\$2,500 per~~ <sup>2</sup>~~one~~<sup>3</sup>  
26 hearing aid for each hearing-impaired ear every <sup>2</sup>~~24~~ <sup>3</sup>~~60~~<sup>2</sup> 24<sup>3</sup>  
27 months.<sup>1</sup>

28 c. <sup>1</sup>~~[(1)]~~ <sup>1</sup>A small employer health benefits plan shall provide  
29 coverage of the cost of treatment related to cochlear implants,  
30 including procedures for the implantation of cochlear devices and  
31 costs for any parts, attachments, or accessories of the device <sup>2</sup>,  
32 including replacement of obsolete external cochlear implant  
33 processors<sup>2</sup>.

34 <sup>1</sup>~~[(2) If a plan does not have in its network a provider who can~~  
35 provide any part, attachment, or accessory necessary to the  
36 continued function of a preexisting cochlear implant, the plan shall  
37 cover the part, attachment, or accessory when purchased from and  
38 provided by an out-of-network provider, and shall only impose cost  
39 sharing as if the out-of-network provider were part of the provider  
40 network.]<sup>1</sup>

41 d. The benefits shall be provided to the same extent as for any  
42 other condition under the health benefits plan.

43 e. This section shall apply to those health benefits plans in  
44 which the carrier has reserved the right to change the premium.

45 (cf: P.L.2008, c.126, s.8)

1 8. Section 9 of P.L.2008, c.126 (C.26:2J-4.32) is amended to  
2 read as follows:

3 9. a. A health maintenance organization contract for health  
4 care services that is delivered, issued, executed or renewed in this  
5 State pursuant to P.L.1973, c.337 (C.26:2J-1 et seq.), or approved  
6 for issuance or renewal in this State by the Commissioner of  
7 Banking and Insurance, on or after the effective date of this act,  
8 shall provide health care services for medically necessary expenses  
9 incurred in the purchase of a hearing aid or cochlear implant for an  
10 enrollee ~~15~~ <sup>3</sup>21 years of age or younger<sup>3</sup>, as provided in this  
11 section.

12 b. The health care services shall include the purchase of a  
13 hearing aid for each ear, when medically necessary and as  
14 prescribed or recommended by a licensed physician or audiologist.  
15 ~~16~~ A health maintenance organization may limit the health care  
16 services provided in this section to \$1,000 per hearing aid for each  
17 hearing-impaired ear every 24 months. An enrollee may choose a  
18 hearing aid that is priced higher than the health care services  
19 payable under this section and may pay the difference between the  
20 price of the hearing aid and the health care services payable under  
21 this section, without financial or contractual penalty to the provider  
22 of the hearing aid.] <sup>1</sup>A health maintenance organization may limit  
23 the health care services provided in this section to <sup>2</sup>one <sup>3</sup>[\$2,500  
24 per<sup>2</sup> one<sup>3</sup> hearing aid for each hearing-impaired ear every <sup>2</sup>24  
25 <sup>3</sup>60<sup>2</sup> 24<sup>3</sup> months.<sup>1</sup>

26 c. <sup>1</sup>[(1)]<sup>1</sup> A health maintenance organization contract shall  
27 provide coverage of the cost of treatment related to cochlear  
28 implants, including procedures for the implantation of cochlear  
29 devices and costs for any parts, attachments, or accessories of the  
30 device <sup>2</sup>, including replacement of obsolete external cochlear  
31 implant processors<sup>2</sup>.

32 <sup>1</sup>[(2) If a contract does not have in its network a provider who  
33 can provide any part, attachment, or accessory necessary to the  
34 continued function of a preexisting cochlear implant, the contract  
35 shall cover the part, attachment, or accessory when purchased from  
36 and provided by an out-of-network provider, and shall only impose  
37 cost sharing as if the out-of-network provider were part of the  
38 provider network.]<sup>1</sup>

39 d. The health care services shall be provided to the same extent  
40 as for any other condition under the contract.

41 e. This section shall apply to those contracts for health care  
42 services under which the right to change the schedule of charges for  
43 enrollee coverage is reserved.

44 (cf: P.L.2008, c.126, s.9)

45

46 9. Section 10 of P.L.2008, c.126 (C.52:14-17.29n) is amended  
47 to read as follows:

1       10. a. The State Health Benefits Commission shall, on or after  
2 the effective date of this act, provide benefits for medically  
3 necessary expenses incurred in the purchase of a hearing aid or  
4 cochlear implant for a covered person ~~15~~ 21 years of age or  
5 younger, as provided in this section.

6       b. The benefits shall include the purchase of a hearing aid for  
7 each ear, when medically necessary and as prescribed or  
8 recommended by a licensed physician or audiologist. ~~9~~ The  
9 commission may limit the benefit provided in this section to \$1,000  
10 per hearing aid for each hearing-impaired ear every 24 months. A  
11 covered person may choose a hearing aid that is priced higher than  
12 the benefit payable under this section and may pay the difference  
13 between the price of the hearing aid and the benefit payable under  
14 this section, without financial or contractual penalty to the provider  
15 of the hearing aid. ~~1~~ The commission may limit the benefit  
16 provided in this section to <sup>2</sup>one \$2,500 per<sup>2</sup> hearing aid for each  
17 hearing-impaired ear every <sup>2</sup>24 <sup>2</sup>60<sup>2</sup> months.<sup>1</sup>

18       c. ~~1~~ (1)<sup>1</sup> The benefits shall provide coverage of the cost of  
19 treatment related to cochlear implants, including procedures for the  
20 implantation of cochlear devices and costs for any parts,  
21 attachments, or accessories of the device <sup>2</sup>, including replacement of  
22 obsolete external cochlear implant processors<sup>2</sup>.

23       ~~1~~ (2) If a contract does not have in its network a provider who  
24 can provide any part, attachment, or accessory necessary to the  
25 continued function of a preexisting cochlear implant, the contract  
26 shall cover the part, attachment, or accessory when purchased from  
27 and provided by an out-of-network provider, and shall only impose  
28 cost sharing as if the out-of-network provider were part of the  
29 provider network.<sup>1</sup>

30 (cf: P.L.2008, c.126, s.10)

31  
32       10. Section 11 of P.L.2008, c.126 (C.30:4J-12.2) is amended to  
33 read as follows:

34       11. a. The Commissioner of Human Services shall ensure that  
35 every contract for health care services under the NJ FamilyCare  
36 Program established pursuant to sections 3 through 5 of P.L.2005,  
37 c.156 (C.30:4J-10 through C.30:4J-12), entered into on or after the  
38 effective date of this act, provides benefits for medically necessary  
39 expenses incurred in the purchase of a hearing aid or cochlear  
40 implant for a covered person ~~15~~ <sup>3</sup>21 years of age or younger<sup>3</sup>,  
41 as provided in this section.

42       b. The benefits shall include the purchase of a hearing aid for  
43 each ear, when medically necessary and as prescribed or  
44 recommended by a licensed physician or audiologist. ~~9~~ The  
45 commissioner may limit the benefit provided in this section to  
46 \$1,000 per hearing aid for each hearing-impaired ear every 24

1 months in any of the NJ FamilyCare Program plans, and may  
 2 provide, when applicable, that a covered person may choose a  
 3 hearing aid that is priced higher than the benefit payable under this  
 4 section and may pay the difference between the price of the hearing  
 5 aid and the benefit payable under this section, without financial or  
 6 contractual penalty to the provider of the hearing aid. <sup>1</sup>The  
 7 commissioner may limit the benefit provided in this section to  
 8 <sup>2</sup>[one] <sup>3</sup>[\$2,500 per<sup>2</sup>] one<sup>3</sup> hearing aid for each hearing-impaired  
 9 ear every <sup>2</sup>[24] <sup>3</sup>[60<sup>2</sup>] 24<sup>3</sup> months.<sup>1</sup>

10 c. <sup>1</sup>[(1)]<sup>1</sup> The benefits shall provide coverage of the cost of  
 11 treatment related to cochlear implants, including procedures for the  
 12 implantation of cochlear devices and costs for any parts,  
 13 attachments, or accessories of the device <sup>2</sup>, including replacement  
 14 of obsolete external cochlear implant processors<sup>2</sup>.

15 <sup>1</sup>[(2) If a contract does not have in its network a provider who  
 16 can provide any part, attachment, or accessory necessary to the  
 17 continued function of a preexisting cochlear implant, the contract  
 18 shall cover the part, attachment, or accessory when purchased from  
 19 and provided by an out-of-network provider, and shall only impose  
 20 cost sharing as if the out-of-network provider were part of the  
 21 provider network.]<sup>1</sup>

22 (cf: P.L.2008, c.126, s.11)

23  
 24 11. (New section) a. The School Employees' Health Benefits  
 25 Commission shall ensure that every contract purchased by the  
 26 commission on or after the effective date of this act provides  
 27 benefits for medically necessary expenses incurred in the purchase  
 28 of a hearing aid or cochlear implant for a covered person as  
 29 provided in this section.

30 b. The benefits shall include the purchase of a hearing aid for  
 31 each ear, when medically necessary and as prescribed or  
 32 recommended by a licensed physician or audiologist. <sup>1</sup>The  
 33 commissioner may limit the benefit provided in this section to <sup>2</sup>[one]  
 34 \$2,500 per<sup>2</sup> hearing aid for each hearing-impaired ear every <sup>2</sup>[24]  
 35 60<sup>2</sup> months.<sup>1</sup>

36 c. <sup>1</sup>[(1)]<sup>1</sup> The benefits shall provide coverage of the cost of  
 37 treatment related to cochlear implants, including procedures for the  
 38 implantation of cochlear devices and costs for any parts,  
 39 attachments, or accessories of the device <sup>2</sup>, including replacement of  
 40 obsolete external cochlear implant processors<sup>2</sup>.

41 <sup>1</sup>[(2) If a contract does not have in its network a provider who  
 42 can provide any part, attachment, or accessory necessary to the  
 43 continued function of a preexisting cochlear implant, the contract  
 44 shall cover the part, attachment, or accessory when purchased from  
 45 and provided by an out-of-network provider, and shall only impose

1 cost sharing as if the out-of-network provider were part of the  
2 provider network.】<sup>1</sup>

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4 12. This act shall take effect on the 90th day next after the date  
5 of enactment.

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10 Requires health benefits coverage of hearing aids and cochlear  
11 implants.