

[Third Reprint]

SENATE, No. 2535

STATE OF NEW JERSEY
220th LEGISLATURE

INTRODUCED MAY 12, 2022

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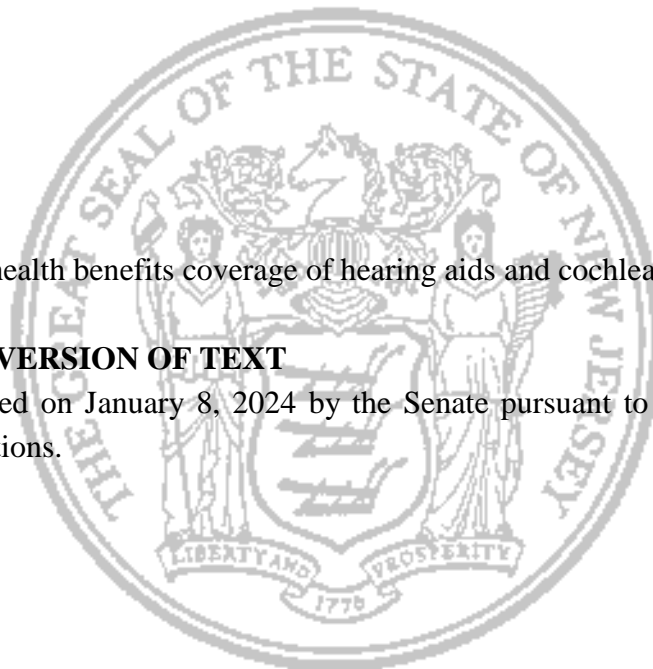
**Senators Diegnan, Bramnick, Ruiz, Greenstein, Assemblyman Caputo,
Assemblywomen Chaparro, Murphy, Lopez, Mosquera and Assemblyman
McKeon**

SYNOPSIS

Requires health benefits coverage of hearing aids and cochlear implants.

CURRENT VERSION OF TEXT

As amended on January 8, 2024 by the Senate pursuant to the Governor's recommendations.



(Sponsorship Updated As Of: 12/21/2023)

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]** ³**[21]** years of age or
 18 younger³, 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.]** ¹A hospital service corporation may limit the
 30 benefit provided in this section to ²**[one]** ³**[\$2,500 per²]** one³
 31 hearing aid for each hearing-impaired ear every ²**[24]** ³**[60²]** 24³
 32 months.¹

33 c. ¹**[(1)]**¹ A hospital service corporation contract shall provide
 34 coverage of the cost of treatment related to cochlear implants,
 35 including procedures for the implantation of cochlear devices and
 36 costs for any parts, attachments, or accessories of the device ²,
 37 including replacement of obsolete external cochlear implant
 38 processors² .

39 ¹**[(2)]** If a contract does not have in its network a provider who
 40 can provide any part, attachment, or accessory necessary to the
 41 continued function of a preexisting cochlear implant, the contract
 42 shall cover the part, attachment, or accessory when purchased from

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:

¹Senate SCM committee amendments adopted November 3, 2022.

²Assembly AAP committee amendments adopted December 18, 2023.

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

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.】¹

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

6 e. This section shall apply to those hospital service corporation
 7 contracts in which the hospital service corporation has reserved the
 8 right to change the premium.

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

10

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

13 3. a. A medical service corporation contract that provides
 14 hospital and medical expense benefits and is delivered, issued,
 15 executed or renewed in this State pursuant to P.L.1940, c.74
 16 (C.17:48A-1 et seq.), or approved for issuance or renewal in this
 17 State by the Commissioner of Banking and Insurance, on or after
 18 the effective date of this act, shall provide coverage for medically
 19 necessary expenses incurred in the purchase of a hearing aid or
 20 cochlear implant for a covered person ~~【15】~~ ³【21 years of age or
 21 younger】³, as provided in this section.

22 b. A medical service corporation contract shall provide
 23 coverage that includes the purchase of a hearing aid for each ear,
 24 when medically necessary and as prescribed or recommended by a
 25 licensed physician or audiologist. ~~【A medical service corporation~~
 26 ~~may limit the benefit provided in this section to \$1,000 per hearing~~
 27 ~~aid for each hearing-impaired ear every 24 months. A covered~~
 28 ~~person may choose a hearing aid that is priced higher than the~~
 29 ~~benefit payable under this section and may pay the difference~~
 30 ~~between the price of the hearing aid and the benefit payable under~~
 31 ~~this section, without financial or contractual penalty to the provider~~
 32 ~~of the hearing aid.】~~ ¹A medical service corporation may limit the
 33 benefit provided in this section to ~~2~~²【one】 ~~3~~³【\$2,500 per²
 34 hearing aid for each hearing-impaired ear every ~~2~~²【24】 ~~3~~³【60】 ~~24~~³
 35 months.¹

36 c. ¹~~【(1)】~~¹ A medical service corporation contract shall provide
 37 coverage of the cost of treatment related to cochlear implants,
 38 including procedures for the implantation of cochlear devices and
 39 costs for any parts, attachments, or accessories of the device ²,
 40 including replacement of obsolete external cochlear implant
 41 processors².

42 ¹~~【(2)】~~¹ If a contract does not have in its network a provider who
 43 can provide any part, attachment, or accessory necessary to the
 44 continued function of a preexisting cochlear implant, the contract
 45 shall cover the part, attachment, or accessory when purchased from
 46 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.】¹

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

5 e. This section shall apply to those medical service corporation
 6 contracts in which the medical service corporation has reserved the
 7 right to change the premium.

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

9

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

12 4. a. A health service corporation contract that provides
 13 hospital and medical expense benefits and is delivered, issued,
 14 executed or renewed in this State pursuant to P.L.1985, c.236
 15 (C.17:48E-1 et al.), or approved for issuance or renewal in this State
 16 by the Commissioner of Banking and Insurance, on or after the
 17 effective date of this act, shall provide coverage for medically
 18 necessary expenses incurred in the purchase of a hearing aid or
 19 cochlear implant for a covered person **【15】** ³**【21** years of age or
 20 younger**】**³, as provided in this section.

21 b. A health service corporation contract shall provide coverage
 22 that includes the purchase of a hearing aid for each ear, when
 23 medically necessary and as prescribed or recommended by a
 24 licensed physician or audiologist. **【A health service corporation**
 25 **may limit the benefit provided in this section to \$1,000 per hearing**
 26 **aid for each hearing-impaired ear every 24 months. A covered**
 27 **person may choose a hearing aid that is priced higher than the**
 28 **benefit payable under this section and may pay the difference**
 29 **between the price of the hearing aid and the benefit payable under**
 30 **this section, without financial or contractual penalty to the provider**
 31 **of the hearing aid.】** ¹A health service corporation may limit the
 32 benefit provided in this section to ²**【one】** ³**【\$2,500 per²】** one³
 33 hearing aid for each hearing-impaired ear every ²**【24】** ³**【60²】** 24³
 34 months.¹

35 c. ¹**【(1)】**¹ A health service corporation contract shall provide
 36 coverage of the cost of treatment related to cochlear implants,
 37 including procedures for the implantation of cochlear devices and
 38 costs for any parts, attachments, or accessories of the device ²,
 39 including replacement of obsolete external cochlear implant
 40 processors².

41 ¹**【(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
 46 cost sharing as if the out-of-network provider were part of the
 47 provider network.】¹

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

3 e. This section shall apply to those health service corporation
4 contracts in which the health service corporation has reserved the
5 right to change the premium.

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

7

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

10 5. a. An individual health insurance policy that provides
11 hospital and medical expense benefits and is delivered, issued,
12 executed or renewed in this State pursuant to chapter 26 of Title
13 17B of the New Jersey Statutes, or approved for issuance or renewal
14 in this State by the Commissioner of Banking and Insurance, on or
15 after the effective date of this act, shall provide coverage for
16 medically necessary expenses incurred in the purchase of a hearing
17 aid or cochlear implant for a covered person ~~15~~³ ~~21~~ years of age
18 or younger³, as provided in this section.

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

31 c. ¹ ~~(1)~~¹ An individual health insurance policy shall provide
32 coverage of the cost of treatment related to cochlear implants,
33 including procedures for the implantation of cochlear devices and
34 costs for any parts, attachments, or accessories of the device ²,
35 including replacement of obsolete external cochlear implant
36 processors².

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

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

46 e. This section shall apply to those policies in which the insurer

1 has reserved the right to change the premium.
2 (cf: P.L.2008, c.126, s.5)

3
4 5. Section 6 of P.L.2008, c.126 (C.17B:27-46.1gg) is amended
5 to read as follows:

6 6. a. A group health insurance policy that provides hospital
7 and medical expense benefits and is delivered, issued, executed or
8 renewed in this State pursuant to chapter 27 of Title 17B of the New
9 Jersey Statutes, or approved for issuance or renewal in this State by
10 the Commissioner of Banking and Insurance, on or after the
11 effective date of this act, shall provide coverage for medically
12 necessary expenses incurred in the purchase of a hearing aid or
13 cochlear implant for a covered person ~~15~~³~~21~~ years of age or
14 younger³, as provided in this section.

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

27 c. ~~1~~~~(1)~~¹ A group health insurance policy shall provide
28 coverage of the cost of treatment related to cochlear implants,
29 including procedures for the implantation of cochlear devices and
30 costs for any parts, attachments, or accessories of the device ²,
31 including replacement of obsolete external cochlear implant
32 processors².

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

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

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

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

45
46 6. Section 7 of P.L.2008, c.126 (C.17B:27A-7.14) is amended
47 to read as follows:

1 7. a. An individual health benefits plan that provides hospital
 2 and medical expense benefits and is delivered, issued, executed or
 3 renewed in this State pursuant to P.L.1992, c.161 (C.17B:27A-2 et
 4 al.), on or after the effective date of this act, shall provide coverage
 5 for medically necessary expenses incurred in the purchase of a
 6 hearing aid or cochlear implant for a covered person ~~15~~ ³~~21~~
 7 years of age or younger³, as provided in this section.

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

21 c. ¹~~[(1)]~~¹ An individual health benefits plan shall provide
 22 coverage of the cost of treatment related to cochlear implants,
 23 including procedures for the implantation of cochlear devices and
 24 costs for any parts, attachments, or accessories of the device ²,
 25 including replacement of obsolete external cochlear implant
 26 processors².

27 ¹~~[(2)]~~¹ If a plan does not have in its network a provider who can
 28 provide any part, attachment, or accessory necessary to the
 29 continued function of a preexisting cochlear implant, the plan shall
 30 cover the part, attachment, or accessory when purchased from and
 31 provided by an out-of-network provider, and shall only impose cost
 32 sharing as if the out-of-network provider were part of the provider
 33 network.]¹

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

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

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

39

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

42 8. a. A small employer health benefits plan that provides
 43 hospital and medical expense benefits and is delivered, issued,
 44 executed or renewed in this State pursuant to P.L.1992, c.162
 45 (C.17B:27A-17 et seq.), on or after the effective date of this act,
 46 shall provide coverage for medically necessary expenses incurred in
 47 the purchase of a hearing aid or cochlear implant for a covered

1 person ~~15~~³21 years of age or younger³, as provided in this
2 section.

3 b. A health benefits plan shall provide coverage that includes
4 the purchase of a hearing aid for each ear, when medically
5 necessary and as prescribed or recommended by a licensed
6 physician or audiologist. ~~1~~ A carrier may limit the benefit provided
7 in this section to \$1,000 per hearing aid for each hearing-impaired
8 ear every 24 months. A covered person may choose a hearing aid
9 that is priced higher than the benefit payable under this section and
10 may pay the difference between the price of the hearing aid and the
11 benefit payable under this section, without financial or contractual
12 penalty to the provider of the hearing aid. ¹A carrier may limit the
13 benefit provided in this section to ~~one~~² \$2,500 per² one³
14 hearing aid for each hearing-impaired ear every ~~24~~² 60² 24³
15 months.¹

16 c. ¹~~1~~¹ A small employer health benefits plan shall provide
17 coverage of the cost of treatment related to cochlear implants,
18 including procedures for the implantation of cochlear devices and
19 costs for any parts, attachments, or accessories of the device ²,
20 including replacement of obsolete external cochlear implant
21 processors².

22 ¹~~2~~¹ If a plan does not have in its network a provider who can
23 provide any part, attachment, or accessory necessary to the
24 continued function of a preexisting cochlear implant, the plan shall
25 cover the part, attachment, or accessory when purchased from and
26 provided by an out-of-network provider, and shall only impose cost
27 sharing as if the out-of-network provider were part of the provider
28 network.¹

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

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

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

34

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

37 9. a. A health maintenance organization contract for health
38 care services that is delivered, issued, executed or renewed in this
39 State pursuant to P.L.1973, c.337 (C.26:2J-1 et seq.), or approved
40 for issuance or renewal in this State by the Commissioner of
41 Banking and Insurance, on or after the effective date of this act,
42 shall provide health care services for medically necessary expenses
43 incurred in the purchase of a hearing aid or cochlear implant for an
44 enrollee ~~15~~³21 years of age or younger³, as provided in this
45 section.

46 b. The health care services shall include the purchase of a
47 hearing aid for each ear, when medically necessary and as

1 prescribed or recommended by a licensed physician or audiologist.
 2 ~~【A health maintenance organization may limit the health care~~
 3 ~~services provided in this section to \$1,000 per hearing aid for each~~
 4 ~~hearing-impaired ear every 24 months. An enrollee may choose a~~
 5 ~~hearing aid that is priced higher than the health care services~~
 6 ~~payable under this section and may pay the difference between the~~
 7 ~~price of the hearing aid and the health care services payable under~~
 8 ~~this section, without financial or contractual penalty to the provider~~
 9 ~~of the hearing aid.】¹A health maintenance organization may limit~~
 10 ~~the health care services provided in this section to ²【one】³【\$2,500~~
 11 ~~per²】 one³ hearing aid for each hearing-impaired ear every ²【24】~~
 12 ~~³【60²】 24³ months.¹~~

13 c. ¹【(1)】¹ A health maintenance organization contract shall
 14 provide coverage of the cost of treatment related to cochlear
 15 implants, including procedures for the implantation of cochlear
 16 devices and costs for any parts, attachments, or accessories of the
 17 device ², including replacement of obsolete external cochlear
 18 implant processors².

19 ¹【(2) If a contract does not have in its network a provider who
 20 can provide any part, attachment, or accessory necessary to the
 21 continued function of a preexisting cochlear implant, the contract
 22 shall cover the part, attachment, or accessory when purchased from
 23 and provided by an out-of-network provider, and shall only impose
 24 cost sharing as if the out-of-network provider were part of the
 25 provider network.】¹

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

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

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

32

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

35 10. a. The State Health Benefits Commission shall, on or after
 36 the effective date of this act, provide benefits for medically
 37 necessary expenses incurred in the purchase of a hearing aid or
 38 cochlear implant for a covered person ~~【15】~~ 21 years of age or
 39 younger, as provided in this section.

40 b. The benefits shall include the purchase of a hearing aid for
 41 each ear, when medically necessary and as prescribed or
 42 recommended by a licensed physician or audiologist. ~~【The~~
 43 ~~commission may limit the benefit provided in this section to \$1,000~~
 44 ~~per hearing aid for each hearing-impaired ear every 24 months. A~~
 45 ~~covered person may choose a hearing aid that is priced higher than~~
 46 ~~the benefit payable under this section and may pay the difference~~
 47 ~~between the price of the hearing aid and the benefit payable under~~

1 this section, without financial or contractual penalty to the provider
2 of the hearing aid.] ¹The commission may limit the benefit
3 provided in this section to ²[one] \$2,500 per² hearing aid for each
4 hearing-impaired ear every ²[24] 60² months.¹

5 c. ¹[(1)]¹ The benefits shall provide coverage of the cost of
6 treatment related to cochlear implants, including procedures for the
7 implantation of cochlear devices and costs for any parts,
8 attachments, or accessories of the device ², including replacement of
9 obsolete external cochlear implant processors².

10 ¹[(2)] If a contract does not have in its network a provider who
11 can provide any part, attachment, or accessory necessary to the
12 continued function of a preexisting cochlear implant, the contract
13 shall cover the part, attachment, or accessory when purchased from
14 and provided by an out-of-network provider, and shall only impose
15 cost sharing as if the out-of-network provider were part of the
16 provider network.]¹

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

18

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

21 11. a. The Commissioner of Human Services shall ensure that
22 every contract for health care services under the NJ FamilyCare
23 Program established pursuant to sections 3 through 5 of P.L.2005,
24 c.156 (C.30:4J-10 through C.30:4J-12), entered into on or after the
25 effective date of this act, provides benefits for medically necessary
26 expenses incurred in the purchase of a hearing aid or cochlear
27 implant for a covered person [15] ³[21 years of age or younger]³,
28 as provided in this section.

29 b. The benefits shall include the purchase of a hearing aid for
30 each ear, when medically necessary and as prescribed or
31 recommended by a licensed physician or audiologist. [The
32 commissioner may limit the benefit provided in this section to
33 \$1,000 per hearing aid for each hearing-impaired ear every 24
34 months in any of the NJ FamilyCare Program plans, and may
35 provide, when applicable, that a covered person may choose a
36 hearing aid that is priced higher than the benefit payable under this
37 section and may pay the difference between the price of the hearing
38 aid and the benefit payable under this section, without financial or
39 contractual penalty to the provider of the hearing aid.] ¹The
40 commissioner may limit the benefit provided in this section to
41 ²[one] ³[\$2,500 per²] one³ hearing aid for each hearing-impaired
42 ear every ²[24] ³[60²] 24³ months.¹

43 c. ¹[(1)]¹ The benefits shall provide coverage of the cost of
44 treatment related to cochlear implants, including procedures for the
45 implantation of cochlear devices and costs for any parts,

1 attachments, or accessories of the device ², including replacement
2 of obsolete external cochlear implant processors².

3 ¹[(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.]¹

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

11

12 11. (New section) a. The School Employees' Health Benefits
13 Commission shall ensure that every contract purchased by the
14 commission on or after the effective date of this act provides
15 benefits for medically necessary expenses incurred in the purchase
16 of a hearing aid or cochlear implant for a covered person as
17 provided in this section.

18 b. The benefits shall include the purchase of a hearing aid for
19 each ear, when medically necessary and as prescribed or
20 recommended by a licensed physician or audiologist. ¹The
21 commission may limit the benefit provided in this section to ²[one]
22 \$2,500 per² hearing aid for each hearing-impaired ear every ²[24]
23 60² months.¹

24 c. ¹[(1)]¹ The benefits shall provide coverage of the cost of
25 treatment related to cochlear implants, including procedures for the
26 implantation of cochlear devices and costs for any parts,
27 attachments, or accessories of the device ², including replacement of
28 obsolete external cochlear implant processors².

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

36

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