H. R. 477

To amend the Public Health Service Act, the Employee Retirement Income Security Act of 1974, the Internal Revenue Code of 1986, and the Patient Protection and Affordable Care Act to require coverage of hearing devices and systems in certain private health insurance plans, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

January 25, 2021

Mr. Neguse (for himself, Mr. McKinley, and Mr. Thompson of California) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Education and Labor, and Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend the Public Health Service Act, the Employee Retirement Income Security Act of 1974, the Internal Revenue Code of 1986, and the Patient Protection and Affordable Care Act to require coverage of hearing devices and systems in certain private health insurance plans, and for other purposes.

- 1 Be it enacted by the Senate and House of Representa-
- 2 tives of the United States of America in Congress assembled,
- 3 SECTION 1. SHORT TITLE.
- This Act may be cited as "Ally's Act".

1	SEC. 2. COVERAGE OF HEARING DEVICES AND SYSTEMS IN
2	CERTAIN PRIVATE HEALTH INSURANCE
3	PLANS.
4	(a) PHSA.—Part A of the Public Health Service Act
5	(42 U.S.C. 300gg et seq.) is amended by inserting after
6	section 2713 the following new section:
7	"SEC. 2713A. COVERAGE OF HEARING DEVICES AND SYS-
8	TEMS.
9	"(a) In General.—Beginning with plan years begin-
10	ning on or after January 1, 2022, a group health plan
11	and a health insurance issuer offering group or individual
12	health insurance coverage shall, at a minimum provide
13	coverage for and may impose cost-sharing requirements
14	in accordance with subsection (b) for an individual that
15	a physician (as defined in section 1861(r) of the Social
16	Security Act) or qualified audiologist (as defined in section
17	1861(ll)(4)(B) of such Act) determines meets an indica-
18	tion (including unilateral or bilateral hearing loss) for an
19	auditory device as approved by the Food and Drug Admin-
20	istration for—
21	"(1) auditory implant devices (including audi-
22	tory osseointegrated (bone conduction) implants and
23	cochlear implants) and external sound processors;
24	"(2) the maintenance of auditory implant de-
25	vices and external sound processors described in
26	paragraph (1);

1	"(3) every 5 years, the upgrade (or replacement
2	if an upgrade is not available) of auditory implant
3	devices and external sound processors described in
4	paragraph (1);
5	"(4) adhesive adapters and softband headbands;
6	"(5) the repair of auditory implant devices and
7	external sound processors described in paragraph
8	(1);
9	"(6) a comprehensive hearing assessment;
10	"(7) a preoperative medical assessment;
11	"(8) surgery (as appropriate);
12	"(9) postoperative medical appointments for
13	purposes of ensuring appropriate recovery from sur-
14	gery;
15	"(10) postoperative audiological appointments
16	for activation and fitting of the implant device and
17	external sound processor; and
18	"(11) aural rehabilitation and treatment serv-
19	ices (as appropriate).
20	"(b) Cost-Sharing.—Beginning with plan years be-
21	ginning on or after January 1, 2022, the cost-sharing in-
22	curred under a plan or coverage described in subsection
23	(a)—
24	"(1) for an auditory implant device and exter-
25	nal sound processors under this section, shall not ex-

- ceed a dollar amount that is the highest cost-sharing requirement for the amount of the charges imposed for such device that is provided by a physician or qualified audiologist that has a contractual relationship with such plan or coverage for the providing of such device;
 - "(2) for an item or service under this section, shall not exceed a dollar amount that is imposed for similar items and services under that plan that are provided by a physician or qualified audiologist; and
 - "(3) that has a contractual relationship with such plan or coverage for the providing of such items and services.".

14 (b) ERISA.—

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15 (1) IN GENERAL.—Subpart B of part 7 of sub-16 title B of title I of the Employee Retirement Income 17 Security Act of 1974 (29 U.S.C. 1185 et seq.) by 18 adding at the end the following new section:

19 "SEC. 726. COVERAGE OF HEARING DEVICES AND SYSTEMS.

"(a) IN GENERAL.—Beginning with plan years beginning on or after January 1, 2022, a group health plan and a health insurance issuer offering group or health insurance coverage shall, at a minimum provide coverage for and may impose cost-sharing requirements in accordance with subsection (b) for an individual that a physician (as

defined in section 1861(r) of the Social Security Act) or 2 qualified audiologist (as defined in section 1861(ll)(4)(B) of such Act) determines meets an indication (including 3 4 unilateral or bilateral hearing loss) for an auditory device 5 as approved by the Food and Drug Administration for— 6 "(1) auditory implant devices (including audi-7 tory osseointegrated (bone conduction) implants and 8 cochlear implants) and external sound processors; 9 "(2) the maintenance of auditory implant de-10 vices and external sound processors described in 11 paragraph (1); "(3) every 5 years, the upgrade (or replacement 12 13 if an upgrade is not available) of auditory implant 14 devices and external sound processors described in 15 paragraph (1); "(4) adhesive adapters and softband headbands; 16 17 "(5) the repair of auditory implant devices and 18 external sound processors described in paragraph 19 (1);20 "(6) a comprehensive hearing assessment; "(7) a preoperative medical assessment; 21 22 "(8) surgery (as appropriate); "(9) postoperative medical appointments for 23 24 purposes of ensuring appropriate recovery from sur-25 gery;

1	"(10) postoperative audiological appointments
2	for activation and fitting of the implant device and
3	external sound processor; and
4	"(11) aural rehabilitation and treatment serv-
5	ices (as appropriate).
6	"(b) Cost-Sharing.—Beginning with plan years be-
7	ginning on or after January 1, 2022, the cost-sharing in-
8	curred under a plan or coverage described in subsection
9	(a)—
10	"(1) for an auditory implant device and exter-
11	nal sound processors under this section, shall not ex-
12	ceed a dollar amount that is the highest cost-sharing
13	requirement for the amount of the charges imposed
14	for such device that is provided by a physician or
15	qualified audiologist that has a contractual relation-
16	ship with such plan or coverage for the providing of
17	such device;
18	"(2) for an item or service under this section
19	shall not exceed a dollar amount that is imposed for
20	similar items and services under that plan that are
21	provided by a physician or qualified audiologist; and
22	"(3) that has a contractual relationship with
23	such plan or coverage for the providing of such

items and services.".

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1	(2) CLERICAL AMENDMENT.—The table of con-
2	tents in section 1 of the Employee Retirement In-
3	come Security Act of 1974 (29 U.S.C. 1001 et seq.)
4	is amended by inserting after the item relating to
5	section 725 the following new item:
	"Sec. 726. Coverage of hearing devices and systems.".
6	(e) IRC.—
7	(1) In General.—Subchapter B of chapter
8	100 of the Internal Revenue Code of 1986, is
9	amended by adding at the end the following new sec-
10	tion:
11	"SEC. 9286. COVERAGE OF HEARING DEVICES AND SYS-
12	TEMS.
13	"(a) In General.—Beginning with plan years begin-
13 14	"(a) IN GENERAL.—Beginning with plan years beginning on or after January 1, 2022, a group health plan
14	ning on or after January 1, 2022, a group health plan
14 15 16	ning on or after January 1, 2022, a group health plan shall, at a minimum provide coverage for and may impose
14 15 16	ning on or after January 1, 2022, a group health plan shall, at a minimum provide coverage for and may impose cost-sharing requirements in accordance with subsection
14 15 16 17	ning on or after January 1, 2022, a group health plan shall, at a minimum provide coverage for and may impose cost-sharing requirements in accordance with subsection (b) for an individual that a physician (as defined in section
14 15 16 17	ning on or after January 1, 2022, a group health plan shall, at a minimum provide coverage for and may impose cost-sharing requirements in accordance with subsection (b) for an individual that a physician (as defined in section 1861(r) of the Social Security Act) or qualified audiologist
14 15 16 17 18	ning on or after January 1, 2022, a group health plan shall, at a minimum provide coverage for and may impose cost-sharing requirements in accordance with subsection (b) for an individual that a physician (as defined in section 1861(r) of the Social Security Act) or qualified audiologist (as defined in section 1861(ll)(4)(B) of such Act) deter-
14 15 16 17 18 19 20	ning on or after January 1, 2022, a group health plan shall, at a minimum provide coverage for and may impose cost-sharing requirements in accordance with subsection (b) for an individual that a physician (as defined in section 1861(r) of the Social Security Act) or qualified audiologist (as defined in section 1861(ll)(4)(B) of such Act) determines meets an indication (including unilateral or bilateral
14 15 16 17 18 19 20	ning on or after January 1, 2022, a group health plan shall, at a minimum provide coverage for and may impose cost-sharing requirements in accordance with subsection (b) for an individual that a physician (as defined in section 1861(r) of the Social Security Act) or qualified audiologist (as defined in section 1861(ll)(4)(B) of such Act) determines meets an indication (including unilateral or bilateral hearing loss) for an auditory device as approved by the
14 15 16 17 18 19 20 21	ning on or after January 1, 2022, a group health plan shall, at a minimum provide coverage for and may impose cost-sharing requirements in accordance with subsection (b) for an individual that a physician (as defined in section 1861(r) of the Social Security Act) or qualified audiologist (as defined in section 1861(ll)(4)(B) of such Act) determines meets an indication (including unilateral or bilateral hearing loss) for an auditory device as approved by the Food and Drug Administration for—

1	"(2) the maintenance of auditory implant de-
2	vices and external sound processors described in
3	paragraph (1);
4	"(3) every 5 years, the upgrade (or replacement
5	if an upgrade is not available) of auditory implant
6	devices and external sound processors described in
7	paragraph (1);
8	"(4) adhesive adapters and softband headbands;
9	"(5) the repair of auditory implant devices and
10	external sound processors described in paragraph
11	(1);
12	"(6) a comprehensive hearing assessment;
13	"(7) a preoperative medical assessment;
14	"(8) surgery (as appropriate);
15	"(9) postoperative medical appointments for
16	purposes of ensuring appropriate recovery from sur-
17	gery;
18	"(10) postoperative audiological appointments
19	for activation and fitting of the implant device and
20	external sound processor; and
21	"(11) aural rehabilitation and treatment serv-
22	ices (as appropriate).
23	"(b) Cost-Sharing.—Beginning with plan years be-
24	ginning on or after January 1, 2022, the cost-sharing in-
25	curred under a plan described in subsection (a)—

- "(1) for an auditory implant device and external sound processors under this section, shall not exceed a dollar amount that is the highest cost-sharing
 requirement for the amount of the charges imposed
 for such device that is provided by a physician or
 qualified audiologist that has a contractual relationship with such plan for the providing of such device;
 - "(2) for an item or service under this section, shall not exceed a dollar amount that is imposed for similar items and services under that plan that are provided by a physician or qualified audiologist; and
 - "(3) that has a contractual relationship with such plan for the providing of such items and services.".
 - (2) CLERICAL AMENDMENT.—The table of sections for subchapter B of chapter 100 of the Internal Revenue Code of 1986 is amended by inserting after the item relating to section 9825 the following new item:

"Sec. 9286. Coverage of hearing devices and systems.".

20 (d) APPLICATION TO GRANDFATHERED HEALTH
21 PLANS.—Section 1251(a)(4)(A) of the Patient Protection
22 and Affordable Care Act (42 U.S.C. 18011(a)(4)(A)) is
23 amended—

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1	(1) by striking "title" and inserting "title, or as
2	added after the date of the enactment of this Act)";
3	and
4	(2) by adding at the end the following new
5	clause:
6	"(v) Section 2713A (relating to hear-
7	ing devices and systems).".
8	(3) Effective date.—The amendments made
9	by this subsection shall apply with respect to plan
10	years beginning on or after January 1, 2022.