

AMENDED IN ASSEMBLY MARCH 9, 2016

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

**ASSEMBLY BILL**

**No. 2004**

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**Introduced by Assembly Member Bloom**

February 16, 2016

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An act to add Section 1367.72 to the Health and Safety Code, and to add Section 10123.72 to the Insurance Code, relating to health care coverage.

LEGISLATIVE COUNSEL'S DIGEST

AB 2004, as amended, Bloom. Hearing aids: minors.

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires health care service plan contracts and health insurance policies to provide coverage for specified benefits.

This bill would require a health care service plan contract or a health insurance policy issued, amended, or renewed on or after January 1, 2017, to include coverage for hearing aids for an enrollee or insured under 18 years of age, as specified. Because a willful violation of these requirements by a health care service plan would be a crime, this bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: yes.

*The people of the State of California do enact as follows:*

1 SECTION 1. Section 1367.72 is added to the Health and Safety  
2 Code, to read:

3 1367.72. (a) (1) A health care service plan contract issued,  
4 amended, or renewed on or after January 1, 2017, shall include  
5 coverage for hearing aids for all enrollees under 18 years of age  
6 when medically necessary.

7 (2) Coverage for hearing aids includes an initial assessment,  
8 new hearing aids at least every five years, *new ear molds*, new  
9 hearing aids if alterations to the existing hearing aids cannot meet  
10 the needs of the child, a new hearing aid if the existing one is no  
11 longer working, fittings, adjustments, auditory training, and  
12 maintenance of the hearing aids.

13 (b) For purposes of this section, “hearing aid” means ~~any~~  
14 ~~nonexperimental, wearable instrument or device designed for the~~  
15 ~~ear and offered for the purpose of aiding or compensating for~~  
16 ~~impaired human hearing, but excluding batteries and cords. *an*~~  
17 ~~*electronic device usually worn in or behind the ear of a deaf and*~~  
18 ~~*hard of hearing person for the purpose of amplifying sound.*~~

19 (c) This section shall not apply to Medicare supplement,  
20 dental-only, or vision-only health care service plan contracts.

21 SEC. 2. Section 10123.72 is added to the Insurance Code, to  
22 read:

23 10123.72. (a) (1) A health insurance policy issued, amended,  
24 or renewed on or after January 1, 2017, shall include coverage for  
25 hearing aids for all insureds under 18 years of age when medically  
26 necessary.

27 (2) Coverage for hearing aids includes an initial assessment,  
28 new hearing aids at least every five years, *new ear molds*, new  
29 hearing aids if alterations to the existing hearing aids cannot meet  
30 the needs of the child, a new hearing aid if the existing one is no  
31 longer working, fittings, adjustments, auditory training, and  
32 maintenance of the hearing aids.

33 (b) For purposes of this section, “hearing aid” means ~~any~~  
34 ~~nonexperimental, wearable instrument or device designed for the~~  
35 ~~ear and offered for the purpose of aiding or compensating for~~

1 ~~impaired human hearing, but excluding batteries and cords. an~~  
2 ~~electronic device usually worn in or behind the ear of a deaf and~~  
3 ~~hard of hearing person for the purpose of amplifying sound.~~

4 (c) This section shall not apply to accident-only, specified  
5 disease, hospital indemnity, Medicare supplement, dental-only, or  
6 vision-only health insurance policies.

7 SEC. 3. No reimbursement is required by this act pursuant to  
8 Section 6 of Article XIII B of the California Constitution because  
9 the only costs that may be incurred by a local agency or school  
10 district will be incurred because this act creates a new crime or  
11 infraction, eliminates a crime or infraction, or changes the penalty  
12 for a crime or infraction, within the meaning of Section 17556 of  
13 the Government Code, or changes the definition of a crime within  
14 the meaning of Section 6 of Article XIII B of the California  
15 Constitution.