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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. ~~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 ~~one~~ <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 ~~24~~ <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 ~~2~~<sup>2</sup>[one] ~~3~~<sup>3</sup>[\$2,500 per<sup>2</sup>] one<sup>3</sup> hearing aid for each  
 39 hearing-impaired ear every ~~2~~<sup>2</sup>[24] ~~3~~<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~~ ~~17~~ ~~18~~ ~~19~~ ~~20~~ ~~21~~ ~~22~~ ~~23~~ ~~24~~ ~~25~~ ~~26~~ ~~27~~ ~~28~~ ~~29~~ ~~30~~ ~~31~~ ~~32~~ ~~33~~ ~~34~~ ~~35~~ ~~36~~ ~~37~~ ~~38~~ ~~39~~ ~~40~~ ~~41~~ ~~42~~ ~~43~~ ~~44~~ ~~45~~ ~~46~~ ~~47~~ ~~48~~ ~~49~~ ~~50~~ ~~51~~ ~~52~~ ~~53~~ ~~54~~ ~~55~~ ~~56~~ ~~57~~ ~~58~~ ~~59~~ ~~60~~ ~~61~~ ~~62~~ ~~63~~ ~~64~~ ~~65~~ ~~66~~ ~~67~~ ~~68~~ ~~69~~ ~~70~~ ~~71~~ ~~72~~ ~~73~~ ~~74~~ ~~75~~ ~~76~~ ~~77~~ ~~78~~ ~~79~~ ~~80~~ ~~81~~ ~~82~~ ~~83~~ ~~84~~ ~~85~~ ~~86~~ ~~87~~ ~~88~~ ~~89~~ ~~90~~ ~~91~~ ~~92~~ ~~93~~ ~~94~~ ~~95~~ ~~96~~ ~~97~~ ~~98~~ ~~99~~ ~~100~~ ~~101~~ ~~102~~ ~~103~~ ~~104~~ ~~105~~ ~~106~~ ~~107~~ ~~108~~ ~~109~~ ~~110~~ ~~111~~ ~~112~~ ~~113~~ ~~114~~ ~~115~~ ~~116~~ ~~117~~ ~~118~~ ~~119~~ ~~120~~ ~~121~~ ~~122~~ ~~123~~ ~~124~~ ~~125~~ ~~126~~ ~~127~~ ~~128~~ ~~129~~ ~~130~~ ~~131~~ ~~132~~ ~~133~~ ~~134~~ ~~135~~ ~~136~~ ~~137~~ ~~138~~ ~~139~~ ~~140~~ ~~141~~ ~~142~~ ~~143~~ ~~144~~ ~~145~~ ~~146~~ ~~147~~ ~~148~~ ~~149~~ ~~150~~ 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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. ~~1~~ **1** 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~~ **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~~ 60<sup>2</sup> months.<sup>1</sup>

18        c. ~~1~~ **1** 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~~ **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~~ **3** 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. ~~1~~ **1** 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 commission 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>

3

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

6

7

8

\_\_\_\_\_

9

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

**SENATE, No. 2535**

**STATE OF NEW JERSEY**  
**220th LEGISLATURE**

INTRODUCED MAY 12, 2022

**Sponsored by:**

**Senator VINCENT J. POLISTINA**  
**District 2 (Atlantic)**

**Co-Sponsored by:**

**Senators Diegnan and Bramnick**

**SYNOPSIS**

Requires health benefits coverage of hearing aids and cochlear implants for insureds aged 21 or younger.

**CURRENT VERSION OF TEXT**

As introduced.



**(Sponsorship Updated As Of: 10/31/2022)**

S2535 POLISTINA

2

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]** 21 years of age or  
18 younger, 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.]**

30 c. (1) A hospital service corporation contract shall provide  
31 coverage of the cost of treatment related to cochlear implants,  
32 including procedures for the implantation of cochlear devices and  
33 costs for any parts, attachments, or accessories of the device.

34 (2) If a contract 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 contract  
37 shall cover the part, attachment, or accessory when purchased from  
38 and provided by an out-of-network provider, and shall only impose  
39 cost sharing as if the out-of-network provider were part of the  
40 provider network.

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

43 e. This section shall apply to those hospital service corporation  
44 contracts in which the hospital service corporation has reserved the

**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.**

1 right to change the premium.

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

3

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

6 3. a. A medical service corporation contract that provides  
7 hospital and medical expense benefits and is delivered, issued,  
8 executed or renewed in this State pursuant to P.L.1940, c.74  
9 (C.17:48A-1 et seq.), or approved for issuance or renewal in this  
10 State by the Commissioner of Banking and Insurance, on or after  
11 the 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]** 21 years of age or  
14 younger, as provided in this section.

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

26 c. (1) A medical service corporation contract shall provide  
27 coverage of the cost of treatment related to cochlear implants,  
28 including procedures for the implantation of cochlear devices and  
29 costs for any parts, attachments, or accessories of the device.

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

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

39 e. This section shall apply to those medical service corporation  
40 contracts in which the medical service corporation has reserved the  
41 right to change the premium.

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

43

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

46 4. a. A health service corporation contract that provides hospital  
47 and medical expense benefits and is delivered, issued, executed or  
48 renewed in this State pursuant to P.L.1985, c.236 (C.17:48E-1 et

1 al.), or approved for issuance or renewal in this State by the  
2 Commissioner of Banking and Insurance, on or after the effective  
3 date of this act, shall provide coverage for medically necessary  
4 expenses incurred in the purchase of a hearing aid or cochlear  
5 implant for a covered person **[15]** 21 years of age or younger, as  
6 provided in this section.

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

18 c. (1) A health service corporation contract shall provide  
19 coverage of the cost of treatment related to cochlear implants,  
20 including procedures for the implantation of cochlear devices and  
21 costs for any parts, attachments, or accessories of the device.

22 (2) If a contract 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 contract  
25 shall cover the part, attachment, or accessory when purchased from  
26 and provided by an out-of-network provider, and shall only impose  
27 cost sharing as if the out-of-network provider were part of the  
28 provider network.

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

31 e. This section shall apply to those health service corporation  
32 contracts in which the health service corporation has reserved the  
33 right to change the premium.

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

35  
36 4. Section 5 of P.L.2008, c.126 (C.17B:26-2.1aa) is amended to  
37 read as follows:

38 5. a. An individual health insurance policy that provides  
39 hospital and medical expense benefits and is delivered, issued,  
40 executed or renewed in this State pursuant to chapter 26 of Title  
41 17B of the New Jersey Statutes, or approved for issuance or renewal  
42 in this State by the Commissioner of Banking and Insurance, on or  
43 after the effective date of this act, shall provide coverage for  
44 medically necessary expenses incurred in the purchase of a hearing  
45 aid or cochlear implant for a covered person **[15]** 21 years of age or  
46 younger, as provided in this section.

47 b. A policy shall provide coverage that includes the purchase of  
48 a hearing aid for each ear, when medically necessary and as

1 prescribed or recommended by a licensed physician or audiologist.  
2 **【An insurer may limit the benefit provided in this section to \$1,000**  
3 **per hearing aid for each hearing-impaired ear every 24 months. A**  
4 **covered person may choose a hearing aid that is priced higher than**  
5 **the benefit payable under this section and may pay the difference**  
6 **between the price of the hearing aid and the benefit payable under**  
7 **this section, without financial or contractual penalty to the provider**  
8 **of the hearing aid.】**

9 c. (1) An individual health insurance policy shall provide  
10 coverage of the cost of treatment related to cochlear implants,  
11 including procedures for the implantation of cochlear devices and  
12 costs for any parts, attachments, or accessories of the device.

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

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

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

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

25

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

28 6. a. A group health insurance policy that provides hospital  
29 and medical expense benefits and is delivered, issued, executed or  
30 renewed in this State pursuant to chapter 27 of Title 17B of the New  
31 Jersey Statutes, or approved for issuance or renewal in this State by  
32 the Commissioner of Banking and Insurance, on or after the  
33 effective date of this act, shall provide coverage for medically  
34 necessary expenses incurred in the purchase of a hearing aid or  
35 cochlear implant for a covered person **【15】** 21 years of age or  
36 younger, as provided in this section.

37 b. A policy shall provide coverage that includes the purchase of  
38 a hearing aid for each ear, when medically necessary and as  
39 prescribed or recommended by a licensed physician or audiologist.

40 **【An insurer may limit the benefit provided in this section to \$1,000**  
41 **per hearing aid for each hearing-impaired ear every 24 months. A**  
42 **covered person may choose a hearing aid that is priced higher than**  
43 **the benefit payable under this section and may pay the difference**  
44 **between the price of the hearing aid and the benefit payable under**  
45 **this section, without financial or contractual penalty to the provider**  
46 **of the hearing aid.】**

1       c. (1) A group health insurance policy shall provide coverage  
2 of the cost of treatment related to cochlear implants, including  
3 procedures for the implantation of cochlear devices and costs for  
4 any parts, attachments, or accessories of the device.

5       (2) If a policy does not have in its network a provider who can  
6 provide any part, attachment, or accessory necessary to the  
7 continued function of a preexisting cochlear implant, the policy  
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.

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

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

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

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

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

27       b. A health benefits plan shall provide coverage that includes  
28 the purchase of a hearing aid for each ear, when medically  
29 necessary and as prescribed or recommended by a licensed  
30 physician or audiologist. **【A carrier may limit the benefit provided**  
31 **in this section to \$1,000 per hearing aid for each hearing-impaired**  
32 **ear every 24 months. A covered person may choose a hearing aid**  
33 **that is priced higher than the benefit payable under this section and**  
34 **may pay the difference between the price of the hearing aid and the**  
35 **benefit payable under this section, without financial or contractual**  
36 **penalty to the provider of the hearing aid.】**

37       c. (1) An individual health benefits plan 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.

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

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

3     e. This section shall apply to those health benefits plans in  
4 which the carrier has reserved the right to change the premium.  
5 (cf: P.L.2008, c.126, s.7)

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

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

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

26     c. (1) A small employer health benefits plan shall provide  
27 coverage of the cost of treatment related to cochlear implants,  
28 including procedures for the implantation of cochlear devices and  
29 costs for any parts, attachments, or accessories of the device.

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

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

39     e. This section shall apply to those health benefits plans in  
40 which the carrier has reserved the right to change the premium.  
41 (cf: P.L.2008, c.126, s.8)

42  
43     8. Section 9 of P.L.2008, c.126 (C.26:2J-4.32) is amended to  
44 read as follows:

45     9. a. A health maintenance organization contract for health  
46 care services that is delivered, issued, executed or renewed in this  
47 State pursuant to P.L.1973, c.337 (C.26:2J-1 et seq.), or approved  
48 for issuance or renewal in this State by the Commissioner of

1 Banking and Insurance, on or after the effective date of this act,  
2 shall provide health care services for medically necessary expenses  
3 incurred in the purchase of a hearing aid or cochlear implant for an  
4 enrollee **【15】** 21 years of age or younger, as provided in this  
5 section.

6 b. The health care services shall include the purchase of a  
7 hearing aid for each ear, when medically necessary and as  
8 prescribed or recommended by a licensed physician or audiologist.  
9 **【A health maintenance organization may limit the health care**  
10 **services provided in this section to \$1,000 per hearing aid for each**  
11 **hearing-impaired ear every 24 months. An enrollee may choose a**  
12 **hearing aid that is priced higher than the health care services**  
13 **payable under this section and may pay the difference between the**  
14 **price of the hearing aid and the health care services payable under**  
15 **this section, without financial or contractual penalty to the provider**  
16 **of the hearing aid.】**

17 c. (1) A health maintenance organization contract shall  
18 provide coverage of the cost of treatment related to cochlear  
19 implants, including procedures for the implantation of cochlear  
20 devices and costs for any parts, attachments, or accessories of the  
21 device.

22 (2) If a contract 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 contract  
25 shall cover the part, attachment, or accessory when purchased from  
26 and provided by an out-of-network provider, and shall only impose  
27 cost sharing as if the out-of-network provider were part of the  
28 provider network.

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

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

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

35

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

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

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

1 covered person may choose a hearing aid that is priced higher than  
2 the benefit payable under this section and may pay the difference  
3 between the price of the hearing aid and the benefit payable under  
4 this section, without financial or contractual penalty to the provider  
5 of the hearing aid.】

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

10 (2) If a contract does not have in its network a provider who can  
11 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.

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】** 21 years of age or younger, as  
28 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.】**

40 c. (1) The benefits shall provide coverage of the cost of  
41 treatment related to cochlear implants, including procedures for the  
42 implantation of cochlear devices and costs for any parts,  
43 attachments, or accessories of the device.

44 (2) If a contract does not have in its network a provider who can  
45 provide any part, attachment, or accessory necessary to the  
46 continued function of a preexisting cochlear implant, the contract  
47 shall cover the part, attachment, or accessory when purchased from  
48 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.

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

4  
5 11. (New section) a. The School Employees' Health Benefits  
6 Commission shall ensure that every contract purchased by the  
7 commission on or after the effective date of this act provides  
8 benefits for medically necessary expenses incurred in the purchase  
9 of a hearing aid or cochlear implant for a covered person as  
10 provided in this section.

11 b. The benefits shall include the purchase of a hearing aid for  
12 each ear, when medically necessary and as prescribed or  
13 recommended by a licensed physician or audiologist.

14 c. (1) The benefits shall provide coverage of the cost of  
15 treatment related to cochlear implants, including procedures for the  
16 implantation of cochlear devices and costs for any parts,  
17 attachments, or accessories of the device.

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

25  
26 12. This act shall take effect on the 90th day next after the date  
27 of enactment.

28

29

30

#### STATEMENT

31

32 This bill amends P.L.2008, c.126, "Grace's Law," by removing  
33 the specification that health insurers (health, hospital, and medical  
34 service corporations, commercial individual and group health  
35 insurers, health maintenance organizations, health benefits plans  
36 issued pursuant to the New Jersey Individual Health Coverage and  
37 Small Employer Health Benefits Programs, the State Health  
38 Benefits Program, and the NJ FamilyCare Program) provide  
39 coverage for expenses incurred in the purchase of a hearing aid only  
40 for covered persons who are 15 years old or younger, and providing  
41 instead that they provide coverage for those expenses for covered  
42 persons who are 21 year old or younger.

43 The bill also requires that benefits provide coverage of the cost  
44 of treatment related to cochlear implants, including procedures for  
45 the implantation of cochlear devices and costs for any parts,  
46 attachments, or accessories of the device.

47 The bill provides that if a contract does not have in its network a  
48 provider who can provide any part, attachment, or accessory

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1 necessary to the continued function of a preexisting cochlear  
2 implant, the contract must cover the part, attachment, or accessory  
3 when purchased from and provided by an out-of-network provider,  
4 and shall only impose cost sharing as if the out-of-network provider  
5 were part of the provider network.

6 In addition, the bill supplements P.L.2007, c.103 (C.52:14-  
7 17.46.1 et seq.) to require the School Employees' Health Benefits  
8 Commission to ensure that every contract purchased by the  
9 commission meets the same requirements for hearing aid and  
10 cochlear implant coverage as "Grace's Law."

# ASSEMBLY APPROPRIATIONS COMMITTEE

## STATEMENT TO

[First Reprint]

**SENATE, No. 2535**

# **STATE OF NEW JERSEY**

DATED: DECEMBER 18, 2023

The Assembly Appropriations Committee reports favorably and with committee amendments Senate Bill No. 2535 (1R).

This bill, which amends P.L.2008, c.126, “Grace’s Law,” removes the specification that health insurers (health, hospital, and medical service corporations, commercial individual and group health insurers, health maintenance organizations, health benefits plans issued pursuant to the New Jersey Individual Health Coverage and Small Employer Health Benefits Programs, the State Health Benefits Program, and the NJ FamilyCare Program) provide coverage for expenses incurred in the purchase of a hearing aid only for covered persons who are 15 years old or younger, and providing instead that they provide coverage for those expenses for covered persons who are 21 year old or younger. The bill allows a health insurer to limit the coverage of a hearing aid to \$2,500 per hearing aid for each hearing-impaired ear every 60 months.

The bill also requires that benefits provide coverage of the cost of treatment related to cochlear implants, including procedures for the implantation of cochlear devices and costs for any parts, attachments, or accessories of the device, including replacement of obsolete external cochlear implant processors.

In addition, the bill supplements P.L.2007, c.103 (C.52:14-17.46.1 et seq.) to require the School Employees’ Health Benefits Commission to ensure that every contract purchased by the commission meets the same requirements for hearing aid and cochlear implant coverage as “Grace’s Law.”

As amended and reported by the committee, Senate Bill No. 2535 (1R) is identical to Assembly Bill No. 4048, which was also amended and reported by the committee on this date.

### COMMITTEE AMENDMENTS:

The committee amended the bill to:

- 1) limit the benefit provided for in the bill to \$2,500 per hearing aid for each hearing impaired ear every 60 months; and
- 2) include coverage for replacement of obsolete external cochlear implant processors under the cost of treatment related to cochlear implants.

FISCAL IMPACT:

The Office of Legislative Services (OLS) estimates that providing health benefits coverage for hearing aids and cochlear implants for 16 to 21 year olds would result in an annual State expenditure increase ranging from \$0.1 million to \$0.7 million and an annual local expenditure increase ranging from \$0.1 million to \$1.1 million. The OLS anticipates the costs would likely fall toward the lower end of the range.

The bill permits a limit on the benefits provided to \$2,500 per hearing aid for each hearing-impaired ear every 60 months. The OLS notes that if the State Health Benefits Commission and School Employees' Health Benefits Commission choose the limit the health benefits, the cost will be lower. The OLS is not able to predict the benefit limitations that will be adopted.

# SENATE COMMERCE COMMITTEE

## STATEMENT TO

### SENATE, No. 2535

with committee amendments

# STATE OF NEW JERSEY

DATED: NOVEMBER 3, 2022

The Senate Commerce Committee reports favorably and with committee amendments Senate Bill No. 2535.

As amended, this bill, which amends P.L.2008, c.126, “Grace’s Law,” removes the specification that health insurers (health, hospital, and medical service corporations, commercial individual and group health insurers, health maintenance organizations, health benefits plans issued pursuant to the New Jersey Individual Health Coverage and Small Employer Health Benefits Programs, the State Health Benefits Program, and the NJ FamilyCare Program) provide coverage for expenses incurred in the purchase of a hearing aid only for covered persons who are 15 years old or younger, and providing instead that they provide coverage for those expenses for covered persons who are 21 year old or younger. The bill allows a health insurer to limit the coverage of a hearing aid to one hearing aid for each hearing-impaired ear every 24 months.

The bill also requires that benefits provide coverage of the cost of treatment related to cochlear implants, including procedures for the implantation of cochlear devices and costs for any parts, attachments, or accessories of the device.

In addition, the bill supplements P.L.2007, c.103 (C.52:14-17.46.1 et seq.) to require the School Employees’ Health Benefits Commission to ensure that every contract purchased by the commission meets the same requirements for hearing aid and cochlear implant coverage as “Grace’s Law.”

#### COMMITTEE AMENDMENTS:

The committee amended the bill to:

1) clarify that insurers may limit the benefit provided for in the bill to one hearing aid per hearing-impaired ear every 24 months; and

2) remove, from each section, the provision requiring a contract to cover a part, attachment, or accessory when purchased from an out-of-network provider, if the contract does not have a provider in its network to provide the part, attachment or accessory, and to impose cost sharing as if the out-of-network provider were part of the provider network.

# SENATE BUDGET AND APPROPRIATIONS COMMITTEE

## STATEMENT TO

[First Reprint]

**SENATE, No. 2535**

# **STATE OF NEW JERSEY**

DATED: MARCH 16, 2023

The Senate Budget and Appropriations Committee reports favorably Senate Bill No. 2535 (1R).

This bill, which amends P.L.2008, c.126, “Grace’s Law,” removes the specification that health insurers (health, hospital, and medical service corporations, commercial individual and group health insurers, health maintenance organizations, health benefits plans issued pursuant to the New Jersey Individual Health Coverage and Small Employer Health Benefits Programs, the State Health Benefits Program, and the NJ FamilyCare Program) provide coverage for expenses incurred in the purchase of a hearing aid only for covered persons who are 15 years old or younger, and providing instead that they provide coverage for those expenses for covered persons who are 21 year old or younger. The bill allows a health insurer to limit the coverage of a hearing aid to one hearing aid for each hearing-impaired ear every 24 months.

The bill also requires that benefits provide coverage of the cost of treatment related to cochlear implants, including procedures for the implantation of cochlear devices and costs for any parts, attachments, or accessories of the device.

In addition, the bill supplements P.L.2007, c.103 (C.52:14-17.46.1 et seq.) to require the School Employees’ Health Benefits Commission to ensure that every contract purchased by the commission meets the same requirements for hearing aid and cochlear implant coverage as “Grace’s Law.”

### FISCAL IMPACT:

The Office of Legislative Services estimates that, based on certain assumptions, requiring the State Health Benefits Program and the School Employees’ Health Benefits Program to provide healthcare coverage for hearing aids and cochlear implants for covered persons under the bill will result in an annual State expenditure increase of up to \$5 million. The OLS notes that P.L.2008, c.126, Grace’s Law, provides the same coverage for hearing aids and cochlear implants for children up to and including 15 years of age. To the extent that the assumptions in this analysis change based on additional information, the fiscal estimate will change accordingly.

# LEGISLATIVE FISCAL ESTIMATE

[First Reprint]

## SENATE, No. 2535 STATE OF NEW JERSEY 220th LEGISLATURE

DATED: DECEMBER 19, 2023

### SUMMARY

<b>Synopsis:</b>	Requires health benefits coverage of hearing aids and cochlear implants for insureds aged 21 or younger.
<b>Type of Impact:</b>	Annual expenditure increase to the State General Fund and local government funds.
<b>Agencies Affected:</b>	Department of the Treasury, Division of Pensions and Benefits; local government entities.

### Office of Legislative Services Estimate

<b>Fiscal Impact</b>	<b><u>Annual</u></b>
<b>State Cost Increase</b>	\$56,234 to \$741,652
<b>Local Cost Increase</b>	<u>\$80,266 to \$1,058,600</u>
<b>Total Cost Increase</b>	\$136,500 to \$1,800,252

- The Office of Legislative Services (OLS) estimates that providing health benefits coverage for hearing aids and cochlear implants for 16 to 21 year olds would result in an annual State expenditure increase ranging from \$0.1 million to \$0.7 million and an annual local expenditure increase ranging from \$0.1 million to \$1.1 million. The OLS anticipates the costs would likely fall toward the lower end of the range.
- The bill permits a limit on the benefits provided to one hearing aid for each hearing-impaired ear every 24 months. The OLS notes that if the State Health Benefits Commission and School Employees' Health Benefits Commission choose the limit the health benefits, the cost will be lower. The OLS is not able to predict the benefit limitations that will be adopted.

### BILL DESCRIPTION

This legislation requires government healthcare plans and private sector health insurers in New Jersey to provide health benefits coverage for the purchase of medically necessary hearing aids and cochlear implants to covered persons aged 21 and younger. The bill permits insurers,

including the State Health Benefits Commission, the School Employees’ Health Benefits Commission, and NJ FamilyCare, to limit the benefit provided per hearing aid for each hearing-impaired ear every 24 months. Current law requires government healthcare plans and private sector health insurers in New Jersey to provide health benefits coverage for the purchase of medically necessary hearing aids and cochlear implants to covered persons aged 15 and younger.

## FISCAL ANALYSIS

### *EXECUTIVE BRANCH*

None received.

### *OFFICE OF LEGISLATIVE SERVICES*

The OLS estimates that providing health benefits coverage for hearing aids and cochlear implants for 16 to 21 year olds would result in an annual State expenditure increase ranging from \$0.1 million to \$0.7 million and an annual local expenditure increase ranging from \$0.1 million to \$1.1 million.

Using available information from the State Health Benefits Program and the School Employees’ Health Benefits Program, the OLS estimates there will be 57,024 newly eligible dependents under the bill. Further, the analysis assumes a severe hearing loss incident rate of two hearing aids per 1,000 children, based on information from the federal Centers for Disease Control and Prevention. For the estimated cost of the hearing aids, the OLS accessed information on the Blue365 insurance price for the low end of the cost estimate range, and information on the manufacturer’s suggested retail price for the high end of the cost estimate range.

The following table illustrates the assumptions and the estimated fiscal impact.

Estimated Fiscal Impact of S-2535 (1R)

State or Local Fiscal Impact	Health Insurance Plan	Estimated Newly Eligible Dependents Under S2535 (1R)	CDC Estimate - Severe Hearing Loss Incidence Rate	Projected Newly Eligible 16-21 Year Olds	Assumes number of hearing aids per individual is 2	MSRP Per Aid - Lowest Cost to Highest Cost (1)		Fiscal Impact Range for MSRP		Blue365 Price - Lowest Cost to Highest Cost (2)		Fiscal Impact Range for Blue365	
State	SHBP - State Portion	23,470	0.2%	47	94	\$ 1,399	\$7,900	\$ 131,338	\$ 741,652	\$ 599	\$ 2,299	\$ 56,234	\$ 215,830
Local	SEHBP	18,368	0.2%	37	74	\$ 1,399	\$7,900	\$ 103,526	\$ 584,600	\$ 599	\$ 2,299	\$ 44,326	\$ 170,126
	SHBP - Local Portion	15,186	0.2%	30	60	\$ 1,399	\$7,900	\$ 83,940	\$ 474,000	\$ 599	\$ 2,299	\$ 35,940	\$ 137,940
<b>Local Subtotal</b>		<b>33,554</b>		<b>67</b>	<b>134</b>			<b>\$ 187,466</b>	<b>\$ 1,058,600</b>			<b>\$ 80,266</b>	<b>\$ 308,066</b>
<b>Total</b>		<b>57,024</b>		<b>114</b>	<b>228</b>			<b>\$ 318,804</b>	<b>\$ 1,800,252</b>			<b>\$ 136,500</b>	<b>\$ 523,896</b>

(1) MSRP per aid is the Manufacturer's Suggested Retail Price per aid, i.e. aid per ear  
 (2) Pricing Source: Start Hearing Horizon Blue365

The OLS assumes that many of the hearing aids will be purchased at the discounted insurance price, and therefore anticipates the costs would likely fall toward the lower end of the range.

The bill permits a limit on the benefits provided to one hearing aid for each hearing-impaired ear every 24 months. The OLS notes that if the State Health Benefits Commission and School Employees’ Health Benefits Commission choose the limit the health benefits, the cost will be lower. The OLS is not able to predict the benefit limitations that will be adopted.

*Section: State Government*

*Analyst: Anna Harris  
Assistant Fiscal Analyst*

*Approved: Thomas Koenig  
Legislative Budget and Finance Officer*

This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L.1980, c.67 (C.52:13B-6 et seq.).

# LEGISLATIVE FISCAL ESTIMATE

[Second Reprint]

**SENATE, No. 2535**

## **STATE OF NEW JERSEY 220th LEGISLATURE**

DATED: DECEMBER 26, 2023

### SUMMARY

- Synopsis:** Requires health benefits coverage of hearing aids and cochlear implants for insureds aged 21 or younger.
- Type of Impact:** Annual expenditure increase to the State General Fund and local government funds.
- Agencies Affected:** Department of the Treasury, Division of Pensions and Benefits; local government entities.

#### Office of Legislative Services Estimate

<b>Fiscal Impact</b>	<b><u>Annual</u></b>
<b>State Cost Increase</b>	\$11,247 to \$46,940
<b>Local Cost Increase</b>	<u>\$16,079 to \$67,108</u>
<b>Total Cost Increase</b>	\$27,326 to \$114,048

- The Office of Legislative Services (OLS) estimates that providing health benefits coverage for hearing aids and cochlear implants for 16 to 21 year olds would result in an annual State expenditure increase ranging from \$11,247 to \$46,940 and an annual local expenditure increase ranging from \$16,079 to \$67,108. The OLS anticipates the costs would likely fall toward the lower end of the range.
- The bill permits a limit on the benefits provided to \$2,500 per hearing aid for each hearing-impaired ear every 60 months. The OLS notes that if the State Health Benefits Commission and School Employees' Health Benefits Commission choose the limit the health benefits, the cost will be lower. The OLS is not able to predict the benefit limitations that will be adopted.

### BILL DESCRIPTION

This legislation requires government healthcare plans and private sector health insurers in New Jersey to provide health benefits coverage for the purchase of medically necessary hearing aids and cochlear implants to covered persons aged 21 and younger. The bill permits insurers,

including the State Health Benefits Commission, the School Employees’ Health Benefits Commission, and NJ FamilyCare, to limit the benefit provided to \$2,500 per hearing aid for each hearing-impaired ear every 60 months. Current law requires government healthcare plans and private sector health insurers in New Jersey to provide health benefits coverage for the purchase of medically necessary hearing aids and cochlear implants to covered persons aged 15 and younger.

## FISCAL ANALYSIS

### *EXECUTIVE BRANCH*

None received.

### *OFFICE OF LEGISLATIVE SERVICES*

The OLS estimates that providing health benefits coverage for hearing aids and cochlear implants for 16 to 21 year olds would result in an annual State expenditure increase ranging from \$11,247 to \$46,940 and an annual local expenditure increase ranging from \$16,079 to \$67,108.

Using available information from the State Health Benefits Program and the School Employees’ Health Benefits Program, the OLS estimates there will be 57,024 newly eligible dependents under the bill. Further, the analysis assumes a severe hearing loss incident rate of two hearing aids per 1,000 children, based on information from the federal Centers for Disease Control and Prevention. For the estimated cost of the hearing aids, the OLS accessed information on the Blue365 insurance price for the low end of the cost estimate range, and information on the manufacturer’s suggested retail price for the high end of the cost estimate range.

The following table illustrates the assumptions and the estimated fiscal impact.

Estimated Fiscal Impact of S-2535 (2R)													
State or Local Fiscal Impact	Health Insurance Plan	Estimated Newly Eligible Dependents Under S-2535(2R)	CDC Estimate - Severe Hearing Loss Incidence Rate	Projected Newly Eligible 16-21 Year Olds	Assumes number of hearing aids per individual is 2	MSRP Per Aid - Lowest Cost to Upper Bound Provided in S-2535(2R) (1)		Fiscal Impact Range for MSRP		Blue365 Price - Lowest Cost to Highest Cost (2)		Fiscal Impact Range for Blue365	
State	SHBP - State Portion	23,470	0.2%	47	94	\$ 1,399	\$2,500	\$ 131,338	\$234,700	\$ 599	\$ 2,299	\$ 56,234	\$ 215,830
Local	SEHBP	18,368	0.2%	37	73	\$ 1,399	\$2,500	\$ 102,787	\$183,680	\$ 599	\$ 2,299	\$ 44,010	\$ 168,912
	SHBP - Local Portion	15,186	0.2%	30	61	\$ 1,399	\$2,500	\$ 84,981	\$151,860	\$ 599	\$ 2,299	\$ 36,386	\$ 139,650
<i>Local Subtotal</i>		33,554		67	134			\$ 187,768	\$ 335,540			\$ 80,395	\$ 308,563
<b>Total</b>		<b>57,024</b>		<b>114</b>	<b>228</b>			<b>\$ 319,106</b>	<b>\$ 570,240</b>			<b>\$ 136,630</b>	<b>\$ 524,393</b>
Annual State								\$ 26,268	\$ 46,940			\$ 11,247	\$ 43,166
Annual Local Subtotal								\$ 37,554	\$ 67,108			\$ 16,079	\$ 61,713
<b>Annual Total</b>								<b>\$ 63,821</b>	<b>\$ 114,048</b>			<b>\$ 27,326</b>	<b>\$ 104,879</b>

(1) MSRP per aid is the Manufacturer's Suggested Retail Price per aid, i.e. aid per ear  
(2) Pricing Source: Start Hearing Horizon Blue365

The OLS assumes that many of the hearing aids will be purchased at the discounted insurance price, and therefore anticipates the costs would likely fall toward the lower end of the range.

The bill permits a limit on the benefits provided to \$2,500 per hearing aid for each hearing-impaired ear every 60 months. The OLS notes that if the State Health Benefits Commission and School Employees’ Health Benefits Commission choose the limit the health benefits, the cost will be lower. The OLS is not able to predict the benefit limitations that will be adopted.

*Section: State Government*

*Analyst: Camryn Mathews  
Assistant Fiscal Analyst*

*Approved: Thomas Koenig  
Legislative Budget and Finance Officer*

This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L.1980, c.67 (C.52:13B-6 et seq.).

# ASSEMBLY, No. 4048

## STATE OF NEW JERSEY 220th LEGISLATURE

INTRODUCED MAY 16, 2022

**Sponsored by:**

**Assemblyman DANIEL R. BENSON**

**District 14 (Mercer and Middlesex)**

**Assemblywoman ANGELA V. MCKNIGHT**

**District 31 (Hudson)**

**Assemblywoman VERLINA REYNOLDS-JACKSON**

**District 15 (Hunterdon and Mercer)**

**Assemblywoman LINDA S. CARTER**

**District 22 (Middlesex, Somerset and Union)**

**Co-Sponsored by:**

**Assemblyman Caputo, Assemblywomen Chaparro and Murphy**

**SYNOPSIS**

Requires health benefits coverage of hearing aids and cochlear implants for insureds aged 21 or younger.

**CURRENT VERSION OF TEXT**

As introduced.



**(Sponsorship Updated As Of: 6/27/2023)**

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]** 21 years of age or  
18 younger, 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.]**

30 c. (1) A hospital service corporation contract shall provide  
31 coverage of the cost of treatment related to cochlear implants,  
32 including procedures for the implantation of cochlear devices and  
33 costs for any parts, attachments, or accessories of the device.

34 (2) If a contract 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 contract  
37 shall cover the part, attachment, or accessory when purchased from  
38 and provided by an out-of-network provider, and shall only impose  
39 cost sharing as if the out-of-network provider were part of the  
40 provider network.

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

43 e. This section shall apply to those hospital service corporation  
44 contracts in which the hospital service corporation has reserved the  
45 right to change the premium.

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

**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.**

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

3       3. a. A medical service corporation contract that provides  
4 hospital and medical expense benefits and is delivered, issued,  
5 executed or renewed in this State pursuant to P.L.1940, c.74  
6 (C.17:48A-1 et seq.), or approved for issuance or renewal in this  
7 State by the Commissioner of Banking and Insurance, on or after  
8 the effective date of this act, shall provide coverage for medically  
9 necessary expenses incurred in the purchase of a hearing aid or  
10 cochlear implant for a covered person **[15]** 21 years of age or  
11 younger, as provided in this section.

12       b. A medical service corporation contract shall provide  
13 coverage that includes the purchase of a hearing aid for each ear,  
14 when medically necessary and as prescribed or recommended by a  
15 licensed physician or audiologist. **[A medical service corporation**  
16 **may limit the benefit provided in this section to \$1,000 per hearing**  
17 **aid for each hearing-impaired ear every 24 months. A covered**  
18 **person may choose a hearing aid that is priced higher than the**  
19 **benefit payable under this section and may pay the difference**  
20 **between the price of the hearing aid and the benefit payable under**  
21 **this section, without financial or contractual penalty to the provider**  
22 **of the hearing aid.]**

23       c. (1) A medical service corporation contract shall provide  
24 coverage of the cost of treatment related to cochlear implants,  
25 including procedures for the implantation of cochlear devices and  
26 costs for any parts, attachments, or accessories of the device.

27       (2) If a contract 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 contract  
30 shall cover the part, attachment, or accessory when purchased from  
31 and provided by an out-of-network provider, and shall only impose  
32 cost sharing as if the out-of-network provider were part of the  
33 provider network.

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

36       e. This section shall apply to those medical service corporation  
37 contracts in which the medical service corporation has reserved the  
38 right to change the premium.

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

40

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

43       4. a. A health service corporation contract that provides  
44 hospital and medical expense benefits and is delivered, issued,  
45 executed or renewed in this State pursuant to P.L.1985, c.236  
46 (C.17:48E-1 et al.), or approved for issuance or renewal in this State  
47 by the Commissioner of Banking and Insurance, on or after the  
48 effective date of this act, shall provide coverage for medically

1 necessary expenses incurred in the purchase of a hearing aid or  
2 cochlear implant for a covered person **[15]** 21 years of age or  
3 younger, as provided in this section.

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

15 c. (1) A health service corporation contract shall provide  
16 coverage of the cost of treatment related to cochlear implants,  
17 including procedures for the implantation of cochlear devices and  
18 costs for any parts, attachments, or accessories of the device.

19 (2) If a contract does not have in its network a provider who can  
20 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.

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

28 e. This section shall apply to those health service corporation  
29 contracts in which the health service corporation has reserved the  
30 right to change the premium.

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

32

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

35 5. a. An individual health insurance policy that provides  
36 hospital and medical expense benefits and is delivered, issued,  
37 executed or renewed in this State pursuant to chapter 26 of Title  
38 17B of the New Jersey Statutes, or approved for issuance or renewal  
39 in this State by the Commissioner of Banking and Insurance, on or  
40 after the effective date of this act, shall provide coverage for  
41 medically necessary expenses incurred in the purchase of a hearing  
42 aid or cochlear implant for a covered person **[15]** 21 years of age or  
43 younger, as provided in this section.

44 b. A policy shall provide coverage that includes the purchase of  
45 a hearing aid for each ear, when medically necessary and as  
46 prescribed or recommended by a licensed physician or audiologist.

47 **[An insurer may limit the benefit provided in this section to \$1,000**

1 per hearing aid for each hearing-impaired ear every 24 months. A  
2 covered person may choose a hearing aid that is priced higher than  
3 the benefit payable under this section and may pay the difference  
4 between the price of the hearing aid and the benefit payable under  
5 this section, without financial or contractual penalty to the provider  
6 of the hearing aid.】

7 c. (1) An individual health insurance policy shall provide  
8 coverage of the cost of treatment related to cochlear implants,  
9 including procedures for the implantation of cochlear devices and  
10 costs for any parts, attachments, or accessories of the device.

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

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

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

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

23

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

26 6. a. A group health insurance policy that provides hospital  
27 and medical expense benefits and is delivered, issued, executed or  
28 renewed in this State pursuant to chapter 27 of Title 17B of the New  
29 Jersey Statutes, or approved for issuance or renewal in this State by  
30 the Commissioner of Banking and Insurance, on or after the  
31 effective date of this act, shall provide coverage for medically  
32 necessary expenses incurred in the purchase of a hearing aid or  
33 cochlear implant for a covered person **【15】** 21 years of age or  
34 younger, as provided in this section.

35 b. A policy shall provide coverage that includes the purchase of  
36 a hearing aid for each ear, when medically necessary and as  
37 prescribed or recommended by a licensed physician or audiologist.  
38 **【An insurer may limit the benefit provided in this section to \$1,000**  
39 **per hearing aid for each hearing-impaired ear every 24 months. A**  
40 **covered person may choose a hearing aid that is priced higher than**  
41 **the benefit payable under this section and may pay the difference**  
42 **between the price of the hearing aid and the benefit payable under**  
43 **this section, without financial or contractual penalty to the provider**  
44 **of the hearing aid.】**

45 c. (1) A group health insurance policy shall provide coverage  
46 of the cost of treatment related to cochlear implants, including  
47 procedures for the implantation of cochlear devices and costs for  
48 any parts, attachments, or accessories of the device.

1       (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.

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.6)

13  
14       6. Section 7 of P.L.2008, c.126 (C.17B:27A-7.14) is amended  
15 to read as follows:

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

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

33       c. (1) An individual health benefits plan 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.

37       (2) If a plan 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 plan shall  
40 cover the part, attachment, or accessory when purchased from and  
41 provided by an out-of-network provider, and shall only impose cost  
42 sharing as if the out-of-network provider were part of the provider  
43 network.

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

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

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

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

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

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

20       c. (1) A small employer health benefits plan shall provide  
21 coverage of the cost of treatment related to cochlear implants,  
22 including procedures for the implantation of cochlear devices and  
23 costs for any parts, attachments, or accessories of the device.

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

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

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

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

36

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

39       9. a. A health maintenance organization contract for health  
40 care services that is delivered, issued, executed or renewed in this  
41 State pursuant to P.L.1973, c.337 (C.26:2J-1 et seq.), or approved  
42 for issuance or renewal in this State by the Commissioner of  
43 Banking and Insurance, on or after the effective date of this act,  
44 shall provide health care services for medically necessary expenses  
45 incurred in the purchase of a hearing aid or cochlear implant for an  
46 enrollee **[15]** 21 years of age or younger, as provided in this  
47 section.

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

12     c. (1) A health maintenance organization contract shall  
13 provide coverage of the cost of treatment related to cochlear  
14 implants, including procedures for the implantation of cochlear  
15 devices and costs for any parts, attachments, or accessories of the  
16 device.

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

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

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

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

30

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

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

38     b. The benefits shall include the purchase of a hearing aid for  
39 each ear, when medically necessary and as prescribed or  
40 recommended by a licensed physician or audiologist. **【The**  
41 **commission may limit the benefit provided in this section to \$1,000**  
42 **per hearing aid for each hearing-impaired ear every 24 months. A**  
43 **covered person may choose a hearing aid that is priced higher than**  
44 **the benefit payable under this section and may pay the difference**  
45 **between the price of the hearing aid and the benefit payable under**  
46 **this section, without financial or contractual penalty to the provider**  
47 **of the hearing aid.】**

1       c. (1) The benefits shall provide coverage of the cost of  
2 treatment related to cochlear implants, including procedures for the  
3 implantation of cochlear devices and costs for any parts,  
4 attachments, or accessories of the device.

5       (2) If a contract does not have in its network a provider who can  
6 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.

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

13  
14       10. Section 11 of P.L.2008, c.126 (C.30:4J-12.2) is amended to  
15 read as follows:

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

24       b. The benefits shall include the purchase of a hearing aid for  
25 each ear, when medically necessary and as prescribed or  
26 recommended by a licensed physician or audiologist. **【The**  
27 **commissioner may limit the benefit provided in this section to**  
28 **\$1,000 per hearing aid for each hearing-impaired ear every 24**  
29 **months in any of the NJ FamilyCare Program plans, and may**  
30 **provide, when applicable, that a covered person may choose a**  
31 **hearing aid that is priced higher than the benefit payable under this**  
32 **section and may pay the difference between the price of the hearing**  
33 **aid and the benefit payable under this section, without financial or**  
34 **contractual penalty to the provider of the hearing aid.】**

35       c. (1) The benefits shall provide coverage of the cost of  
36 treatment related to cochlear implants, including procedures for the  
37 implantation of cochlear devices and costs for any parts,  
38 attachments, or accessories of the device.

39       (2) If a contract does not have in its network a provider who can  
40 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  
43 and provided by an out-of-network provider, and shall only impose  
44 cost sharing as if the out-of-network provider were part of the  
45 provider network.

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

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

7       b. The benefits shall include the purchase of a hearing aid for  
8 each ear, when medically necessary and as prescribed or  
9 recommended by a licensed physician or audiologist.

10       c. (1) 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.

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

21  
22       12. This act shall take effect on the 90th day next after the date  
23 of enactment.

24

25

26

STATEMENT

27

28       This bill amends P.L.2008, c.126, "Grace's Law," by removing  
29 the specification that health insurers (health, hospital, and medical  
30 service corporations, commercial individual and group health  
31 insurers, health maintenance organizations, health benefits plans  
32 issued pursuant to the New Jersey Individual Health Coverage and  
33 Small Employer Health Benefits Programs, the State Health  
34 Benefits Program, and the NJ FamilyCare Program) provide  
35 coverage for expenses incurred in the purchase of a hearing aid only  
36 for covered persons who are 15 years old or younger, and providing  
37 instead that they provide coverage for those expenses for covered  
38 persons who are 21 year old or younger.

39       The bill also requires that benefits provide coverage of the cost  
40 of treatment related to cochlear implants, including procedures for  
41 the implantation of cochlear devices and costs for any parts,  
42 attachments, or accessories of the device.

43       The bill provides that if a contract does not have in its network a  
44 provider who can provide any part, attachment, or accessory  
45 necessary to the continued function of a preexisting cochlear  
46 implant, the contract must cover the part, attachment, or accessory  
47 when purchased from and provided by an out-of-network provider,

1 and shall only impose cost sharing as if the out-of-network provider  
2 were part of the provider network.

3 In addition, the bill supplements P.L.2007, c.103 (C.52:14-  
4 17.46.1 et seq.) to require the School Employees' Health Benefits  
5 Commission to ensure that every contract purchased by the  
6 commission meets the same requirements for hearing aid and  
7 cochlear implant coverage as "Grace's Law."

# ASSEMBLY APPROPRIATIONS COMMITTEE

## STATEMENT TO

### **ASSEMBLY, No. 4048**

with committee amendments

# **STATE OF NEW JERSEY**

DATED: DECEMBER 18, 2023

The Assembly Appropriations Committee reports favorably and with committee amendments Assembly Bill No. 4048.

This bill, which amends P.L.2008, c.126, “Grace’s Law,” removes the specification that health insurers (health, hospital, and medical service corporations, commercial individual and group health insurers, health maintenance organizations, health benefits plans issued pursuant to the New Jersey Individual Health Coverage and Small Employer Health Benefits Programs, the State Health Benefits Program, and the NJ FamilyCare Program) provide coverage for expenses incurred in the purchase of a hearing aid only for covered persons who are 15 years old or younger, and providing instead that they provide coverage for those expenses for covered persons who are 21 year old or younger. The bill allows a health insurer to limit the coverage of a hearing aid to \$2,500 per hearing aid for each hearing-impaired ear every 60 months.

The bill also requires that benefits provide coverage of the cost of treatment related to cochlear implants, including procedures for the implantation of cochlear devices and costs for any parts, attachments, or accessories of the device, including replacement of obsolete external cochlear implant processors.

In addition, the bill supplements P.L.2007, c.103 (C.52:14-17.46.1 et seq.) to require the School Employees’ Health Benefits Commission to ensure that every contract purchased by the commission meets the same requirements for hearing aid and cochlear implant coverage as “Grace’s Law.”

As amended and reported by the committee, Assembly Bill No. 4048 is identical to Senate Bill No. 2535 (1R), which was also amended and reported by the committee on this date.

#### COMMITTEE AMENDMENTS:

The committee amended the bill to:

- 1) limit the benefit provided for in the bill to \$2,500 per hearing aid for each hearing impaired ear every 60 months;
- 2) include coverage for replacement of obsolete external cochlear implant processors under the cost of treatment related to cochlear implants; and

3) remove, from each section, the provision requiring a contract to cover a part, attachment, or accessory when purchased from an out-of-network provider, if the contract does not have a provider in its network to provide the part, attachment or accessory, and to impose cost sharing as if the out-of-network provider were part of the provider network.

FISCAL IMPACT:

The Office of Legislative Services (OLS) estimates that providing health benefits coverage for hearing aids and cochlear implants for 16 to 21 year olds would result in an annual State expenditure increase ranging from \$0.1 million to \$0.7 million and an annual local expenditure increase ranging from \$0.1 million to \$1.1 million. The OLS anticipates the costs would likely fall toward the lower end of the range.

The bill permits a limit on the benefits provided to \$2,500 per hearing aid for each hearing-impaired ear every 60 months. The OLS notes that if the State Health Benefits Commission and School Employees' Health Benefits Commission choose the limit the health benefits, the cost will be lower. The OLS is not able to predict the benefit limitations that will be adopted.

# LEGISLATIVE FISCAL ESTIMATE

[First Reprint]

## ASSEMBLY, No. 4048

### STATE OF NEW JERSEY 220th LEGISLATURE

DATED: DECEMBER 26, 2023

#### SUMMARY

- Synopsis:** Requires health benefits coverage of hearing aids and cochlear implants for insureds aged 21 or younger.
- Type of Impact:** Annual expenditure increase to the State General Fund and local government funds.
- Agencies Affected:** Department of the Treasury, Division of Pensions and Benefits; local government entities.

#### Office of Legislative Services Estimate

<b>Fiscal Impact</b>	<b><u>Annual</u></b>
<b>State Cost Increase</b>	\$11,247 to \$46,940
<b>Local Cost Increase</b>	<u>\$16,079 to \$67,108</u>
<b>Total Cost Increase</b>	\$27,326 to \$114,048

- The Office of Legislative Services (OLS) estimates that providing health benefits coverage for hearing aids and cochlear implants for 16 to 21 year olds would result in an annual State expenditure increase ranging from \$11,247 to \$46,940 and an annual local expenditure increase ranging from \$16,079 to \$67,108. The OLS anticipates the costs would likely fall toward the lower end of the range.
- The bill permits a limit on the benefits provided to \$2,500 per hearing aid for each hearing-impaired ear every 60 months. The OLS notes that if the State Health Benefits Commission and School Employees' Health Benefits Commission choose the limit the health benefits, the cost will be lower. The OLS is not able to predict the benefit limitations that will be adopted.

#### BILL DESCRIPTION

This legislation requires government healthcare plans and private sector health insurers in New Jersey to provide health benefits coverage for the purchase of medically necessary hearing aids and cochlear implants to covered persons aged 21 and younger. The bill permits insurers,

including the State Health Benefits Commission, the School Employees’ Health Benefits Commission, and NJ FamilyCare, to limit the benefit provided to \$2,500 per hearing aid for each hearing-impaired ear every 60 months. Current law requires government healthcare plans and private sector health insurers in New Jersey to provide health benefits coverage for the purchase of medically necessary hearing aids and cochlear implants to covered persons aged 15 and younger.

### FISCAL ANALYSIS

#### EXECUTIVE BRANCH

None received.

#### OFFICE OF LEGISLATIVE SERVICES

The OLS estimates that providing health benefits coverage for hearing aids and cochlear implants for 16 to 21 year olds would result in an annual State expenditure increase ranging from \$11,247 to \$46,940 and an annual local expenditure increase ranging from \$16,079 to \$67,108.

Using available information from the State Health Benefits Program and the School Employees’ Health Benefits Program, the OLS estimates there will be 57,024 newly eligible dependents under the bill. Further, the analysis assumes a severe hearing loss incident rate of two hearing aids per 1,000 children, based on information from the federal Centers for Disease Control and Prevention. For the estimated cost of the hearing aids, the OLS accessed information on the Blue365 insurance price for the low end of the cost estimate range, and information on the manufacturer’s suggested retail price for the high end of the cost estimate range.

The following table illustrates the assumptions and the estimated fiscal impact.

Estimated Fiscal Impact of A-4048 (1R)													
State or Local Fiscal Impact	Health Insurance Plan	Estimated Newly Eligible Dependents Under S-2535(2R)	CDC Estimate - Severe Hearing Loss Incidence Rate	Projected Newly Eligible 16-21 Year Olds	Assumes number of hearing aids per individual is 2	MSRP Per Aid - Lowest Cost to Upper Bound Provided in S-2535(2R) (1)		Fiscal Impact Range for MSRP		Blue365 Price - Lowest Cost to Highest Cost (2)		Fiscal Impact Range for Blue365	
State	SHBP - State Portion	23,470	0.2%	47	94	\$ 1,399	\$2,500	\$ 131,338	\$234,700	\$ 599	\$ 2,299	\$ 56,234	\$ 215,830
Local	SEHBP	18,368	0.2%	37	73	\$ 1,399	\$2,500	\$ 102,787	\$183,680	\$ 599	\$ 2,299	\$ 44,010	\$ 168,912
	SHBP - Local Portion	15,186	0.2%	30	61	\$ 1,399	\$2,500	\$ 84,981	\$151,860	\$ 599	\$ 2,299	\$ 36,386	\$ 139,650
	<b>Local Subtotal</b>	<b>33,554</b>		<b>67</b>	<b>134</b>			<b>\$ 187,768</b>	<b>\$ 335,540</b>			<b>\$ 80,395</b>	<b>\$ 308,563</b>
	<b>Total</b>	<b>57,024</b>		<b>114</b>	<b>228</b>			<b>\$ 319,106</b>	<b>\$ 570,240</b>			<b>\$ 136,630</b>	<b>\$ 524,393</b>
Annual State								\$ 26,268	\$ 46,940			\$ 11,247	\$ 43,166
Annual Local Subtotal								\$ 37,554	\$ 67,108			\$ 16,079	\$ 61,713
Annual Total								\$ 63,821	\$ 114,048			\$ 27,326	\$ 104,879

(1) MSRP per aid is the Manufacturer's Suggested Retail Price per aid, i.e. aid per ear  
(2) Pricing Source: Start Hearing Horizon Blue365

The OLS assumes that many of the hearing aids will be purchased at the discounted insurance price, and therefore anticipates the costs would likely fall toward the lower end of the range.

The bill permits a limit on the benefits provided to \$2,500 per hearing aid for each hearing-impaired ear every 60 months. The OLS notes that if the State Health Benefits Commission and School Employees’ Health Benefits Commission choose the limit the health benefits, the cost will be lower. The OLS is not able to predict the benefit limitations that will be adopted.

*Section: State Government*

*Analyst: Camryn Mathews  
Assistant Fiscal Analyst*

*Approved: Thomas Koenig  
Legislative Budget and Finance Officer*

This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L.1980, c.67 (C.52:13B-6 et seq.).

**SENATE BILL NO. 2535**  
(Second Reprint)

To the Senate:

Pursuant to Article V, Section I, Paragraph 14 of the New Jersey Constitution, I am returning Senate Bill No. 2535 (Second Reprint) with my recommendations for reconsideration.

This bill requires government healthcare plans and private sector health insurers in the State's regulated market to provide health benefits coverage for the purchase of medically necessary hearing aids and cochlear implants to covered persons aged 21 and younger. The bill permits insurers, including the State Health Benefits Commission, the School Employees' Health Benefits Commission, and NJ FamilyCare, to limit the benefit provided to \$2,500 per hearing aid for each hearing-impaired ear every 60 months.

While I support the laudable goal of increasing access to these devices, it appears that the bill, as presented, contradicts several provisions of State and federal law, resulting in the level of benefits required by the bill being less generous than what is currently required to be provided by health plans regulated by the Department of Banking and Insurance ("DOBI").

First, federal regulations implementing the Patient Protection and Affordable Care Act ("ACA") provide that a group health plan, or a health insurance issuer offering group or individual health insurance coverage, may not establish any annual limit on the dollar amount of essential health benefits for any individual, whether provided in-network or out-of-network. See 45 C.F.R.147.126. Additionally, P.L.2019, c.354 codified into State law federal essential health benefit requirements for State regulated health plans. In New Jersey, hearing aids are an essential health benefit and therefore cannot be subject to the monetary caps which this bill would impose in the DOBI-regulated market.

Second, guidance issued in 2023 by the Centers for Medicare and Medicaid Services ("CMS"), titled Final 2023 Notice of Benefit and Payment Parameters, states that age limits are presumptively

discriminatory if applied to essential health benefits when there is no clinical basis for the age limitation. The guidance released by CMS expressly references age limitations applicable to medically necessary hearing aids. Since current law requires health benefits coverage for hearing aids and cochlear implants only to covered persons aged 15 and younger, DOBI acted immediately to remove the age limitation from the Individual Health Coverage ("IHC") Program and the Small Employer Health Benefits ("SEH") Program standard policy forms to ensure compliance with CMS regulations. Consequently, plans operating in the IHC and SEH markets do not impose any age or dollar limits on medically necessary hearing aids and cochlear implants.

To eliminate federal preemption concerns and, more importantly, to ensure that the State's health care market provides access to high-quality, affordable health care to our residents in a manner consistent with the requirements of the ACA, I am recommending that this bill be amended to remove age and dollar limits on medically necessary hearing aids and cochlear implants in the DOBI-regulated market.

Therefore, I herewith return Senate Bill No. 2535 (Second Reprint) and recommend that it be amended as follows:

<u>Page 2, Section 1, Lines 17-18:</u>	Delete "21 years of age or younger"
<u>Page 2, Section 1, Line 30:</u>	Delete "\$2,500 per" and insert "one"
<u>Page 2, Section 1, Line 31:</u>	Delete "60" and insert "24"
<u>Page 3, Section 2, Lines 19-20:</u>	Delete "21 years of age or younger"
<u>Page 3, Section 2, Line 32:</u>	Delete "\$2,500 per" and insert "one"
<u>Page 3, Section 2, Line 33:</u>	Delete "60" and insert "24"
<u>Page 4, Section 3, Lines 17-18:</u>	Delete "21 years of age or younger"
<u>Page 4, Section 3, Line 30:</u>	Delete "\$2,500 per" and insert "one"
<u>Page 4, Section 3, Line 31:</u>	Delete "60" and insert "24"
<u>Page 5, Section 4, Lines 15-16:</u>	Delete "21 years of age or younger"
<u>Page 5, Section 4, Line 27:</u>	Delete "\$2,500 per" and insert "one"

<u>Page 5, Section 4, Line 28:</u>	Delete "60" and insert "24"
<u>Page 6, Section 5, Lines 10-11:</u>	Delete "21 years of age or younger"
<u>Page 6, Section 5, Line 22:</u>	Delete "\$2,500 per" and insert "one"
<u>Page 6, Section 5, Line 23:</u>	Delete "60" and insert "24"
<u>Page 7, Section 6, Lines 3-4:</u>	Delete "21 years of age or younger"
<u>Page 7, Section 6, Line 15:</u>	Delete "\$2,500 per" and insert "one"
<u>Page 7, Section 6, Line 16:</u>	Delete "60" and insert "24"
<u>Page 7, Section 7, Line 44:</u>	Delete "21 years of age or younger"
<u>Page 8, Section 7, Line 8:</u>	Delete "\$2,500 per" and insert "one"
<u>Page 8, Section 7, Line 9:</u>	Delete "60" and insert "24"
<u>Page 8, Section 8, Line 38:</u>	Delete "21 years of age or younger"
<u>Page 9, Section 8, Lines 4-5:</u>	Delete "\$2,500 per" and insert "one"
<u>Page 9, Section 8, Line 5:</u>	Delete "60" and insert "24"
<u>Page 10, Section 10, Line 21:</u>	Delete "21 years of age or younger"
<u>Page 10, Section 10, Line 35:</u>	Delete "\$2,500 per" and insert "one"
<u>Page 10, Section 10, Line 36:</u>	Delete "60" and insert "24"

[seal]

Respectfully,

/s/ Philip D. Murphy

Governor

Attest:

/s/ Parimal Garg

Chief Counsel to the Governor

# Governor Murphy Takes Action on Legislation

01/16/2024

TRENTON – Today, Governor Murphy signed the following bills into law:

**SCS for S-281/ACS for A-3791 (Greenstein, Turner/Sumter, Reynolds-Jackson) – w/STATEMENT** - Concerns automatic fire sprinkler systems within newly constructed townhouses  
[Copy of Statement](#)

**S-539wGR/A-2140 (Ruiz, Pou/Reynolds-Jackson, Wimberly, Mosquera)** - Permits online purchase of eligible foods using WIC funds and use of WIC funds for grocery delivery ch

**S-659/A-2014 (Oroho, Greenstein/Conaway, Wirths, Umba)** - "Manufacturing in Higher Education Act"; requires various State entities to promote manufacturing career pathways students and provides assistance to manufacturing industry

**S-1110/A-3936 (Polistina, Singleton/Guardian, Swift, McClellan)** - Authorizes CRDA to finance transportation projects between Atlantic City Airport and Atlantic City Tourism Dis

**S-1662/A-3526 (Ruiz, Codey/Lampitt, Benson, Sauickie)** - Requires NJ Youth Suicide Prevention Advisory Council to prepare report regarding suicide prevention instruction in pu schools

**S-1680wGR/A-2257 (Pou, Ruiz/Murphy, Quijano, Wimberly)** - Designates each community college in State as provider of allowable services under SNAP employment and training program

**S-2076/ACS for A-3319 (Zwicker, Greenstein/McKnight, Lampitt)** - Establishes "Twelfth Grade Postsecondary Transition Year Pilot Program" in Department of Education

**S-2535wGR/A-4048 (Polistina, Pou/Benson, McKnight, Reynolds-Jackson, Carter)** - Requires health benefits coverage of hearing aids and cochlear implants

**S-2841/A-4292 (Scutari, Bramnick/Carter)** - Raises minimum amount of liability coverage for commercial motor vehicles and autocabs

**SCS for S-3080/ACS for-398 (Ruiz, Burgess/Caputo, Giblin, Tucker)** - Establishes position of Youth Disconnection Prevention and Recovery Ombudsperson; establishes "School Disconnection Prevention Task Force"; appropriates \$200,000

**S-3102/A-4715 (Smith, Singleton/Stanley, Benson)** - Establishes uptime requirement for electric vehicle charging station incentive programs

**S-3176/A-4760 (Greenstein, Smith/Swain, Haider, Tully)** - Requires DEP and Drinking Water Quality Institute to perform study concerning regulation and treatment of perfluoroalkyl and polyfluoroalkyl substances

**SCS for S-3632 and 3649w/GR/ACS for A-1948 (Johnson, Cryan/Haider, Conaway, Quijano)** - Requires labeling of non-flushable disposable wipes

**S-3758/A-5343 (Cryan/Karabinchak)** - Changes deadline for unaffiliated mail-in voters to declare their political party before primary election

**S-3837/A-5438 (Pou, Cruz-Perez/Pintor Marin, Wimberly)** - Clarifies process for administrative appropriations to UEZs

**S-3897/A-5578 (Ruiz, Sarlo/Jasey, Carter, Reynolds-Jackson)** - Authorizes Higher Education Student Assistance Authority to award annual summer tuition aid grants

**S-4040/A-5881 (Polistina, Lagana/Tully, Guardian, Swift)** - Concerns jurisdiction and operations of regional municipal courts

**S-4084/A-5851 (Ruiz, Cruz-Perez/Moriarty, Calabrese, Moen)** - Concerns temporary registration certificates and license plates

**S-4130/A-5849 (Codey/Jasey, Tucker)** - Special legislation to change name of "Township of South Orange Village" to "South Orange Village"; changes titles of certain municipal officials; permits nonpartisan municipal elections to be moved to November; permits stipend for governing body members

**S-4206/A-5856 (Sarlo/Calabrese)** - Changes number of signatures required on primary election petition to nominate certain municipal candidates in certain municipalities

**S-4209/A-5879 (Sarlo/Pintor Marin)** - Eliminates vote on school budgets for Type II school districts in April elections, except for separate proposals to spend above cap

**S-4268/A-5911 (Scutari/Danielsen)** - Permits certain special State officers to represent cannabis businesses

**A-203/S-2884 (Rooney, Benson, Caputo/A.M. Bucco)** - Authorizes creation of special license plates commemorating horse as State animal

**A-1100/S-995 (Calabrese, Mukherji, McKnight/Ruiz, Stack)** - Requires entities to remove abandoned lines and mark information on certain lines

**A-1107/S-770 (Chaparro, Murphy, Mukherji/Pou, Beach)** - Directs Chief Technology Officer to conduct study on impacts of redacting handwritten signatures published on State websites; allows for protocols for such redactions to be established by rules and regulations

**ACS for A-1255/SS for S-1794 (Stanley, Conaway, Benson/Gopal, Singer)** - Updates requirements and standards for authorization and prior authorization of health care services

**A-1727/S-3300 (Speight, Reynolds-Jackson, Verrelli/Stanfield, Ruiz)** - Requires Attorney General to perform outreach and provide services to victims of human trafficking under certain circumstances

**A-1729/S-3550 (Speight, Reynolds-Jackson, McKnight/Greenstein, Ruiz)** - Requires AG to address human trafficking in underserved communities

**A-1755/S-2505 (McKeon, Calabrese, Conaway/Smith, Greenstein)** - Requires installation of operational automatic rain sensor or smart sprinkler as condition of sale of certain re properties, and on certain commercial, retail, and industrial properties and common interest communities within specified timeframes

**A-2146wGR/S-855 (Reynolds-Jackson, Wimberly, Sumter/Singleton, Beach)** - Creates State business assistance program to establish contracting agency procurement goals for socially and economically disadvantaged business enterprises

**A-2581/S-2503 (Lampitt, Park/Beach)** - Provides that certain cosmetology and hairstyling courses may be taught using distance learning technology

**A-3142/S-1564 (Moen, Moriarty, Benson/Singleton, Corrado)** - Authorizes grants to purchase and rehabilitate abandoned homes for homeless veterans

**A-3211/S-2302 (Speight, Haider, Swain/Gopal, Ruiz)** - Establishes "New Jersey Feminine Hygiene Products for the Homeless Act"

**A-3980/S-2706 (Speight, McKnight, Atkins/Zwicker, Turner)** - Grants child placed in resource family care and resource family parents the right to be notified when case manager

supervisor is assigned to child; grants child in resource family care right to be notified of certain property and benefits

**A-4033wGR/S-2657 (Coughlin, Wimberly/Sarlo, Ruiz)** - Extends deadline for completion of school district's annual audit

**A-4049/S-3495 (McKnight, Reynolds-Jackson, Benson/Vitale, Johnson)** - Provides for presumptive eligibility for home and community-based services and services provided thru program of all-inclusive care for the elderly under Medicaid

**A-4105/S-4202 (Lopez, Jimenez, Quijano/Vitale, Turner)** - Establishes Interagency Council on Homelessness

**A-4183/S-4264 (Haider/Singleton)** - Concerns local unit filing requirement for certain shared services agreements

**A-4212/S-2762 (Pintor Marin, Reynolds-Jackson, Verrelli/Ruiz, Cunningham)** - Establishes Center for Career Relevant Education and Talent Evaluation of New Jersey at Thomas Edison State University

**A-4337/S-4156 (Conaway, Atkins, Rooney/Singleton, Pou)** - Requires Department of Health to provide information to Statewide 2-1-1 telephone system regarding the location of disposal sites for hypodermic syringes and needles and prescription drugs

**ACS for A-4496/SCS for S-3247 (Coughlin, Lampitt, Karabinchak, Wimberly/Zwicker, Greenstein)** - Revises various provisions of law governing construction of school facilities projects and operations of New Jersey Schools Development Authority; establishes "Charter School and Renaissance School Project Facilities Loan Program" in EDA

**A-4522/S-3234 (Moen, McKnight, Quijano/Singer, Singleton)** - Requires certain disclosures by sellers of single-family homes with solar panels installed

**A-4691/S-1530 (Swain, DeAngelo, Speight/Greenstein, Zwicker)** - Requires hazard mitigation plans to include climate change-related threat assessments and hazard prevention mitigation strategies

**A-4723/S-2740 (McKeon, Moriarty, Rooney/Codey, Scutari)** - Requires motor vehicle dealer to offer to delete personal information in motor vehicles in certain situations

**A-4791/S-3184 (Kennedy, Haider, McKeon/Diegnan, Sarlo)** - Establishes "Resiliency and Environmental System Investment Charge Program"

**ACS for A-4794/S-3224 (Benson, Mukherji/Singleton, Turner)** - Requires request for proposal to establish demonstration projects to develop electric vehicle charging depots served by distributed energy resource charging centers for certain electric vehicle use

**A-4814/S-1023 (Moen, Wimberly/Singleton, Gopal)** - Removes expected family contribution from calculation of financial need under circumstances in which public institutions or higher education may reduce student's institutional financial aid

**ACS for A-4821 and 4823wGR/S-3283 (Karabinchak, Conaway, Schaer/Greenstein, Zwicker)** - Directs DEP to take certain actions concerning identification and testing of microplastics in drinking water, and requires DEP and BPU to study and promote use of microplastics removal technologies

**A-4955/S-3531 (S. Kean, Thomson/Singer, Gopal)** - Designates portion of State Highway Route 71 as "John Tarantino Highway"

**A-5094/S-3476 (Spearman/Beach, Greenstein)** - Concerns licensing of security officer companies

**A-5227/S-3662 (Danielsen, Space/Smith, Oroho)** - Expands eligibility for "fishing buddy license" fee

**A-5285/SCS for S-3708 (Greenwald, Haider, Lopez/Greenstein, A.M. Bucco)** - Requires copies of certain law enforcement records to be provided to victims of domestic violence upon request

**A-5293/S-3746 (Greenwald, McKnight, Rooney/Gopal, Ruiz)** - Concerns New Jersey Civic Information Consortium

**A-5311/S-3061 (Verrelli, McKnight, Matsikoudis/Stanfield, Turner)** - Enters New Jersey into Counseling Compact

**A-5391/S-3765 (DeAngelo/Diegnan, Corrado)** - Imposes conditions on drivers approaching disabled vehicles

**A-5412/S-3850 (Greenwald, Swain, Jasey/Gopal, Singer)** - Establishes nonpublic school transportation program to provide funding to consortiums of nonpublic schools that will assume responsibility for mandated nonpublic school busing

**A-5416wGR/S-3883 (Wimberly, Giblin, Haider/Greenstein, Turner)** - Requires State Board of Education to authorize alternate route to expedite teacher certification of persons employed as paraprofessionals in school districts

**A-5442/S-3793 (Karabinchak, Conaway, McKeon/Smith, Greenstein)** - Directs BPU to conduct study to determine feasibility, marketability, and costs of implementing large-scale geothermal heat pump systems in State

**A-5462/S-3867 (Coughlin, McKnight, Speight/Vitale, Turner)** - Revises law establishing Office of Food Security Advocate, and establishes certain conditions for use of monies appropriated to emergency food organizations

**ACS for A-5495/SCS for S-3846 (Danielsen/Scutari, A.M. Bucco)** - Clarifies types of firearms allowed to be carried or transported while hunting

**A-5516/S-4047 (Reynolds-Jackson, Verrelli, Conaway/Burgess, Turner)** - Requires certain health care professionals to undergo bias training

**A-5565/S-3971 (S. Kean, Thomson/Gopal)** - Provides that 10-year term does not apply to lease of certain municipal properties unless they are waterfront properties or related to waterfront concessions

**A-5567/S-3807 (Torrissi, Calabrese/A.M. Bucco, Sarlo)** - Extends period of usefulness of fire engines for bonding purposes from 10 to 20 years; eliminates exclusion of passenger cars and station wagons

**A-5582/S-3781 (Swain, Simonsen/Lagana, Cryan)** - Establishes grant program for NJ YouthBuild programs through DOLWD; makes appropriation

**A-5610wGR/S-3954 (Greenwald, Spearman, Chaparro/Beach, A.M. Bucco)** - Revises penalties for possession or consumption of alcoholic beverages by underage persons

**A-5748/S-4166 (Spearman, Moen, Moriarty/Cruz-Perez, Madden)** - Amends definition of "participating county" under County Option Hospital Fee Program

**A-5755/S-4183 (Carter, Sumter, Wimberly, Quijano/Scutari, Singleton)** - Enhances notice requirements and occupancy restrictions for hotels and multiple dwellings following determination of potentially hazardous condition

**A-5799/S-1472 (Moen, Moriarty/Beach, Stack)** - Authorizes DOT to establish and administer toll collection and enforcement system on behalf of NJ toll authorities and to enter into reciprocal agreements for enforcement of toll violations with toll authorities from other states

**A-5806/S-4165 (Moriarty, Sauickie/Greenstein, Oroho)** - Appropriates \$48 million from constitutionally dedicated CBT revenues to DEP for State acquisition of lands for recreational and conservation purposes, including Blue Acres projects, and Green Acres Program administrative costs

**A-5807/S-4138 (Freiman/Johnson, Schepisi)** - Appropriates \$58 million from constitutionally dedicated CBT revenues for recreation and conservation purposes to DEP for State capital and park development projects

**A-5808/S-4135 (Park, Freiman, Lopez/Beach, Turner)** - Appropriates \$15,564,293 from constitutionally dedicated CBT revenues to NJ Historic Trust for grants for certain historic preservation projects and associated administrative expenses

**A-5809/S-4097 (Swain, Lopez, Sauickie/Zwicker, Gopal)** - Amends lists of projects eligible to receive loans for environmental infrastructure projects from NJ Infrastructure Bank FY 2024

**A-5810/S-4098 (Sampson, Sauickie, Lopez/Greenstein, Stanfield)** - Amends lists of environmental infrastructure projects approved for long-term funding by DEP under FY 2024 environmental infrastructure funding program

**A-5828/S-4201 (Lopez/Vitale)** - Authorizes State Treasurer to sell as surplus certain real property and improvements in Township of Woodbridge in Middlesex County

**A-5835/S-4134 (Greenwald, Lampitt/Beach, Turner)** - Authorizes regional authority to develop and operate regional rehabilitation and reentry center

**A-5836/S-4212 (DeAngelo, Sumter, Wimberly/Gopal, Greenstein)** - Makes supplemental appropriation of \$650,000 to New Jersey Division of State Police for trooper recruitment retention

**A-5910/S-4266 (Egan/Codey)** - Increases annual salary of certain public employees and officers

**AJR-200/SJR-138 (Park, Freiman, Calabrese/Lagana)** - Designates November 22 of each year as Kimchi Day

Governor Murphy pocket vetoed the following bills:

**S-2989/A-1739 (Pou, Singer/McKeon, Quijano, Flynn)** - Makes certain for-profit debt adjusters eligible for licensing to conduct business in State

**S-3172/A-4689 (Gopal, Turner/Lampitt, Matsikoudis, McKnight)** - Establishes teacher certification route for candidates with Montessori teaching credentials

**S-3287/ACS for A-4852 and 1170 (Turner/Reynolds-Jackson, Jasey, Dunn, Wimberly, Calabrese, Spearman, Verrilli)** - Requires institutions of higher education to maintain support policy governing use of naloxone hydrochloride nasal spray for opioid overdose emergencies

**A-1476/S-930 (Benson, Dancer/Holzapfel, Diegnan)** - Exempts certain motor vehicles that are owned by certain nutrition programs and certain nonprofit organizations that offer social services from motor vehicle registration fees

**A-3642/S-665 (Wirhiths, Murphy, Benson, Oroho/Greenstein)** - Requires MVC to place designation on motor vehicle's registration information indicating registrant is deaf

**A-3945/S-1660 (Quijano, Reynolds-Jackson, Carter/Ruiz, Singleton)** - Establishes "Male Teachers of Color Mentorship Pilot Program"; appropriates \$95,000

**A-4177/S-2478 (Mosquera, Swain, McKnight, Tucker, Dunn/Ruiz, Vitale)** - Extends duration of law requiring certain provider subsidy payments for child care services be based on enrollment

**A-4396/S-2927 (Lampitt, Jasey, Caputo/Codey)** - Establishes timelines for review and approval by Commissioner of Education of annual certified audits submitted by approved private schools for students with disabilities

**A-4621/S-3156 (Mosquera, Greenwald, Swain/Madden)** - Requires issuance of report on certain information and data on processing of applications for professional and occupational licenses and mandates review of training and call intake in Division of Consumer Affairs.

**A-4740/S-2970 (Mukherji, DeAngelo, McKnight/Cruz-Perez, Turner)** - Provides employee access to employee's employment records on file with DOLWD

**A-5294/S-1825 (Greenwald, Swain, Rooney/Steinhardt, Sarlo, Doherty)** - Exempts sales of investment metal bullion and investment coins from sales and use tax

**A-5893/S-4228 (Karabinchak, Calabrese, Sauickie/Gopal, Sarlo)** - Extends annual horse racing purse subsidies through State fiscal year 2029