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.