



## Ohio Revised Code

### Section 3902.64 Coverage for hearing aids and related services.

Effective: April 3, 2025

Legislation: House Bill 315 - 135th General Assembly

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(A) As used in this section:

(1) "Hearing aid" means any wearable instrument or device designed or offered for the purpose of aiding or compensating for impaired human hearing, including all attachments, accessories, and parts thereof, except batteries and cords, that is dispensed by a licensed audiologist, a licensed hearing aid dealer or fitter, or an otolaryngologist.

(2) "Otolaryngologist" means a licensed physician who practices otolaryngology.

(3) "Related services" means services necessary to assess, select, and appropriately adjust or fit a hearing aid to ensure optimal performance.

(B) On and after the effective date of this section, and notwithstanding section 3901.71 of the Revised Code, a health benefit plan shall provide coverage for the full cost of both of the following:

(1) One hearing aid per hearing-impaired ear up to two thousand five hundred dollars every forty-eight months for a covered person twenty-one years of age or younger who is verified as being deaf or hearing impaired by a licensed audiologist or by an otolaryngologist or other licensed physician;

(2) All related services prescribed by an otolaryngologist or recommended by a licensed audiologist and dispensed by a licensed audiologist, a licensed hearing aid dealer or fitter, or an otolaryngologist.

(C) A covered person may choose a higher priced hearing aid and may pay the difference in cost above the two-thousand-five-hundred-dollar required coverage required by this section without any financial or contractual penalty to the covered person or to the provider of the hearing aid.

(D) A health plan issuer is not required to pay a claim for the cost of a hearing aid as required by division (B) of this section if, less than forty-eight months prior to the date of the claim, the covered



person received the coverage required under division (B) of this section from any health benefit plan.

(E)(1) A health benefit plan shall only provide coverage for hearing aids that are considered medically appropriate to meet the needs of the covered person, according to professional standards established by the state speech and hearing professionals board.

(2) A health benefit plan shall not exclude coverage for any hearing aid that would be considered medically appropriate to meet the needs of the covered person, according to professional standards established by the state speech and hearing professionals board.

(3) The state speech and hearing professionals board shall adopt professional standards concerning hearing aids as needed to evaluate the compliance of a health benefit plan with this section.