

**Local Government Mandate Statement  
Kentucky Legislative Research Commission  
2025 Regular Session**

**Part I: Measure Information**

<b>Bill Request #:</b>	BR 82	<b>Bill #:</b>	SB 93 SCS 1
<b>Document ID #:</b>	5577	<b>Sponsor:</b>	Senator Karen Berg
<b>Bill Title:</b>	AN ACT relating to hearing loss.		

Unit of Government:     City                             County                             Urban-County  
                                   Charter County             Consolidated Local         Unified Local

Office(s) Impacted:    Offices offering health plans

Requirement:             Mandatory             Optional

Effect on Powers & Duties:     Modifies Existing     Adds New     Eliminates Existing

Other Fiscal Statement(s) that may exist:     Actuarial Analysis             Corrections Impact  
     Health Benefit Mandate     State Employee Health Plan

**Part II: Bill Provisions and the Estimated Fiscal Impact Relating to Local Government**

SB 93 SCS 1 **Section 1** would amend KRS 304.17A-132 to require that all health benefit plans cover hearing aids and related services for children with documented hearing loss. Coverage would include, without cost sharing, one hearing aid per hard-of-hearing ear regardless of degree of hearing loss and at not less than the cost of a reasonable and customary hearing aid. The Commissioner of the Department of Insurance (DOI) would promulgate and annually review a regulation establishing a minimum coverage amount of not less than \$2,500 per hearing aid. If the commissioner determines an adjustment in the minimum coverage amount is necessary to comply with the coverage requirements of the Act the commissioner shall amend the regulation to adjust.

**Section 1** of the Act would require that health benefit plans that utilize a network to provide hearing aids and services ensure that the network is reasonably adequate and accessible for providing hearing aids and services required by the Act. A “reasonably adequate and accessible” network would, at a minimum, offer an adequate number of accessible pediatric audiologists.

**Section 2** of the Act would require all health benefit plans to cover cochlear implants, without cost sharing. The coverage would be not less than that for cochlear implants under Medicare coverage for Medicare recipients, and the cost of reasonable and customary implants. The DOI commissioner would be required to establish a minimum coverage amount per cochlear implant, annually review that amount, and adjust the minimum amount if necessary.

**Sections 3 and 4** would amend KRS Chapter 205 (effective January 1, 20025) to require Medicaid and the Kentucky Children’s Health Insurance Program (KCHIP) comply with the coverage requirements of the Act.

SB 93 SCS 1 **Section 6** would amend KRS 18A.225 to apply the requirements of the Act to the Kentucky Employees Health Plan.

If application of any provisions of the Act would cause a health benefit plan to fail to qualify as a Health Savings Account-qualified High Deductible Health Plan then those provisions would not apply to that health benefit plan until the federally-required minimum deductible is satisfied. If application of any provisions would negatively impact funds received from federal agencies, then the Department of Insurance or the Cabinet for Health and Family Services, as applicable, would be required to seek a waiver or authorization from the relevant federal agency.

The Fiscal Impact Report – BR 82/SB 93, dated February 11, 2025, assessing the fiscal impact of the Act as introduced, reports the unit cost of hearing aids at \$1400 - \$3500, and the unit cost of a cochlear implant at \$30,000- \$60,000.

**Sections 1 to 7** of the Act would take effect January 1, 2026.

**The fiscal impact on local governments of SB 93 SCS 1 is difficult to assess, given differing input from the Kentucky Employee Health Plan (KEHP) and local government sources.** Even though the Senate Committee Substitute would eliminate coverage of adults with hearing loss as provided in the bill as introduced, the Kentucky Department of Employee Insurance (KEHP) estimates the fiscal impact of SB 93 SCS 1 on KEHP at an annual increased cost up to \$12.69 per planholder/employee, an increase of more than \$8.00 per planholder/employee over the Act as introduced. In 2024 the Kentucky Employees Health Plan (KEHP) provided coverage to 157 county and city governmental organizations. Premiums paid by local governments that participate in the KEHP would be increased. This would represent a moderate to significant negative fiscal impact on local governments that participate in KEHP.

Kentucky League of Cities estimates SB 92 SCS 1 would have a minimal fiscal impact on cities because most health benefit plans presently provide coverage of hearing aids and cochlear implants for people under 18 years. The fiscal impact of the Senate Committee Substitute would be less than the fiscal impact of the bill as introduced, due to the SCS eliminating the coverage requirement for hearing aids and related services for adults.

**Data Source(s):** Kentucky League of Cities; Kentucky Association of Counties;  
Department of Employees Insurance; Fiscal Impact Report – BR 82/SB 93,  
dated February 11, 2025

**Preparer:** MS **Reviewer:** HT (MDA) **Date:** 3/5/25