

AMENDED IN ASSEMBLY JUNE 8, 2023

AMENDED IN SENATE MAY 18, 2023

SENATE BILL

No. 635

Introduced by ~~Senator~~ *Senators Menjivar and Portantino*

February 16, 2023

An act to ~~add Section 8209.5 to the Education Code, to add Chapter 7 (commencing with Section 124255) to Part 2 of Division 106 of the Health and Safety Code, and to add Section 10271.1 to the Welfare and Institutions Code, relating to early childhood.~~ *add Section 1367.72 to the Health and Safety Code, and to add Section 10123.72 to the Insurance Code, relating to health care coverage.*

LEGISLATIVE COUNSEL'S DIGEST

SB 635, as amended, Menjivar. ~~Early education and childcare.~~ *Health care coverage: hearing aids.*

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

This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2024, to include coverage for hearing aids for enrollees and insureds under 21 years of age, if medically necessary. The bill would limit the maximum required coverage amount to \$3,000 per individual hearing aid, as specified. Because a willful violation of the bill's requirements

relative to a health care service plan would be a crime, the bill would impose a state-mandated local program.

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

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

~~Existing law, the Early Education Act, among other things, requires the Superintendent of Public Instruction to administer all California state preschool programs, including, but not limited to, part-day and full-day age and developmentally appropriate programs for 3- and 4-year-old children. Existing law, the Child Care and Development Services Act, administered by the State Department of Social Services, establishes a system of child care and development services for children up to 13 years of age.~~

~~This bill would require a California state preschool program and a child care and development program to, with consent from parents or legal guardians, screen each enrolled child who is 0 to 5 years of age, inclusive, with a validated developmental screening tool and to report the information from the screening to the State Department of Education or State Department of Social Services, respectively. The bill would require the program to refer the child's family to the appropriate regional center or other intervention service if the screening shows a need for services, and would, subject to an appropriation by the Legislature, provide specified funding for the programs in supporting the administration, referral, and coordination of families to services. The bill would require the State Department of Education and the State Department of Social Services to establish a centralized billing point to draw down federal funding to pay for the costs of providing the screening, and to work with the State Department of Developmental Services, the State Department of Health Care Services, and the Office of the Surgeon General to establish memoranda of understanding and referral pathways to ensure identified children are receiving any needed intervention services, as specified.~~

~~Existing law provides for various home visiting programs, including the Nurse-Family Partnership program, which is administered by the State Department of Public Health to provide grants for voluntary nurse home visiting programs for expectant first-time mothers, their children, and their families, and the CalWORKs Home Visiting Program, a~~

voluntary program for the purpose of supporting positive health, development, and well-being outcomes for eligible CalWORKs assistance units with pregnant and parenting people, families, and infants born into poverty.

This bill would also require a home visiting program funded by state or local governmental moneys to, with consent from a parent or legal guardian, screen each enrolled child who is 0 to 5 years of age, inclusive, with a validated developmental screening tool.

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

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

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

3 1367.72. (a) A health care service plan contract issued,
4 amended, or renewed on or after January 1, 2024, shall include
5 coverage for hearing aids for all enrollees under 21 years of age,
6 if medically necessary. The covered service shall be provided by
7 a contracted provider, unless the contract allows for out-of-network
8 coverage. For children under five years of age, a contracted
9 provider shall include a pediatric audiologist.

10 (b) The maximum required coverage amount under this section
11 is three thousand dollars (\$3,000) per individual hearing aid. An
12 enrollee may choose to purchase a hearing aid that exceeds the
13 maximum coverage amount and shall be responsible for the
14 difference between the cost of the hearing aid and the maximum
15 coverage amount.

16 (1) Hearing aids covered pursuant to this section shall not be
17 subject to a deductible or copayment requirement. Coverage of
18 hearing aids under this section shall not be subject to financial or
19 treatment limitations, including annual caps set below three
20 thousand dollars (\$3,000) per individual hearing aid.

21 (2) Coverage for hearing aids shall include an initial
22 assessment, new hearing aids at least every four years, new
23 earmolds, new hearing aids if alterations to existing hearing aids
24 cannot meet the needs of the enrollee, a new hearing aid if the
25 existing one is no longer working, and fittings, adjustments,
26 auditory training, and maintenance of the hearing aids.

1 (c) For purposes of this section, “hearing aid” means an
2 electronic device designed to aid or compensate for impaired
3 human hearing and any parts, attachments, or accessories,
4 including earmolds, but excluding batteries and cords. This
5 includes both hearing aids traditionally worn behind the ear and
6 nonimplanted auditory osseointegrated devices.

7 (d) This section does not apply to a Medicare supplement or
8 specialized health care service plan contract.

9 SEC. 2. Section 10123.72 is added to the Insurance Code, to
10 read:

11 10123.72. (a) A health insurance policy issued, amended, or
12 renewed on or after January 1, 2024, shall include coverage for
13 hearing aids for all insureds under 21 years of age, if medically
14 necessary. The covered service shall be provided by a contracted
15 provider, unless the policy allows for out-of-network coverage.
16 For children under five years of age, a contracted provider shall
17 include a pediatric audiologist.

18 (b) The maximum required coverage amount under this section
19 is three thousand dollars (\$3,000) per individual hearing aid. An
20 insured may choose to purchase a hearing aid that exceeds the
21 maximum coverage amount and shall be responsible for the
22 difference between the cost of the hearing aid and the maximum
23 coverage amount.

24 (1) Hearing aids covered pursuant to this section shall not be
25 subject to a deductible or copayment requirement. Coverage of
26 hearing aids under this section shall not be subject to financial or
27 treatment limitations, including annual caps set below three
28 thousand dollars (\$3,000) per individual hearing aid.

29 (2) Coverage for hearing aids shall include an initial
30 assessment, new hearing aids at least every four years, new
31 earmolds, new hearing aids if alterations to existing hearing aids
32 cannot meet the needs of the insured, a new hearing aid if the
33 existing one is no longer working, and fittings, adjustments,
34 auditory training, and maintenance of the hearing aids.

35 (c) For purposes of this section, “hearing aid” means an
36 electronic device designed to aid or compensate for impaired
37 human hearing and any parts, attachments, or accessories,
38 including earmolds, but excluding batteries and cords. This
39 includes both hearing aids traditionally worn behind the ear and
40 nonimplanted auditory osseointegrated devices.

1 (d) This section does not apply to an accident-only, specified
2 disease, hospital indemnity, Medicare supplement, or specialized
3 health insurance policy.

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

13 SECTION 1. ~~Section 8209.5 is added to the Education Code,~~
14 ~~to read:~~

15 ~~8209.5. (a) (1) A California state preschool program shall,~~
16 ~~with consent from a parent or legal guardian, screen each enrolled~~
17 ~~child with a validated developmental screening tool and report the~~
18 ~~information from the screening to the department.~~

19 ~~(2) If the screening for a child shows a need for services, the~~
20 ~~California state preschool program shall refer the child's family~~
21 ~~to the appropriate regional center or other intervention service.~~

22 ~~(3) Subject to an appropriation in the Budget Act or another~~
23 ~~statute for these purposes, each program shall receive a 0.5-percent~~
24 ~~increase to their administrative funds for purposes of supporting~~
25 ~~the administration, referral, and coordination of families to services,~~
26 ~~and reporting requirements for the screening, as required under~~
27 ~~this subdivision.~~

28 ~~(b) The department shall collect information of the children~~
29 ~~screened pursuant to subdivision (a), and shall, in conjunction with~~
30 ~~the State Department of Social Services, establish a centralized~~
31 ~~billing point to draw down federal funding, including, but not~~
32 ~~limited to, federal Medicaid funding, to pay for the costs of~~
33 ~~providing the screening.~~

34 ~~(c) The department, in conjunction with the State Department~~
35 ~~of Social Services, shall work with the State Department of~~
36 ~~Developmental Services, the State Department of Health Care~~
37 ~~Services, and the Office of the Surgeon General to establish~~
38 ~~memoranda of understanding and referral pathways to ensure that~~
39 ~~children who have been identified as needing prevention and~~

1 ~~intervention services are receiving those services in a timely~~
2 ~~manner and, to the extent possible, in their home language.~~

3 ~~SEC. 2. Chapter 7 (commencing with Section 124255) is added~~
4 ~~to Part 2 of Division 106 of the Health and Safety Code, to read:~~

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~~CHAPTER 7. HOME VISITING PROGRAM SCREENING~~

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8 ~~124255. A home visiting program funded by state or local~~
9 ~~governmental moneys may, with consent from a parent or legal~~
10 ~~guardian, screen each enrolled child who is 0 to 5 years of age,~~
11 ~~inclusive, with a validated developmental screening tool.~~

12 ~~SEC. 3. Section 10271.1 is added to the Welfare and~~
13 ~~Institutions Code, to read:~~

14

15 ~~10271.1. (a) (1) A child care and development program shall,~~
16 ~~with consent from a parent or legal guardian, screen each enrolled~~
17 ~~child who is 0 to 5 years of age, inclusive, with a validated~~
18 ~~developmental screening tool and report the information from the~~
19 ~~screening to the department.~~

20 ~~(2) If the screening for a child shows a need for services, the~~
21 ~~child care and development program shall refer the child's family~~
22 ~~to the appropriate regional center or other intervention service.~~

23 ~~(3) Subject to an appropriation in the Budget Act or another~~
24 ~~statute for these purposes, each program shall receive a 0.5-percent~~
25 ~~increase to their administrative and supportive services funds for~~
26 ~~purposes of supporting the administration, referral, and~~
27 ~~coordination of families to services, and reporting requirements~~
28 ~~for the screening, as required under this subdivision.~~

29 ~~(b) The department shall collect information of the children~~
30 ~~screened pursuant to subdivision (a), and shall, in conjunction with~~
31 ~~the State Department of Education, establish a centralized billing~~
32 ~~point to draw down federal funding, including, but not limited to,~~
33 ~~federal Medicaid funding, to pay for the costs of providing the~~
34 ~~screening.~~

35 ~~(c) The department, in conjunction with the State Department~~
36 ~~of Education, shall work with the State Department of~~
37 ~~Developmental Services, the State Department of Health Care~~
38 ~~Services, and the Office of the Surgeon General to establish~~
39 ~~memoranda of understanding and referral pathways to ensure that~~
~~children who have been identified as needing prevention and~~

- 1 ~~intervention services are receiving those services in a timely~~
- 2 ~~manner and, to the extent possible, in their home language.~~

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