**South Carolina General Assembly**

126th Session, 2025-2026

**H. 3342**

**STATUS INFORMATION**

General Bill

Sponsors: Rep. Garvin

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Prefiled in the House on December 5, 2024

Currently residing in the House Committee on **Labor, Commerce and Industry**

Summary: Hearing aids

**HISTORY OF LEGISLATIVE ACTIONS**

Date Body Action Description with journal page number

12/5/2024 House Prefiled

12/5/2024 House Referred to Committee on **Labor, Commerce and Industry**

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**VERSIONS OF THIS BILL**

[12/05/2024](https://www.scstatehouse.gov/sess126_2025-2026/prever/3342_20241205.docx)

A bill

TO AMEND THE SOUTH CAROLINA CODE OF LAWS BY ADDING SECTION 38‑71‑48 SO AS TO PROVIDE DEFINITIONS, TO REQUIRE ALL HEALTH INSURANCE AND GROUP HEALTH BENEFIT PLANS TO COVER HEARING AIDS AND REPLACEMENT HEARING AIDS FOR INSUREDS WITH IMPAIRED HEARING, AND TO PROVIDE FOR THE SCOPE OF COVERAGE, AMONG OTHER THINGS.

Be it enacted by the General Assembly of the State of South Carolina:

SECTION 1. Article 1, Chapter 71, Title 38 of the S.C. Code is amended by adding:

Section 38‑71‑48. (A) “Hearing aid” means any nonexperimental and wearable instrument or device designed for the ear and offered to aid or compensate for impaired human hearing, including any parts, ear molds, repair parts, and replacement parts of this instrument or device. “Hearing aid” excludes batteries, cords, personal sound amplification products, and other assistive listening devices.

(2) “Audiologist” means an individual licensed to practice audiology in this State pursuant to Chapter 67, Title 40.

(3) “Insurer” means an insurance company, a health maintenance organization, and any other entity that provides health insurance coverage as defined in Section 38‑71‑670(6), is licensed to engage in the business of insurance in this State, and is subject to state insurance regulation.

(4) “Health maintenance organization” means an organization as defined in Section 38‑33‑20(8).

(5) “Health insurance plan” means a group health insurance policy or group health benefit plan offered by an insurer, including the State Health Plan.

(6) “State Health Plan” means the employee and retiree insurance program provided in Article 5, Chapter 11, Title 1.

(7) “Department” means the Department of Insurance.

(B) All health insurance plans offered by individual and group health and health management organizations, including the State Health Plan, must provide coverage for the billed charges of one hearing aid per hearing impaired ear for an individual covered under a policy, contract, or certificate in accordance with the following:

(1) The department shall set and promulgate minimum coverage rates and coverage limits for adult and child hearing aids for each hearing‑impaired ear.

(2) At a minimum, the department must provide rates that would provide coverage for the billed charges of reasonable and customary hearing aids.

(3) Every two years the department must compile and promulgate an approved list of audiologists and hearing aid dealers licensed in this State who will provide hearing aids as mandated in this section.

(4) To be eligible for coverage under a health insurance plan, hearing loss in each impaired ear must be documented by a physician or audiologist licensed in this State.

(C) A health insurance plan may not deny or refuse coverage on, refuse to contract with, or refuse to renew or refuse to reissue or otherwise terminate or restrict coverage on a covered individual solely because he is or has been previously diagnosed with hearing loss.

(D) A covered insured may select a hearing aid or aids costing more than the amount promulgated by the department in subsection (B), so long as the covered insured pays the difference between the price of the selected hearing aids or aid and the limit in subsection (B), without any financial or contractual penalty to the covered insured or to the provider of the hearing aid.

(E) The requirements of this section apply to all policies, contracts, and certificates executed, delivered, issued, continued, or renewed in this State on or after the effective date of this section.

SECTION 2. This act takes effect July 1, 2025, and applies to health insurance plans issued, renewed, delivered, or entered into on or after the effective date of this act.

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