

119TH CONGRESS
1ST SESSION

H. R. 4606

To amend title XXVII of the Public Health Service Act, the Employee Retirement Income Security Act of 1974, the Internal Revenue Code of 1986, and the Patient Protection and Affordable Care Act to require coverage of hearing devices and systems in certain private health insurance plans, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JULY 22, 2025

Mr. NEGUSE (for himself, Mr. FITZPATRICK, Mr. POCAN, and Mr. RUTHERFORD) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Education and Workforce, and Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend title XXVII of the Public Health Service Act, the Employee Retirement Income Security Act of 1974, the Internal Revenue Code of 1986, and the Patient Protection and Affordable Care Act to require coverage of hearing devices and systems in certain private health insurance plans, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Ally’s Act”.

1 **SEC. 2. COVERAGE OF HEARING DEVICES AND SYSTEMS IN**
2 **CERTAIN PRIVATE HEALTH INSURANCE**
3 **PLANS.**

4 (a) PHSA.—Part D of the Public Health Service Act
5 (42 U.S.C. 300gg–111 et seq.) is amended by adding at
6 the end the following new section:

7 **“SEC. 2799A–11. COVERAGE OF HEARING DEVICES AND SYS-**
8 **TEMS.**

9 “(a) IN GENERAL.—A group health plan and a health
10 insurance issuer offering group or individual health insur-
11 ance coverage shall at a minimum provide coverage for
12 the following items and services furnished to a qualifying
13 individual (as defined in subsection (d)):

14 “(1) Auditory implant devices (including audi-
15 tory osseointegrated (bone conduction) implants and
16 cochlear implants) and external sound processors.

17 “(2) The maintenance of auditory implant de-
18 vices and external sound processors described in
19 paragraph (1).

20 “(3) Every 5 years, the upgrade (or replace-
21 ment if an upgrade is not available) of auditory im-
22 plant devices and external sound processors de-
23 scribed in paragraph (1).

24 “(4) Adhesive adapters and softband head-
25 bands.

1 “(5) The repair of auditory implant devices and
2 external sound processors described in paragraph
3 (1).

4 “(6) A comprehensive hearing assessment.

5 “(7) A preoperative medical assessment.

6 “(8) Surgery relating to the furnishing of such
7 devices and processors (as determined necessary by
8 a physician or qualified audiologist (as such terms
9 are defined for purposes of subsection (d)) treating
10 such individual).

11 “(9) Postoperative medical visits for purposes
12 of ensuring appropriate recovery from such surgery.

13 “(10) Postoperative audiological visits for acti-
14 vation and fitting of such devices and processors.

15 “(11) Aural rehabilitation and treatment serv-
16 ices (as so determined necessary).

17 “(b) COVERAGE REQUIREMENTS.—In the case of an
18 item or service described in subsection (a) furnished to
19 a qualifying individual under a group health plan or group
20 or individual health insurance coverage, such plan or cov-
21 erage shall ensure that—

22 “(1) the financial requirements (as defined in
23 section 2726(a)(3)) applicable to such item or serv-
24 ice are no more restrictive than the predominant fi-
25 nancial requirements applied to substantially all

1 medical and surgical benefits covered by the plan or
2 coverage (as applicable), and that there are no sepa-
3 rate cost sharing requirements that are applicable
4 only with respect to such item or service; and

5 “(2) the treatment limitations (as defined in
6 such section) applicable to such item or service are
7 no more restrictive than the predominant treatment
8 limitations applied to substantially all medical and
9 surgical benefits covered by the plan or coverage (as
10 applicable), and that there are no separate treat-
11 ment limitations that are applicable only with re-
12 spect to such item or service.

13 “(c) PROHIBITION ON REVIEW OF MEDICAL NECES-
14 SITY.—A group health plan and a health insurance issuer
15 offering group or individual health insurance coverage
16 may not deny or otherwise limit coverage of any item or
17 service described in subsection (a) where such item or
18 service has been determined to be medically necessary by
19 a physician or qualified audiologist (as such terms are de-
20 fined in subsection (d)).

21 “(d) QUALIFYING INDIVIDUAL DEFINED.—For pur-
22 poses of this section, the term ‘qualifying individual’
23 means an individual that a physician (as defined in section
24 1861(r) of the Social Security Act) or qualified audiologist
25 (as defined in section 1861(ll)(4)(B) of such Act) deter-

1 mines meets an indication (including unilateral or bilateral
2 hearing loss) for an auditory implant device and external
3 sound processor described in subsection (a)(1).”.

4 (b) ERISA.—

5 (1) IN GENERAL.—Subpart B of part 7 of sub-
6 title B of title I of the Employee Retirement Income
7 Security Act of 1974 (29 U.S.C. 1185 et seq.) by
8 adding at the end the following new section:

9 **“SEC. 726. COVERAGE OF HEARING DEVICES AND SYSTEMS.**

10 “(a) IN GENERAL.—A group health plan and a health
11 insurance issuer offering group health insurance coverage
12 shall at a minimum provide coverage for the following
13 items and services furnished to a qualifying individual (as
14 defined in subsection (d)):

15 “(1) Auditory implant devices (including audi-
16 tory osseointegrated (bone conduction) implants and
17 cochlear implants) and external sound processors.

18 “(2) The maintenance of auditory implant de-
19 vices and external sound processors described in
20 paragraph (1).

21 “(3) Every 5 years, the upgrade (or replace-
22 ment if an upgrade is not available) of auditory im-
23 plant devices and external sound processors de-
24 scribed in paragraph (1).

1 “(4) Adhesive adapters and softband head-
2 bands.

3 “(5) The repair of auditory implant devices and
4 external sound processors described in paragraph
5 (1).

6 “(6) A comprehensive hearing assessment.

7 “(7) A preoperative medical assessment.

8 “(8) Surgery relating to the furnishing of such
9 devices and processors (as determined necessary by
10 a physician or qualified audiologist (as such terms
11 are defined for purposes of subsection (d)) treating
12 such individual).

13 “(9) Postoperative medical visits for purposes
14 of ensuring appropriate recovery from such surgery.

15 “(10) Postoperative audiological visits for acti-
16 vation and fitting of such devices and processors.

17 “(11) Aural rehabilitation and treatment serv-
18 ices (as so determined necessary).

19 “(b) COVERAGE REQUIREMENTS.—In the case of an
20 item or service described in subsection (a) furnished to
21 a qualifying individual under a group health plan or group
22 health insurance coverage, such plan or coverage shall en-
23 sure that—

24 “(1) the financial requirements (as defined in
25 section 2726(a)(3) of the Public Health Service Act)

1 applicable to such item or service are no more re-
2 strictive than the predominant financial require-
3 ments applied to substantially all medical and sur-
4 gical benefits covered by the plan or coverage (as ap-
5 plicable), and that there are no separate cost sharing
6 requirements that are applicable only with respect to
7 such item or service; and

8 “(2) the treatment limitations (as defined in
9 such section) applicable to such item or service are
10 no more restrictive than the predominant treatment
11 limitations applied to substantially all medical and
12 surgical benefits covered by the plan or coverage (as
13 applicable), and that there are no separate treat-
14 ment limitations that are applicable only with re-
15 spect to such item or service.

16 “(c) PROHIBITION ON REVIEW OF MEDICAL NECES-
17 SITY.—A group health plan and a health insurance issuer
18 offering group health insurance coverage may not deny or
19 otherwise limit coverage of any item or service described
20 in subsection (a) where such item or service has been de-
21 termined to be medically necessary by a physician or quali-
22 fied audiologist (as such terms are defined in subsection
23 (d)).

24 “(d) QUALIFYING INDIVIDUAL DEFINED.—For pur-
25 poses of this section, the term ‘qualifying individual’

1 means an individual that a physician (as defined in section
 2 1861(r) of the Social Security Act) or qualified audiologist
 3 (as defined in section 1861(ll)(4)(B) of such Act) deter-
 4 mines meets an indication (including unilateral or bilateral
 5 hearing loss) for an auditory implant device and external
 6 sound processor described in subsection (a)(1).”.

7 (2) CLERICAL AMENDMENT.—The table of con-
 8 tents in section 1 of the Employee Retirement In-
 9 come Security Act of 1974 (29 U.S.C. 1001 et seq.)
 10 is amended by inserting after the item relating to
 11 section 725 the following new item:

“Sec. 726. Coverage of hearing devices and systems.”.

12 (c) IRC.—

13 (1) IN GENERAL.—Subchapter B of chapter
 14 100 of the Internal Revenue Code of 1986 is amend-
 15 ed by adding at the end the following new section:

16 **“SEC. 9826. COVERAGE OF HEARING DEVICES AND SYS-**
 17 **TEMS.**

18 “(a) IN GENERAL.—A group health plan shall at a
 19 minimum provide coverage for the following items and
 20 services furnished to a qualifying individual (as defined
 21 in subsection (d)):

22 “(1) Auditory implant devices (including audi-
 23 tory osseointegrated (bone conduction) implants and
 24 cochlear implants) and external sound processors.

1 “(2) The maintenance of auditory implant de-
2 vices and external sound processors described in
3 paragraph (1).

4 “(3) Every 5 years, the upgrade (or replace-
5 ment if an upgrade is not available) of auditory im-
6 plant devices and external sound processors de-
7 scribed in paragraph (1).

8 “(4) Adhesive adapters and softband head-
9 bands.

10 “(5) The repair of auditory implant devices and
11 external sound processors described in paragraph
12 (1).

13 “(6) A comprehensive hearing assessment.

14 “(7) A preoperative medical assessment.

15 “(8) Surgery relating to the furnishing of such
16 devices and processors (as determined necessary by
17 a physician or qualified audiologist (as such terms
18 are defined for purposes of subsection (d)) treating
19 such individual).

20 “(9) Postoperative medical visits for purposes
21 of ensuring appropriate recovery from such surgery.

22 “(10) Postoperative audiological visits for acti-
23 vation and fitting of such devices and processors.

24 “(11) Aural rehabilitation and treatment serv-
25 ices (as so determined necessary).

1 “(b) COVERAGE REQUIREMENTS.—In the case of an
2 item or service described in subsection (a) furnished to
3 a qualifying individual under a group health plan, such
4 plan shall ensure that—

5 “(1) the financial requirements (as defined in
6 section 2726(a)(3) of the Public Health Service Act)
7 applicable to such item or service are no more re-
8 strictive than the predominant financial require-
9 ments applied to substantially all medical and sur-
10 gical benefits covered by the plan, and that there are
11 no separate cost sharing requirements that are ap-
12 plicable only with respect to such item or service;
13 and

14 “(2) the treatment limitations (as defined in
15 such section) applicable to such item or service are
16 no more restrictive than the predominant treatment
17 limitations applied to substantially all medical and
18 surgical benefits covered by the plan, and that there
19 are no separate treatment limitations that are appli-
20 cable only with respect to such item or service.

21 “(c) PROHIBITION ON REVIEW OF MEDICAL NECES-
22 SITY.—A group health plan may not deny or otherwise
23 limit coverage of any item or service described in sub-
24 section (a) where such item or service has been determined

1 to be medically necessary by a physician or qualified audi-
 2 ologist (as such terms are defined in subsection (d)).

3 “(d) QUALIFYING INDIVIDUAL DEFINED.—For pur-
 4 poses of this section, the term ‘qualifying individual’
 5 means an individual that a physician (as defined in section
 6 1861(r) of the Social Security Act) or qualified audiologist
 7 (as defined in section 1861(ll)(4)(B) of such Act) deter-
 8 mines meets an indication (including unilateral or bilateral
 9 hearing loss) for an auditory implant device and external
 10 sound processor described in subsection (a)(1).”.

11 (2) CLERICAL AMENDMENT.—The table of sec-
 12 tions for subchapter B of chapter 100 of the Inter-
 13 nal Revenue Code of 1986 is amended by inserting
 14 after the item relating to section 9825 the following
 15 new item:

“Sec. 9286. Coverage of hearing devices and systems.”.

16 (d) APPLICATION TO GRANDFATHERED HEALTH
 17 PLANS.—Section 1251(a)(4)(A) of the Patient Protection
 18 and Affordable Care Act (42 U.S.C. 18011(a)(4)(A)) is
 19 amended—

20 (1) by striking “title” and inserting “title, or as
 21 added after the date of the enactment of this Act”;
 22 and

23 (2) by adding at the end the following new
 24 clause:

1 “(v) Section 2799A–11 (relating to
2 hearing devices and systems).”.

3 (3) EFFECTIVE DATE.—The amendments made
4 by this subsection shall apply with respect to plan
5 years beginning on or after January 1, 2026.

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