

119TH CONGRESS
1ST SESSION

S. 3400

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 SENATE OF THE UNITED STATES

DECEMBER 9, 2025

Mr. CURTIS (for himself, Ms. WARREN, Mrs. CAPITO, Mr. HICKENLOOPER, and Mr. WARNOCK) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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 “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:

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 in subsection (d)) treating such indi-
10 vidual).

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:

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 in subsection (d)) treating such indi-
10 vidual).

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 health insurance coverage, such plan or coverage shall en-
21 sure that—

22 “(1) the financial requirements (as defined in
23 section 712(a)(3)) applicable to such item or service
24 are no more restrictive than the predominant finan-
25 cial requirements applied to substantially all medical

1 and surgical benefits covered by the plan or coverage
 2 (as applicable), and that there are no separate cost
 3 sharing requirements that are applicable only with
 4 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 health insurance coverage may not deny or
 16 otherwise limit coverage of any item or service described
 17 in subsection (a) where such item or service has been de-
 18 termined to be medically necessary by a physician or quali-
 19 fied audiologist (as such terms are defined in subsection
 20 (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 (42 U.S.C. 1395x(r)))
 25 or qualified audiologist (as defined in section

1 1861(ll)(4)(B) of such Act (42 U.S.C. 1395x(ll)(4)(B)))
 2 determines meets an indication (including unilateral or bi-
 3 lateral hearing loss) for an auditory implant device and
 4 external sound processor described in subsection (a)(1).”.

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

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

10 (c) IRC.—

11 (1) IN GENERAL.—Subchapter B of chapter
 12 100 of the Internal Revenue Code of 1986 is amend-
 13 ed by adding at the end the following new section:

14 **“SEC. 9826. COVERAGE OF HEARING DEVICES AND SYS-**
 15 **TEMS.**

16 “(a) IN GENERAL.—A group health plan shall at a
 17 minimum provide coverage for the following items and
 18 services furnished to a qualifying individual:

19 “(1) Auditory implant devices (including audi-
 20 tory osseointegrated (bone conduction) implants and
 21 cochlear implants) and external sound processors.

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

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

5 “(4) Adhesive adapters and softband head-
6 bands.

7 “(5) The repair of auditory implant devices and
8 external sound processors described in paragraph
9 (1).

10 “(6) A comprehensive hearing assessment.

11 “(7) A preoperative medical assessment.

12 “(8) Surgery relating to the furnishing of such
13 devices and processors (as determined necessary by
14 a physician or qualified audiologist (as such terms
15 are defined in subsection (d)) treating such indi-
16 vidual).

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

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

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

23 “(b) COVERAGE REQUIREMENTS.—In the case of an
24 item or service described in subsection (a) furnished to

1 a qualifying individual under a group health plan, such
 2 plan shall ensure that—

3 “(1) the financial requirements (as defined in
 4 section 9812(a)(3)) applicable to such item or serv-
 5 ice are no more restrictive than the predominant fi-
 6 nancial requirements applied to substantially all
 7 medical and surgical benefits covered by the plan,
 8 and that there are no separate cost sharing require-
 9 ments that are applicable only with respect to such
 10 item or service; and

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

18 “(c) PROHIBITION ON REVIEW OF MEDICAL NECES-
 19 SITY.—A group health plan may not deny or otherwise
 20 limit coverage of any item or service described in sub-
 21 section (a) where such item or service has been determined
 22 to be medically necessary by a physician or qualified audi-
 23 ologist (as such terms are defined in subsection (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 (42 U.S.C. 1395x(r)))
 3 or qualified audiologist (as defined in section
 4 1861(ll)(4)(B) of such Act (42 U.S.C. 1395x(ll)(4)(B)))
 5 determines meets an indication (including unilateral or bi-
 6 lateral hearing loss) for an auditory implant device and
 7 external sound processor described in subsection (a)(1).”.

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

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

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

17 (1) by striking “title” and inserting “title, or as
 18 added after the date of the enactment of this Act”;
 19 and

20 (2) by adding at the end the following new
 21 clause:

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

1 (e) EFFECTIVE DATE.—The amendments made by
2 this section shall apply with respect to plan years begin-
3 ning on or after January 1, 2026.

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