The Illinois Academy of Audiology (ILAA) applauds Governor JB Pritzker for signing Senate Bill 2838 (SB2838) into law, making Illinois the first state in the nation to enact legislation specifically designed to strengthen consumer protections and improve transparency for hearing care plans. The legislation passed with strong bipartisan support and takes effect January 1, 2027. Given this effective date, we may need see substantial changes until open enrollment of 2027.

The Illinois Academy of Audiology pursued SB2838 after hearing repeated concerns from patients and audiologists about confusing hearing care plans, unclear benefit information, and unexpected out-of-pocket costs. The Academy worked with legislators and stakeholders to develop this first-of-its-kind legislation to ensure Illinois consumers have access to clear information about their hearing care benefits and can make informed healthcare decisions.

Primary tenants of SB2838:

- If the hearing care plan does not cover and item or service (that means, the hearing care plan or discount hearing care plan is not paying the hearing instrument professional, in whole or in part, for the items or services outlined by the hearing care or discount plan benefit), the participating hearing instrument professional does not have to accept the rate assigned by the hearing care plan or discount hearing care plan.
- If the participating hearing instrument professional chooses not to accept the rate assigned by the hearing care plan or discount hearing care plan for the non-covered/unfunded item or service, the hearing instrument professional must post, in a conspicuous place, a specific, exact written notice (outlined by the Act) and provide this notice in a written document to the enrollee/patient outlining that they do not accept the fee schedule for items and services provided prior to the hearing aid fitting, after one year following the initial fitting of the hearing aids, or after the allowed number of covered/included visits are exhausted.
- Hearing care benefits must be communicated to the enrollee/patient and non-covered items and services must be identified in the marketing materials, contracts and plan documents.
- Discount hearing aid benefits must not be represented as funded hearing care benefits. Hearing care organizations must clearly document the specific cost-sharing amounts of both in and out of network hearing care benefits and, in the case of discount hearing care benefits, the specific discounted amounts provided by preferred, participating providers.
- Hearing testing, whether diagnostic or for the purpose of fitting or modifying a hearing aid, must be reimbursable, either by the health care organization, enrollee, or both,

irrespective of whether or not the enrollee proceeds with the purchase of hearing aids.

- If a hearing care plan or discount hearing care plan is owned or operated, in whole or in part, by a manufacturer of prescription hearing aids offered within the hearing care benefits, that must be disclosed to enrollees or potential enrollees, in its marketing materials and plan documents.
- Hearing care plans and discount hearing care plans must comply with the Illinois Health Maintenance Organization Act. The plan must register with the Illinois Department of Insurance.
- It is unlawful practice under the meaning of the Act for any person to violate the Hearing Plan Contracts Article of the Illinois Insurance Code.