

By: Johnson of Dallas

H.B. No. 109

Substitute the following for H.B. No. 109:

By: Oliverson

C.S.H.B. No. 109

A BILL TO BE ENTITLED

1 AN ACT
2 relating to health benefit coverage for hearing aids for children
3 and adults.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

5 SECTION 1. Chapter 1365, Insurance Code, is amended by
6 designating Sections 1365.001 through 1365.004 as Subchapter A and
7 adding a subchapter heading to read as follows:

8 SUBCHAPTER A. GENERAL PROVISIONS

9 SECTION 2. Sections 1365.001 and 1365.002, Insurance Code,
10 are amended to read as follows:

11 Sec. 1365.001. APPLICABILITY OF SUBCHAPTER [~~CHAPTER~~]. This
12 subchapter [~~chapter~~] applies only to a group health benefit plan
13 that provides hospital and medical coverage on an expense-incurred,
14 service, or prepaid basis, including a group policy, contract, or
15 plan that is offered in this state by:

- 16 (1) an insurer;
- 17 (2) a group hospital service corporation operating
18 under Chapter 842; or
- 19 (3) a health maintenance organization operating under
20 Chapter 843.

21 Sec. 1365.002. APPLICABILITY OF GENERAL PROVISIONS OF OTHER
22 LAW. The provisions of Chapter 1201, including provisions relating
23 to the applicability, purpose, and enforcement of that chapter,
24 construction of policies under that chapter, rulemaking under that

1 chapter, and definitions of terms applicable in that chapter, apply
2 to this subchapter [~~chapter~~].

3 SECTION 3. Chapter [1365](#), Insurance Code, is amended by
4 adding Subchapter B to read as follows:

5 SUBCHAPTER B. HEARING AID COVERAGE

6 Sec. 1365.051. APPLICABILITY. (a) This subchapter applies
7 only to a health benefit plan that provides benefits for medical or
8 surgical expenses incurred as a result of a health condition,
9 accident, or sickness, including an individual, group, blanket, or
10 franchise insurance policy or insurance agreement, a group hospital
11 service contract, or an individual or group evidence of coverage or
12 similar coverage document that is offered by:

13 (1) an insurance company;

14 (2) a group hospital service corporation operating
15 under Chapter [842](#);

16 (3) a health maintenance organization operating under
17 Chapter [843](#);

18 (4) an approved nonprofit health corporation that
19 holds a certificate of authority under Chapter [844](#);

20 (5) a multiple employer welfare arrangement that holds
21 a certificate of authority under Chapter [846](#);

22 (6) a stipulated premium company operating under
23 Chapter [884](#);

24 (7) a fraternal benefit society operating under
25 Chapter [885](#);

26 (8) a Lloyd's plan operating under Chapter [941](#); or

27 (9) an exchange operating under Chapter [942](#).

1 (b) This subchapter applies to coverage under a group health
2 benefit plan described by Subsection (a) provided to a resident of
3 this state, regardless of whether the group policy, agreement, or
4 contract is delivered, issued for delivery, or renewed within or
5 outside this state.

6 (c) Notwithstanding any other law, this subchapter applies
7 to:

8 (1) a small employer health benefit plan subject to
9 Chapter 1501, including coverage provided through a health group
10 cooperative under Subchapter B of that chapter;

11 (2) a standard health benefit plan issued under
12 Chapter 1507;

13 (3) a basic coverage plan under Chapter 1551;

14 (4) a basic plan under Chapter 1575;

15 (5) a primary care coverage plan under Chapter 1579;

16 (6) a plan providing basic coverage under Chapter
17 1601;

18 (7) a regional or local health care program operated
19 under Section 75.104, Health and Safety Code; and

20 (8) a self-funded health benefit plan sponsored by a
21 professional employer organization under Chapter 91, Labor Code.

22 Sec. 1365.052. EXCEPTION. This subchapter does not apply
23 to:

24 (1) a plan that provides coverage:

25 (A) for wages or payments in lieu of wages for a
26 period during which an employee is absent from work because of
27 sickness or injury; or

1 (B) only for hospital expenses; or

2 (2) the state Medicaid program, including the Medicaid
3 managed care program operated under Chapter 533, Government Code.

4 Sec. 1365.053. CHOICE OF HEARING AID. (a) A health benefit
5 plan that provides coverage for hearing aids may not deny an
6 enrollee's claim for a hearing aid solely on the basis that the
7 price of the hearing aid is more than the benefit available under
8 the health benefit plan.

9 (b) Notwithstanding Section 1367.253(d), this section
10 applies to a health benefit plan subject to Subchapter F, Chapter
11 1367.

12 (c) Nothing in this section requires a health benefit plan
13 to pay an enrollee's claim for a hearing aid in an amount that is
14 more than the benefit available under the health benefit plan.

15 SECTION 4. This Act applies only to a health benefit plan
16 that is delivered, issued for delivery, or renewed on or after
17 January 1, 2024.

18 SECTION 5. This Act takes effect September 1, 2023.