

By: Zaffirini

S.B. No. 51

A BILL TO BE ENTITLED

AN ACT

relating to health benefit coverage for hearing aids for children and adults.

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

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

SUBCHAPTER A. GENERAL PROVISIONS

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

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

(1) an insurer;

(2) a group hospital service corporation operating under Chapter 842; or

(3) a health maintenance organization operating under Chapter 843.

Sec. 1365.002. APPLICABILITY OF GENERAL PROVISIONS OF OTHER LAW. The provisions of Chapter 1201, including provisions relating to the applicability, purpose, and enforcement of that chapter, 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) health benefits provided by or through a church  
19 benefits board under Subchapter I, Chapter 22, Business  
20 Organizations Code;

21           (8) a regional or local health care program operated  
22 under Section 75.104, Health and Safety Code; and

23           (9) a self-funded health benefit plan sponsored by a  
24 professional employer organization under Chapter 91, Labor Code.

25       Sec. 1365.052. EXCEPTION. This subchapter does not apply  
26 to:

27           (1) a plan that provides coverage:

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

4                   (B) only for hospital expenses; or

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

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

12           (b) Notwithstanding Section 1367.253(d), this section  
13 applies to a health benefit plan subject to Subchapter F, Chapter  
14 1367.

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

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

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