

By: Davis

S.B. No. 943

A BILL TO BE ENTITLED

AN ACT

relating to health benefit plan coverage of hearing aids for certain individuals.

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

SECTION 1. Chapter 1367, Insurance Code, is amended by adding Subchapter F to read as follows:

SUBCHAPTER F. HEARING AIDS

Sec. 1367.251. APPLICABILITY OF SUBCHAPTER. (a) This subchapter applies only to a health benefit plan that provides benefits for medical or surgical expenses incurred as a result of a health condition, accident, or sickness, including an individual, group, blanket, or franchise insurance policy or insurance agreement, a group hospital service contract, or an individual or group evidence of coverage or similar coverage document that is offered by:

(1) an insurance company;

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

(3) a fraternal benefit society operating under Chapter 885;

(4) a Lloyd's plan operating under Chapter 941;

(5) a stipulated premium insurance company operating under Chapter 884;

(6) a reciprocal exchange operating under Chapter 942;

1 (7) a health maintenance organization operating under
2 Chapter 843;

3 (8) a multiple employer welfare arrangement that holds
4 a certificate of authority under Chapter 846; or

5 (9) an approved nonprofit health corporation that
6 holds a certificate of authority under Chapter 844.

7 (b) This subchapter applies to a small employer health
8 benefit plan written under Chapter 1501.

9 (c) This subchapter applies to group health coverage made
10 available by a school district in accordance with Section 22.004,
11 Education Code.

12 (d) Notwithstanding Section 172.014, Local Government Code,
13 or any other law, this subchapter applies to health and accident
14 coverage provided by a risk pool created under Chapter 172, Local
15 Government Code.

16 (e) Notwithstanding any provision in Chapter 1551, 1575,
17 1579, or 1601 or any other law, this subchapter applies to:

18 (1) a basic coverage plan under Chapter 1551;

19 (2) a basic plan under Chapter 1575;

20 (3) a primary care coverage plan under Chapter 1579;

21 and

22 (4) basic coverage under Chapter 1601.

23 (f) Notwithstanding any other law, a standard health
24 benefit plan provided under Chapter 1507 must provide the coverage
25 required by this subchapter.

26 Sec. 1367.252. EXCEPTION. This subchapter does not apply
27 to:

1 (1) a plan that provides coverage:

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

5 (B) as a supplement to a liability insurance
6 policy;

7 (C) for credit insurance;

8 (D) only for dental or vision care;

9 (E) only for hospital expenses; or

10 (F) only for indemnity for hospital confinement;

11 (2) a Medicare supplemental policy as defined by
12 Section 1882(g)(1), Social Security Act (42 U.S.C. Section 1395ss);

13 (3) a workers' compensation insurance policy;

14 (4) medical payment insurance coverage provided under
15 a motor vehicle insurance policy;

16 (5) a long-term care policy, including a nursing home
17 fixed indemnity policy, unless the commissioner determines that the
18 policy provides benefit coverage so comprehensive that the policy
19 is a health benefit plan as described by Section 1367.251;

20 (6) a Medicaid managed care program operated under
21 Chapter 533, Government Code; or

22 (7) a Medicaid program operated under Chapter 32,
23 Human Resources Code.

24 Sec. 1367.253. COVERAGE REQUIRED. (a) A health benefit
25 plan that provides coverage for a child who is 18 years of age or
26 younger must provide coverage for the cost of a hearing aid if the
27 child suffers from hearing loss or impairment that cannot be

1 corrected by a medical procedure covered in the child's health
2 benefit plan.

3 (b) Coverage required under this section is limited to one
4 hearing aid in each ear every three years.

5 (c) Coverage required under this section:

6 (1) may not be less favorable than coverage for
7 physical illness generally under the plan; and

8 (2) must be subject to the same durational limits,
9 dollar limits, deductibles, and coinsurance factors as coverage for
10 physical illness generally under the plan.

11 SECTION 2. The change in law made by this Act applies only
12 to a health benefit plan delivered, issued for delivery, or renewed
13 on or after January 1, 2014. A health benefit plan delivered, issued
14 for delivery, or renewed before January 1, 2014, is governed by the
15 law in effect immediately before the effective date of this Act, and
16 that law is continued in effect for that purpose.

17 SECTION 3. This Act takes effect September 1, 2013.