

By: Anderson of Dallas

H.B. No. 2979

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, including a small employer health benefit plan written under Chapter 1501 or coverage provided by a health group cooperative under Subchapter B of that chapter, 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

1 under Chapter 884;

2 (6) a reciprocal exchange operating under Chapter 942;

3 (7) a health maintenance organization operating under  
4 Chapter 843;

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

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

9 (b) This subchapter applies to coverage under a group health  
10 benefit plan described by Subsection (a) provided to a resident of  
11 this state, regardless of whether the group policy or contract is  
12 delivered, issued for delivery, or renewed within or outside this  
13 state.

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

17 (d) This subchapter applies to a self-funded health benefit  
18 plan sponsored by a professional employer organization under  
19 Chapter 91, Labor Code.

20 (e) Notwithstanding Section 22.409, Business Organizations  
21 Code, or any other law, this subchapter applies to a church benefits  
22 board established under Chapter 22, Business Organizations Code.

23 (f) Notwithstanding Section 157.008, Local Government Code,  
24 or any other law, this subchapter applies to a county employee  
25 health benefit plan established under Chapter 157, Local Government  
26 Code.

27 (g) Notwithstanding Section 75.104, Health and Safety Code,

1 or any other law, this subchapter applies to a regional or local  
2 health care program established under Chapter 75, Health and Safety  
3 Code.

4 (h) Notwithstanding Section 172.014, Local Government Code,  
5 or any other law, this subchapter applies to health and accident  
6 coverage provided by a risk pool created under Chapter 172, Local  
7 Government Code.

8 (i) Notwithstanding any provision in Chapter 1551, 1575,  
9 1579, or 1601 or any other law, this subchapter applies to:

- 10 (1) a basic coverage plan under Chapter 1551;  
11 (2) a basic plan under Chapter 1575;  
12 (3) a primary care coverage plan under Chapter 1579;  
13 and  
14 (4) basic coverage under Chapter 1601.

15 (j) Notwithstanding any other law, a standard health  
16 benefit plan provided under Chapter 1507 must provide the coverage  
17 required by this subchapter.

18 Sec. 1367.252. EXCEPTION. This subchapter does not apply  
19 to:

- 20 (1) a plan that provides coverage:  
21 (A) for wages or payments in lieu of wages for a  
22 period during which an employee is absent from work because of  
23 sickness or injury;  
24 (B) as a supplement to a liability insurance  
25 policy;  
26 (C) for credit insurance;  
27 (D) only for dental or vision care;

1                   (E) only for hospital expenses; or

2                   (F) only for indemnity for hospital confinement;

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

5                   (3) a workers' compensation insurance policy;

6                   (4) medical payment insurance coverage provided under  
7 a motor vehicle insurance policy;

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

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

14                   (7) a Medicaid program operated under Chapter 32,  
15 Human Resources Code.

16                   Sec. 1367.253. COVERAGE REQUIRED. (a) A health benefit  
17 plan must provide coverage for the cost of a medically necessary  
18 hearing aid and related services and supplies for a covered  
19 individual who is 18 years of age or younger.

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

22                   (c) Except as provided by Subsection (b), coverage required  
23 under this section:

24                   (1) may not be less favorable than coverage for  
25 physical illness generally under the plan;

26                   (2) must be subject to durational limits and  
27 coinsurance factors no less favorable than coverage provided for

1 physical illness generally under the plan; and

2 (3) may not be subject to a deductible requirement or  
3 dollar limit.

4 (d) This section does not apply to a qualified health plan  
5 defined by 45 C.F.R. Section 155.20 if a determination is made under  
6 45 C.F.R. Section 155.170 that:

7 (1) this subchapter requires the qualified health plan  
8 to offer benefits in addition to the essential health benefits  
9 required under 42 U.S.C. Section 18022(b); and

10 (2) this state must make payments to defray the cost of  
11 the additional benefits mandated by this subchapter.

12 SECTION 2. The change in law made by this Act applies only  
13 to a health benefit plan delivered, issued for delivery, or renewed  
14 on or after January 1, 2016. A health benefit plan delivered, issued  
15 for delivery, or renewed before January 1, 2016, is governed by the  
16 law in effect immediately before the effective date of this Act, and  
17 that law is continued in effect for that purpose.

18 SECTION 3. This Act takes effect September 1, 2015.