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H.B. No. 2658

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. Sections 1365.001 through 1365.004, Insurance  
Code, are designated as Subchapter A, Chapter 1365, Insurance Code,  
and a heading is added to Subchapter A 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, including a small employer health  
8 benefit plan written under Chapter 1501 or coverage provided  
9 through a health group cooperative under Subchapter B of that  
10 chapter, that provides benefits for medical or surgical expenses  
11 incurred as a result of a health condition, accident, or sickness,  
12 including an individual, group, blanket, or franchise insurance  
13 policy or insurance agreement, a group hospital service contract,  
14 or an individual or group evidence of coverage or similar coverage  
15 document that is offered by:

16 (1) an insurance company;

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

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

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

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

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

25 (7) a health maintenance organization operating under  
26 Chapter 843;

27 (8) a multiple employer welfare arrangement that holds

1 a certificate of authority under Chapter 846; or

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

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

9 (c) This subchapter applies to a self-funded health benefit  
10 plan sponsored by a professional employer organization under  
11 Chapter 91, Labor Code.

12 (d) Notwithstanding Section 22.409, Business Organizations  
13 Code, or any other law, this subchapter applies to health benefits  
14 provided by or through a church benefits board under Subchapter I,  
15 Chapter 22, Business Organizations Code.

16 (e) Notwithstanding Section 75.104, Health and Safety Code,  
17 or any other law, this subchapter applies to a regional or local  
18 health care program operated under that section.

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

22 (g) Notwithstanding any provision in Chapter 1551, 1575,  
23 1579, or 1601 or any other law, this subchapter applies to:

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

25 (2) a basic plan under Chapter 1575;

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

27 and

1           (4) basic coverage under Chapter 1601.

2           Sec. 1365.052. EXCEPTION. (a) This subchapter does not  
3 apply to:

4           (1) a plan that provides coverage:

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

8                   (B) as a supplement to a liability insurance  
9 policy;

10                   (C) for credit insurance;

11                   (D) only for dental or vision care;

12                   (E) only for hospital expenses; or

13                   (F) only for indemnity for hospital confinement;

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

16                   (3) a workers' compensation insurance policy;

17                   (4) medical payment insurance coverage provided under  
18 a motor vehicle insurance policy;

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

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

25           (b) This subchapter does not apply to a qualified health  
26 plan defined by 45 C.F.R. Section 155.20 if a determination is made  
27 under 45 C.F.R. Section 155.170 that:

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

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

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

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

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

17           SECTION 4. This Act applies only to a health benefit plan  
18 that is delivered, issued for delivery, or renewed on or after  
19 January 1, 2020.

20           SECTION 5. This Act takes effect September 1, 2019.