

By: Johnson of Dallas, Guillen

H.B. No. 440

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, 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, 2022.

20 SECTION 5. This Act takes effect September 1, 2021.