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| BILL ANALYSIS |

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| C.S.H.B. 109 |
| By: Johnson, Julie |
| Insurance |
| Committee Report (Substituted) |

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| **BACKGROUND AND PURPOSE** Currently, certain health care enrollees can only get hearing aids as allowed by their insurance company. Even if a patient wants to purchase a more expensive aid and cover the difference between the maximum allotted deductible, they are not allowed to do so. There are calls to allow hearing aid patients to have the ability to purchase a better hearing aid or listening device that may not be covered or allowed by their current health benefit plan. C.S.H.B. 109 seeks to address this issue by prohibiting a health benefit plan that provides coverage for hearing aids from denying an enrollee's claim for a hearing aid solely on the basis that the price of the hearing aid is more than the benefit available under the health benefit plan. |
| **CRIMINAL JUSTICE IMPACT**It is the committee's opinion that this bill does not expressly create a criminal offense, increase the punishment for an existing criminal offense or category of offenses, or change the eligibility of a person for community supervision, parole, or mandatory supervision. |
| **RULEMAKING AUTHORITY** It is the committee's opinion that this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution. |
| **ANALYSIS** C.S.H.B. 109 amends the Insurance Code to prohibit a health benefit plan that provides coverage for hearing aids from denying an enrollee's claim for a hearing aid solely on the basis that the price of the hearing aid is more than the benefit available under the plan. The bill expressly does not require a health benefit plan to pay an enrollee's claim for a hearing aid in an amount that is more than that available benefit. The bill specifies the sources of coverage to which its provisions apply and establishes exceptions to that applicability.C.S.H.B. 109 applies only to a health benefit plan that is delivered, issued for delivery, or renewed on or after January 1, 2024. |
| **EFFECTIVE DATE** September 1, 2023. |
| **COMPARISON OF INTRODUCED AND SUBSTITUTE**While C.S.H.B. 109 may differ from the introduced in minor or nonsubstantive ways, the following summarizes the substantial differences between the introduced and committee substitute versions of the bill.The substitute does not include among the sources of coverage to which the bill's provisions apply health benefits provided by or through a church benefits board, whereas the introduced included such benefits among those sources of coverage. |
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