

1-1 By: Zaffirini, Hinojosa, Miles S.B. No. 51  
1-2 (In the Senate - Filed November 14, 2022; February 15, 2023,  
1-3 read first time and referred to Committee on Health & Human  
1-4 Services; April 18, 2023, reported adversely, with favorable  
1-5 Committee Substitute by the following vote: Yeas 9, Nays 0;  
1-6 April 18, 2023, sent to printer.)

1-7 COMMITTEE VOTE

	Yea	Nay	Absent	PNV
1-8				
1-9	Kolkhorst	X		
1-10	Perry	X		
1-11	Blanco	X		
1-12	Hall	X		
1-13	Hancock	X		
1-14	Hughes	X		
1-15	LaMantia	X		
1-16	Miles	X		
1-17	Sparks	X		

1-18 COMMITTEE SUBSTITUTE FOR S.B. No. 51 By: Hughes

1-19 A BILL TO BE ENTITLED  
1-20 AN ACT

1-21 relating to health benefit coverage for hearing aids for children  
1-22 and adults.

1-23 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

1-24 SECTION 1. Chapter 1365, Insurance Code, is amended by  
1-25 designating Sections 1365.001 through 1365.004 as Subchapter A and  
1-26 adding a subchapter heading to read as follows:

1-27 SUBCHAPTER A. GENERAL PROVISIONS

1-28 SECTION 2. Sections 1365.001 and 1365.002, Insurance Code,  
1-29 are amended to read as follows:

1-30 Sec. 1365.001. APPLICABILITY OF SUBCHAPTER [~~CHAPTER~~]. This  
1-31 subchapter [~~chapter~~] applies only to a group health benefit plan  
1-32 that provides hospital and medical coverage on an expense-incurred,  
1-33 service, or prepaid basis, including a group policy, contract, or  
1-34 plan that is offered in this state by:

- 1-35 (1) an insurer;  
1-36 (2) a group hospital service corporation operating  
1-37 under Chapter 842; or  
1-38 (3) a health maintenance organization operating under  
1-39 Chapter 843.

1-40 Sec. 1365.002. APPLICABILITY OF GENERAL PROVISIONS OF OTHER  
1-41 LAW. The provisions of Chapter 1201, including provisions relating  
1-42 to the applicability, purpose, and enforcement of that chapter,  
1-43 construction of policies under that chapter, rulemaking under that  
1-44 chapter, and definitions of terms applicable in that chapter, apply  
1-45 to this subchapter [~~chapter~~].

1-46 SECTION 3. Chapter 1365, Insurance Code, is amended by  
1-47 adding Subchapter B to read as follows:

1-48 SUBCHAPTER B. HEARING AID COVERAGE

1-49 Sec. 1365.051. APPLICABILITY. (a) This subchapter applies  
1-50 only to a health benefit plan that provides benefits for medical or  
1-51 surgical expenses incurred as a result of a health condition,  
1-52 accident, or sickness, including an individual, group, blanket, or  
1-53 franchise insurance policy or insurance agreement, a group hospital  
1-54 service contract, or an individual or group evidence of coverage or  
1-55 similar coverage document that is offered by:

- 1-56 (1) an insurance company;  
1-57 (2) a group hospital service corporation operating  
1-58 under Chapter 842;  
1-59 (3) a health maintenance organization operating under  
1-60 Chapter 843;

- 2-1 (4) an approved nonprofit health corporation that
- 2-2 holds a certificate of authority under Chapter 844;
- 2-3 (5) a multiple employer welfare arrangement that holds
- 2-4 a certificate of authority under Chapter 846;
- 2-5 (6) a stipulated premium company operating under
- 2-6 Chapter 884;
- 2-7 (7) a fraternal benefit society operating under
- 2-8 Chapter 885;
- 2-9 (8) a Lloyd's plan operating under Chapter 941; or
- 2-10 (9) an exchange operating under Chapter 942.

2-11 (b) This subchapter applies to coverage under a group health  
 2-12 benefit plan described by Subsection (a) provided to a resident of  
 2-13 this state, regardless of whether the group policy, agreement, or  
 2-14 contract is delivered, issued for delivery, or renewed within or  
 2-15 outside this state.

2-16 (c) Notwithstanding any other law, this subchapter applies  
 2-17 to:

- 2-18 (1) a small employer health benefit plan subject to
- 2-19 Chapter 1501, including coverage provided through a health group
- 2-20 cooperative under Subchapter B of that chapter;
- 2-21 (2) a standard health benefit plan issued under
- 2-22 Chapter 1507;
- 2-23 (3) a basic coverage plan under Chapter 1551;
- 2-24 (4) a basic plan under Chapter 1575;
- 2-25 (5) a primary care coverage plan under Chapter 1579;
- 2-26 (6) a plan providing basic coverage under Chapter
- 2-27 1601;

2-28 (7) a regional or local health care program operated  
 2-29 under Section 75.104, Health and Safety Code; and

2-30 (8) a self-funded health benefit plan sponsored by a  
 2-31 professional employer organization under Chapter 91, Labor Code.

2-32 Sec. 1365.052. EXCEPTION. This subchapter does not apply  
 2-33 to:

- 2-34 (1) a plan that provides coverage:
- 2-35 (A) for wages or payments in lieu of wages for a
- 2-36 period during which an employee is absent from work because of
- 2-37 sickness or injury; or
- 2-38 (B) only for hospital expenses; or
- 2-39 (2) the state Medicaid program, including the Medicaid
- 2-40 managed care program operated under Chapter 533, Government Code.

2-41 Sec. 1365.053. CHOICE OF HEARING AID. (a) A health benefit  
 2-42 plan that provides coverage for hearing aids may not deny an  
 2-43 enrollee's claim for a hearing aid solely on the basis that the  
 2-44 price of the hearing aid is more than the benefit available under  
 2-45 the health benefit plan.

2-46 (b) Notwithstanding Section 1367.253(d), this section  
 2-47 applies to a health benefit plan subject to Subchapter F, Chapter  
 2-48 1367.

2-49 (c) Nothing in this section requires a health benefit plan  
 2-50 to pay an enrollee's claim for a hearing aid in an amount that is  
 2-51 more than the benefit available under the health benefit plan.

2-52 SECTION 4. This Act applies only to a health benefit plan  
 2-53 that is delivered, issued for delivery, or renewed on or after  
 2-54 January 1, 2024.

2-55 SECTION 5. This Act takes effect September 1, 2023.

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