

BILL ANALYSIS

S.B. 857
By: Madla
Public Health
Committee Report (Unamended)

BACKGROUND AND PURPOSE

Currently, many managed care plans have two panels of doctors, one panel who provides routine eye exams, and another who handles medical problems. Some of the medical issues on the medical panel include medical eye problems, such as red eye or dry eyes, which are in the scope of practice of therapeutic optometrists on the vision panel. Often patients, with such medical eye problems, go first to their therapeutic optometrist for treatment, and are then directed to a doctor on the medical panel for treatment. This means the patient must go for a second visit to a new doctor to begin treatment. Insurance companies, patients, and employers can save money if therapeutic optometrists who are on managed care plans, are also on the medical plans. The patient does not have to make another doctor visit, pay additional co-payments, and take more time off work. Insurance companies save by paying for one visit, keeping people out of emergency rooms and paying less for optometrist than for ophthalmological care. SB 857 allows those therapeutic optometrist on the vision plan to also be allowed to join the managed care medical plan, on the condition that the optometrist abide by conditions of the plan.

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

The Act amends Article 21.52D, Insurance Code, by amending Subsection (a), incorporating definitions of a medical panel and a vision panel, and adding Subsections (d), allowing a therapeutic optometrist, who is on one or more vision panels, to serve on the medical panel as well, Subsection (e), providing mandates on the provisions a therapeutic optometrist must abide by to serve on both panels, and Subsection (f), which adds a section on associated costs that an optometrist may be required to pay to serve on both panels.

The change in law made by this Act applies only to a managed care policy, contract, or evidence of coverage that is delivered, issued for delivery, or renewed on or after January 1, 2004.

The change in law made by this Act applies only to a contract between a managed care plan and a therapeutic optometrist entered into or renewed on or after the effective date of this Act.

EFFECTIVE DATE

September 1, 2003