

Amend CSSB 7 (house second reading) by adding the following appropriately numbered SECTION to the bill and renumbering subsequent SECTIONS of the bill accordingly:

SECTION _____. (a) Subchapter A, Chapter 533, Government Code, is amended by adding Section 533.0065 to read as follows:

Sec. 533.0065. EYE HEALTH CARE SERVICE PROVIDERS. (a) In this section, "Texas-Mexico border region" has the meaning assigned by Section 2056.002.

(b) Subject to Section 32.047, Human Resources Code, but notwithstanding any other law, the commission shall require that each managed care organization that contracts with the commission under any Medicaid managed care model or arrangement to provide health care services to recipients in a region, including a region consisting of all or part of the Texas-Mexico border region, include in the organization's provider network each optometrist, therapeutic optometrist, and ophthalmologist in the region who:

(1) agrees to comply with the terms and conditions of the organization;

(2) agrees to accept the prevailing provider contract rate of the organization;

(3) agrees to abide by the standards of care required by the organization; and

(4) has the credentials required by the organization.

(b) The Health and Human Services Commission shall conduct a study of the fiscal impact on this state of requiring each Medicaid managed care organization that contracts with the commission under any Medicaid managed care model or arrangement implemented under Chapter 533, Government Code, to include in the organization's health care provider network providing services in all or part of the Texas-Mexico border region, as defined by Section 2056.002, Government Code, each optometrist, therapeutic optometrist, and ophthalmologist who meets the requirements under Section 533.0065, Government Code, as added by this section. The study must include an analysis of cost savings to the state as a result of a reduction in the number of emergency room visits by Medicaid recipients for nonemergency eye health care services that are realized after implementation of Section 533.0065, Government Code, as added by

this section.

(c) Not later than September 1, 2016, the Health and Human Services Commission shall submit to the legislature a written report containing the findings of the study conducted under Subsection (b) of this section and the commission's recommendations regarding the requirement addressed in the study.

(d) The Health and Human Services Commission shall, in a contract between the commission and a Medicaid managed care organization under Chapter 533, Government Code, that is entered into or renewed on or after the effective date of this Act, require that the managed care organization comply with Section 533.0065, Government Code, as added by this section.

(e) The Health and Human Services Commission shall seek to amend each contract entered into with a Medicaid managed care organization under Chapter 533, Government Code, before the effective date of this Act to require those managed care organizations to comply with Section 533.0065, Government Code, as added by this section. To the extent of a conflict between Section 533.0065, Government Code, as added by this section, and a provision of a contract with a managed care organization entered into before the effective date of this Act, the contract provision prevails.

(f) If before implementing any provision of this section a state agency determines that a waiver or authorization from a federal agency is necessary for implementation of that provision, the agency affected by the provision shall request the waiver or authorization and may delay implementing that provision until the waiver or authorization is granted.