

## **BILL ANALYSIS**

H.B. 3191  
By: Alonzo  
Border & Intergovernmental Affairs  
Committee Report (Unamended)

### **BACKGROUND AND PURPOSE**

Interested parties note that managed care refers to the body of clinical, financial, and organizational activities that promote better access to health care while monitoring utilization, improving quality of care, and containing costs. Those parties note that a lack of health care providers in almost every sector of health care affects access to health care and that legislation could help increase the number of providers by allowing a health care provider who meets certain qualifications of a Medicaid managed care organization (MCO) to become a credentialed panel member of the MCO and by studying the effects of such a policy.

H.B. 3191 seeks to address matters relating to the inclusion of optometrists, therapeutic optometrists, and ophthalmologists in Medicaid managed care providers networks providing services in the Texas-Mexico border region and other regions of the state.

### **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**

H.B. 3191 amends the Government Code to require the Health and Human Services Commission (HHSC) to require each managed care organization that contracts with the commission under any Medicaid managed care model or arrangement and that is not subject to provisions of law permanently prohibiting certain health care service providers from providing or arranging such services to provide health care services to recipients in a region, including a region consisting of all or part of the Texas-Mexico border region. The bill requires the included region to include in the organization's provider network each optometrist, therapeutic optometrist, and ophthalmologist who agrees to comply with the terms and conditions of the organization; agrees to accept the prevailing provider contract rate of the organization; agrees to abide by the standards of care required by the organization; and has the credentials required by the organization.

H.B. 3191 requires HHSC to 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 certain Government Code provisions to include in the organization's health care provider network each optometrist, therapeutic optometrist, and ophthalmologist who meets the requirements in the bill's provisions. The bill requires HHSC, not later than September 1, 2016, to submit to the legislature a written report containing the findings of the study and the commission's recommendations regarding the requirement addressed in the study.

H.B. 3191 requires HHSC, in a contract between the commission and a Medicaid managed care organization that is entered into or renewed on or after the bill's effective date, to require the managed care organization to comply with the bill's provisions. The bill requires HHSC to seek

to amend each contract entered into with a Medicaid managed care organization before the bill's effective date to require those organizations to comply with the bill's provisions. The bill establishes that, to the extent of a conflict between the bill's provisions and a provision of a contract with a managed care organization entered into before the bill's effective date, the contract provision prevails. The bill requires a state agency that is affected by a provision of the bill to request a federal waiver or authorization if the agency determines that a waiver or authorization is necessary for the implementation of that provision and authorizes the agency to delay implementation until the federal waiver or authorization is obtained. The bill provides for the meaning of "Texas-Mexico border region" by reference.

**EFFECTIVE DATE**

September 1, 2011.