

By: Alonzo

H.B. No. 1653

A BILL TO BE ENTITLED

AN ACT

1
2 relating to the inclusion of optometrists, therapeutic
3 optometrists, and ophthalmologists in the health care provider
4 networks of Medicaid managed care organizations.

5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

6 SECTION 1. Subchapter A, Chapter 533, Government Code, is
7 amended by adding Section 533.0065 to read as follows:

8 Sec. 533.0065. EYE HEALTH CARE SERVICE PROVIDERS. Subject
9 to Section 32.047, Human Resources Code, but notwithstanding any
10 other law, the commission shall require that each managed care
11 organization that contracts with the commission under any Medicaid
12 managed care model or arrangement to provide health care services
13 to recipients in a region include in the organization's provider
14 network each optometrist, therapeutic optometrist, and
15 ophthalmologist who:

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

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

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

22 (4) has the credentials required by the organization.

23 SECTION 2. (a) The Health and Human Services Commission
24 shall conduct a study of the fiscal impact on this state of

1 requiring each Medicaid managed care organization that contracts
2 with the commission under any Medicaid managed care model or
3 arrangement implemented under Chapter 533, Government Code, to
4 include in the organization's health care provider network each
5 optometrist, therapeutic optometrist, and ophthalmologist who
6 meets the requirements under Section 533.0065, Government Code, as
7 added by this Act.

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

13 SECTION 3. (a) The Health and Human Services Commission
14 shall, in a contract between the commission and a Medicaid managed
15 care organization under Chapter 533, Government Code, that is
16 entered into or renewed on or after the effective date of this Act,
17 require that the managed care organization comply with Section
18 533.0065, Government Code, as added by this Act.

19 (b) The Health and Human Services Commission shall seek to
20 amend each contract entered into with a Medicaid managed care
21 organization under Chapter 533, Government Code, before the
22 effective date of this Act to require those managed care
23 organizations to comply with Section 533.0065, Government Code, as
24 added by this Act. To the extent of a conflict between Section
25 533.0065, Government Code, as added by this Act, and a provision of
26 a contract with a managed care organization entered into before the
27 effective date of this Act, the contract provision prevails.

1 SECTION 4. If before implementing any provision of this Act
2 a state agency determines that a waiver or authorization from a
3 federal agency is necessary for implementation of that provision,
4 the agency affected by the provision shall request the waiver or
5 authorization and may delay implementing that provision until the
6 waiver or authorization is granted.

7 SECTION 5. This Act takes effect September 1, 2011.