

Suspending limitation on conference committee  
jurisdiction, S.B. No. 684

By: Taylor of Galveston

S.R. No. 988

SENATE RESOLUTION

BE IT RESOLVED by the Senate of the State of Texas, 84th Legislature, Regular Session, 2015, That Senate Rule 12.03 be suspended in part as provided by Senate Rule 12.08 to enable the conference committee appointed to resolve the differences on Senate Bill 684 (the relationship of certain optometrists, therapeutic optometrists, and ophthalmologists with certain managed care plans, including preferred provider plans) to consider and take action on the following matter:

Senate Rules 12.03(1) and (3) are suspended to permit the committee to change and add text not in disagreement in proposed SECTION 3 of the bill, in added Section 1451.156, Insurance Code, to read as follows:

SECTION 3. Subchapter D, Chapter 1451, Insurance Code, is amended by adding Section 1451.156 to read as follows:

Sec. 1451.156. PROHIBITED CONDUCT. (a) A managed care plan, as described by Section 1451.152(a), may not directly or indirectly:

(1) control or attempt to control the professional judgment, manner of practice, or practice of an optometrist or therapeutic optometrist;

(2) employ an optometrist or therapeutic optometrist to provide a vision care product or service as defined by Section 1451.155;

(3) pay an optometrist or therapeutic optometrist

for a service not provided;

(4) restrict or limit an optometrist's or therapeutic optometrist's choice of sources or suppliers of services or materials, including optical laboratories used by the optometrist or therapeutic optometrist to provide services or materials to a patient; or

(5) require an optometrist or therapeutic optometrist to disclose a patient's confidential or protected health information unless the disclosure is authorized by the patient or permitted without authorization under the Health Insurance Portability and Accountability Act of 1996 (42 U.S.C. Section 1320d et seq.) or under Section 602.053.

(b) Subsection (a)(2) does not prohibit a managed care plan from employing an optometrist or therapeutic optometrist for utilization review or for operations of the managed care plan.

(c) Subsection (a)(3) does not prohibit the use of capitation as a method of payment.

(d) Subsection (a)(4) does not restrict or limit a managed care plan's determination of specific amounts of coverage or reimbursement for the use of network or out-of-network suppliers or laboratories.

(e) An optometrist or therapeutic optometrist must disclose to a patient any business interest the optometrist or therapeutic optometrist has in an out-of-network supplier or manufacturer to which the optometrist or therapeutic optometrist refers the patient.

(f) This section shall be liberally construed to prevent managed care plans from controlling or attempting to control the professional judgment, manner of practice, or practice of an optometrist or therapeutic optometrist.

Explanation: The change and addition are necessary to clarify the scope of the authority of a managed care plan to employ an optometrist or therapeutic optometrist and to require an optometrist or therapeutic optometrist to disclose a business interest in an out-of-network entity to which a patient is referred.

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President of the Senate

I hereby certify that the above Resolution was adopted by the Senate on May 29, 2015, by the following vote: Yeas 31, Nays 0.

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Secretary of the Senate