By: Paddie

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

H.B. No. 3675

A BILL TO BE ENTITLED AN ACT relating to the provision of eye health care by certain professionals and institutions as providers in the Medicaid managed care program. BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS: SECTION 1. Section 32.072(a), Human Resources Code, is amended to read as follows: (a) Notwithstanding any other law, a recipient of medical assistance is entitled to: ophthalmologist (1)select an or therapeutic optometrist who is a medical assistance provider to provide eye health care services, other than surgery, that are within the scope of: (A) services provided under the medical assistance program; and the professional specialty practice for (B) which the ophthalmologist or therapeutic optometrist is licensed [and credentialed]; and (2) have direct access to the selected ophthalmologist or therapeutic optometrist for the provision of the nonsurgical services without any requirement that the patient or ophthalmologist or therapeutic optometrist [to] obtain: (A) a referral from a primary care physician or other gatekeeper or health care coordinator; or

85R12082 KKR-F

H.B. No. 3675 1 (B) any other prior authorization or precertification. 2 SECTION 2. Subchapter B, Chapter 531, Government Code, is 3 amended by adding Section 531.021191 to read as follows: 4 5 Sec. 531.021191. MEDICAID ENROLLMENT OF CERTAIN EYE HEALTH 6 CARE PROVIDERS. (a) This section applies only to: 7 (1) an optometrist who is licensed by the Texas 8 Optometry Board; 9 (2) a therapeutic optometrist who is licensed by the 10 Texas Optometry Board; (3) an ophthalmologist who is licensed by the Texas 11 12 Medical Board; and (4) an institution of higher education that provides 13 14 an accredited program for: 15 (A) training as a Doctor of Optometry or an 16 optometrist residency; or 17 (B) training as an ophthalmologist or an ophthalmologist residency. 18 19 (b) The commission may not prevent a provider to whom this section applies from enrolling as a Medicaid provider if the 20 provider: 21 22 (1) either: (A) joins an established practice of a health 23 24 care provider or provider group that has a contract with a managed care organization to provide health care services to recipients 25 26 under Chapter 533; or 27 (B) is employed by or otherwise compensated for

1 providing training at an institution of higher education described 2 by Subsection (a)(4); 3 (2) applies to be an enrolled provider under the Medicaid program; 4 5 (3) if applicable, complies with the requirements of the contract between the provider or the provider's group and the 6 7 applicable managed care organization; and (4) complies with all other applicable requirements 8 related to being a Medicaid provider. 9 The commission may not prevent an institution of higher 10 (c) education from enrolling as a Medicaid provider if the institution: 11 12 (1) has a contract with a managed care organization to provide health care services to recipients under Chapter 533; 13 14 (2) applies to be an enrolled provider under the 15 Medicaid program; 16 (3) complies with the requirements of the contract 17 between the provider and the applicable managed care organization; 18 and 19 (4) complies with all other applicable requirements related to being a Medicaid provider. 20 21 SECTION 3. Subchapter A, Chapter 533, Government Code, is amended by adding Section 533.0067 to read as follows: 22 Sec. 533.0067. EYE HEALTH CARE SERVICE PROVIDERS. Subject 23 24 to Section 32.047, Human Resources Code, but notwithstanding any other law, the commission shall require that each managed care 25 26 organization that contracts with the commission under any Medicaid managed care model or arrangement to provide health care services 27

H.B. No. 3675

to recipients in a region include in the organization's provider 1 2 network each optometrist, therapeutic optometrist, and ophthalmologist described by Section 531.021191(b)(1)(A) or (B) 3 and an institution of higher education described by Section 4 5 531.021191(a)(4) in the region who: (1) agrees to comply with the terms and conditions of 6 7 the organization; 8 (2) agrees to accept the prevailing provider contract 9 rate of the organization; and 10 (3) agrees to abide by the standards of care required by the organization. 11 SECTION 4. (a) The Health and Human Services Commission 12 shall, in a contract between the commission and a Medicaid managed 13 14 care organization under Chapter 533, Government Code, that is 15 entered into or renewed on or after the effective date of this Act, require that the managed care organization comply with Section 16 17 533.0067, Government Code, as added by this Act. The Health and Human Services Commission shall seek to 18 (b) amend each contract entered into with a Medicaid managed care 19 organization under Chapter 533, Government Code, before the 20 21 effective date of this Act to require those managed care organizations to comply with Section 533.0067, Government Code, as 22 added by this Act. To the extent of a conflict between Section 23 24 533.0067, Government Code, as added by this Act, and a provision of a contract with a managed care organization entered into before the 25 26 effective date of this Act, the contract provision prevails.

H.B. No. 3675

27 SECTION 5. This Act may not be construed as authorizing or

H.B. No. 3675

requiring implementation of Medicaid managed care delivery models
in regions in this state in which those models are not used on the
effective date of this Act for the delivery of Medicaid services.

SECTION 6. If before implementing any provision of this Act 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.

10

SECTION 7. This Act takes effect September 1, 2017.