

By: Hinojosa

S.B. No. 2228

A BILL TO BE ENTITLED

1 AN ACT
2 relating to the provision of eye health care by certain
3 professionals and institutions as providers in the Medicaid managed
4 care program.

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

6 SECTION 1. Section 32.072(a), Human Resources Code, is
7 amended to read as follows:

8 (a) Notwithstanding any other law, a recipient of medical
9 assistance is entitled to:

10 (1) select an ophthalmologist or therapeutic
11 optometrist who is a medical assistance provider to provide eye
12 health care services, other than surgery, that are within the scope
13 of:

14 (A) services provided under the medical
15 assistance program; and

16 (B) the professional specialty practice for
17 which the ophthalmologist or therapeutic optometrist is licensed
18 ~~[and credentialed]~~; and

19 (2) have direct access to the selected ophthalmologist
20 or therapeutic optometrist for the provision of the nonsurgical
21 services without any requirement that the patient or
22 ophthalmologist or therapeutic optometrist ~~[to]~~ obtain:

23 (A) a referral from a primary care physician or
24 other gatekeeper or health care coordinator; or

1 (B) any other prior authorization or
2 precertification.

3 SECTION 2. Subchapter B, Chapter 531, Government Code, is
4 amended by adding Section 531.021191 to read as follows:

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;

11 (3) an ophthalmologist who is licensed by the Texas
12 Medical Board; and

13 (4) an institution of higher education that provides
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
18 ophthalmologist residency.

19 (b) The commission may not prevent a provider to whom this
20 section applies from enrolling as a Medicaid provider if the
21 provider:

22 (1) either:

23 (A) joins an established practice of a health
24 care provider or provider group that has a contract with a managed
25 care organization to provide health care services to recipients
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
4 Medicaid program;

5 (3) if applicable, complies with the requirements of
6 the contract between the provider or the provider's group and the
7 applicable managed care organization; and

8 (4) complies with all other applicable requirements
9 related to being a Medicaid provider.

10 (c) The commission may not prevent an institution of higher
11 education from enrolling as a Medicaid provider if the institution:

12 (1) has a contract with a managed care organization to
13 provide health care services to recipients under Chapter 533;

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
20 related to being a Medicaid provider.

21 SECTION 3. Subchapter A, Chapter 533, Government Code, is
22 amended by adding Section 533.0067 to read as follows:

23 Sec. 533.0067. EYE HEALTH CARE SERVICE PROVIDERS. Subject
24 to Section 32.047, Human Resources Code, but notwithstanding any
25 other law, the commission shall require that each managed care
26 organization that contracts with the commission under any Medicaid
27 managed care model or arrangement to provide health care services

1 to recipients in a region include in the organization's provider
2 network each optometrist, therapeutic optometrist, and
3 ophthalmologist described by Section 531.021191(b)(1)(A) or (B)
4 and an institution of higher education described by Section
5 531.021191(a)(4) in the region who:

6 (1) agrees to comply with the terms and conditions of
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
11 by the organization.

12 SECTION 4. (a) The Health and Human Services Commission
13 shall, in a contract between the commission and a Medicaid managed
14 care organization under Chapter 533, Government Code, that is
15 entered into or renewed on or after the effective date of this Act,
16 require that the managed care organization comply with Section
17 533.0067, Government Code, as added by this Act.

18 (b) The Health and Human Services Commission shall seek to
19 amend each contract entered into with a Medicaid managed care
20 organization under Chapter 533, Government Code, before the
21 effective date of this Act to require those managed care
22 organizations to comply with Section 533.0067, Government Code, as
23 added by this Act. To the extent of a conflict between Section
24 533.0067, Government Code, as added by this Act, and a provision of
25 a contract with a managed care organization entered into before the
26 effective date of this Act, the contract provision prevails.

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

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

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

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