

SENATE AMENDMENTS

2nd Printing

By: Paddie, Raymond, Rose

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:

(1) select an ophthalmologist 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

(B) the professional specialty practice for 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

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.

ADOPTED

MAY 24 2017

Atty. Gen.
Secretary of the Senate

By: Raddie

H.B. No. 3675

Substitute the following for __.B. No. _____:

By: Theresa Watson

C.S. H.B. No. 3675

A BILL TO BE ENTITLED

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3 professionals and institutions as providers in the Medicaid managed
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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

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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 Medicaid;

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

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

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

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

13 (2) applies to be an enrolled provider under Medicaid;

14 (3) complies with the requirements of the contract
15 between the provider and the applicable managed care organization;
16 and

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

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

21 Sec. 533.0067. EYE HEALTH CARE SERVICE PROVIDERS. Subject
22 to Section 32.047, Human Resources Code, but notwithstanding any
23 other law, the commission shall require that each managed care
24 organization that contracts with the commission under any Medicaid
25 managed care model or arrangement to provide health care services
26 to recipients in a region include in the organization's provider
27 network each optometrist, therapeutic optometrist, and

1 ophthalmologist described by Section 531.021191(b)(1)(A) or (B)
2 and an institution of higher education described by Section
3 531.021191(a)(4) in the region who:

4 (1) agrees to comply with the terms and conditions of
5 the organization;

6 (2) agrees to accept the prevailing provider contract
7 rate of the organization;

8 (3) agrees to abide by the standards of care required
9 by the organization; and

10 (4) is an enrolled provider under Medicaid.

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

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

26 SECTION 5. This Act may not be construed as authorizing or
27 requiring implementation of Medicaid managed care delivery models

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

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

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

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 85TH LEGISLATIVE REGULAR SESSION

May 24, 2017

TO: Honorable Joe Straus, Speaker of the House, House of Representatives

FROM: Ursula Parks, Director, Legislative Budget Board

IN RE: HB3675 by Paddie (Relating to the provision of eye health care by certain professionals and institutions as providers in the Medicaid managed care program.), **As Passed 2nd House**

<p>No significant fiscal implication to the State is anticipated.</p>
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The bill would amend the Human Resources Code to no longer require Medicaid enrolled ophthalmologists and therapeutic optometrists to be credentialed in their specialty area. The bill would require the Health and Human Services Commission (HHSC) to permit optometrists, therapeutic optometrists, ophthalmologists, and institutions of higher education that meet certain criteria, to enroll as a Medicaid provider. The bill would require Medicaid managed care organizations (MCOs) to include in their provider network each Medicaid enrolled optometrist, therapeutic optometrist, and ophthalmologist that is in the region and agrees to certain contract conditions.

According to HHSC, MCOs would only contract with providers that agree to accept the prevailing provider rates, as per the provisions of the bill. Therefore, HHSC assumes the MCO requirement to include any willing provider in its network will not have an effect on the overall provider reimbursement rate. It is assumed that the provisions of the bill would not result in an overall increase in services provided in managed care or fee-for-service. With no increase to average reimbursement or utilization, no fiscal impact to client services is anticipated. It is assumed any administrative costs associated with implementation of the bill would not be significant and could be absorbed within the available resources of HHSC.

Local Government Impact

No significant fiscal implication to units of local government is anticipated.

Source Agencies: 529 Health and Human Services Commission

LBB Staff: UP, SD, KCA, LR, RGU

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 85TH LEGISLATIVE REGULAR SESSION

May 22, 2017

TO: Honorable Charles Schwertner, Chair, Senate Committee on Health & Human Services

FROM: Ursula Parks, Director, Legislative Budget Board

IN RE: HB3675 by Paddie (Relating to the provision of eye health care by certain professionals and institutions as providers in the Medicaid managed care program.), **Committee Report 2nd House, Substituted**

<p>No significant fiscal implication to the State is anticipated.</p>
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The bill would amend the Human Resources Code to no longer require Medicaid enrolled ophthalmologists and therapeutic optometrists to be credentialed in their specialty area. The bill would require the Health and Human Services Commission (HHSC) to permit optometrists, therapeutic optometrists, ophthalmologists, and institutions of higher education that meet certain criteria, to enroll as a Medicaid provider. The bill would require Medicaid managed care organizations (MCOs) to include in their provider network each Medicaid enrolled optometrist, therapeutic optometrist, and ophthalmologist that is in the region and agrees to certain contract conditions.

According to HHSC, MCOs would only contract with providers that agree to accept the prevailing provider rates, as per the provisions of the bill. Therefore, HHSC assumes the MCO requirement to include any willing provider in its network will not have an effect on the overall provider reimbursement rate. It is assumed that the provisions of the bill would not result in an overall increase in services provided in managed care or fee-for-service. With no increase to average reimbursement or utilization, no fiscal impact to client services is anticipated. It is assumed any administrative costs associated with implementation of the bill would not be significant and could be absorbed within the available resources of HHSC.

Local Government Impact

No significant fiscal implication to units of local government is anticipated.

Source Agencies: 529 Health and Human Services Commission

LBB Staff: UP, KCA, LR, RGU

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 85TH LEGISLATIVE REGULAR SESSION

May 11, 2017

TO: Honorable Charles Schwertner, Chair, Senate Committee on Health & Human Services

FROM: Ursula Parks, Director, Legislative Budget Board

IN RE: HB3675 by Paddie (Relating to the provision of eye health care by certain professionals and institutions as providers in the Medicaid managed care program.), **As Engrossed**

No significant fiscal implication to the State is anticipated.

The bill would amend the Human Resources Code to no longer require Medicaid enrolled ophthalmologists and therapeutic optometrists to be credentialed in their specialty area. The bill would require the Health and Human Services Commission (HHSC) to permit optometrists, therapeutic optometrists, ophthalmologists, and institutions of higher education that meet certain criteria, to enroll as a Medicaid provider. The bill would require Medicaid managed care organizations (MCOs) to include in their provider network each Medicaid enrolled optometrist, therapeutic optometrist, and ophthalmologist that is in the region and agrees to certain contract conditions.

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Source Agencies: 529 Health and Human Services Commission

LBB Staff: UP, KCA, LR, RGU

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 85TH LEGISLATIVE REGULAR SESSION

April 13, 2017

TO: Honorable Richard Peña Raymond, Chair, House Committee on Human Services

FROM: Ursula Parks, Director, Legislative Budget Board

IN RE: HB3675 by Paddie (Relating to the provision of eye health care by certain professionals and institutions as providers in the Medicaid managed care program.), **As Introduced**

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