

**House Bill 3675**  
Senate Amendments  
Section-by-Section Analysis

HOUSE VERSION

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 [†] obtain:

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

(B) any other prior authorization or precertification.

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

Sec. 531.021191. MEDICAID ENROLLMENT OF CERTAIN EYE HEALTH CARE PROVIDERS. (a) This section applies only to:

(1) an optometrist who is licensed by the Texas Optometry Board;

(2) a therapeutic optometrist who is licensed by the Texas Optometry Board;

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

SENATE VERSION (CS)

SECTION 1. Same as House version.

CONFERENCE

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

Sec. 531.021191. MEDICAID ENROLLMENT OF CERTAIN EYE HEALTH CARE PROVIDERS. (a) This section applies only to:

(1) an optometrist who is licensed by the Texas Optometry Board;

(2) a therapeutic optometrist who is licensed by the Texas Optometry Board;

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

**House Bill 3675**  
Senate Amendments  
Section-by-Section Analysis

HOUSE VERSION

(4) an institution of higher education that provides an accredited program for:  
(A) training as a Doctor of Optometry or an optometrist residency; or  
(B) training as an ophthalmologist or an ophthalmologist residency.  
(b) The commission may not prevent a provider to whom this section applies from enrolling as a Medicaid provider if the provider:  
(1) either:  
(A) joins an established practice of a health care provider or provider group that has a contract with a managed care organization to provide health care services to recipients under Chapter 533; or  
(B) is employed by or otherwise compensated for providing training at an institution of higher education described by Subsection (a)(4);  
(2) applies to be an enrolled provider under the Medicaid program;  
(3) if applicable, complies with the requirements of the contract between the provider or the provider's group and the applicable managed care organization; and  
(4) complies with all other applicable requirements related to being a Medicaid provider.  
(c) The commission may not prevent an institution of higher education from enrolling as a Medicaid provider if the institution:  
(1) has a contract with a managed care organization to provide health care services to recipients under Chapter 533;  
(2) applies to be an enrolled provider under the Medicaid program;  
(3) complies with the requirements of the contract between

SENATE VERSION (CS)

(4) an institution of higher education that provides an accredited program for:  
(A) training as a Doctor of Optometry or an optometrist residency; or  
(B) training as an ophthalmologist or an ophthalmologist residency.  
(b) The commission may not prevent a provider to whom this section applies from enrolling as a Medicaid provider if the provider:  
(1) either:  
(A) joins an established practice of a health care provider or provider group that has a contract with a managed care organization to provide health care services to recipients under Chapter 533; or  
(B) is employed by or otherwise compensated for providing training at an institution of higher education described by Subsection (a)(4);  
(2) applies to be an enrolled provider under Medicaid;  
(3) if applicable, complies with the requirements of the contract between the provider or the provider's group and the applicable managed care organization; and  
(4) complies with all other applicable requirements related to being a Medicaid provider.  
(c) The commission may not prevent an institution of higher education from enrolling as a Medicaid provider if the institution:  
(1) has a contract with a managed care organization to provide health care services to recipients under Chapter 533;  
(2) applies to be an enrolled provider under Medicaid;  
(3) complies with the requirements of the contract between the provider and the applicable managed care organization; and

CONFERENCE

**House Bill 3675**  
Senate Amendments  
Section-by-Section Analysis

HOUSE VERSION

the provider and the applicable managed care organization; and  
(4) complies with all other applicable requirements related to being a Medicaid provider.

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

Sec. 533.0067. EYE HEALTH CARE SERVICE PROVIDERS. Subject to Section 32.047, Human Resources Code, but notwithstanding any other law, the commission shall require that each managed care organization that contracts with the commission under any Medicaid managed care model or arrangement to provide health care services to recipients in a region include in the organization's provider network each optometrist, therapeutic optometrist, and ophthalmologist described by Section 531.021191(b)(1)(A) or (B) and an institution of higher education described by Section 531.021191(a)(4) in the region who:

- (1) agrees to comply with the terms and conditions of the organization;
- (2) agrees to accept the prevailing provider contract rate of the organization; and
- (3) agrees to abide by the standards of care required by the organization.

SECTION 4. (a) The Health and Human Services Commission shall, in a contract between the commission and a Medicaid managed care organization under Chapter 533, Government Code, that is entered into or renewed on or after

SENATE VERSION (CS)

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

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

Sec. 533.0067. EYE HEALTH CARE SERVICE PROVIDERS. Subject to Section 32.047, Human Resources Code, but notwithstanding any other law, the commission shall require that each managed care organization that contracts with the commission under any Medicaid managed care model or arrangement to provide health care services to recipients in a region include in the organization's provider network each optometrist, therapeutic optometrist, and ophthalmologist described by Section 531.021191(b)(1)(A) or (B) and an institution of higher education described by Section 531.021191(a)(4) in the region who:

- (1) agrees to comply with the terms and conditions of the organization;
- (2) agrees to accept the prevailing provider contract rate of the organization;
- (3) agrees to abide by the standards of care required by the organization; and
- (4) is an enrolled provider under Medicaid.

SECTION 4. Same as House version.

CONFERENCE

**House Bill 3675**  
Senate Amendments  
Section-by-Section Analysis

HOUSE VERSION

the effective date of this Act, require that the managed care organization comply with Section 533.0067, Government Code, as added by this Act.

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

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

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

SENATE VERSION (CS)

SECTION 5. Same as House version.

SECTION 6. Same as House version.

SECTION 7. Same as House version.

CONFERENCE