

AN ACT

relating to vision care benefits, including participation of optometrists and therapeutic optometrists in vision care or managed care plans.

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

SECTION 1. Subchapter D, Chapter 1451, Insurance Code, is amended by adding Section 1451.1545 to read as follows:

Sec. 1451.1545. PARTICIPATION IN VISION CARE PLAN; EFFECT ON OTHER PLANS. (a) In this section, "vision care plan" has the meaning assigned by Section 1451.157(a).

(b) A vision care plan issuer must include on the issuer's Internet website a method for a licensed optometrist or therapeutic optometrist to submit an application for inclusion as a participating provider in the plan. The application:

(1) may only require an applicant to provide:

(A) standardized information prescribed by rules adopted under Section 1452.052 that is applicable to an optometrist or therapeutic optometrist; or

(B) information specified on the Council for Affordable Quality Healthcare credentialing application; and

(2) must impose the same application requirements on each optometrist and therapeutic optometrist.

(c) A vision care plan issuer shall:

(1) not later than the 10th business day after the date

1 the issuer receives an application described by Subsection (b) that
2 meets the plan's application requirements, make available
3 electronically to the applicant a participating provider contract,
4 including applicable reimbursement fee schedules, provider
5 handbooks, and provider manuals;

6 (2) not later than the 30th business day after the date
7 the issuer receives an application described by Subsection (b),
8 complete the credentialing determination and:

9 (A) approve the application and deliver to the
10 applicant a contract described by Subdivision (1) for acceptance
11 and signature by the approved applicant; or

12 (B) deny the application and, not later than the
13 10th business day after the date of the denial, deliver to the
14 applicant a written explanation of the issuer's decision; and

15 (3) not later than the 20th business day after the date
16 an approved applicant is credentialed and accepts the contract
17 delivered under Subdivision (2)(A), include the credentialed and
18 approved applicant as a participating provider in the plan.

19 (d) A vision care plan issuer:

20 (1) may only consider information included in an
21 optometrist's or therapeutic optometrist's credentialing
22 application in making a credentialing determination; and

23 (2) shall impose the same credentialing requirements
24 on each applicant optometrist or therapeutic optometrist.

25 (e) A vision care plan issuer must allow an optometrist or
26 therapeutic optometrist to be a participating provider to the full
27 extent of the optometrist's or therapeutic optometrist's license on

1 all of the issuer's:

2 (1) vision care plans that have enrollees located in
3 this state; and

4 (2) vision panels, as defined by Section 1451.154.

5 (f) Subsection (e) may not be construed to require a vision
6 plan issuer to cover a particular covered product or service as
7 defined by Section 1451.155.

8 (g) A vision care plan issuer may not exclude an optometrist
9 or a therapeutic optometrist as a participating provider in the
10 plan because of:

11 (1) the aggregate number of optometrists or
12 therapeutic optometrists on a vision panel as defined by Section
13 1451.154, including the aggregate number of optometrists or
14 therapeutic optometrists on a vision panel in a geographic service
15 area; or

16 (2) the time, distance, and appointment availability
17 for a patient to access a participating practitioner.

18 SECTION 2. Section 1451.155, Insurance Code, is amended by
19 adding Subsection (i) to read as follows:

20 (i) A contract between a managed care plan and an
21 optometrist or therapeutic optometrist must:

22 (1) include electronic access to a fee schedule that
23 includes and individually identifies each medical or vision care
24 product or service covered under the plan; and

25 (2) use the standardized codes, names, and definitions
26 described by Section 1451.153 to describe all reimbursable medical
27 or vision care products or services covered under the plan.

1 SECTION 3. Section 1451.157, Insurance Code, is amended to
2 read as follows:

3 Sec. 1451.157. VISION PLAN CONDUCT [~~EXTRAPOLATION~~
4 ~~PROHIBITED~~]. (a) In this section:

5 (1) "Extrapolation" means a mathematical process or
6 technique used by a vision care plan in the audit of an optometrist
7 or therapeutic optometrist to estimate audit results or findings
8 for a larger batch or group of claims not reviewed by the plan.

9 (2) "Vision care plan" means a limited-scope policy,
10 agreement, contract, or evidence of coverage that provides coverage
11 for eye care expenses but does not provide comprehensive medical
12 coverage.

13 (b) A vision care plan shall [~~may~~] not:

14 (1) use extrapolation to complete an audit of a
15 participating optometrist or therapeutic optometrist. Any
16 additional payment due to a participating optometrist or
17 therapeutic optometrist or any refund due to the vision care plan
18 must be based on the actual overpayment or underpayment and may not
19 be based on an extrapolation; or

20 (2) exclude an optometrist or a therapeutic
21 optometrist as a participating practitioner in the plan if the
22 optometrist or therapeutic optometrist satisfies the vision plan's
23 credentialing requirements and agrees to the vision plan's
24 contractual terms.

25 (c) A vision care plan shall describe all medical or vision
26 care products or services covered under the plan using only the
27 standardized codes, names, and definitions published in the

1 Healthcare Common Procedure Coding System, including:

2 (1) Level I codes published by the American Medical
3 Association; and

4 (2) Level II codes published by the Centers for
5 Medicare and Medicaid Services.

6 SECTION 4. Subchapter D, Chapter 1451, Insurance Code, as
7 amended by this Act, applies only to a contract between a vision
8 care plan issuer and an optometrist or therapeutic optometrist
9 entered into or renewed on or after the effective date of this Act.

10 SECTION 5. This Act takes effect immediately if it receives
11 a vote of two-thirds of all the members elected to each house, as
12 provided by Section 39, Article III, Texas Constitution. If this
13 Act does not receive the vote necessary for immediate effect, this
14 Act takes effect September 1, 2025.

President of the Senate

Speaker of the House

I certify that H.B. No. 3211 was passed by the House on May 2, 2025, by the following vote: Yeas 135, Nays 0, 1 present, not voting.

Chief Clerk of the House

I certify that H.B. No. 3211 was passed by the Senate on May 20, 2025, by the following vote: Yeas 31, Nays 0.

Secretary of the Senate

APPROVED: _____

Date

Governor