

1-1 By: Paddie, Raymond, Rose H.B. No. 3675  
 1-2 (Senate Sponsor - Hinojosa)  
 1-3 (In the Senate - Received from the House May 3, 2017;  
 1-4 May 8, 2017, read first time and referred to Committee on Health &  
 1-5 Human Services; May 22, 2017, reported adversely, with favorable  
 1-6 Committee Substitute by the following vote: Yeas 9, Nays 0;  
 1-7 May 22, 2017, sent to printer.)

1-8 COMMITTEE VOTE

	Yea	Nay	Absent	PNV
1-9				
1-10	X			
1-11	X			
1-12	X			
1-13	X			
1-14	X			
1-15	X			
1-16	X			
1-17	X			
1-18	X			

1-19 COMMITTEE SUBSTITUTE FOR H.B. No. 3675 By: Watson

1-20 A BILL TO BE ENTITLED  
 1-21 AN ACT

1-22 relating to the provision of eye health care by certain  
 1-23 professionals and institutions as providers in the Medicaid managed  
 1-24 care program.

1-25 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

1-26 SECTION 1. Section 32.072(a), Human Resources Code, is  
 1-27 amended to read as follows:

1-28 (a) Notwithstanding any other law, a recipient of medical  
 1-29 assistance is entitled to:

1-30 (1) select an ophthalmologist or therapeutic  
 1-31 optometrist who is a medical assistance provider to provide eye  
 1-32 health care services, other than surgery, that are within the scope  
 1-33 of:

1-34 (A) services provided under the medical  
 1-35 assistance program; and

1-36 (B) the professional specialty practice for  
 1-37 which the ophthalmologist or therapeutic optometrist is licensed  
 1-38 [~~and credentialed~~]; and

1-39 (2) have direct access to the selected ophthalmologist  
 1-40 or therapeutic optometrist for the provision of the nonsurgical  
 1-41 services without any requirement that the patient or  
 1-42 ophthalmologist or therapeutic optometrist [~~to~~] obtain:

1-43 (A) a referral from a primary care physician or  
 1-44 other gatekeeper or health care coordinator; or

1-45 (B) any other prior authorization or  
 1-46 precertification.

1-47 SECTION 2. Subchapter B, Chapter 531, Government Code, is  
 1-48 amended by adding Section 531.021191 to read as follows:

1-49 Sec. 531.021191. MEDICAID ENROLLMENT OF CERTAIN EYE HEALTH  
 1-50 CARE PROVIDERS. (a) This section applies only to:

1-51 (1) an optometrist who is licensed by the Texas  
 1-52 Optometry Board;

1-53 (2) a therapeutic optometrist who is licensed by the  
 1-54 Texas Optometry Board;

1-55 (3) an ophthalmologist who is licensed by the Texas  
 1-56 Medical Board; and

1-57 (4) an institution of higher education that provides  
 1-58 an accredited program for:

1-59 (A) training as a Doctor of Optometry or an  
 1-60 optometrist residency; or

2-1 (B) training as an ophthalmologist or an  
2-2 ophthalmologist residency.

2-3 (b) The commission may not prevent a provider to whom this  
2-4 section applies from enrolling as a Medicaid provider if the  
2-5 provider:

2-6 (1) either:  
2-7 (A) joins an established practice of a health  
2-8 care provider or provider group that has a contract with a managed  
2-9 care organization to provide health care services to recipients  
2-10 under Chapter 533; or

2-11 (B) is employed by or otherwise compensated for  
2-12 providing training at an institution of higher education described  
2-13 by Subsection (a)(4);

2-14 (2) applies to be an enrolled provider under Medicaid;

2-15 (3) if applicable, complies with the requirements of  
2-16 the contract between the provider or the provider's group and the  
2-17 applicable managed care organization; and

2-18 (4) complies with all other applicable requirements  
2-19 related to being a Medicaid provider.

2-20 (c) The commission may not prevent an institution of higher  
2-21 education from enrolling as a Medicaid provider if the institution:

2-22 (1) has a contract with a managed care organization to  
2-23 provide health care services to recipients under Chapter 533;

2-24 (2) applies to be an enrolled provider under Medicaid;

2-25 (3) complies with the requirements of the contract  
2-26 between the provider and the applicable managed care organization;  
2-27 and

2-28 (4) complies with all other applicable requirements  
2-29 related to being a Medicaid provider.

2-30 SECTION 3. Subchapter A, Chapter 533, Government Code, is  
2-31 amended by adding Section 533.0067 to read as follows:

2-32 Sec. 533.0067. EYE HEALTH CARE SERVICE PROVIDERS. Subject  
2-33 to Section 32.047, Human Resources Code, but notwithstanding any  
2-34 other law, the commission shall require that each managed care  
2-35 organization that contracts with the commission under any Medicaid  
2-36 managed care model or arrangement to provide health care services  
2-37 to recipients in a region include in the organization's provider  
2-38 network each optometrist, therapeutic optometrist, and  
2-39 ophthalmologist described by Section 531.021191(b)(1)(A) or (B)  
2-40 and an institution of higher education described by Section  
2-41 531.021191(a)(4) in the region who:

2-42 (1) agrees to comply with the terms and conditions of  
2-43 the organization;

2-44 (2) agrees to accept the prevailing provider contract  
2-45 rate of the organization;

2-46 (3) agrees to abide by the standards of care required  
2-47 by the organization; and

2-48 (4) is an enrolled provider under Medicaid.

2-49 SECTION 4. (a) The Health and Human Services Commission  
2-50 shall, in a contract between the commission and a Medicaid managed  
2-51 care organization under Chapter 533, Government Code, that is  
2-52 entered into or renewed on or after the effective date of this Act,  
2-53 require that the managed care organization comply with Section  
2-54 533.0067, Government Code, as added by this Act.

2-55 (b) The Health and Human Services Commission shall seek to  
2-56 amend each contract entered into with a Medicaid managed care  
2-57 organization under Chapter 533, Government Code, before the  
2-58 effective date of this Act to require those managed care  
2-59 organizations to comply with Section 533.0067, Government Code, as  
2-60 added by this Act. To the extent of a conflict between Section  
2-61 533.0067, Government Code, as added by this Act, and a provision of  
2-62 a contract with a managed care organization entered into before the  
2-63 effective date of this Act, the contract provision prevails.

2-64 SECTION 5. This Act may not be construed as authorizing or  
2-65 requiring implementation of Medicaid managed care delivery models  
2-66 in regions in this state in which those models are not used on the  
2-67 effective date of this Act for the delivery of Medicaid services.

2-68 SECTION 6. If before implementing any provision of this Act  
2-69 a state agency determines that a waiver or authorization from a

3-1 federal agency is necessary for implementation of that provision,  
3-2 the agency affected by the provision shall request the waiver or  
3-3 authorization and may delay implementing that provision until the  
3-4 waiver or authorization is granted.

3-5 SECTION 7. This Act takes effect September 1, 2017.

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