By: Dean, et al. (Senate Sponsor - Middleton) H.B. No. 3211

(In the Senate - Received from the House May 5, 2025; May 6, 2025, read first time and referred to Committee on Health & Human Services; May 19, 2025, reported favorably by the following vote: Yeas 7, Nays 0; May 19, 2025, sent to printer.)

COMMITTEE VOTE

	Yea	Nay	Absent	PNV
Kolkhorst	X			
Perry	X			
Blanco	X			
Cook	X			
Hall	X			
Hancock	X			
Hughes			X	
Miles			X	
Sparks	X			

A BILL TO BE ENTITLED
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 the issuer receives an application described by Subsection (b) that meets the plan's application requirements, make available electronically to the applicant a participating provider contract, including applicable reimbursement fee schedules, provider handbooks, and provider manuals;

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

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

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

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

(d) A vision care plan issuer:

(1) may only consider information included in an

optometrist's or therapeutic optometrist's credentialing application in making a credentialing determination; and

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(c) A vision care plan shall describe all medical or vision care products or services covered under the plan using only the standardized codes, names, and definitions published in the Healthcare Common Procedure Coding System, including:

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

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

SECTION 4. Subchapter D, Chapter 1451, Insurance Code, as amended by this Act, applies only to a contract between a vision care plan issuer and an optometrist or therapeutic optometrist

entered into or renewed on or after the effective date of this Act.

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

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