

AN ACT

relating to the relationship of certain optometrists, therapeutic optometrists, and ophthalmologists with certain managed care plans, including preferred provider plans.

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

SECTION 1. Section 1301.051(e), Insurance Code, is amended to read as follows:

(e) An insurer may not withhold a designation to:

(1) a podiatrist described by Section 1301.0521; or

(2) an optometrist, therapeutic optometrist, or ophthalmologist described by Section 1301.0522.

SECTION 2. Subchapter B, Chapter 1301, Insurance Code, is amended by adding Section 1301.0522 to read as follows:

Sec. 1301.0522. DESIGNATION OF CERTAIN OPTOMETRISTS, THERAPEUTIC OPTOMETRISTS, AND OPHTHALMOLOGISTS AS PREFERRED PROVIDERS. (a) Notwithstanding Section 1301.051, an insurer may not withhold the designation of preferred provider to an optometrist or therapeutic optometrist licensed by the Texas Optometry Board or an ophthalmologist licensed by the Texas Medical Board who:

(1) joins the professional practice of a contracted preferred provider;

(2) applies to the insurer for designation as a preferred provider; and

1 (3) complies with the terms and conditions of
2 eligibility to be a preferred provider.

3 (b) An optometrist, therapeutic optometrist, or
4 ophthalmologist designated as a preferred provider under this
5 section must comply with the terms of the preferred provider
6 contract used by the insurer or the insurer's network provider.

7 SECTION 3. Subchapter D, Chapter 1451, Insurance Code, is
8 amended by adding Section 1451.156 to read as follows:

9 Sec. 1451.156. PROHIBITED CONDUCT. (a) A managed care
10 plan, as described by Section 1451.152(a), may not directly or
11 indirectly:

12 (1) control or attempt to control the professional
13 judgment, manner of practice, or practice of an optometrist or
14 therapeutic optometrist;

15 (2) employ an optometrist or therapeutic optometrist
16 to provide a vision care product or service as defined by Section
17 1451.155;

18 (3) pay an optometrist or therapeutic optometrist for
19 a service not provided;

20 (4) restrict or limit an optometrist's or therapeutic
21 optometrist's choice of sources or suppliers of services or
22 materials, including optical laboratories used by the optometrist
23 or therapeutic optometrist to provide services or materials to a
24 patient; or

25 (5) require an optometrist or therapeutic optometrist
26 to disclose a patient's confidential or protected health
27 information unless the disclosure is authorized by the patient or

1 permitted without authorization under the Health Insurance
2 Portability and Accountability Act of 1996 (42 U.S.C. Section 1320d
3 et seq.) or under Section 602.053.

4 (b) Subsection (a)(2) does not prohibit a managed care plan
5 from employing an optometrist or therapeutic optometrist for
6 utilization review or for operations of the managed care plan.

7 (c) Subsection (a)(3) does not prohibit the use of
8 capitation as a method of payment.

9 (d) Subsection (a)(4) does not restrict or limit a managed
10 care plan's determination of specific amounts of coverage or
11 reimbursement for the use of network or out-of-network suppliers or
12 laboratories.

13 (e) An optometrist or therapeutic optometrist must disclose
14 to a patient any business interest the optometrist or therapeutic
15 optometrist has in an out-of-network supplier or manufacturer to
16 which the optometrist or therapeutic optometrist refers the
17 patient.

18 (f) This section shall be liberally construed to prevent
19 managed care plans from controlling or attempting to control the
20 professional judgment, manner of practice, or practice of an
21 optometrist or therapeutic optometrist.

22 SECTION 4. (a) Section 1301.0522, Insurance Code, as added
23 by this Act, applies only to a contract between a preferred provider
24 and an insurer that is entered into or renewed on or after September
25 1, 2015. A contract between a preferred provider and an insurer
26 that is entered into or renewed before September 1, 2015, is
27 governed by the law as it existed immediately before the effective

1 date of this Act, and that law is continued in effect for that
2 purpose.

3 (b) Section 1451.156, Insurance Code, as added by this Act,
4 applies only to a contract between a managed care plan issuer and an
5 optometrist or therapeutic optometrist entered into or renewed, or
6 a managed care plan delivered, issued for delivery, or renewed, on
7 or after September 1, 2015. A contract entered into or renewed, or
8 a plan delivered, issued for delivery, or renewed, before September
9 1, 2015, is governed by the law as it existed immediately before
10 that date, and that law is continued in effect for that purpose.

11 SECTION 5. This Act takes effect September 1, 2015.

President of the Senate

Speaker of the House

I hereby certify that S.B. No. 684 passed the Senate on April 30, 2015, by the following vote: Yeas 31, Nays 0; May 19, 2015, Senate refused to concur in House amendment and requested appointment of Conference Committee; May 22, 2015, House granted request of the Senate; May 29, 2015, Senate adopted Conference Committee Report by the following vote: Yeas 31, Nays 0.

Secretary of the Senate

I hereby certify that S.B. No. 684 passed the House, with amendment, on May 13, 2015, by the following vote: Yeas 141, Nays 0, two present not voting; May 22, 2015, House granted request of the Senate for appointment of Conference Committee; May 27, 2015, House adopted Conference Committee Report by the following vote: Yeas 139, Nays 1, two present not voting.

Chief Clerk of the House

Approved:

Date

Governor