

- SUBJECT:** Designation of optometrists and ophthalmologists as preferred providers
- COMMITTEE:** Insurance — favorable, without amendment
- VOTE:** 8 ayes — Frullo, Muñoz, G. Bonnen, Guerra, Meyer, Paul, Sheets, Workman
- 0 nays
- 1 absent — Vo
- WITNESSES:** For — Tommy Lucas and Ron Hopping, Texas Optometric Association; (*Registered, but did not testify:* Mark Hanson, BJ Avery, Jennifer Deakins, David Frazee, Kevin Gee, and Laurie Sorrenson, Texas Optometric Association; Bob Day; Joe DeLoach; Vim Head; Steven Nguyen)
- Against — None
- On — Debra Diaz-Lara, Texas Department of Insurance
- BACKGROUND:** Insurance Code, ch. 1301 governs preferred provider benefit plans in which an insurer provides, through its health insurance policy, for the payment of a level of coverage that is different from the basic level of coverage provided by the health insurance policy if the insured person uses a preferred provider.
- There are concerns that managed care plans have created obstacles for optometrists and ophthalmologists to become in-network providers, creating problems for eye care practices that want to hire additional doctors to serve their patient base. For this reason, some have called for legislation that would allow existing eye care practices to hire additional doctors when needed with the certainty that an insurer would not withhold the designation of preferred provider to those additional doctors.
- DIGEST:** HB 963 would prohibit an insurer from withholding the designation of preferred provider to an optometrist, therapeutic optometrist licensed by

the Texas Optometry Board, or an ophthalmologist licensed by the Texas Medical Board who:

- joined the professional practice of a contracted preferred provider;
- applied to the insurer for designation as a preferred provider; and
- complied with the terms and conditions of eligibility to be a preferred provider.

An optometrist, therapeutic optometrist, or ophthalmologist designated as a preferred provider would have to comply with the terms of the preferred provider contract used by the insurer or the insurer's network provider.

The bill would take effect September 1, 2015, and would apply only to a contract between a preferred provider and an insurer that was entered into or renewed on or after that date.