

BILL ANALYSIS

Senate Research Center
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S.B. 1424
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Health & Human Services
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AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

Recent data from the Health and Human Services Commission (HHSC) indicates there has been an exponential increase in emergency room (ER) utilization for non-emergency eye conditions by Medicaid clients. In fiscal year 2009, there were more than 10,000 cases where non-emergency eye conditions were treated in Texas ERs. In fiscal year 2011, utilizations of ERs for these same conditions increased by 400 percent—more than 42,000 cases.

Two-thirds of these ER visits were for common conditions, such as “pink eye,” which are routinely treated by eye doctors at a much lower cost and with better outcomes. In addition to the costly ER visit, these patients are often required to follow up with an eye doctor, at an additional cost to the state.

This data indicates that there is a lack of access to eye care. When patients cannot receive preventative care or eye-care treatment in a timely manner, they often go to an ER.

As proposed, S.B. 1424 amends current law relating to the inclusion of optometrists, therapeutic optometrists, and ophthalmologists in the health care provider networks of certain Medicaid managed care organizations.

RULEMAKING AUTHORITY

This bill does not expressly grant any additional rulemaking authority to a state officer, institution, or agency.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Subchapter A, Chapter 533, Government Code, by adding Section 533.0065, as follows:

Sec. 533.0065. EYE HEALTH CARE SERVICE PROVIDERS. Requires the Health and Human Services Commission (HHSC), subject to Section 32.047 (Prohibition of Certain Health Care Service Providers), Human Resources Code, but notwithstanding any other law, if HHSC determines that recipient access to optometrists, therapeutic optometrists, and ophthalmologists under any Medicaid managed care model or arrangement in a region is not adequate, to require that each Medicaid managed care organization (MCO) that contracts with HHSC provide health care services to recipients in that region under the model or arrangement include in the MCO's provider network each optometrist, therapeutic optometrist, and ophthalmologist in the region who:

- (1) agrees to comply with the terms and conditions of the MCO;
- (2) agrees to accept the prevailing provider contract rate of the MCO;
- (3) agrees to abide by the standards of care required by the MCO; and
- (4) has the credentials required by the MCO.

SECTION 2. Requires a state agency, if necessary for implementation of a provision of this Act, to request a waiver or authorization from a federal agency, and authorizes a delay of implementation until such a waiver or authorization is granted.

SECTION 3. Effective date: September 1, 2013.