

## **BILL ANALYSIS**

H.B. 963  
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Insurance  
Committee Report (Unamended)

### **BACKGROUND AND PURPOSE**

In order to provide eye care to a health insurance plan's participants, an optometrist, therapeutic optometrist, or ophthalmologist must enter into an agreement under which the provider agrees to accept certain negotiated reimbursement amounts to care for the plan's participants. Without assurances that a new provider joining an existing eye care practice will be able to enter into such an agreement with a health insurance plan, there is concern that such practices will not be able to hire additional doctors to keep up with local demand. In areas of the state where attracting providers is difficult, such assurances can help attract a joining doctor to a particular practice location that he or she may otherwise not consider. H.B. 963 seeks to address this issue.

### **CRIMINAL JUSTICE IMPACT**

It is the committee's opinion that this bill does not expressly create a criminal offense, increase the punishment for an existing criminal offense or category of offenses, or change the eligibility of a person for community supervision, parole, or mandatory supervision.

### **RULEMAKING AUTHORITY**

It is the committee's opinion that this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

### **ANALYSIS**

H.B. 963 amends the Insurance Code to prohibit an insurer from withholding 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 joins the professional practice of a contracted preferred provider, applies to the insurer for designation as a preferred provider, and complies with the terms and conditions of eligibility to be a preferred provider. The bill requires an optometrist, therapeutic optometrist, or ophthalmologist designated as a preferred provider under the bill's provisions to comply with the terms of the preferred provider contract used by the insurer or the insurer's network provider.

### **EFFECTIVE DATE**

September 1, 2015.