

1 S.281

2 Introduced by Senator Mullin

3 Referred to Committee on Health and Welfare

4 Date: January 7, 2014

5 Subject: Health; health insurance; physicians; optometrists

6 Statement of purpose of bill as introduced: This bill proposes to require health
7 insurance plans to provide a choice of providers for vision care and medical
8 eye care services and to reimburse providers the same amount for the same
9 services when provided by either an optometrist or an ophthalmologist. It
10 requires health insurers to permit optometrists to participate in vision care and
11 medical eye care plans to the same extent as ophthalmologists and prohibits
12 insurers from placing certain requirements on an optometrist as a condition for
13 participation in a health insurance or vision plan. The bill would also ensure
14 that optometrists and ophthalmologists are compensated for the services and
15 materials they provide.

16 An act relating to vision riders and a choice of providers for vision and eye
17 care services

18 It is hereby enacted by the General Assembly of the State of Vermont:

1 ~~Sec. 1. 8 V.S.A. § 4088j is added to read:~~

2 § 4088j. CHOICE OF PROVIDERS FOR VISION CARE AND MEDICAL
3 EYE CARE SERVICES

4 (a) To the extent a health insurance plan provides coverage for vision care
5 or medical eye care services, it shall cover those services when provided by a
6 physician licensed pursuant to 26 V.S.A. chapter 23, an optometrist licensed
7 pursuant to 26 V.S.A. chapter 30, or an osteopathic physician licensed pursuant
8 to 26 V.S.A. chapter 33, provided the health care professional is acting within
9 his or her authorized scope of practice.

10 (b) A health insurance plan shall impose no greater co-payment,
11 coinsurance, or other cost-sharing amount for services when provided by an
12 optometrist than for the same service when provided by a physician or
13 osteopathic physician.

14 (c) A health insurance plan shall provide to a licensed health care
15 professional acting within his or her scope of practice the same level of
16 reimbursement or other compensation for providing vision care and medical
17 eye care services that are within the lawful scope of practice of the professions
18 of medicine, optometry, and osteopathy, regardless of whether the health care
19 professional is a physician, optometrist, or osteopathic physician.

1 ~~(d)(1) A health insurer shall permit a licensed optometrist to participate in~~
2 ~~plans or contracts providing for vision care or medical eye care to the same~~
3 ~~extent as it does a licensed physician or osteopathic physician.~~

4 ~~(2) A health insurer shall not require a licensed optometrist to provide~~
5 ~~discounted materials benefits or to participate as a provider in another medical~~
6 ~~or vision care plan or contract as a condition or requirement for the~~
7 ~~optometrist's participation as a provider in any medical or vision care plan or~~
8 ~~contract.~~

9 ~~(e)(1) An agreement between a health insurer or an entity that writes vision~~
10 ~~insurance and an optometrist or ophthalmologist for the provision of vision~~
11 ~~services on a preferred or in-network basis to plan members or subscribers in~~
12 ~~connection with coverage under a stand-alone vision plan or other health~~
13 ~~insurance plan shall not require that an optometrist or ophthalmologist provide~~
14 ~~services or materials at a fee limited or set by the plan or insurer unless the~~
15 ~~services or materials are reimbursed as covered services under the contract.~~

16 ~~(2) An optometrist or ophthalmologist shall not charge more for services~~
17 ~~and materials that are noncovered services under a vision plan than his or her~~
18 ~~usual and customary rate for those services and materials.~~

19 ~~(3) The amount of a contractual discount shall not result in a fee less~~
20 ~~than the stand-alone vision plan or other health insurance plan would pay for~~
21 ~~covered services and materials but for the application of a member's or~~

1 ~~subscriber's contractual limitations of deductibles, co-payments, or~~
2 ~~coinsurance.~~

3 (4) Reimbursement paid by a vision plan for covered services and
4 materials shall be reasonable and shall not provide nominal reimbursement in
5 order to claim that services and materials are covered services.

6 (f) As used in this section:

7 (1) "Contractual discount" means a percentage reduction from an
8 optometrist's or ophthalmologist's usual and customary rate for covered
9 services and materials required under a participating provider agreement.

10 (2) "Covered services" means services and materials for which
11 reimbursement from a vision plan or other health insurance plan is provided by
12 a member's or subscriber's plan contract, or for which a reimbursement would
13 be available but for the application of the member's or subscriber's contractual
14 limitations of deductibles, co-payments, or coinsurance.

15 (3) "Health insurance plan" means any health insurance policy or health
16 benefit plan offered by a health insurer or a subcontractor of a health insurer.
17 The term includes vision plans but does not include policies or plans providing
18 coverage for a specified disease or other limited benefit coverage.

19 (4) "Health insurer" shall have the same meaning as in 18 V.S.A.
20 § 9402.

1 ~~(5) "Materials" includes lenses, devices containing lenses, prisms, lens~~
2 ~~treatments and coatings, contact lenses, orthoptics, vision training, and~~
3 ~~prosthetic devices to correct, relieve, or treat defects or abnormal conditions of~~
4 ~~the human eye or its adnexa.~~

5 Sec. 2. EFFECTIVE DATE

6 ~~This act shall take effect on July 1, 2014.~~

~~Sec. 1. 8 V.S.A. § 4088j is added to read:~~

~~§ 4088j. CHOICE OF PROVIDERS FOR VISION CARE AND MEDICAL
EYE CARE SERVICES~~

~~(a) To the extent a health insurance plan provides coverage for vision care
or medical eye care services, it shall cover those services when provided by a
physician licensed pursuant to 26 V.S.A. chapter 23, an optometrist licensed
pursuant to 26 V.S.A. chapter 30, or an osteopathic physician licensed
pursuant to 26 V.S.A. chapter 33, provided the health care professional is
acting within his or her authorized scope of practice and participates in the
plan's network.~~

~~(b) A health insurance plan shall impose no greater co-payment,
coinsurance, or other cost-sharing amount for services when provided by an
optometrist than for the same service when provided by a physician or
osteopathic physician.~~

~~(c) A health insurance plan shall provide to a licensed health care
professional acting within his or her scope of practice the same level of
reimbursement or other compensation for providing vision care and medical
eye care services that are within the lawful scope of practice of the professions
of medicine, optometry, and osteopathy, regardless of whether the health care
professional is a physician, optometrist, or osteopathic physician.~~

~~(d)(1) A health insurer shall permit a licensed optometrist to participate in
plans or contracts providing for vision care or medical eye care to the same
extent as it does a licensed physician or osteopathic physician.~~

~~(2) A health insurer shall not require a licensed optometrist to provide
discounted materials benefits or to participate as a provider in another
medical or vision care plan or contract as a condition or requirement for the
optometrist's participation as a provider in any medical or vision care plan or
contract.~~

~~(e)(1) An agreement between a health insurer or an entity that writes vision insurance and an optometrist or ophthalmologist for the provision of vision services to plan members or subscribers in connection with coverage under a stand-alone vision plan or other health insurance plan shall not require that an optometrist or ophthalmologist provide services or materials at a fee limited or set by the plan or insurer unless the services or materials are reimbursed as covered services under the contract.~~

~~(2) An optometrist or ophthalmologist shall not charge more for services and materials that are noncovered services under a vision plan than his or her usual and customary rate for those services and materials.~~

~~(3) Reimbursement paid by a vision plan for covered services and materials shall be reasonable and shall not provide nominal reimbursement in order to claim that services and materials are covered services.~~

~~(f) As used in this section:~~

~~(1) “Contractual discount” means a percentage reduction from an optometrist’s or ophthalmologist’s usual and customary rate for covered services and materials required under a participating provider agreement.~~

~~(2) “Covered services” means services and materials for which reimbursement from a vision plan or other health insurance plan is provided by a member’s or subscriber’s plan contract, or for which a reimbursement would be available but for the application of the member’s or subscriber’s contractual limitations of deductibles, co-payments, or coinsurance.~~

~~(3) “Health insurance plan” means any health insurance policy or health benefit plan offered by a health insurer or a subcontractor of a health insurer, as well as Medicaid and any other public health care assistance program offered or administered by the State or by any subdivision or instrumentality of the State. The term includes vision plans but does not include policies or plans providing coverage for a specified disease or other limited benefit coverage.~~

~~(4) “Health insurer” shall have the same meaning as in 18 V.S.A. § 9402.~~

~~(5) “Materials” includes lenses, devices containing lenses, prisms, lens treatments and coatings, contact lenses, and prosthetic devices to correct, relieve, or treat defects or abnormal conditions of the human eye or its adnexa.~~

Sec. 2. EFFECTIVE DATE

This act shall take effect on July 1, 2014.

Sec. 1. 8 V.S.A. § 4088j is added to read:

§ 4088j. CHOICE OF PROVIDERS FOR VISION CARE AND MEDICAL EYE CARE SERVICES

(a) To the extent a health insurance plan provides coverage for vision care or medical eye care services, it shall cover those services whether provided by a licensed optometrist or by a licensed ophthalmologist, provided the health care professional is acting within his or her authorized scope of practice and participates in the plan's network.

(b) A health insurance plan shall impose no greater co-payment, coinsurance, or other cost-sharing amount for services when provided by an optometrist than for the same service when provided by an ophthalmologist.

(c) A health insurance plan shall provide to a licensed health care professional acting within his or her scope of practice the same level of reimbursement or other compensation for providing vision care and medical eye care services that are within the lawful scope of practice of the professions of medicine, optometry, and osteopathy, regardless of whether the health care professional is an optometrist or an ophthalmologist.

(d)(1) A health insurer shall permit a licensed optometrist to participate in plans or contracts providing for vision care or medical eye care to the same extent as it does an ophthalmologist.

(2) A health insurer shall not require a licensed optometrist or ophthalmologist to provide discounted materials benefits or to participate as a provider in another medical or vision care plan or contract as a condition or requirement for the optometrist's or ophthalmologist's participation as a provider in any medical or vision care plan or contract.

(e)(1) An agreement between a health insurer or an entity that writes vision insurance and an optometrist or ophthalmologist for the provision of vision services to plan members or subscribers in connection with coverage under a stand-alone vision plan or other health insurance plan shall not require that an optometrist or ophthalmologist provide services or materials at a fee limited or set by the plan or insurer unless the services or materials are reimbursed as covered services under the contract.

(2) An optometrist or ophthalmologist shall not charge more for services and materials that are noncovered services under a vision plan than his or her usual and customary rate for those services and materials.

(3) Reimbursement paid by a vision plan for covered services and materials shall be reasonable and shall not provide nominal reimbursement in order to claim that services and materials are covered services.

(f) As used in this section:

(1) "Covered services" means services and materials for which reimbursement from a vision plan or other health insurance plan is provided by a member's or subscriber's plan contract, or for which a reimbursement would be available but for application of the deductible, co-payment, or coinsurance requirements under the member's or subscriber's health insurance plan.

(2) "Health insurance plan" means any health insurance policy or health benefit plan offered by a health insurer or a subcontractor of a health insurer, as well as Medicaid and any other public health care assistance program offered or administered by the State or by any subdivision or instrumentality of the State. The term includes vision plans but does not include policies or plans providing coverage for a specified disease or other limited benefit coverage.

(3) "Health insurer" shall have the same meaning as in 18 V.S.A. § 9402.

(4) "Materials" includes lenses, devices containing lenses, prisms, lens treatments and coatings, contact lenses, and prosthetic devices to correct, relieve, or treat defects or abnormal conditions of the human eye or its adnexa.

(5) "Ophthalmologist" means a physician licensed pursuant to 26 V.S.A. chapter 23 or an osteopathic physician licensed pursuant to 26 V.S.A. chapter 33 who has had special training in the field of ophthalmology.

(6) "Optometrist" means a person licensed pursuant to 26 V.S.A. chapter 30.

Sec. 2. EFFECTIVE DATE

This act shall take effect on January 1, 2015.