

1 TO THE HOUSE OF REPRESENTATIVES:

2 The Committee on Health Care to which was referred Senate Bill No. 281
3 entitled “An act relating to vision riders and a choice of providers for vision
4 and eye care services” respectfully reports that it has considered the same and
5 recommends that the House propose to the Senate that the bill be amended by
6 striking out all after the enacting clause and inserting in lieu thereof the
7 following:

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

9 § 4088j. CHOICE OF PROVIDERS FOR VISION CARE AND MEDICAL
10 EYE CARE SERVICES

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

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

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

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

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

17 (e)(1) An agreement between a health insurer or an entity that writes vision
18 insurance and an optometrist or ophthalmologist for the provision of vision
19 services to plan members or subscribers in connection with coverage under a
20 stand-alone vision plan or other health insurance plan shall not require that an
21 optometrist or ophthalmologist provide services or materials at a fee limited or

1 set by the plan or insurer unless the services or materials are reimbursed as
2 covered services under the contract.

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

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

9 (f) As used in this section:

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

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

20 (2) “Health insurance plan” means any health insurance policy or health
21 benefit plan offered by a health insurer or a subcontractor of a health insurer,

1 as well as Medicaid and any other public health care assistance program
2 offered or administered by the State or by any subdivision or instrumentality of
3 the State. The term includes vision plans but does not include policies or plans
4 providing coverage for a specified disease or other limited benefit coverage.

5 (3) “Health insurer” shall have the same meaning as in 18 V.S.A.
6 § 9402.

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

10 (5) “Ophthalmologist” means a physician licensed pursuant to 16
11 V.S.A. chapter 23 or an osteopathic physician licensed pursuant to 26
12 V.S.A. chapter 33 who has had special training in the field of
13 ophthalmology.

14 (6) “Optometrist” means a person licensed pursuant to 26 V.S.A.
15 chapter 30.

16 Sec. 2. EFFECTIVE DATE

17 This act shall take effect on ~~July 1, 2014~~ January 1, 2015.

18 (Committee vote: _____)

19 _____

20 Representative _____

21 FOR THE COMMITTEE