

1 TO THE HONORABLE SENATE:

2 The Committee on Finance 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 bill be amended by striking out all after the enacting
6 clause and inserting in lieu thereof the following:

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

8 § 4088j. CHOICE OF PROVIDERS FOR VISION CARE AND MEDICAL
9 EYE CARE SERVICES

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

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

20 (c) A health insurance plan shall provide to a licensed health care
21 professional acting within his or her scope of practice the same level of

1 reimbursement or other compensation for providing vision care and medical
2 eye care services that are within the lawful scope of practice of the professions
3 of medicine, optometry, and osteopathy, regardless of whether the health care
4 professional is a physician, optometrist, or osteopathic physician.

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

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

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

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

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

7 (f) As used in this section:

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

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

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

1 (4) “Health insurer” shall have the same meaning as in 18 V.S.A.
2 § 9402.

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

6 Sec. 2. EFFECTIVE DATE

7 This act shall take effect on July 1, 2014.

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18 (Committee vote: _____)

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Senator _____

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FOR THE COMMITTEE