

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**
16 network.

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

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 **covered** vision care and
4 medical eye care services that are within the lawful scope of practice of the
5 professions of medicine, optometry, and osteopathy, regardless of whether the
6 health care professional is a physician, optometrist, or osteopathic physician.

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

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

15 (e)(1) An agreement between a health insurer or an entity that writes vision
16 insurance and an optometrist or ophthalmologist for the provision of vision
17 services ~~on a preferred or in-network basis~~ to plan members or subscribers
18 in connection with coverage under a stand-alone vision plan or other health
19 insurance plan shall not require that an optometrist or ophthalmologist provide
20 services or materials at a fee limited or set by the plan or insurer unless the
21 services or materials are reimbursed as 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) ~~The amount of a contractual discount shall not result in a fee less~~
5 ~~than the stand-alone vision plan or other health insurance plan would pay~~
6 ~~for covered services and materials but for the application of a member's~~
7 ~~or subscriber's contractual limitations of deductibles, co-payments, or~~
8 ~~coinsurance.~~

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

12 (f) As used in this section:

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

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

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

8 (4) “Health insurer” shall have the same meaning as in 18 V.S.A.
9 § 9402.

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

14 Sec. 2. EFFECTIVE DATE

15 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