

1 TO THE HONORABLE SENATE:

2 The Committee on Finance to which was referred Senate Bill No. 215
3 entitled “An act relating to the regulation of vision insurance plans”
4 respectfully reports that it has considered the same and recommends that the
5 bill be amended by striking out all after the enacting clause and inserting in
6 lieu thereof the following:

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

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

10 * * *

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

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

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

4 (4) A vision care plan shall not limit an optometrist's or
5 ophthalmologist's choice of or relationship with optical laboratories or sources
6 and suppliers of services or materials if the source, supplier, or laboratory
7 selected by the optometrist or ophthalmologist offers the services or materials
8 at a lower cost to the consumer than the source, supplier, or laboratory selected
9 by the vision care plan.

10 (f) The Department of Financial Regulation shall enforce the provisions of
11 this section.

12 (g) As used in this section:

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

19 (2) "Health insurance plan" means any health insurance policy or health
20 benefit plan offered by a health insurer or a subcontractor of a health insurer,
21 as well as Medicaid and any other public health care assistance program

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

5 * * *

6 (7) “Vision care plan” means an integrated or stand-alone plan, policy,
7 or contract providing vision benefits to enrollees with respect to covered
8 services or covered materials, or both.

9 Sec. 2. EFFECTIVE DATE

10 This act shall take effect on July 1, 2016.

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13 (Committee vote: _____)

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Senator _____

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FOR THE COMMITTEE