



ARIZONA HOUSE OF REPRESENTATIVES

Fifty-fifth Legislature
First Regular Session

HB 2047: insurance; optometrists; contracts; covered services

Sponsor: Representative Weninger, LD 17

Committee on Health & Human Services

Overview

States that a contract between an optometrist and a specified health insurer cannot require the optometrist to provide services based on a fee set by the health insurer unless the fee applies to a covered service.

History

An Optometric Service Corporation (Corporation) is a corporation organized for the purpose of establishing, maintaining and operating nonprofit optometric service plans. The Corporation contracts with general, specialized or restricted practice optometrists to provide subscribers with optometric services ([A.R.S. § 20-822](#)).

A Health Care Services Organization (Organization) is a person who undertakes the conducting of one or more health care plans. An Organization includes a provider sponsored health care services organization ([A.R.S. § 20-1051](#)).

Statute outlines the scope and format of a policy with a Disability Insurer, Group Disability Insurer or a Blanket Disability Insurer (Disability Insurers) ([A.R.S. § 20-1342](#)) & ([A.R.S. § 20-1401](#)).

Provisions

1. States that contracts entered into or renewed after January 1, 2022 between an optometrist and a health insurer cannot:
 - a) Require the optometrist to provide services to an enrollee based on a fee set by the health insurer unless the service for which the fee applies is a covered service under the enrollee's policy;
 - b) Prohibit an optometrist from offering a vision service that is not a covered service at a fee determined by the optometrist; and
 - c) Require an optometrist to use one or more specific vendors to replenish the optometrist's inventory of lenses after the optometrist dispenses the inventory to eligible members of the vision plan. (Sec. 1-4)
2. Applies the contract requirements to an administrator providing third-party administration services or a provider network for a vision plan. (Sec. 1-4)
3. Specifies the contract requirements do not restrict the ability of a health insurer to enter into a contract for an optometrist to participate in a discount program sponsored by the health insurer for services that are not covered if:
 - a) Participation in the health insurers network is not contingent on participation in the sponsored discount program; and
 - b) The health insurer offers equal treatment to an optometrist who does not participate in a sponsored discount program. (Sec. 1-4)

<input type="checkbox"/> Prop 105 (45 votes)	<input type="checkbox"/> Prop 108 (40 votes)	<input type="checkbox"/> Emergency (40 votes)	<input type="checkbox"/> Fiscal Note
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4. Allows a health insurer to identify whether an optometrist participates in a discount program for services not covered if all lists state that other discounts may be available with individual optometrists. (Sec. 1-4)
5. States that all contracts between a health insurer and an optometrist must be in compliance by the first renewal period on or after January 1, 2022, but not later than December 31, 2022. (Sec. 1-4)
6. Defines *covered service* as a service for which any reimbursement is available under a subscription contract, an evidence of coverage or Disability Insurers policy without regard to contractual limitations. (Sec. 1-4)