

SECOND REGULAR SESSION

SENATE BILL NO. 692

97TH GENERAL ASSEMBLY

INTRODUCED BY SENATOR WASSON.

Read 1st time January 9, 2014, and ordered printed.

TERRY L. SPIELER, Secretary.

4297S.03I

AN ACT

To amend chapter 376, RSMo, by adding thereto one new section relating to insurance coverage for optometric and ophthalmic services and materials.

Be it enacted by the General Assembly of the State of Missouri, as follows:

Section A. Chapter 376, RSMo, is amended by adding thereto one new
2 section, to be known as section 376.1228, to read as follows:

**376.1228. 1. No agreement between an insurer, entity that writes
2 vision insurance, health carrier, or health benefit plan and an
3 optometrist for the provision of vision services on a preferred or in-
4 network basis to plan members or insurance subscribers in connection
5 with coverage under a stand-alone vision plan, medical plan, or health
6 insurance policy shall require that the optometrist provide optometric
7 or ophthalmic services or materials to plan members or insurance
8 subscribers at a fee limited or established by the health carrier,
9 insurer, or health benefit plan unless the services or materials are
10 reimbursed as covered services under the contract.**

**11 2. A provider shall not charge more for services and materials
12 that are noncovered services under a vision plan that his or her usual
13 and customary rate for those services and materials.**

**14 3. The amount of a contractual discount shall not result in a fee
15 less than the health or vision plan would pay for covered services and
16 materials but for the application of an enrollee's contractual limitations
17 of deductibles, co-payments, or coinsurance.**

**18 4. Reimbursement paid by the health benefit plan or vision plan
19 for covered services and materials shall be reasonable and an insurer
20 shall not provide merely de minimis reimbursement or coverage in an
21 effort to avoid the requirements of this section.**

22 **5. For purposes of this section, the following terms shall mean:**

23 **(1) "Covered services", optometric or ophthalmic services or**
24 **materials reimbursable by a health carrier or health benefit plan or**
25 **vision plan under an applicable plan, subject to such contractual**
26 **limitations on benefits as may apply, including but not limited to**
27 **deductibles, co-payments, coinsurance, waiting periods, annual or**
28 **lifetime maximums, alternative benefit payments, or frequency**
29 **limitations;**

30 **(2) "De minimis", nominal payment that is insignificant in**
31 **comparison to the value of the service or material for which it is**
32 **intended;**

33 **(3) "Health benefit plan", the same meaning as such term is**
34 **defined in section 376.1350;**

35 **(4) "Health carrier", the same meaning as such term is defined in**
36 **section 376.1350;**

37 **(5) "Materials", includes but is not limited to lenses, frames,**
38 **devices containing lenses, prisms, lens treatments and coatings, contact**
39 **lenses, orthoptics, vision training devices, and prosthetic devices to**
40 **correct, relieve, or treat defects or abnormal conditions of the human**
41 **eye or its adnexa;**

42 **(6) "Optometric services", any service within the scope of**
43 **practice under chapter 336;**

44 **(7) "Provider", an optometrist or facility that provides optometric**
45 **or ophthalmic services;**

46 **(8) "Vision plan", any policy or contract of insurance or contract**
47 **discount plan which provides coverage for optometric and ophthalmic**
48 **services and materials.**

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