

SECOND REGULAR SESSION  
SENATE COMMITTEE SUBSTITUTE FOR

# SENATE BILL NO. 830

98TH GENERAL ASSEMBLY

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Reported from the Committee on Small Business, Insurance and Industry, April 14, 2016, with recommendation that the Senate Committee Substitute do pass.

5131S.02C

ADRIANE D. CROUSE, Secretary.

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## AN ACT

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

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*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 section, to be known as section 376.685, to read as follows:

**376.685. 1. No agreement between a health carrier or other insurer that writes vision insurance and an optometrist for the provision of vision services on a preferred or in-network basis to plan members or insurance subscribers in connection with coverage under a stand-alone vision plan, medical plan, health benefit plan, or health insurance policy shall require that an optometrist provide optometric or ophthalmic services or materials at a fee limited or set by the plan or health carrier unless the services or materials are reimbursed as covered services under the contract.**

**2. No provider shall charge more for services or materials that are not covered under a health benefit or vision plan than his or her usual and customary rate for those services or materials.**

**3. Reimbursement paid by the health benefit or vision plan for covered services or materials shall be reasonable and shall not provide nominal reimbursement in order to claim that services or materials are covered services. No health carrier shall provide de minimis reimbursement or coverage in an effort to avoid the requirements of this section.**

**4. No vision care insurance policy or vision care discount plan that provides covered services for materials shall have the effect,**

21 directly or indirectly, of limiting the choice of sources and suppliers of  
22 materials by a patient of a vision care provider.

23 5. Notwithstanding any other provisions in this section, nothing  
24 shall prohibit an optometrist from contractually opting in to an  
25 optometric services discount plan sponsored by a stand-alone vision  
26 plan, medical plan, health benefit plan, or health insurance policy.

27 6. For the purposes of this section, the following terms shall  
28 mean:

29 (1) "Covered services", optometric or ophthalmic services or  
30 materials for which reimbursement from the health benefit or vision  
31 plan is provided for by an enrollee's plan contract, or for which a  
32 reimbursement would be available but for the application of the  
33 enrollee's contractual limitations of deductibles, copayments,  
34 coinsurance, waiting periods, annual or lifetime maximums, alternative  
35 benefit payments, or frequency limitations;

36 (2) "Health benefit plan", the same meaning as such term is  
37 defined in section 376.1350;

38 (3) "Health carrier", the same meaning as such term is defined in  
39 section 376.1350;

40 (4) "Materials", includes, but is not limited to, lenses, frames,  
41 devices containing lenses, prisms, lens treatment and coatings, contact  
42 lenses, orthoptics, vision training devices, and prosthetic devices to  
43 correct, relieve, or treat defects or abnormal conditions of the human  
44 eye or its adnexa;

45 (5) "Optometric services", any services within the scope of  
46 optometric practice under chapter 336;

47 (6) "Vision plan", any policy, contract of insurance, or discount  
48 plan issued by a health carrier, health benefit plan, or company which  
49 provides coverage or a discount for optometric or ophthalmic services  
50 or materials.

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