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H.786

Introduced by Representatives Buxton of Tunbridge, Branagan of Georgia,
Burditt of West Rutland, Canfield of Fair Haven, Carr of
Brandon, Christie of Hartford, Connor of Fairfield, Consejo of
Sheldon, Cross of Winooski, Cupoli of Rutland City, Dakin of
Chester, Dickinson of St. Albans Town, Evans of Essex, Fagan
of Rutland City, Feltus of Lyndon, Juskiewicz of Cambridge,
Krowinski of Burlington, Lenes of Shelburne, Lewis of Berlin,
Manwaring of Wilmington, Marcotte of Coventry, McCarthy of
St. Albans City, Mitchell of Fairfax, Moran of Wardsboro, Peltz
of Woodbury, Savage of Swanton, Shaw of Pittsford, Townsend
of South Burlington, Trieber of Rockingham, Vowinkel of
Hartford, Wizowaty of Burlington, Yantachka of Charlotte, and
Young of Glover

Referred to Committee on

Date:

Subject: Health; health insurance; physicians; optometrists

Statement of purpose of bill as introduced: This bill proposes to require health insurance plans to provide a choice of providers for vision care and medical eye care services and to reimburse providers the same amount for the same services when provided by either an optometrist or an ophthalmologist. It

1 requires health insurers to permit optometrists to participate in vision care and
2 medical eye care plans to the same extent as ophthalmologists and prohibits
3 insurers from placing certain requirements on an optometrist as a condition for
4 participation in a health insurance or vision plan. The bill would also ensure
5 that optometrists and ophthalmologists are compensated for the services and
6 materials they provide.

7 An act relating to vision riders and a choice of providers for vision and eye
8 care services

9 It is hereby enacted by the General Assembly of the State of Vermont:

10 Sec. 1. 8 V.S.A. § 4088j is added to read:

11 § 4088j. CHOICE OF PROVIDERS FOR VISION CARE AND MEDICAL

12 EYE CARE SERVICES

13 (a) To the extent a health insurance plan provides coverage for vision care
14 or medical eye care services, it shall cover those services when provided by a
15 physician licensed pursuant to 26 V.S.A. chapter 23, an optometrist licensed
16 pursuant to 26 V.S.A. chapter 30, or an osteopathic physician licensed pursuant
17 to 26 V.S.A. chapter 33, provided the health care professional is acting within
18 his or her authorized scope of practice.

19 (b) A health insurance plan shall impose no greater co-payment,
20 coinsurance, or other cost-sharing amount for services when provided by an

1 optometrist than for the same service when provided by a physician or
2 osteopathic physician.

3 (c) A health insurance plan shall provide to a licensed health care
4 professional acting within his or her scope of practice the same level of
5 reimbursement or other compensation for providing vision care and medical
6 eye care services that are within the lawful scope of practice of the professions
7 of medicine, optometry, and osteopathy, regardless of whether the health care
8 professional is a physician, optometrist, or osteopathic physician.

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

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

17 (e)(1) An agreement between a health insurer or an entity that writes vision
18 insurance and an optometrist or ophthalmologist for the provision of vision
19 services on a preferred or in-network basis to plan members or subscribers in
20 connection with coverage under a stand-alone vision plan or other health
21 insurance plan shall not require that an optometrist or ophthalmologist provide

1 services or materials at a fee limited or set by the plan or insurer unless the
2 services or materials are reimbursed as covered services under the contract.

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

6 (3) The amount of a contractual discount shall not result in a fee less
7 than the stand-alone vision plan or other health insurance plan would pay for
8 covered services and materials but for the application of a member's or
9 subscriber's contractual limitations of deductibles, co-payments, or
10 coinsurance.

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

14 (f) As used in this section:

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

18 (2) "Covered services" means services and materials for which
19 reimbursement from a vision plan or other health insurance plan is provided by
20 a member's or subscriber's plan contract, or for which a reimbursement would

1 be available but for the application of the member's or subscriber's contractual
2 limitations of deductibles, co-payments, or coinsurance.

3 (3) "Health insurance plan" means any health insurance policy or health
4 benefit plan offered by a health insurer or a subcontractor of a health insurer.
5 The term includes vision plans but does not include policies or plans providing
6 coverage for a specified disease or other limited benefit coverage.

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

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

13 Sec. 2. EFFECTIVE DATE

14 This act shall take effect on July 1, 2014.