

House _____ Amendment NO. _____

Offered By

1 AMEND House Committee Substitute for Senate Substitute No. 2 for Senate Bill No. 754, Page 13,
2 Section 338.220, Line 54, by inserting after all of said section and line the following:

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

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

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

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

19 5. The provisions of this section shall not apply to a plan or any provider contract for
20 optometric services or ophthalmic services underwritten by a health benefit plan or health carrier
21 subject to chapter 354 or chapter 376 as of January 1, 2014.

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

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

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

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

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

Action Taken _____ Date _____

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

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

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

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

10
11 Further amend said bill by amending the title, enacting clause, and intersectional references
12 accordingly.
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