

HB 1271 -- OPTOMETRIC SERVICES

SPONSOR: Molendorp

COMMITTEE ACTION: Voted "Do Pass" by the Committee on Health Insurance by a vote of 12 to 0.

This bill prohibits an agreement, for the provision of services, between a health carrier or other insurer that writes vision insurance and an optometrist from requiring an optometrist to provide additional services or materials at a limited or lower fee unless the services or materials are reimbursed as covered services under the contract. A provider is prohibited from charging more for services or materials that are not covered under a health benefit or vision plan than the usual and customary rate charged for those services or materials. The bill prohibits a contractual discount from resulting in a fee that is less than the health benefit or vision plan would otherwise pay for covered services or materials if not for the application of an enrollee's contractual limitations of deductibles, co-payments, co-insurance, waiting periods, annual or lifetime maximums, alternative benefit payments, or frequency limitations. The reimbursement paid by the health or benefit plan for covered services or materials must be reasonable and cannot provide minimal reimbursement in order to claim a service or material is a covered service. A health carrier is prohibited from providing de minimis reimbursement or coverage in an attempt to avoid these provisions.

PROPONENTS: Supporters say that vision plans require optometrists to discount services the plans do not cover in addition to a discount for covered services. Small businesses like optometric offices do not have the bargaining power to negotiate better contracts and over half of their clients are covered by vision plans. The bill helps protect small optometric offices that must accept vision plans to be competitive in the market.

Testifying for the bill were Representative Molendorp and Jeff Gamble, O.D.

OPPONENTS: Those who oppose the bill say that the bill provides statutory protection for optometrists who want to improve their position when negotiating eye plan contracts. An optometrist agrees to reduce the amount he or she charges for a non-covered service or product and as a benefit he or she receives a large volume of clients who are enrolled in the vision plan. This change would be detrimental to consumers, who would just end up paying more for services. Optometrists freely enter into contracts with vision plans and now they don't want to comply with the contracts they previously agreed to.

Testifying against the bill were Luxottica Retail; Humana, Inc.; Metlife; Blue Cross Blue Shield of Kansas City; Missouri Insurance Coalition; and Anthem Blue Cross Blue Shield of Missouri.

OTHERS: Others testifying on the bill say that the bill does not directly affect ophthalmologists but could affect them indirectly because they often practice in the same offices as optometrists.

Testifying on the bill was Missouri Society of Eye Physicians and Surgeons.