

HB 1271 -- OPTOMETRIC SERVICES (Molendorp)

COMMITTEE OF ORIGIN: Committee on Health Insurance

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.