- 1 HB540
- 2 167902-1
- 3 By Representative Fridy
- 4 RFD: Insurance
- 5 First Read: 23-APR-15

1 167902-1:n:04/16/2015:PMG/tj LRS2015-1607 2 3 4 5 6 7 SYNOPSIS: This bill would prohibit insurers of vision 8 care services from limiting a vision care 9 10 provider's ability to set fees for services and 11 materials, to participate in specific vision care 12 plans, and to choose sources of suppliers in 13 certain circumstances. This bill would prohibit vision care 14 15 providers from charging more to an insurer than the 16 customary rates of those vision care providers. 17 This bill would require reasonable 18 reimbursements for vision care services and 19 materials to vision care providers. 20 This bill would exempt certain health care 21 service plans. This bill would also authorize the 22 23 Department of Insurance to adopt rules to implement 24 this act. 25 26 A BILL 27 TO BE ENTITLED

1	AN ACT
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3	Relating to vision care providers; to prohibit
4	insurers of vision care services from limiting a vision care
5	provider's ability to set fees for services and materials, to
6	participate in specific vision care plans, and to choose
7	sources of suppliers in certain circumstances; to prohibit
8	vision care providers from charging more to an insurer than
9	the customary rates of those vision care providers; to require
10	reasonable reimbursements for vision care services and
11	materials to vision care providers; to exempt certain health
12	care service plans; and to authorize the Department of
13	Insurance to adopt rules to implement this act.
14	BE IT ENACTED BY THE LEGISLATURE OF ALABAMA:
15	Section 1. (a) As used in this section, the
16	following words shall have the following meanings:
17	(1) CONTRACTUAL DISCOUNT. A percentage reduction
18	from a provider's usual and customary rate for covered
19	services and materials required under a participating provider
20	agreement.
21	(2) COVERED MATERIALS. Materials for which
22	reimbursement from the insurer or vision care plan is provided
23	to a vision care provider by an enrollee's plan contract, or
24	for which a reimbursement would be available but for the
25	application of the enrollee's contractual limitations of

26 deductibles, copayments, or coinsurance.

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(3) COVERED SERVICES. Services for which
 reimbursement from the insurer or vision care plan is provided
 to a vision care provider by an enrollee's plan contract, or
 for which a reimbursement would be available but for the
 application of the enrollee's contractual plan limitations of
 deductibles, copayments, or coinsurance.

(4) INSURER. A health plan as defined in subdivision
(3) of Section 27-56-2, Code of Alabama 1975. The term shall
not include corporations organized pursuant to Article 6 of
Chapter 20 of Title 10A, Code of Alabama 1975, commencing at
Section 10A-20-6.01, or to policies, plans, or contracts
entered into, issued by, or administered by such corporations.

(5) MATERIALS. Ophthalmic devices, including, but
not limited to, lenses, devices containing lenses, artificial
intraocular lenses, ophthalmic frames and other lens mounting
apparatus, prisms, lens treatments and coatings, contact
lenses, and prosthetic devices to correct, relieve, or treat
defects or abnormal conditions of the human eye or its adnexa.

19 (6) SERVICES. The professional work performed by a20 vision care provider.

(7) VISION CARE PLAN. An entity that creates, promotes, sells, provides, advertises, or administers an integrated or standalone vision benefit plan, or a vision care insurance policy or contract that provides vision benefits to an enrollee pertaining to the provision of covered services or covered materials. The term shall not include corporations organized pursuant to Article 6 of Chapter 20 of Title 10A,

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Code of Alabama 1975, commencing at Section 10A-20-6.01, or to
 policies, plans, or contracts entered into, issued by, or
 administered by such corporations.

4 (8) VISION CARE PROVIDER. A licensed optometrist or
5 a licensed ophthalmologist.

6 (b) A contract between an insurer or a vision care 7 plan and a vision care provider may not:

8 (1) Require that a vision care provider provide 9 services or materials at a fee limited or set by the insurer 10 or vision care plan, unless the services or materials are 11 reimbursed covered services or reimbursed covered materials 12 under the contract.

13 (2) Require that a vision care provider participate
14 with or be credentialed by any specific vision care plan as a
15 condition to join an insurer's provider panel.

16 (3) Restrict or limit, either directly or
17 indirectly, the vision care provider's choice of sources and
18 suppliers of services or materials or use of optical labs in
19 his or her practice.

(c) A vision care provider may not charge more to an
enrollee of a vision care plan or insurer for services or
materials that are not covered services or not covered
materials than the vision care provider's usual and customary
rate for those services and materials.

(d) Reimbursements paid by an insurer or vision care
 plan for covered services and covered materials shall be
 reasonable and may not provide nominal reimbursement in order

1 to claim that services and materials are covered services and 2 covered materials.

3 (e) No provision of this section shall prohibit the4 use of a discount card by an enrollee if:

5 (1) Enrollment by the vision care provider is 6 completely voluntary and not conditioned upon the vision care 7 provider's participating in any other discount card with 8 different provider terms and conditions or a different 9 insurance program; and

10 (2) The discount card program does not make or11 include any coverage or payment to the vision care provider.

(f) The Commissioner of Insurance may adopt rules
pursuant to the Administrative Procedure Act to implement the
provisions of this section.

(g) The provisions of this section apply to insurer 15 or vision care plan contracts, addendums, and certificates 16 17 executed, delivered, issued for delivery, continued or renewed in this state. A vision care plan contract under this section 18 may not be longer than two years from the date that it is 19 executed. Vision care plans are prohibited from making changes 20 21 to the provider manual without notification to an individual 22 vision care provider.

23 Section 2. This act shall become effective 24 immediately following its passage and approval by the 25 Governor, or its otherwise becoming law.