

1 HB256
2 156103-1
3 By Representative Henry
4 RFD: Insurance
5 First Read: 16-JAN-14

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8 SYNOPSIS: Under existing law, the Access to Eye Care
9 Act provides that certain health insurance
10 policies, health maintenance organization plans,
11 and the like, which cover eye care services,
12 include a provision for payment to licensed
13 optometrists for services which are both within the
14 scope of the insurance coverage and within the
15 scope of the optometrist's license.

16 This bill would specify that both public and
17 private insurance policies, plans, contracts, and
18 programs provide coverage for optometrists under
19 the act.

20 This bill would also prohibit the insurance
21 policy, plan, contract, or program from requiring
22 an eye care provider to participate as a condition
23 of receiving payment, from requiring that products
24 and services be provided at a set fee, unless part
25 of the subscriber agreement, from restricting which
26 lab is selected, from designating which insurance
27 plan shall be used for reimbursement, and from

1 imposing restrictions on noncovered products and
2 services.

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4 A BILL
5 TO BE ENTITLED
6 AN ACT

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8 To amend Sections 27-56-2, 27-56-3, 27-56-4,
9 27-56-5, 27-56-6, 27-56-7, and 27-56-8, Code of Alabama 1975,
10 relating to the Access to Eye Care Act; to specify that both
11 public and private insurance policies, plans, contracts, and
12 programs provide coverage for optometrists under the act; to
13 prohibit the insurance policy, plan, contract, or program from
14 requiring an eye care provider to participate as a condition
15 of receiving payment; to prohibit the insurance policy, plan,
16 contract, or program from requiring that products and services
17 be provided at a set fee, unless part of the subscriber
18 agreement; to prohibit the insurance policy, plan, contract,
19 or program from restricting which lab is selected; to prohibit
20 the insurance policy, plan, contract, or program from
21 designating which insurance plan shall be used for
22 reimbursement; and to prohibit the insurance policy, plan,
23 contract, or program from imposing restrictions on noncovered
24 products and services.

25 BE IT ENACTED BY THE LEGISLATURE OF ALABAMA:

1 Section 1. Sections 27-56-2, 27-56-3, 27-56-4,
2 27-56-5, 27-56-6, 27-56-7, and 27-56-8 of the Code of Alabama
3 1975, are amended to read as follows:

4 "§27-56-2.

5 "As used in this chapter, the following terms shall
6 have the following meanings:

7 "(1) COVERED PERSON. Any individual, family, or
8 family member on whose behalf third-party payment or
9 prepayment of health or medical expenses is provided under an
10 insurance policy, plan, or contract, or other program, public
11 or private, providing for third-party payment or prepayment of
12 health care or medical expenses.

13 "(2) EYE CARE PROVIDER. A licensed optometrist or a
14 licensed ophthalmologist.

15 "(3) INSURANCE POLICY, PLAN, OR CONTRACT PROVIDING
16 FOR THIRD-PARTY PAYMENT OR PREPAYMENT OF HEALTH OR MEDICAL
17 EXPENSES. Includes an individual or group policy for accident
18 or health insurance, an individual or group hospital or health
19 care service contract, an individual or group health
20 maintenance organization contract, an organized delivery
21 system contract, a vision plan or a preferred provider
22 organization contract, and any other similar policy, plan, or
23 contract, whether public or private. This term shall not
24 include any employee welfare benefit plan, as defined in 29
25 U.S.C. Section 1002(1), or any plan administered by a third
26 party to the extent it provides services to an employee
27 welfare benefit plan, as defined in 29 U.S.C. Section 1002(1).

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

6 "§27-56-3.

7 "An insurance policy, plan, or contract, or other
8 program, public or private, providing for third-party payment
9 or prepayment of health or medical expenses shall include a
10 provision for the payment to a licensed optometrist for each
11 service which falls within the scope of the optometrist's
12 license, if the policy, plan, or contract pays for the same
13 service when provided by any other provider for such services.

14 "§27-56-4.

15 "An insurance policy, plan, or contract, or other
16 program, public or private, providing for third-party payment
17 or prepayment of health or medical expenses shall not do any
18 of the following:

19 "(1) Impose a practice restriction for optometrists
20 which is inconsistent with or more restrictive than provided
21 by ~~law~~ Chapter 22, Title 34.

22 "(2) Discriminate between classes of eye care
23 providers with respect to any covered service which falls
24 within the scope of the eye care provider's license.

25 "(3) Require an eye care provider to hold hospital
26 privileges as a condition of participation in or receiving
27 payment from the policy, plan, or contract.

1 "(4) Impose any restriction not required by law
2 based on the eye care provider's professional degree.

3 "(5) Discriminate between eye care providers in
4 connection with the amount of reimbursement for the provision
5 of the same services.

6 "(6) Require an eye care provider to purchase or
7 maintain a minimum quantity or minimum dollar amount of a
8 specified brand of ophthalmic materials as a condition of
9 participation in or receiving payments from a policy, plan, or
10 contract.

11 "(7) Require an eye care provider as a condition of
12 participation or of receiving payment from a policy, plan, or
13 contract, or other program, public or private, to participate
14 in any other policy, plan, or contract, or other program,
15 public or private. The prohibition in this subdivision does
16 not preclude a PPO or HMO from requiring an eye care provider,
17 as a condition to participation in a specific program of the
18 PPO or HMO, to offer covered services to all subscribers and
19 enrollees of the specific PPO or HMO.

20 "(8) Require that an optometrist or ophthalmologist
21 provide materials or services, or both, to its subscribers at
22 a fee set by the insurance policy, plan, or contract, or other
23 program, public or private, unless the products or services,
24 or both, are covered services under the applicable subscriber
25 agreement. An insurance policy, plan or contract, or other
26 program, public or private, shall not provide merely de

1 minimus reimbursement or coverage in an effort to avoid the
2 requirements of this subdivision.

3 "(9) Impose any restriction on which lab an eye care
4 provider may select.

5 "(10) Designate which insurance plan a patient's
6 charges shall be reimbursed through.

7 "(11) Impose any restriction or requirement, or
8 both, between eye care providers and its subscribers for
9 noncovered products or services, or both.

10 "\$27-56-5.

11 "(a) No insurance policy, plan, or contract, or
12 other program, public or private, providing for third-party
13 payment or prepayment of health or medical expenses that
14 provides coverage for eye care services shall be issued or
15 renewed after August 1, 2001, unless such insurance policy,
16 plan, or contract does the following:

17 "(1) Provides a covered person direct access to any
18 eye care provider participating in, or otherwise eligible to
19 provide services under, the policy, plan, or contract for all
20 eye care services covered under the policy, plan, or contract,
21 without any referral or preapproval requirement, including,
22 but not limited to, the following services, if covered:

23 "a. Medical treatment of glaucoma.

24 "b. Postoperative eye care.

25 "(2) Ensures that any list of medical or health care
26 providers participating in, or otherwise eligible to provide
27 services under, the policy, plan, or contract includes eye

1 care providers to the same extent that such list includes
2 other medical or health care providers to whom a covered
3 person has direct access, without need for referral or
4 preapproval, under the policy, plan, or contract.

5 "(b) An insurance policy, plan, or contract, or
6 other program, public or private, providing for third-party
7 payment or prepayment of health or medical expenses shall not
8 deny or limit reimbursement to any covered person on the
9 ground that the covered person was not referred to the eye
10 care provider by a person acting on behalf of, or under an
11 agreement with, the company, entity, or person providing the
12 insurance policy, plan, or contract.

13 "§27-56-6.

14 "This chapter shall apply to services provided under
15 a policy, plan, or contract, or other program, public or
16 private, providing for third-party payment or prepayment of
17 health or medical expenses delivered, continued, or renewed in
18 this state on or after August 1, 2001, and to any such
19 existing policy, plan, or contract, on its anniversary or
20 renewal date, or upon the expiration of the applicable
21 collective bargaining contract, if any, whichever is later.

22 "§27-56-7.

23 "(a) This chapter does not require and shall not be
24 construed to require any insurance policy, plan, or contract, or
25 other program, public or private, to provide health care
26 coverage for eye care. The provisions of this chapter are

1 applicable only to those insurance policies, plans, or
2 contracts which provide coverage for eye care.

3 "(b) Insurers or other issuers of any insurance
4 policy, plan, or contract, or other program, public or
5 private, which provides coverage for eye care shall continue
6 to be able to establish and apply selection criteria and
7 utilization protocols for health care providers as well as
8 credentialing criteria used in the selection of providers.

9 "(c) This chapter does not require and shall not be
10 construed to require the coverage of eye care services by
11 providers who are not designated as covered providers, or who
12 are not selected as participating providers, by an insurance
13 policy, plan, or contract, or other program, public or
14 private, or the issuer thereof having a participating network
15 of service providers. Provided, however, if eye care coverage
16 is provided, reasonable efforts shall be made to include a
17 sufficient number of qualified providers, including
18 optometrists, to insure reasonable access to eye care
19 services.

20 "§27-56-8.

21 "(a) Any insurance policy, plan, or contract, or
22 other program, public or private, that provides coverage for
23 eye care services may contain provisions for maximum benefits
24 and coinsurance limitations, deductibles, exclusions, and
25 utilization review protocols to the extent that these
26 provisions are not inconsistent with the requirements of this
27 chapter.

1 "(b) If eye care coverage is provided, the eye care
2 benefits for services provided by optometrists within the
3 scope of their licenses shall be subject to the same annual
4 deductible or coinsurance established for all other eye care
5 providers for which coverage is provided."

6 Section 2. This act shall become effective on the
7 first day of the third month following its passage and
8 approval by the Governor, or its otherwise becoming law.