

MANAGED VISION CARE BILLS UPDATE

The Vision Council tracks almost 40 bills relating to managed vision care. While many of these bills “died” in their respective legislatures, below are specific managed vision care bills that have been signed into law or are working their way through the legislative process. You can visit The Vision Council’s **iTrack tool** to view a specific bill. Should you have any questions need assistance please don’t hesitate to contact Jason McElvaney at jason@mcelvaneypublicaffairs.com or 571-385-4701.

Alabama Senate Bill 270

SB 270 prohibits insurers of vision care services from limiting a vision care provider’s ability to set fees for services and materials, to participate in specific plans, and to choose sources of suppliers. It also prohibits vision care providers from charging more to an insurer than the customary rates of those vision care providers. The bill requires reasonable reimbursements for vision care services and materials.

Status: Governor signed the bill into law on June 11, 2015 and takes effect immediately.

Arkansas House Bill 1894

HB 1804 establishes “The Vision Care Plan Act of 2015”. The bill provides an agreement between a vision care plan and vision care provider that a provider shall not charge a fee for services or materials that are not covered by a vision plan. A vision care provider shall not charge a fee for services or materials that is more than the vision care provider’s normal rate if the services or materials are non-covered services or materials. A vision care plan shall not: require a vision care provider to apply a discount to individuals who are insured with the vision plan, participate with or be credentialed by any specific vision care plan as a condition to join an insurer’s provider panel, and will not restrict or limit, directly or indirectly, the vision care provider’s choice of optical labs or choice of sources and suppliers of services or materials.

Status: Governor signed the bill into law on April 2, 2015 and takes effect of the 91st day after the Legislature adjourns target date July 15, 2015.

Connecticut House Bill 6736

HB 6736 extends the prohibition to optometrists on the setting of payments by health insurers and other entities for noncovered benefits.

Status: HB 6736 was sent to the Governor on June 15, 2015 and the Governor has until July 8, 2015 to take action.

Kentucky House Bill 465

HB 465 shall not require an optometrist to meet terms and conditions that are not required of a physician or osteopath as a condition for participation in an insurer’s provider network and shall provide the same reimbursement for services to optometrists as allowed for those services rendered by physicians or osteopaths.

Status: Bill was signed by the Governor on March 24, 2015 and becomes effective 90 days after the Legislature

adjourns target date June 28, 2015.

Maine Senate Bill 310

SB 310 restricts a vision care plan from: an agreement with an eye care provider to provide services or materials to an enrollee at a specified or limited fee unless service or materials are covered service or a covered material under the vision plan, an agreement with an eye care provider from choosing its sources and suppliers of services and materials, changing any term, contractual discount or reimbursement rate contained in an agreement without notice to the provider at least 60 days before change is implemented, and require an eye care provider participate in other vision insurance as a condition of joining an insurer's provider network for a health plan that provides coverage for vision care or services.

Status: Became law without the Governor's signature on June 13, 2015.

Oregon House Bill 3530

HB 3530 prohibits vision care insurance from imposing specified terms on a vision care provider. The prohibitions are: limit or specify the fee that a provider may charge for services or materials that are not reimbursed, require a provider to participate in one vision care insurance plan as a condition for participating in another plan, change terms, discount or reimbursement rates without a signed acknowledgement that the provider agrees, and restricts a provider's choice of suppliers of materials.

Status: The bill has passed the House and passed the Senate Committee on Health Care is currently sitting in the Senate Committee on Rules since June 16, 2015. The Oregon Legislature adjourns on July 13, 2015 and the Governor has until August 21, 2015 to take any action on bills that are sent to her.

Virginia House Bill 1444

HB 1444 restricts a vision care plan from requiring an eye care provider from accepting a fee or rate on materials or services unless the materials and services are covered materials or services under the vision care plan. The vision care plan shall not require a provider to use a particular optical lab, manufacturer of eyeglass frames or contact lenses or third party supplier as a condition of participation in a vision care plan. Any changes to a participating provider agreement proposed by the vision care plan shall be submitted in writing to the provider at least 30 days prior to the effective date of the changes.

Status: Both the House and Senate accepted the Governor's amendments on April 15, 2015. The bill shall become effective January 1, 2016.

Florida House Bill 856

HB 856 provides that a contract between vision care plan and vision care provider may not require the licensee to provide vision care services as a condition of providing any other serves or to purchase certain materials or services.

Status: Bill died during the regular legislative session.