

HB 2217 -- OPTOMETRIST VISION INSURANCE

SPONSOR: Morris

COMMITTEE ACTION: Voted "Do Pass" by the Standing Committee on Health and Mental Health Policy by a vote of 10 to 0. Voted "Do Pass" by the Select Committee on Social Services by a vote of 8 to 0.

This bill prohibits a contractual agreement by a health carrier or other insurer writing vision insurance coverage from requiring an optometrist to provide additional services or materials at a fee limited or set by the plan 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. Reimbursements for covered services or materials must be reasonable and prevents a plan that provides covered services for materials from having the effect, directly or indirectly, of limiting the choice of sources and suppliers of materials by a patient of a vision care provider.

This bill is similar to SB 830 (2016) and SB 692 (2014).

PROPOSERS: 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 such offices' clients are covered by vision plans. The bill helps protect small optometric offices that must accept vision plans to be competitive in the market. Lab choice is necessary to ensure that clients receive high quality goods and allows optometrists to choose the product that is best for the client.

Testifying for the bill were Representative Morris; Dr. Kevin Harris, Missouri Optometric Association; Karen Bantle; Carl Kline; and Jordan Lothes.

OPPOSERS: 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 entered into contracts with vision plans and now they don't want to comply with the contracts

that they previously agreed to.

Testifying against the bill were America's Health Insurance Plans; Blue Cross Blue Shield Of Kansas City; National Association Of Vision Care Plans; Missouri Insurance Coalition; Metlife; Humana, Inc.; and Anthem, Inc. And Its Affiliates.