

HB 2217 -- OPTOMETRIST VISION INSURANCE (Morris)

COMMITTEE OF ORIGIN: Standing Committee on Health and Mental Health Policy

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. Nothing in the bill must prohibit an optometrist from contractually opting in to an optometric services discount plan sponsored by a stand-alone vision plan, medical plan, health benefit plan, or health insurance policy.

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