



House of Representatives

General Assembly

File No. 318

January Session, 2011

Substitute House Bill No. 6310

House of Representatives, March 31, 2011

The Committee on Insurance and Real Estate reported through REP. MEGNA of the 97th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT CONCERNING CONTRACTS WITH OPHTHALMOLOGISTS AND OPTOMETRISTS.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Subsection (b) of section 20-138b of the general statutes is
2 repealed and the following is substituted in lieu thereof (*Effective*
3 *October 1, 2011*):

4 (b) If any health care center, as defined in section 38a-175, or
5 preferred provider network, as defined in section 38a-479aa, offers
6 health care benefits [which] that provide ophthalmologic care for any
7 person, partnership, corporation, association or group, however
8 organized, such health care center or preferred provider network shall
9 provide optometric care. If the ophthalmologic care provided may be
10 lawfully rendered by an optometrist, such health care center or
11 preferred provider network shall provide the identical eye care
12 coverage and benefits for its members when such care is rendered by
13 an optometrist under contract with such health care center or preferred
14 provider network.

15 (1) Such health care center or preferred provider network shall [(1)]
 16 (A) contract with ophthalmologists and optometrists in a manner
 17 [which] that will provide fair and sufficient representation of such
 18 providers in relation to the benefits provided by the health care center
 19 plan or preferred provider network, and [(2)] (B) equally inform its
 20 members of the availability of ophthalmologic and optometric services.

21 (2) Such health care center shall provide ophthalmologists and
 22 optometrists equal access to all health plans offered by such health care
 23 center and shall not restrict participation in such plans based on
 24 limitations in services provided by individual ophthalmologists or
 25 optometrists. Nothing in this subsection shall be construed as
 26 permitting any ophthalmologist or optometrist to perform or provide
 27 services beyond their scopes of practice permitted in chapters 370 and
 28 380, respectively.

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2011	20-138b(b)

INS *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note**State Impact:** None**Municipal Impact:** None**Explanation**

The bill's provisions do not result in a fiscal impact to the state employee health plan or fully insured municipalities. The bill requires equal access to HMO plans for ophthalmologists and optometrists if the HMO provides these services. The bill does not require coverage of these services if they are not currently provided. Current law requires an HMO providing ophthalmologic care benefits to also provide optometric care.

Due to federal law self insured municipalities are exempt from state health insurance mandates.

The Out Years**State Impact:** None**Municipal Impact:** None

OLR Bill Analysis

sHB 6310

AN ACT CONCERNING CONTRACTS WITH OPHTHALMOLOGISTS AND OPTOMETRISTS.

SUMMARY:

This bill requires an HMO that provides benefits for ophthalmologic and optometric services to provide ophthalmologists (licensed physicians specializing in ophthalmology) and optometrists equal access to all health plans it offers. It prohibits an HMO from restricting participation in a plan based on the service limitations of individual optometrists or ophthalmologists. It also specifies that providing equal access to all health plans does not permit any such provider to perform or provide services outside of his or her scope of practice.

Current law requires an HMO providing ophthalmologic care benefits to also provide optometric care. If ophthalmologic care can be legally provided by an optometrist, than the HMO must provide the same eye care coverage and benefits for services they perform. HMOs must contract with both types of specialists in a fair and sufficient manner and equally inform enrollees of the availability of ophthalmologic and optometric services.

EFFECTIVE DATE: October 1, 2011

COMMITTEE ACTION

Insurance and Real Estate Committee

Joint Favorable Substitute

Yea 14 Nay 6 (03/15/2011)