



House of Representatives

File No. 675

General Assembly

January Session, 2011

(Reprint of File No. 318)

Substitute House Bill No. 6310
As Amended by House
Amendment Schedule "A"

Approved by the Legislative Commissioner
April 29, 2011

**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2 repealed and the following is substituted in lieu thereof (*Effective*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 *January 1, 2012*):

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 or preferred provider network (A) shall
 22 provide ophthalmologists and optometrists equal access to all health
 23 plans offered by such health care center or health insurance policies
 24 offered by a health insurer with which such preferred provider
 25 network has entered into a contractual relationship, and (B) shall not
 26 restrict participation in such plans or policies based on limitations in
 27 services provided by individual ophthalmologists or optometrists.
 28 Nothing in this subsection shall be construed as permitting any
 29 ophthalmologist or optometrist to perform or provide services beyond
 30 their scopes of practice permitted in chapters 370 and 380, respectively.

This act shall take effect as follows and shall amend the following sections:		
Section 1	January 1, 2012	20-138b(b)

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

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

House "A" makes the following changes: 1) changes the effective date from October 1, 2011 to January 1, 2012, 2) expands the bill's applicability to include PPNs, and 3) makes technical corrections. The changes do not result in a fiscal impact.

The Out Years

State Impact: None

Municipal Impact: None

OLR Bill Analysis**sHB 6310 (as amended by House "A")******AN ACT CONCERNING CONTRACTS WITH OPHTHALMOLOGISTS AND OPTOMETRISTS.*****SUMMARY:**

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

Current law requires an HMO or PPN providing ophthalmologic care benefits to also provide optometric care. If ophthalmologic care can be legally provided by an optometrist, then the HMO or PPN must provide the same eye care coverage and benefits for services they perform. HMOs and PPNs 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.

*House Amendment "A" (1) changes the effective date from October 1, 2011 to January 1, 2012, (2) expands the bill's applicability to include PPNs instead of only HMOs, and (3) makes technical corrections.

EFFECTIVE DATE: January 1, 2012

COMMITTEE ACTION

Insurance and Real Estate Committee

Joint Favorable Substitute

Yea 14 Nay 6 (03/15/2011)