



House of Representatives

General Assembly

File No. 409

January Session, 2015

Substitute House Bill No. 6736

House of Representatives, April 2, 2015

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 EXTENDING TO OPTOMETRISTS THE PROHIBITION ON THE SETTING OF PAYMENTS BY HEALTH INSURERS AND OTHER ENTITIES FOR NONCOVERED BENEFITS.

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

1 Section 1. Section 38a-472h of the general statutes is repealed and
2 the following is substituted in lieu thereof (*Effective January 1, 2016*):

3 (a) No insurer, health care center, fraternal benefit society, hospital
4 service corporation, medical service corporation or other entity
5 delivering, issuing for delivery, renewing, amending or continuing:
6 [an]

7 (1) An individual or a group dental plan in this state shall include in
8 any contract with a dentist licensed pursuant to chapter 379 that is
9 entered into, renewed or amended on or after January 1, 2012, any
10 provision that requires such dentist to accept as payment an amount
11 set by such insurer, center, society, corporation or entity for services or
12 procedures provided to an insured or enrollee that are not covered

13 benefits under such insured's or enrollee's plan; or

14 (2) An individual or a group vision plan in this state shall include in
15 any contract with an optometrist licensed pursuant to chapter 380 that
16 is entered into, renewed or amended on or after January 1, 2016, any
17 provision that requires such optometrist to accept as payment an
18 amount set by such insurer, center, society, corporation or entity for
19 services or procedures provided to an insured or enrollee that are not
20 covered benefits under such insured's or enrollee's plan.

21 (b) [A dentist shall not] No dentist or optometrist shall charge more
22 for services or procedures that are not covered benefits than such
23 dentist's or optometrist's usual and customary rate for such services or
24 procedures.

25 (c) (1) Each evidence of coverage for an individual or a group dental
26 plan shall include the following statement:

27 "IMPORTANT: If you opt to receive dental services or procedures
28 that are not covered benefits under this plan, a participating dental
29 provider may charge you his or her usual and customary rate for such
30 services or procedures. Prior to providing you with dental services or
31 procedures that are not covered benefits, the dental provider should
32 provide you with a treatment plan that includes each anticipated
33 service or procedure to be provided and the estimated cost of each
34 such service or procedure. To fully understand your coverage, you
35 may wish to review your evidence of coverage document."

36 (2) Each evidence of coverage for an individual or a group vision
37 plan shall include the following statement:

38 "IMPORTANT: If you opt to receive optometric services or
39 procedures that are not covered benefits under this plan, a
40 participating optometrist may charge you his or her usual and
41 customary rate for such services or procedures. Prior to providing you
42 with optometric services or procedures that are not covered benefits,
43 the optometrist should provide you with a treatment plan that

44 includes each anticipated service or procedure to be provided and the
 45 estimated cost of each such service or procedure. To fully understand
 46 your coverage, you may wish to review your evidence of coverage
 47 document."

48 (d) Each dentist and optometrist shall post, in a conspicuous place, a
 49 notice stating that services or procedures that are not covered benefits
 50 under an insurance policy or plan might not be offered at a discounted
 51 rate.

52 (e) The provisions of this section shall not apply to (1) a self-insured
 53 plan that covers dental services or optometric services, or (2) a contract
 54 that is incorporated in or derived from a collective bargaining
 55 agreement or in which some or all of the material terms are subject to a
 56 collective bargaining process.

This act shall take effect as follows and shall amend the following sections:		
Section 1	January 1, 2016	38a-472h

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 makes certain requirements concerning optometry charges. As these concern private transactions, there is no state or municipal impact.

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

OLR Bill Analysis**sHB 6736*****AN ACT EXTENDING TO OPTOMETRISTS THE PROHIBITION ON THE SETTING OF PAYMENTS BY HEALTH INSURERS AND OTHER ENTITIES FOR NONCOVERED BENEFITS.*****SUMMARY:**

This bill prohibits a provider contract between an insurer and a licensed optometrist entered into, renewed, or amended on or after January 1, 2016 from requiring the optometrist to accept as payment an amount the insurer sets for services or procedures that are not covered benefits under an insurance policy or benefit plan. Existing law prohibits such provisions in contracts between insurers and dentists.

Under the bill, an optometrist may not charge patients more than his or her usual and customary rate for services or procedures not covered by an insurance policy or benefit plan. The bill requires an insurer to include a specific statement on each evidence of coverage document it issues for individual or group vision plans regarding noncovered services (see below).

The bill also requires optometrists to post, in a conspicuous place, a notice stating that services or procedures that are not covered benefits under an insurance policy or plan might not be offered at a discounted rate.

EFFECTIVE DATE: January 1, 2016

APPLICABILITY

Under the bill, an “insurer” includes a health insurer, HMO, fraternal benefit society, hospital or medical service corporation, or other entity that delivers, issues, renews, amends, or continues an individual or group vision plan in Connecticut. The bill does not apply

to self-insured plans or collectively bargained agreements.

REQUIRED DISCLOSURE

The bill requires each insurer to include the following statement on an evidence of coverage document for an individual or group vision plan:

“IMPORTANT: If you opt to receive optometric services or procedures that are not covered benefits under this plan, a participating optometrist may charge you his or her usual and customary rate for such services or procedures. Prior to providing you with optometric services or procedures that are not covered benefits, the optometrist should provide you with a treatment plan that includes each anticipated service or procedure to be provided and the estimated cost of each such service or procedure. To fully understand your coverage, you may wish to review your evidence of coverage document.”

COMMITTEE ACTION

Insurance and Real Estate Committee

Joint Favorable Substitute

Yea 14 Nay 5 (03/19/2015)