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## OLR Bill Analysis

sSB 838 (as amended by House "A")\*

### ***AN ACT CONCERNING REQUIRED HEALTH INSURANCE COVERAGE AND COST-SHARING FOR MAMMOGRAMS AND BREAST ULTRASOUNDS.***

#### **SUMMARY**

This bill prohibits a provider contract between a health carrier (e.g., insurer or HMO) and a licensed ophthalmologist entered into, renewed, or amended on or after January 1, 2020, from requiring the ophthalmologist to accept as payment an amount the carrier sets for services, procedures, or products that are not covered benefits under an insurance policy or benefit plan.

It prohibits an ophthalmologist from charging patients more than his or her usual and customary rate for services, procedures, or products not covered by an insurance policy or benefit plan. It (1) requires a carrier to include a statement regarding noncovered services, procedures, and products on each evidence of coverage document issued for individual or group vision plans and (2) specifies the language that must be included in the statement.

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

By law, similar provisions apply to provider contracts between a carrier and an optometrist or a dentist concerning noncovered services and procedures. For optometrists, the bill extends the provisions to apply to noncovered products as well.

Under current law, the provisions regarding noncovered dental or optometric services and procedures do not apply to self-insured plans or contracts derived from collectively bargained agreements. The bill

instead specifies that the provisions regarding noncovered dental services and procedures and noncovered optometric or ophthalmologic services, procedures, and products do not apply to the following:

1. a self-insured plan;
2. a contract derived from a collectively bargained agreement;
3. a contract derived from a federally-defined multiemployer plan, which is a collectively bargained plan maintained by more than one employer (i.e., Taft-Hartley plans); or
4. a network of ophthalmologists, optometrists, or both, servicing such a plan or contract.

The bill also makes technical and conforming changes.

\*House Amendment "A" replaces the original bill (File 449), which made changes to health insurance coverage and cost sharing for mammograms and breast ultrasounds.

EFFECTIVE DATE: January 1, 2020

## **BACKGROUND**

### ***Related Bills***

sHB 7173 (File 1004), favorably reported by the Insurance and Real Estate Committee and as amended by House Amendment "A," contains similar provisions.

## **COMMITTEE ACTION**

Insurance and Real Estate Committee

Joint Favorable Substitute  
Yea 20 Nay 0 (03/19/2019)

Appropriations Committee

Joint Favorable  
Yea 41 Nay 4 (05/13/2019)