AN ACT CONCERNING CONTRACTS BETWEEN HEALTH INSURERS, OPTOMETRISTS AND OPHTHALMOLOGISTS.

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.

The bill 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 concerning noncovered services and procedures. The bill extends the provisions to apply to noncovered products as well.

The bill’s provisions do not apply to self-insured plans or collectively bargained agreements.

The bill also makes technical and conforming changes.
EFFECTIVE DATE: January 1, 2020

COMMITTEE ACTION
Insurance and Real Estate Committee

Joint Favorable Substitute
Yea 20  Nay 0  (03/14/2019)