

1 HB362
2 147379-1
3 By Representatives Henry and McClendon
4 RFD: Insurance
5 First Read: 28-FEB-13

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8 SYNOPSIS: Under existing law, the Access to Eye Care
9 Act provides that certain health insurance
10 policies, health maintenance organization plans,
11 and the like, which cover eye care services,
12 include a provision for payment to licensed
13 optometrists for services which are both within the
14 scope of the insurance coverage and within the
15 scope of the optometrist's license.

16 This bill would specify that both public and
17 private insurance policies, plans, contracts, and
18 programs provide coverage for optometrists under
19 the act.

20 This bill would also prohibit the insurance
21 policy, plan, contract, or program from requiring
22 an eye care provider to participate as a condition
23 of receiving payment and from requiring that
24 products and services be provided at a set fee,
25 unless part of the subscriber agreement.

26
27 A BILL

1 TO BE ENTITLED

2 AN ACT

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4 To amend Sections 27-56-2, 27-56-3, 27-56-4,
5 27-56-5, 27-56-6, 27-56-7, and 27-56-8, Code of Alabama 1975,
6 relating to the Access to Eye Care Act; to specify that both
7 public and private insurance policies, plans, contracts, and
8 programs provide coverage for optometrists under the act; to
9 prohibit the insurance policy, plan, contract, or program from
10 requiring an eye care provider to participate as a condition
11 of receiving payment; and to prohibit the insurance policy,
12 plan, contract, or program from requiring that products and
13 services be provided at a set fee, unless part of the
14 subscriber agreement.

15 BE IT ENACTED BY THE LEGISLATURE OF ALABAMA:

16 Section 1. Sections 27-56-2, 27-56-3, 27-56-4,
17 27-56-5, 27-56-6, 27-56-7, and 27-56-8 of the Code of Alabama
18 1975, are amended to read as follows:

19 "§27-56-2.

20 "As used in this chapter, the following terms shall
21 have the following meanings:

22 "(1) COVERED PERSON. Any individual, family, or
23 family member on whose behalf third-party payment or
24 prepayment of health or medical expenses is provided under an
25 insurance policy, plan, or contract, or other program, public
26 or private, providing for third-party payment or prepayment of
27 health care or medical expenses.

1 "(2) EYE CARE PROVIDER. A licensed optometrist or a
2 licensed ophthalmologist.

3 "(3) INSURANCE POLICY, PLAN, OR CONTRACT PROVIDING
4 FOR THIRD-PARTY PAYMENT OR PREPAYMENT OF HEALTH OR MEDICAL
5 EXPENSES. Includes an individual or group policy for accident
6 or health insurance, an individual or group hospital or health
7 care service contract, an individual or group health
8 maintenance organization contract, an organized delivery
9 system contract, or a preferred provider organization
10 contract, and any other similar policy, plan, or contract,
11 whether public or private. This term shall not include any
12 employee welfare benefit plan, as defined in 29 U.S.C. Section
13 1002(1), or any plan administered by a third party to the
14 extent it provides services to an employee welfare benefit
15 plan, as defined in 29 U.S.C. Section 1002(1).

16 "§27-56-3.

17 "An insurance policy, plan, or contract, or other
18 program, public or private, providing for third-party payment
19 or prepayment of health or medical expenses shall include a
20 provision for the payment to a licensed optometrist for each
21 service which falls within the scope of the optometrist's
22 license, if the policy, plan, or contract pays for the same
23 service when provided by any other provider for such services.

24 "§27-56-4.

25 "An insurance policy, plan, or contract, or other
26 program, public or private, providing for third-party payment

1 or prepayment of health or medical expenses shall not do any
2 of the following:

3 "(1) Impose a practice restriction for optometrists
4 which is inconsistent with or more restrictive than provided
5 by ~~law~~ Chapter 22 of Title 34.

6 "(2) Discriminate between classes of eye care
7 providers with respect to any covered service which falls
8 within the scope of the eye care provider's license.

9 "(3) Require an eye care provider to hold hospital
10 privileges as a condition of participation in or receiving
11 payment from the policy, plan, or contract.

12 "(4) Impose any restriction not required by law
13 based on the eye care provider's professional degree.

14 "(5) Discriminate between eye care providers in
15 connection with the amount of reimbursement for the provision
16 of the same services.

17 "(6) Require an eye care provider to purchase or
18 maintain a minimum quantity or minimum dollar amount of a
19 specified brand of ophthalmic materials as a condition of
20 participation in or receiving payments from a policy, plan, or
21 contract.

22 "(7) Require an eye care provider, as a condition of
23 participation in or of receiving payment from a policy, plan,
24 or contract, to participate in any other policy, plan, or
25 contract. This prohibition does not preclude a PPO or HMO from
26 requiring an eye care provider, as a condition of
27 participation in a specific program of the PPO or HMO, to

1 offer covered services to all subscribers and enrollees of the
2 specific PPO or HMO.

3 "(8) Require that an optometrist or ophthalmologist
4 provide products or services, or both, to its subscribers at a
5 fee set by the insurance policy, plan, or contract, or other
6 program, public or private, unless the products or services,
7 or both, are covered services under the applicable subscriber
8 agreement.

9 "\$27-56-5.

10 "(a) No insurance policy, plan, or contract, or
11 other program, public or private, providing for third-party
12 payment or prepayment of health or medical expenses that
13 provides coverage for eye care services shall be issued or
14 renewed after August 1, 2001, unless such insurance policy,
15 plan, or contract does the following:

16 "(1) Provides a covered person direct access to any
17 eye care provider participating in, or otherwise eligible to
18 provide services under, the policy, plan, or contract for all
19 eye care services covered under the policy, plan, or contract,
20 without any referral or preapproval requirement, including,
21 but not limited to, the following services, if covered:

22 "a. Medical treatment of glaucoma.

23 "b. Postoperative eye care.

24 "(2) Ensures that any list of medical or health care
25 providers participating in, or otherwise eligible to provide
26 services under, the policy, plan, or contract includes eye
27 care providers to the same extent that such list includes

1 other medical or health care providers to whom a covered
2 person has direct access, without need for referral or
3 preapproval, under the policy, plan, or contract.

4 "(b) An insurance policy, plan, or contract, or
5 other program, public or private, providing for third-party
6 payment or prepayment of health or medical expenses shall not
7 deny or limit reimbursement to any covered person on the
8 ground that the covered person was not referred to the eye
9 care provider by a person acting on behalf of, or under an
10 agreement with, the company, entity, or person providing the
11 insurance policy, plan, or contract.

12 "§27-56-6.

13 "This chapter shall apply to services provided under
14 a policy, plan, or contract, or other program, public or
15 private, providing for third-party payment or prepayment of
16 health or medical expenses delivered, continued, or renewed in
17 this state on or after August 1, 2001, and to any such
18 existing policy, plan, or contract, on its anniversary or
19 renewal date, or upon the expiration of the applicable
20 collective bargaining contract, if any, whichever is later.

21 "§27-56-7.

22 "(a) This chapter does not require and shall not be
23 construed to require any insurance policy, plan, or contract, or
24 other program, public or private, to provide health care
25 coverage for eye care. The provisions of this chapter are
26 applicable only to those insurance policies, plans, or
27 contracts which provide coverage for eye care.

1 "(b) Insurers or other issuers of any insurance
2 policy, plan, or contract, or other program, public or
3 private, which provides coverage for eye care shall continue
4 to be able to establish and apply selection criteria and
5 utilization protocols for health care providers as well as
6 credentialing criteria used in the selection of providers.

7 "(c) This chapter does not require and shall not be
8 construed to require the coverage of eye care services by
9 providers who are not designated as covered providers, or who
10 are not selected as participating providers, by an insurance
11 policy, plan, or contract, or other program, public or
12 private, or the issuer thereof having a participating network
13 of service providers. Provided, however, if eye care coverage
14 is provided, reasonable efforts shall be made to include a
15 sufficient number of qualified providers, including
16 optometrists, to insure reasonable access to eye care
17 services.

18 "§27-56-8.

19 "(a) Any insurance policy, plan, or contract, or
20 other program, public or private, that provides coverage for
21 eye care services may contain provisions for maximum benefits
22 and coinsurance limitations, deductibles, exclusions, and
23 utilization review protocols to the extent that these
24 provisions are not inconsistent with the requirements of this
25 chapter.

26 "(b) If eye care coverage is provided, the eye care
27 benefits for services provided by optometrists within the

1 scope of their licenses shall be subject to the same annual
2 deductible or coinsurance established for all other eye care
3 providers for which coverage is provided."

4 Section 2. This act shall become effective on the
5 first day of the third month following its passage and
6 approval by the Governor, or its otherwise becoming law.