

STATE MANAGED VISION CARE LAWS TRACKING SHEET

NEW LAWS ENACTED 2017-2018

None found.

LAWS EFFECTIVE 2016**Maine**

A vision care plan cannot:

- require an agreement with an eye care provider to provide services or materials to an enrollee at a specified or limited fee unless the service or materials are covered under the vision plan
- restrict an eye care provider in an agreement from choosing its sources and suppliers of services and materials
- change any term, contractual discount or reimbursement rate contained in an agreement without at least 60 days' notice to the provider before the change is implemented
- require an eye care provider participate in other vision insurance as a condition of joining an insurer's provider network for a health plan that provides coverage for vision care or services.

[Me. Rev. Stat. tit. 24-A, § 4314]

Effective Date: January 1, 2016

Missouri

- Issuers providing coverage for vision services on a preferred or in-network basis under stand-alone vision plans, medical plans, health benefit plans or health insurance policies cannot require optometrists to provide optometric or ophthalmic services or materials at fees limited or set by plans unless services or materials are reimbursed as covered services as provided by the plans.
- Optometric service providers cannot charge higher prices for noncovered services and materials than providers' usual and customary rates.
- Health benefit and vision plans must provide reasonable reimbursement for covered services and materials. Plans cannot provide nominal reimbursement in order to claim services and materials are covered under the plans.
- Vision care insurance policies and vision care discount plans that provide covered services for materials cannot directly or indirectly limit providers' choice of sources and suppliers of materials.

[Mo. Stat. § 376.685]

Effective Date: August 28, 2016

Oregon

A vision care insurance or discount plan cannot impose the following terms on a vision care provider:

- limit or specify the fee that a provider may charge for services or materials that are not reimbursed
- require a provider to participate in one vision care insurance plan as a condition for participating in another plan
- change terms, discount or reimbursement rates without a signed acknowledgement that the provider agrees
- restrict a provider's choice of suppliers of materials.

[Or. Rev. Stat. Ann. § 743B.406]

Effective Date: January 1, 2016

Vermont

A vision care plan or other health insurance plan cannot restrict or penalize an optometrist, ophthalmologist or independent optician's choice of or relationship with sources and suppliers of products, services, materials or use of optical laboratories that the eye care provider deems more beneficial to the customer than the vision care or other health insurance plan's selection. However, the eye care provider must notify customers of any cost change based on the different selection.

[Vt. Stat. tit. 8, § 4088j]

Effective Date: July 1, 2016

Virginia

Restricts a vision care plan involving accident and sickness insurance from requiring an eye care provider to accept a fee or rate on materials or services unless the materials and services are covered materials or services under the vision care plan. The vision care plan cannot require a provider to use a particular optical lab, manufacturer of eyeglass frames or contact lenses or third party supplier as a condition of participation in a vision care plan. Any changes to a participating provider agreement proposed by the vision care plan must be submitted in writing to the provider at least 30 days prior to the effective date of the changes.

[Va. Code Ann. § 38.2-3500]

Effective Date: January 1, 2016

LAWS EFFECTIVE 2015

Alabama

The Access to Eye Care Act prohibits insurers of vision care services from limiting a vision care provider's ability to set fees for services and materials, participate in specific plans, and choose sources of suppliers. It also prohibits vision care providers from charging more to an insurer than the customary rates of those vision care providers. The Act also requires reasonable reimbursements for vision care services and materials.

[27 AL ST Ch. 56]

Effective Date: June 11, 2015

Arkansas

The Vision Care Plan Act of 2015 provides for an agreement between a vision care plan and vision care provider that prohibits a provider from charging a fee for services or materials that a vision plan does not cover. A vision care provider also cannot charge a fee for services or materials that is more than the vision care provider's normal rate if there are non-covered services or materials. A vision care plan also cannot require a vision care provider to apply a discount to individuals who are insured with the vision plan, participate with or be credentialed by any specific vision care plan as a condition to joining an insurer's provider panel, and also cannot restrict or limit the vision care provider's choice of optical labs or sources and suppliers of services or materials.

[Ark. Code Ann. § 23-99-1003]

Effective Date: July 22, 2015

Kentucky

Plans that provide coverage for services performed by physicians or osteopaths must provide coverage for services performed by licensed optometrists if the services are within the scope of practice of licensed optometrists.

Plans cannot require:

- an optometrist to meet terms and conditions that are not required of a physician or osteopath as a condition for participation in the insurer's provider network
- optometrists, physicians or osteopaths to contract with vision care plans as a condition for participation in plan participants networks to provide covered medical services.

[Ky. Rev. Stat. § 304.17A-173]

Effective Date: June 24, 2015

Texas

A managed vision care plan cannot "restrict or limit an [eye care provider's] choice of sources or suppliers of services or materials, including optical laboratories." Managed care plans that provide vision coverage or coverage for vision or medical eye services performed within the scope of practice of optometrists, therapeutic optometrists, and ophthalmologists cannot discourage or restrict plan participants from obtaining vision services from optometrists or ophthalmologists.

[Tex. Ins. Code § 1451.156]

Effective Date: September 1, 2015

Vermont

Health insurance plans must provide a choice of providers for vision care and medical eye care services and to reimburse providers the same amount for the same services when provided by either an optometrist or an ophthalmologist. Health insurers also must permit optometrists to participate in vision care and medical eye care plans to the same extent as ophthalmologists, and insurers cannot place certain requirements on an optometrist as a condition for participation in a health insurance or vision plan. Optometrists and ophthalmologists also must be compensated for the services and materials they provide.

[Vt. Stat. tit. 8, § 4088j]

Effective Date: January 1, 2015

EARLIER EXISTING LAWS

Alaska

A policy, contract, or prepaid plan for individual or group health insurance issued or delivered in Alaska that allows for reimbursement of lawful services performed by a properly licensed optometrist must also allow the policy, contract or plan holders to be reimbursed for those eye care services.

[Alaska Stat. § 21.42.363]

Colorado

Plans that provide coverage for eye care services must permit plan participants to have direct access to licensed optometrists and ophthalmologists. Plans also cannot apply coinsurance or deductibles for eye care services that are greater than coinsurance or deductibles that apply to other medical services. All eye care providers also must be included on public database provider lists.

[Colo. Rev. Stat. § 10-16-139]

Florida

Plans that provide coverage for services within the scope of practice of licensed optometrists must provide coverage for services performed by licensed optometrists. HMOs that provide coverage for services within the scope of practice of licensed ophthalmologists must provide coverage for services performed by licensed ophthalmologists.

[Fla. Stat. Ann. § 641.31(19)-(20)]

Georgia

Plans that provide coverage for services within the scope of practice of optometrists must provide coverage for services performed by licensed optometrists, and ensure those services are fairly publicized online or otherwise.

[Ga. Code Ann., § 33-24-59.12]

Kansas

- The Vision Care Services Act applies to contracts between an insurer, health insurer, or another entity writing vision care insurance or a vision care discount plan and a vision care provider. Contracts issued or renewed on or after April 24, 2014, cannot contain any provision that would require a vision care provider to:
 - provide services or materials to an insured under vision care insurance or a health benefit plan or to a subscriber of a vision care discount plan at a fee limited or set by the plan unless the services or materials are reimbursed as covered services under the contract; or
 - participate in a vision care insurance or vision care discount plan as a condition to participate in any other health benefit plan or vision care plan, regardless of whether it is an insurance plan or a vision care discount program that is not an insurance plan.
- No vision care provider can charge more for services or materials that are not covered services under either vision care insurance or a vision care discount plan than the provider's usual and customary rate for those services and materials. Also, no vision care insurance policy or vision care discount plan that provides covered services or materials will be allowed to limit the choice of sources and suppliers of materials by a patient of a vision care provider.

- Any entity offering vision care insurance policies and discount plan contracts is prohibited from changing the terms, discounts, or rates without the agreement at the time of the change by the vision care provider.

[Kan. Stat. § 40-5901-5904]

Iowa

Plans that provide coverage for vision care procedures or services must provide coverage for medical or surgical care and treatment performed by licensed optometrists if care and treatment is within the scope of optometrists' license and plans would provide coverage for care and treatment if performed by licensed physicians or osteopaths.

[Iowa Code Ann. § 514B.1(5)(b)]

Louisiana

Plans that provide coverage for visual services that are within the scope of practice of licensed optometrists must provide coverage for services performed by licensed physicians or optometrists.

[La. Stat. Ann. § 22:997(A)-(B)]

Mississippi

Plans that provide coverage for visual services that are within the lawful scope of practice of licensed optometrists must provide coverage for services performed by licensed physicians or optometrists.

[Miss. Code Ann. § 83-41-203]

Pennsylvania

Plans must provide coverage for services provided by optometrists if such services are within providers' scope of services and are covered by plans. Plans are not required to provide coverage for ophthalmic materials, lenses, spectacles, eyeglasses or other appurtenances.

[40 Pa. Stat. Ann. § 1502]

South Carolina

Policies that provide coverage for services that are within the scope of practice of licensed optometrists must provide coverage for services performed by licensed optometrists.

[S.C. Code Ann. § 38-71-440]

South Dakota

Plans that provide coverage for services within the scope of an optometrist's practice must provide coverage for services performed by licensed optometrists. There is no reimbursement of payment for ophthalmic materials, lenses, glasses and other related items unless the policy provides for it.

[S.D. Codified Laws § 58-17-53]

West Virginia

The Patients' Eye Care Act requires plans providing coverage for eye care benefits or vision care benefits to provide coverage for all eye care providers who perform services within the scope of their licenses. The policies must include both optometrists and ophthalmologists.

[W. Va. Code § 33-25E-3]

Wisconsin

Plans must provide coverage for services performed by optometrists if plans provide coverage for the same services performed by any other health-care provider, and must not discourage or restrict accesses to appropriate vision care services and procedures within the scope of the optometrist's practice. At enrollment plans providing vision care services or procedures within the scope of optometry also must, at minimum, give enrollees an alphabetical listing of participating optometrists that includes their contact information, and enrollees must have access to this listing when needed. The list also must be provided to enrollees annually.

[Wis. Stat. Ann. § 632.87]

