

House \_\_\_\_\_ Amendment NO. \_\_\_\_\_

Offered By \_\_\_\_\_

1 AMEND House Committee Substitute for Senate Substitute for Senate Committee Substitute for  
2 Senate Bill Nos. 865 & 866, Page 9, Section 376.465, Line 107, by inserting after all of said section  
3 and line the following:  
4

5 "376.685. 1. No agreement between a health carrier or other insurer that writes vision  
6 insurance and an optometrist for the provision of vision services on a preferred or in-network basis  
7 to plan members or insurance subscribers in connection with coverage under a stand-alone vision  
8 plan, medical plan, health benefit plan, or health insurance policy shall require that an optometrist  
9 provide optometric or ophthalmic services or materials at a fee limited or set by the plan or health  
10 carrier unless the services or materials are reimbursed as covered services under the contract.

11 2. No provider shall charge more for services or materials that are not covered under a  
12 health benefit or vision plan than his or her usual and customary rate for those services or materials.

13 3. Reimbursement paid by the health benefit or vision plan for covered services or materials  
14 shall be reasonable and shall not provide nominal reimbursement in order to claim that services or  
15 materials are covered services. No health carrier shall provide de minimis reimbursement or  
16 coverage in an effort to avoid the requirements of this section.

17 4. No vision care insurance policy or vision care discount plan that provides covered  
18 services for materials shall have the effect, directly or indirectly, of limiting the choice of sources  
19 and suppliers of materials by a patient of a vision care provider.

20 5. Notwithstanding any other provisions in this section, nothing shall prohibit an optometrist  
21 from contractually opting in to an optometric services discount plan sponsored by a stand-alone  
22 vision plan, medical plan, health benefit plan, or health insurance policy.

23 6. For the purposes of this section, the following terms mean:

24 (1) "Covered services", optometric or ophthalmic services or materials for which  
25 reimbursement from the health benefit or vision plan is provided for by an enrollee's plan contract,  
26 or for which a reimbursement would be available but for the application of the enrollee's contractual  
27 limitations of deductibles, copayments, coinsurance, waiting periods, annual or lifetime maximums,  
28 alternative benefit payments, or frequency limitations;

29 (2) "Health benefit plan", the same meaning as such term is defined in section 376.1350;

30 (3) "Health carrier", the same meaning as such term is defined in section 376.1350;

31 (4) "Materials", includes, but is not limited to, lenses, frames, devices containing lenses,  
32 prisms, lens treatment and coatings, contact lenses, orthoptics, vision training devices, and  
33 prosthetic devices to correct, relieve, or treat defects or abnormal conditions of the human eye or its  
34 adnexa;

35 (5) "Optometric services", any services within the scope of optometric practice under  
36 chapter 336;

Standing Action Taken \_\_\_\_\_ Date \_\_\_\_\_

Select Action Taken \_\_\_\_\_ Date \_\_\_\_\_

1           (6) "Vision plan", any policy, contract of insurance, or discount plan issued by a health  
2 carrier, health benefit plan, or company that provides coverage or a discount for optometric or  
3 ophthalmic services or materials."; and  
4

5 Further amend said bill by amending the title, enacting clause, and intersectional references  
6 accordingly.