## GENERAL ASSEMBLY OF NORTH CAROLINA SESSION 2013

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## SENATE BILL 477\*

## Insurance Committee Substitute Adopted 5/14/13 Third Edition Engrossed 5/15/13 PROPOSED HOUSE COMMITTEE SUBSTITUTE S477-PCS45172-TK-54

Short Title: No Set Fee/Noncovered Vision Services.

(Public)

Sponsors:

Referred to:

## March 28, 2013

1	A BILL TO BE ENTITLED
2	AN ACT TO PROHIBIT INSURERS AND HEALTH BENEFIT PLANS FROM LIMITING
3	OR FIXING THE FEE AN OPTOMETRIST MAY CHARGE PATIENTS FOR
4	SERVICES OR MATERIALS UNLESS THE SERVICES OR MATERIALS ARE
5	COVERED BY REIMBURSEMENT UNDER THE PLAN OR INSURER CONTRACT
6	WITH THE OPTOMETRIST.
7	The General Assembly of North Carolina enacts:
8	SECTION 1. Part 7 of Article 50 of Chapter 58 of the General Statutes is amended
9	by adding a new section to read as follows:
10	"§ 58-50-300. Health benefit plans or insurers contracting for provision of vision services
11	or materials; no limitation on fees for noncovered services or materials.
11 12	(a) <u>or materials; no limitation on fees for noncovered services or materials.</u> No agreement between an insurer or an entity that writes vision insurance and an
12	(a) No agreement between an insurer or an entity that writes vision insurance and an
12 13	(a) No agreement between an insurer or an entity that writes vision insurance and an optometrist for the provision of vision services on a preferred or in-network basis to plan
12 13 14	(a) No agreement between an insurer or an entity that writes vision insurance and an optometrist for the provision of vision services on a preferred or in-network basis to plan members or insurance subscribers in connection with coverage under a stand-alone vision plan,
12 13 14 15	(a) No agreement between an insurer or an entity that writes vision insurance and an optometrist for the provision of vision services on a preferred or in-network basis to plan members or insurance subscribers in connection with coverage under a stand-alone vision plan, a medical plan, or health insurance policy may require that an optometrist provide services or
12 13 14 15 16	(a) No agreement between an insurer or an entity that writes vision insurance and an optometrist for the provision of vision services on a preferred or in-network basis to plan members or insurance subscribers in connection with coverage under a stand-alone vision plan, a medical plan, or health insurance policy may require that an optometrist provide services or materials at a fee limited or set by the plan or insurer unless the services or materials are
12 13 14 15 16 17	(a) No agreement between an insurer or an entity that writes vision insurance and an optometrist for the provision of vision services on a preferred or in-network basis to plan members or insurance subscribers in connection with coverage under a stand-alone vision plan, a medical plan, or health insurance policy may require that an optometrist provide services or materials at a fee limited or set by the plan or insurer unless the services or materials are reimbursed as covered services under the contract.

by a deductible, co-payment, consurance, waiting period, annual or lifetime maximum,
frequency limitation, alternative benefit payment, or other limitation. For purposes of this
section, "materials" includes lenses, devices containing lenses, prisms, lens treatments and
coatings, contact lenses, orthoptics, vision training, and prosthetic devices to correct, relieve, or
treat defects or abnormal conditions of the human eye or its adnexa."

SECTION 2. This act becomes effective October 1, 2014, and applies to contracts
entered into, amended, or renewed on or after that date.



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