

SB0237S01 compared with SB0237

~~{deleted text}~~ shows text that was in SB0237 but was deleted in SB0237S01.

Inserted text shows text that was not in SB0237 but was inserted into SB0237S01.

DISCLAIMER: This document is provided to assist you in your comparison of the two bills. Sometimes this automated comparison will NOT be completely accurate. Therefore, you need to read the actual bills. This automatically generated document could contain inaccuracies caused by: limitations of the compare program; bad input data; or other causes.

Senator Allen M. Christensen proposes the following substitute bill:

VISION SERVICES AMENDMENTS

2018 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Allen M. Christensen

House Sponsor: _____

LONG TITLE

General Description:

This bill regulates certain insurance contract provisions for vision services.

Highlighted Provisions:

This bill:

- ▶ defines terms; and
- ▶ ~~{for a vision plan that a person enters into or renews on or after January 1, 2019; prohibits the vision plan provider from setting a fee for}~~ regulates a contract between a vision plan and a vision service ~~{ that is not covered under the}~~ provider, including contract provisions related to:
 - fees for vision services that are not covered by a vision plan;
 - restrictions on suppliers of services or optical laboratories; and
 - insurers that offer more than one vision plan.

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Money Appropriated in this Bill:

None

Other Special Clauses:

None

Utah Code Sections Affected:

ENACTS:

31A-22-647, Utah Code Annotated 1953

Be it enacted by the Legislature of the state of Utah:

Section 1. Section **31A-22-647** is enacted to read:

31A-22-647. Vision insurance -- Contract ~~{provision for a service that is not a covered service}~~provisions.

(1) As used in this section:

(a) "Covered individual" means an individual who has insurance coverage under a vision plan.

(b) "Covered service" means a vision service that:

(i) is reimbursable under or would be reimbursable under an enrollee's vision plan, but for the application of at least one of the following contractual provisions:

(A) a deductible;

(B) a copayment;

(C) coinsurance;

(D) a waiting period;

(E) an annual or lifetime maximum;

(F) a frequency limitation; or

(G) an alternative benefit payment; and

(ii) is not merely nominal, for the purpose of avoiding the requirements of this section.

(c) "Optometrist" means an individual licensed under Title 58, Chapter 16a, Utah Optometry Practice Act.

(d) "Vision plan" means a health insurance policy or contract that provides vision coverage.

(~~d~~)e) "Vision ~~{plan}~~service" means:

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~~(i) fa health benefit plan that includes coverage for vision services; or~~

~~(ii) a policy or certificate that provides coverage solely for vision services;~~

~~(c) professional work performed by a vision service provider; or~~

(ii) an ophthalmic medical device, such as lenses, ophthalmic frames, contact lenses, or a prosthetic device that treats a condition of the human eye or the areas surrounding the human eye.

(f) "Vision service provider" means:

(i) an optometrist; or

(ii) an individual who:

(A) is licensed under Title 58, Chapter 67, Utah Medical Practice Act; and

(B) provides a vision service ~~{ covered by a vision plan }.~~

(2) (a) This section applies to:

(i) a vision plan that a person enters into or renews on or after January 1, 2019; and

(ii) an administrator providing third-party administration services or a provider

network for a vision plan.

(b) This section does not apply to a self-insured vision plan that is regulated by federal law.

(3) A contract between a vision plan and a vision service provider to provide a covered service may not:

(a) require, directly or indirectly, that a vision service provider provide a vision service to a covered individual at a fee set by, or a fee subject to the approval of, the vision plan unless ~~†~~:

~~(i) † the vision service is a covered service; ~~† or~~~~

~~(ii) (A) the vision service is not a covered service;~~

~~(B) the vision service is discounted for an individual who is part of a discount vision rate plan; and~~

~~(C) the vision provider who provides the service has elected to participate in the discount vision rate plan; or ~~†~~~~

(b) prohibit a vision service provider from offering or providing a vision service that is not a covered service to a covered individual at a fee determined by:

(i) the vision service provider; or

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(ii) the vision service provider and the covered individual

Legislative Review Note

Office of Legislative Research and General Counsel

(c) restrict or limit the vision service provider's ability to select among:

(i) suppliers of services used in providing vision services for a covered individual; or

(ii) optical laboratories used in providing vision services for a covered individual; or

(d) require a vision service provider to participate in another vision benefit plan or vision discount plan offered by the insurer that provides the vision plan.