

[First Reprint]

ASSEMBLY, No. 2336

STATE OF NEW JERSEY

217th LEGISLATURE

INTRODUCED FEBRUARY 4, 2016

Sponsored by:

Assemblyman DANIEL R. BENSON

District 14 (Mercer and Middlesex)

Assemblyman JON M. BRAMNICK

District 21 (Morris, Somerset and Union)

Co-Sponsored by:

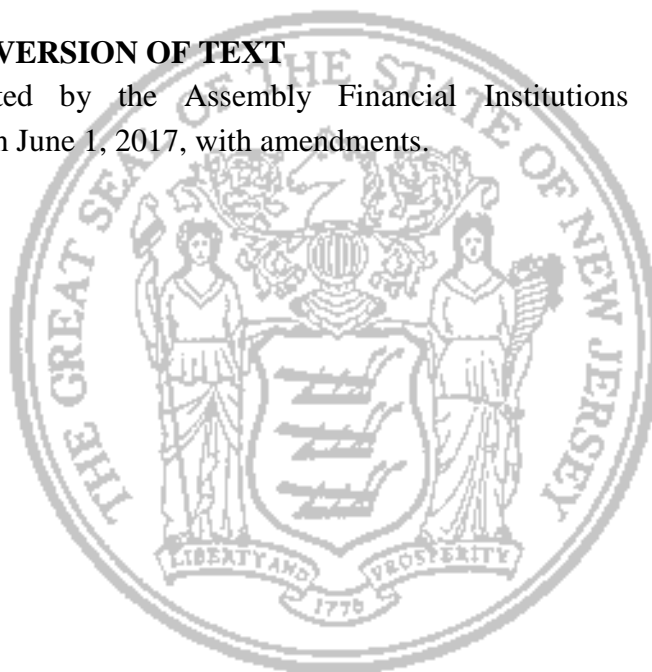
Assemblywoman Caride

SYNOPSIS

Prohibits health insurance carriers from requiring optometrists to become providers with vision care plans as condition of becoming providers in carriers' panel of providers; prohibits certain practices under vision care provider contracts.

CURRENT VERSION OF TEXT

As reported by the Assembly Financial Institutions and Insurance Committee on June 1, 2017, with amendments.



(Sponsorship Updated As Of: 6/6/2017)

1 AN ACT concerning optometrists and vision care plans and
 2 supplementing P.L.1997, c.192 (C.26:2S-1 et seq.).
 3

4 **BE IT ENACTED** *by the Senate and General Assembly of the State*
 5 *of New Jersey:*
 6

7 1. a. A carrier shall not require an optometrist to participate in
 8 a vision care plan as a condition for entering into a contract with
 9 that carrier for the provision of medically necessary physician
 10 services within the scope of practice of an optometrist **1**when those
 11 services are provided as a health benefit for covered persons**1** .

12 b. **1**For purposes of this section, “vision care plan” means an
 13 organization with which a carrier subcontracts to provide or
 14 administer supplemental vision or medically necessary physician
 15 services within the scope of practice of an optometrist, or both, to
 16 covered persons on behalf of the carrier.

17 c.**1** Nothing in this section shall be construed to prevent a
 18 carrier from entering into a contract with a vision care plan.
 19

20 **12. a. No contract between a carrier or a vision care plan and a**
 21 **vision care provider may seek to or require that a vision care**
 22 **provider provide services or materials at a fee limited or set by the**
 23 **carrier or vision care plan unless the services or materials are**
 24 **reimbursed as covered services or covered materials under the**
 25 **contract.**

26 **b. A vision care provider shall not charge more for services and**
 27 **materials that are noncovered services or noncovered materials to**
 28 **an enrollee of a vision care plan or carrier than the provider’s usual**
 29 **and customary rate for those services and materials.**¹
 30

31 **13. a. No contract between a carrier or vision care plan and a**
 32 **vision care provider shall restrict or limit, either directly or**
 33 **indirectly, the vision care provider’s choice of sources and suppliers**
 34 **of services or materials or use of optical labs provided by the vision**
 35 **care provider to an enrollee.**

36 **b. No carrier or vision care plan shall change the terms,**
 37 **contractual discounts or reimbursement rates contained therein**
 38 **without a signed acknowledgement of written contract concerning**
 39 **the change from the vision care provider.**¹
 40

41 **14. As used in this act:**

42 **“Contractual discount” means a reduction from a vision care**
 43 **provider’s usual and customary rate for covered services and**
 44 **materials required under a participating provider agreement.**

EXPLANATION – Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

¹Assembly AFI committee amendments adopted June 1, 2017.

1 “Covered materials” means materials for which reimbursement
2 from the carrier or vision care plan is provided to a vision care
3 provider by a covered person’s plan contract, or for which a
4 reimbursement would be available but for the application of the
5 enrollee’s contractual limitations of deductibles, copayments, or
6 coinsurance.

7 “Covered services” means services for which reimbursement
8 from the carrier or vision care plan is provided to a vision care
9 provider by a an enrollee’s plan contract, or for which a
10 reimbursement would be available but for the application of the
11 enrollee’s contractual limitations of deductibles, copayments, or
12 coinsurance.

13 “Materials” means ophthalmic devices including but not limited
14 to lenses, devices containing lenses, artificial intraocular lenses,
15 ophthalmic frames and other lens mounting apparatus, prisms, lens
16 treatments and coatings contact lenses, and prosthetic devices to
17 correct, relieve, or treat defects or abnormal conditions of the
18 human eye or its adnexa.

19 “Services” means the professional work performed by a vision
20 care provider.

21 “Vision care plan” means an entity that creates, promotes, sells,
22 provides, advertises or administers, an integrated or stand-alone
23 vision benefit plan, or a vision care insurance policy or contract
24 which provides vision or medically necessary benefits to an enrollee
25 pertaining to the provision of covered services or covered materials.

26 “Vision care provider” means a licensed doctor of optometry
27 practicing under the authority of R.S.45:12-1 et seq. or a licensed
28 medical or osteopathic doctor practicing under the authority of
29 R.S.45:9-1 et seq. that has also completed a residency in
30 ophthalmology.¹

31

32 ¹**[2.] 5.**¹ This act shall take effect on the 120th day next
33 following enactment.