

# HOUSE RESEARCH

## Bill Summary

**FILE NUMBER:** H.F. 2838  
**Version:** As introduced

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**Subject:** Discounts for vision care

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### Overview

This bill regulates discounts provided by health plans for vision care.

#### Section

- 1 **Definitions.** Adds optometrists and ophthalmologists to an existing definition of “health care provider” or “provider.”
- 2 **Prohibition of noncovered discounts; vision care provided by health and vision plans.**

**Subd. 1. Definitions.** Defines the terms “contractual discount,” “covered services,” “health care provider” or “provider,” and “materials.”

**Subd. 2. Noncovered vision care under health or vision plans prohibited.** Regulates a contract or other agreement between an insurer and an optometrist or ophthalmologist for provision of vision care services on a preferred or in-network basis to health plan members under a stand-alone vision plan, medical plan, or health insurance policy. Prohibits the plan or policy from requiring the provider to provide vision 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 or other agreement.

**Subd. 3. Provider charges, contractual discounts, and nominal reimbursements.** (a) Requires that vision care providers not charge more for noncovered services and materials than the provider’s usual and customary rate.

(b) Requires that contractual discounts not result in a fee less than what would be paid for covered services and materials, but for applying the enrollee’s contractual limits on

**Section**

deductibles, co-pays, and coinsurance.

(c) Requires that reimbursements paid by the vision plan for covered services and materials be reasonable and must not provide low reimbursement in order to claim that they are covered under the vision plan.

**3** **Effective date.** Makes sections 1 and 2 effective August 1, 2014, and apply to health and vision plans offered, sold, issued, or renewed on or after that date.