

1 State of Arkansas
2 90th General Assembly
3 Regular Session, 2015
4

A Bill

HOUSE BILL 1894

5 By: Representatives Vines, Baltz, Collins, D. Ferguson, G. Hodges, Jett, Magie
6 By: Senator Rapert
7

For An Act To Be Entitled

9 AN ACT TO REGULATE AN INSURER THAT OFFERS VISION CARE
10 PLANS; TO ESTABLISH THE VISION CARE PLAN ACT OF 2015;
11 AND FOR OTHER PURPOSES.
12
13

Subtitle

15 TO REGULATE AN INSURER THAT OFFERS VISION
16 CARE PLANS; AND TO ESTABLISH THE VISION
17 CARE PLAN ACT OF 2015.
18
19

20 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:
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22 SECTION 1. Arkansas Code Title 23, Chapter 99, is amended to add an
23 additional subchapter to read as follows:
24

Subchapter 9 – Vision Care Plan Act of 2015

23-99-901. Title.

28 This subchapter shall be known and may be cited as the "Vision Care
29 Plan Act of 2015".
30

23-99-902. Definitions.

32 As used in this subchapter:

33 (1) "Covered materials" means materials for which reimbursement
34 from the insurer, vision care plan, or vision care discount plan is provided
35 to a vision care provider by an individual's vision benefit plan or contract
36 and that are reimbursable subject to a deductible, copayment, coinsurance, or



1 other contractual limitations;

2 (2) "Covered services" means services for which reimbursement
 3 from the insurer, vision care plan, or vision care discount plan is provided
 4 to a vision care provider by an individual's vision benefit plan or contract
 5 and that are reimbursable subject to a deductible, copayment, coinsurance, or
 6 other contractual limitations;

7 (3) "Insurer" means an insurance company, a health maintenance
 8 organization, a hospital and medical service corporation, or a self-insured
 9 health plan for employees of a governmental entity;

10 (4) "Materials" means ophthalmic devices, including without
 11 limitation:

12 (A) Lenses;

13 (B) Devices containing lenses;

14 (C) Artificial intraocular lenses;

15 (D) Ophthalmic frames;

16 (E) Lens-mounting apparatus;

17 (F) Prisms;

18 (G) Spectacle or contact Lens treatments and coatings; and

19 (H) Prosthetic devices to correct, relieve, or treat
 20 defects or abnormal conditions of the human eye or its adnexa;

21 (5) "Noncovered materials" means materials that are not covered
 22 by an insurer, a vision care plan, or a vision care discount plan;

23 (6) "Noncovered services" means services that are not covered by
 24 an insurer, a vision care plan, or a vision care discount plan;

25 (7) "Participating provider agreement" means an agreement
 26 between a vision care provider and an insurer that obligates a vision care
 27 provider to provide for compensation services and materials to an individual
 28 who is insured by the insurer;

29 (8) "Services" means benefits or services provided by a vision
 30 care provider;

31 (9) "Vision benefit plan or contract" means a plan, contract, or
 32 policy of insurance issued by an insurer that provides for vision care
 33 benefits or services;

34 (10) "Vision care discount plan" means a separate plan to
 35 provide benefits or services under a rider to a health benefit plan or as a
 36 stand-alone agreement that is authorized by a vision care provider to provide

1 discounts to individuals under the Primary Eye Care Provider Act, § 23-99-301
2 et seq.;

3 (11) "Vision care plan" means an entity that provides health
4 benefits and that creates, promotes, sells, provides, advertises, or
5 administers an integrated or stand-alone vision benefit plan or contract; and

6 (12) "Vision care provider" means an individual licensed as an
7 optometrist under § 17-90-301 et seq., a licensed medical or osteopathic
8 physician licensed under § 17-91-101 et seq. or § 17-95-401 et seq., if the
9 physician has also completed a residency in ophthalmology.

10
11 23-99-903. Prohibited practices – Agreements.

12 (a) A participating provider agreement between an insurer, vision care
13 plan, or vision care discount plan and a vision care provider shall not
14 establish a fee that a vision care provider shall charge for services or
15 materials that are not covered by a vision benefit plan or contract.

16 (b) A vision care provider shall not charge a fee for services or
17 materials that is more than the vision care provider's normal rate for the
18 services or materials if the services or materials are noncovered services or
19 noncovered materials.

20 (c) Reimbursements paid by an insurer, vision care plan, or vision
21 care discount plan for covered services and covered materials shall be
22 reasonable and shall not provide nominal reimbursement in order to claim that
23 services and materials are covered services and covered materials.

24 (d) A participating provider agreement between an insurer, vision care
25 plan, or vision care discount plan and a vision care provider shall not
26 require that a vision care provider participate with or be credentialed by
27 any specific vision care plan or vision care discount plan as a condition to
28 join an insurer's provider panel.

29 (e) A participating provider agreement between an insurer, vision care
30 plan, or vision care discount plan and a vision care provider shall not
31 restrict or limit, directly or indirectly, the vision care provider's choice
32 of optical labs or choice of sources and suppliers of services or materials
33 provided by the vision care provider to an individual who is insured by the
34 insurer.

35 (f) The terms, discounts, or reimbursement rates of a policy issued by
36 an insurer, vision care plan, or vision care discount plan shall not change

1 without a signed acknowledgement of written agreement from the vision care
 2 provider.

3
 4 23-99-904. Private civil action.

5 (a) A vision care provider adversely affected by any violation of this
 6 subchapter by an insurer, vision care plan, or a vision care discount plan
 7 may bring a civil action in a court of competent jurisdiction against the
 8 insurer, vision care plan, or a vision care discount plan for injunctive
 9 relief.

10 (b) If a person prevails in the civil action under subsection (a) of
 11 this section, the person shall recover:

12 (1) Monetary damages not less than one thousand dollars
 13 (\$1,000);

14 (2) Three (3) times the amount of actual damages, if any; and

15 (3) Reasonable attorney's fees, costs, and any other proper
 16 relief.

17
 18 23-99-905. Rules – Enforcement – Effective date.

19 (a) The State Insurance Department shall develop and promulgate rules
 20 for the implementation and administration of this subchapter.

21 (b) The Insurance Commissioner shall enforce this subchapter and may
 22 seek injunctive relief for violations of this subchapter.

23 (c) This subchapter is applicable to a vision benefit plan or contract
 24 issued, renewed, or recredentialed in this state on and after the effective
 25 date of this subchapter.