

**Bill Summary**  
2<sup>nd</sup> Session of the 59<sup>th</sup> Legislature

<b>Bill No.:</b>	<b>HB 1979</b>
<b>Version:</b>	<b>FS2</b>
<b>Request No.:</b>	<b>3435</b>
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**Bill Analysis**

HB 1979 prohibits any agreement between an insurer or prepaid vision plan and a vision care provider from requiring a provider to provide services or materials at a fee limited or set by the insurer or prepaid vision plan unless the services or materials are reimbursed as covered services or covered materials under the contract. The measure also prohibits insurers and prepaid vision plans from providing nominal reimbursement or advertising services and materials to be covered with additional copay or coinsurance in order to claim that services and materials are covered services and materials if the health benefit plan or prepaid vision plan does not reimburse for the services or materials. The measure prohibits prepaid vision plans from affecting the pricing of noncovered services or materials as well as from using extrapolation to complete an audit of a vision care provider. Such plans are also prohibited from incentivizing patients to receive vision care services at an entity owned wholly or in part by the plan or subsidiaries of the plan. The measure requires such plans to provide standard reimbursements for all lenses with the same design, quality, and composition.

The measure prohibits any agreement between an insurer and a vision care provider from requiring a provider to participate with or be credentialed by any specific prepaid vision plan as a condition for participation in the health care network of the insurer. The measure clarifies that if a provider is credentialed by the plan that re-credentialing shall not be considered as re-contracting with the plan. Additionally, the measure requires insurers offering a health benefit plan or prepaid vision plan which provides coverage for services rendered by a duly licensed physician or osteopath to provide the same reimbursement for services to optometrists as allowed for those services rendered by physicians or osteopaths. Insurers seeking to alter an agreement with a vision care provider must follow certain steps outlined in the measure. Agreements between providers and insurers or prepaid plans shall not limit the provider's choice of sources and suppliers of services or materials or use of optical labs provided by the vision care provider to an enrollee.

The measure requires any person or entity offering a prepaid vision plan to obtain a certificate of authority from the Insurance Commissioner beginning February 1, 2025. The application for a certificate of authority to operate as a prepaid vision plan organization shall be electronically filed with the Commissioner and must contain the information outlined in the measure. The measure requires the Commissioner to award the certificate if certain parameters are met. The measure authorizes the Commissioner to suspend or revoke the certificate if the prepaid vision plan organization takes certain actions. If the certificate is revoked, the organization shall

terminate all operations in the state unless the Commissioner authorizes continued operations. The Commissioner may levy a maximum \$1,000.00 fine in lieu of suspension or revocation.

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