

HB 585 – AS AMENDED BY THE HOUSE

15Jan2014... 2289h

2013 SESSION

13-0546
01/04

HOUSE BILL **585**

AN ACT relative to insurance parity for optometrists.

SPONSORS: Rep. Schlachman, Rock 18; Rep. Hammond, Hills 24; Rep. Harding, Graf 13;
Rep. Cebrowski, Hills 7; Rep. Kotowski, Merr 24; Sen. Stiles, Dist 24; Sen. Kelly,
Dist 10; Sen. Boutin, Dist 16; Sen. Bradley, Dist 3; Sen. Prescott, Dist 23

COMMITTEE: Commerce and Consumer Affairs

ANALYSIS

This bill requires insurers to allow covered persons to choose their eye care professional without discrimination as to reimbursement for the same or similar eye care services.

Explanation: Matter added to current law appears in ***bold italics***.
Matter removed from current law appears [~~in brackets and struck through.~~]
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

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STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Thirteen

AN ACT relative to insurance parity for optometrists.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 1 New Section; Payment for Optometric Services; Individual. Amend RSA 415 by inserting after
2 section 6-r the following new section:

3 415:6-s Payment for Coverage of Services Within the Scope of Practice of Optometrists.

4 I. Each insurer that issues or renews any individual policy, plan, or contract of accident or
5 health insurance or vision insurance providing benefits for medical or hospital expenses for eye care
6 that is within the scope of the practice of optometry in this state shall not discriminate as to the rate
7 of fee for service reimbursement for the same procedure, as described by the code listed in the most
8 current edition of the American Medical Association's Current Procedural Terminology code set,
9 whether provided by an optometrist or an ophthalmologist licensed in this state. Nothing in this
10 section shall prevent such insurer from negotiating payment rates with any specific health care
11 provider or group practices based upon factors otherwise allowed by law. Such benefits shall not be
12 subject to any greater deductible, co-payment, or coinsurance than any other similar benefits
13 provided under the policy or certificate. The insurance department shall adopt rules under RSA 541-
14 A to monitor potential discriminatory reimbursements. Notwithstanding any provision of law or rule
15 to the contrary, the provisions of this section also shall apply to the medical assistance program
16 pursuant to RSA 161 and RSA 167.

17 II. No insurer, person or entity described in paragraph I shall:

18 (a) Require that an optometrist licensed in this state participate in a separate vision
19 plan, whether owned, operated, or administered by the insurer, a subsidiary, affiliate, third-party
20 administrator, or other third party as a condition for the optometrist to be a participating provider
21 with such insurer or to participate in such insurer's participating or preferred provider panel; or

22 (b) Notwithstanding any provision of law or rule to the contrary, discriminate between
23 optometrists and ophthalmologists with respect to participation as preferred providers, coverage of
24 benefits, or rate of reimbursement for eye care within the scope of the practice of optometry in this
25 state under any preferred provider arrangement established under RSA 420-C or otherwise.

26 2 New Section; Payment for Optometric Services; Group. Amend RSA 415 by inserting after
27 section 18-w the following new section:

28 415:18-x Payment for Coverage of Services Within the Scope of Practice of Optometrists.

29 I. Each insurer that issues or renews any policy of group or blanket accident or health
30 insurance or vision insurance providing benefits for medical or hospital expenses for eye care that is

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1 within the scope of the practice of optometry in this state shall not discriminate as to the rate of fee
2 for service reimbursement for the same procedure, as described by the code listed in the most current
3 edition of the American Medical Association's Current Procedural Terminology code set, whether
4 provided by an optometrist or an ophthalmologist licensed in this state. Nothing in this section shall
5 prevent such insurer from negotiating payment rates with any specific health care provider or group
6 practices based upon factors otherwise allowed by law. Such benefits shall not be subject to any
7 greater deductible, co-payment, or coinsurance than any other similar benefits provided under the
8 policy or certificate. The insurance department shall adopt rules under RSA 541-A to monitor
9 potential discriminatory reimbursements. Notwithstanding any provision of law or rule to the
10 contrary, the provisions of this section also shall apply to the medical assistance program pursuant
11 to RSA 161 and RSA 167.

12 II. No insurer, person or entity described in paragraph I shall:

13 (a) Require that an optometrist licensed in this state participate in a separate vision
14 plan, whether owned, operated, or administered by the insurer, a subsidiary, affiliate, third-party
15 administrator, or other third party as a condition for the optometrist to be a participating provider
16 with such insurer or to participate in such insurer's participating or preferred provider panel; or

17 (b) Notwithstanding any provision of law or rule to the contrary, discriminate between
18 optometrists and ophthalmologists with respect to participation as preferred providers, coverage of
19 benefits, or rate of reimbursement for eye care within the scope of the practice of optometry in this
20 state under any preferred provider arrangement established under RSA 420-C or otherwise.

21 3 Health Service Corporations; Payment for Optometric Services. Amend RSA 420-A:2 to read
22 as follows:

23 420-A:2 Applicable Statutes. Every health service corporation shall be governed by this chapter
24 and the relevant provisions of RSA 161-H, and shall be exempt from this title except for the
25 provisions of RSA 400-A:39, RSA 401-B, RSA 402-C, RSA 404-F, RSA 415-A, RSA 415-F, RSA 415:6,
26 II(4), RSA 415:6-g, RSA 415:6-k, RSA 415:6-m, RSA 415:6-o, RSA 415:6-r, **RSA 415:6-s**, RSA 415:18,
27 V, RSA 415:18, VII(g), RSA 415:18, XVI and XVII, RSA 415:18, VII-a, RSA 415:18-a, RSA 415:18-j,
28 RSA 415:18-o, RSA 415:18-r, RSA 415:18-t, RSA 415:18-u, RSA 415:18-v, RSA 415:18-w,
29 **RSA 415:18-x**, RSA 415:22, RSA 417, RSA 417-E, RSA 420-J, and all applicable provisions of title
30 XXXVII wherein such corporations are specifically included. Every health service corporation and
31 its agents shall be subject to the fees prescribed for health service corporations under RSA 400-A:29,
32 VII.

33 4 Health Maintenance Organizations; Payment for Optometric Services. Amend RSA 420-B:20,
34 III to read as follows:

35 III. The requirements of RSA 400-A:39, RSA 401-B, RSA 402-C, RSA 404-F, RSA 415:6-g,
36 RSA 415:6-m, RSA 415:6-o, RSA 415:6-r, **RSA 415:6-s**, RSA 415:18, VII(g), RSA 415:18, VII-a,
37 RSA 415:18, XVI and XVII, RSA 415:18-j, RSA 415:18-r, RSA 415:18-t, RSA 415:18-u, RSA 415:18-v,

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1 RSA 415:18-w, ***RSA 415:18-x***, RSA 415-A, RSA 415-F, RSA 420-G, and RSA 420-J shall apply to
2 health maintenance organizations.

3 5 Effective Date. This act shall take effect January 1, 2015.