

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2013

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SENATE DRS15225-ME-61E (03/13)

Short Title: Prohibit Insurance Co. Fixing Optometry Fees. (Public)

Sponsors: Senators Hartsell and Wade (Primary Sponsors).

Referred to:

A BILL TO BE ENTITLED

AN ACT TO PROHIBIT INSURERS AND HEALTH BENEFIT PLANS FROM LIMITING
OR FIXING THE FEE AN OPTOMETRIST MAY CHARGE PATIENTS FOR
SERVICES UNLESS THE SERVICES ARE COVERED BY REIMBURSEMENT
UNDER THE PLAN OR INSURER CONTRACT WITH THE OPTOMETRIST.

The General Assembly of North Carolina enacts:

SECTION 1. G.S. 58-50-290 reads as rewritten:

"§ 58-50-290. **Health benefit plans or insurers contracting for provision of dental or vision services; no limitation on fees for noncovered services.**

(a) No agreement between an insurer or an entity that writes stand-alone dental insurance and a dentist for the provision of dental services on a preferred or in-network basis to plan members or insurance subscribers in connection with coverage under a stand-alone dental plan, but not in connection with or incidental to coverage under a medical plan or health insurance policy, may require that a dentist provide services at a fee limited or set by the plan or insurer, unless the services are reimbursed as covered services under the contract.

(b) No agreement between an insurer or an entity that writes stand-alone vision insurance and an optometrist for the provision of vision services on a preferred or in-network basis to plan members or insurance subscribers in connection with coverage under a stand-alone vision plan, but not in connection with or incidental to coverage under a medical plan or health insurance policy, may require that an optometrist provide services and materials at a fee limited or set by the plan or insurer, unless the services are reimbursed as covered services under the contract.

(c) For purposes of this section, "covered services" means a service for which reimbursement is available under an insurer's policy, without regard to contractual limitations by a deductible, copayment, coinsurance, waiting period, annual or lifetime maximum, frequency limitation, alternative benefit payment, or other limitation. For purposes of this section, "materials" means lenses, devices containing lenses, prisms, contact lenses, orthoptics, vision training, and prosthetic devices to correct, relieve, or treat defects or abnormal conditions of the human eye or its adnexa."

SECTION 2. This act becomes effective October 1, 2013, and applies to contracts entered into, amended, or renewed on or after that date.

