

SHORT TITLE: Health benefit plans; requiring health benefit plan covering eye or vision care to ensure direct access to primary eye care provider; codification; effective date.

STATE OF OKLAHOMA

1st Session of the 46th Legislature (1997)

SENATE BILL NO. 22

By: Fisher

AS INTRODUCED

An Act relating to health benefit plans; providing short title; defining terms; requiring health benefit plan covering eye or vision care to ensure direct access to primary eye care provider, allow enrollee to designate provider from certain list, not discriminate between or recommend certain individual providers or classes of providers, include adequate number of providers to ensure reasonable accessibility and make available certain information; providing for codification; and providing an effective date.

BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

SECTION 1. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 6052.1 of Title 36, unless there is created a duplication in numbering, reads as follows:

This act shall be known and may be cited as the "Primary Eye Care Provider Act".

SECTION 2. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 6052.2 of Title 36, unless there is created a duplication in numbering, reads as follows:

As used in this act:

1. "Health benefit plan" means any individual or group public or private health plan, program, policy, subscriber agreement, or contract implemented in this state which includes indemnification, payment, reimbursement (including capitation), or financial compensation for eye or vision care benefits to covered persons;

2. "Primary eye care provider" means an optometrist or ophthalmologist licensed or certified by this state who has contracted with a health benefit plan to provide eye or vision care benefits and who agrees to provide these benefits in accordance with the terms, conditions, reimbursement rates, and standards of quality of a health benefit plan;

3. "Eye or vision care benefits" means those services and materials which are provided for eye or vision care, or both, by a primary eye care provider who is functioning within the scope of his or her license or certificate. The conditions imposed by a health benefit plan upon the provision of eye or vision care benefits shall not:

- a. for a covered service limit the benefits which a primary eye care provider may provide pursuant to the provider's license or certificate of registration, or
- b. prohibit a primary eye care provider who does not have hospital privileges from participating in the health care plan when the provider's services do not require hospital privileges;

4. "Gatekeeper system" means a system of administration used by a health benefit plan in which a primary care provider furnishes basic patient care and coordinates diagnostic testing, indicated treatment, and specialty referral for persons covered by the health benefit plan;

5. "Gatekeeper" means a covered person's primary care provider in a gatekeeper system;

6. "Health care insurer" means any entity, including, but not limited to, insurance companies, hospital and medical services corporations, health maintenance organizations, preferred provider organizations, employee provider associations, and physician hospital organizations, that is authorized by this state to offer or provide health benefit plans, policies, subscriber contracts, or any other contracts of similar nature which indemnify or compensate health care providers for the provision of health care services;

7. "Covered persons" means any individual or family who is enrolled in a health benefit plan which includes eye or vision care benefits; and

8. "Covered service" means those eye or vision care benefits for which the health care insurer is obligated to pay or which the health care insurer is required to provide to covered persons under the health benefit plan.

SECTION 3. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 6052.3 of Title 36, unless there is created a duplication in numbering, reads as follows:

A health benefit plan shall:

1. Ensure that all covered persons who are eligible for eye or vision care benefits under the health benefit plan shall have direct access to a primary eye care provider who has contracted with the health benefit plan for the coverage of all eye or vision care benefits provided by the plan;

2. Ensure that those plans utilizing a gatekeeper system shall require that the enrollee be allowed to designate from a list of eye care providers provided by the health benefit plan the primary eye care provider as the gatekeeper who shall provide basic eye care and shall coordinate diagnostic testing, indicated treatment, and specialty referral for covered persons in the provision of eye or vision care benefits. Nothing in this act shall prevent a covered person from having direct access to his or her gatekeeper for the

treatment of eye disease or injury and being reimbursed in accordance with the terms and fee schedule of the health benefit plan;

3. Not discriminate between individual providers or classes of providers in the amount of reimbursement, co-payment, or other financial compensation for the same or essentially similar services covered by the health benefit plan;

4. Except as provided in paragraph 6 of this subsection, not promote or recommend any individual primary eye care provider or class of primary eye care providers to a covered person by any method or means;

5. Include an adequate number of primary eye care providers to ensure reasonable accessibility, timeliness of care, convenience, and continuity of care to covered persons; and

6. Make available to covered persons a list of all primary eye care providers who have contracted with the health benefit plan, their practice locations and their telephone numbers on a regular, timely basis.

SECTION 4. This act shall become effective November 1, 1997.

46-1-0637

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