

STATE OF OKLAHOMA

2nd Session of the 47th Legislature (2000)

COMMITTEE SUBSTITUTE
FOR
HOUSE BILL NO. 2183

By: Adair

COMMITTEE SUBSTITUTE

An Act relating to health care; requiring insurance contracts and health benefit plans, Medicaid contracts, managed care contracts, preferred provider contracts and other health plans which include services for vision care or medical treatment and diagnosis for the eye to allow optometrists to be providers of and to receive equal compensation for certain services within the scope of practice of optometry; amending 63 O.S. 1991, Section 2505, as last amended by Section 4, Chapter 404, O.S.L. 1997 (63 O.S. Supp. 1999, Section 2505), which relates to health maintenance organizations; providing for construction of section; requiring a patient choice between ophthalmologists and optometrists; requiring certain set of standards and procedures; requiring certain drafting content; prohibiting insurance contracts and health benefit plans, managed care contracts, preferred provider contracts and other health plans which require optometrists to meet qualifications which are in addition to requirements for licensure; prohibiting construction which prevents determination of adequacy of network; prohibiting construction which would limit or expand practice of optometry; requiring extensions and renewals of insurance contracts and health benefit plans, managed care contracts, preferred provider contracts and other health plans to comply with requirements; 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 3634.11 of Title 36, unless there is created a duplication in numbering, reads as follows:

A. Notwithstanding any other provision of law, any insurance contract or health benefit plan, as defined in Section 6060.3 of Title 36 of the Oklahoma Statutes, which offers services for vision

care or medical diagnosis and treatment for the eye shall allow optometrists to be providers of those services.

B. With respect to optometric services, any insurance contract or health benefit plan which uses a gatekeeper or equivalent for referrals for services for vision care or for medical diagnosis and treatment of the eye shall require such covered services be provided on a referral basis within the medical group or network at the request of an enrollee who has a condition requiring vision care or medical diagnosis and treatment of the eye if:

1. A referral is necessitated in the judgment of the primary care physician; and

2. Treatment for the condition falls within the licensed scope of practice of an optometrist.

C. Each insurance contract or health benefit plan shall have a defined set of standards and procedures for selecting providers, including specialists, to serve enrollees. The standards and procedures shall be drafted in such a manner that they are applicable to all categories of providers and shall be utilized by the insurance contract or health benefit plan in a manner that is without bias for or discrimination against a particular category or categories of providers. No insurance contract or health benefit plan shall require a provider to have hospital privileges if hospital privileges are not usual and customary for the services the provider provides.

D. Nothing in this section shall be construed to:

1. Prohibit an insurance contract or health benefit plan which offers services for vision care or medical diagnosis and treatment for the eye from determining the adequacy of the size of its network; and

2. Limit, expand, or otherwise affect the scope of practice of optometry.

E. Existing insurance contracts and health benefit plans shall comply with the requirements of this section upon issuance or renewal on or after the effective date of this act.

SECTION 2. AMENDATORY 63 O.S. 1991, Section 2505, as last amended by Section 4, Chapter 404, O.S.L. 1997 (63 O.S. Supp. 1999, Section 2505), is amended to read as follows:

Section 2505. A. Health maintenance organizations and prepaid health plans shall provide comprehensive health services directly or by contract or agreement with other persons, corporations, institutions, associations, foundations or other legal entities, public or private, in accordance with Section 2501 et seq. of this title and the laws governing such professions and services.

B. With respect to chiropractic services, such covered services shall be provided on a referral basis within the network at the request of an enrollee who has a condition of an orthopedic or neurological nature if:

1. A referral is necessitated in the judgment of the primary care physician; and

2. Treatment for the condition falls within the licensed scope of practice of a chiropractic physician.

~~B.~~ C. 1. With respect to optometric services, such covered services shall be provided on a referral basis within the medical group or network at the request of an enrollee who has a condition requiring vision care or medical diagnosis and treatment of the eye if:

a. a referral is necessitated in the judgment of the primary care physician, and

b. treatment for the condition falls within the licensed scope of practice of an optometrist.

2. Each health maintenance organization contract and prepaid health plan, shall have a defined set of standards and procedures for selecting providers, including specialists for vision care or

for medical diagnosis and treatment of the eye, to serve enrollees. The standards and procedures shall be drafted in such a manner that they are applicable to all categories of providers for vision care or for medical diagnosis and treatment of the eye, and shall be utilized by the contractor in a manner that is without bias for or discrimination against a particular category or categories of providers of vision care or for medical diagnosis and treatment of the eye.

3. No contract or plan specified by this subsection shall require a provider of vision care or for medical diagnosis and treatment of the eye to have hospital privileges if hospital privileges are not usual and customary for the services the provider provides.

4. Nothing in this section shall be construed to prohibit any health maintenance organization contract or prepaid health plan, which offers services for vision care or medical diagnosis and treatment for the eye from determining the adequacy of the size of its network.

5. Nothing in this section shall be construed to limit, expand, or otherwise affect the scope of practice of optometry.

6. Existing contracts shall comply with the requirements of this section upon issuance or renewal on or after the effective date of this act.

D. Such organizations and plans may contract or agree with other persons to provide actuarial, underwriting, marketing, billing, fiscal, and other services as may be required for the operation of a health maintenance organization or prepaid health plan.

~~C.~~ E. Health maintenance organizations and prepaid health plans may contract to provide certain selected comprehensive health services for organizations or corporations which provide certain

other comprehensive health services to their members or employees through alternative health care plans.

~~D.~~ F. 1. A health maintenance organization or prepaid health plan shall not:

- a. engage in the practice of medicine or any other profession except as provided by law, or
- b. prohibit or restrict a primary care physician from referring a patient to a specialist within the network if such referral is deemed medically necessary in the judgment of the primary care physician.

2. A health maintenance organization or prepaid health plan shall provide comprehensive health services in a manner that is reasonably geographically convenient to residents of the service area for which it seeks a license.

~~E.~~ G. A health maintenance organization or prepaid health plan may adjust its prepaid premium to permit financial risk-sharing with other organizations or corporations which contract with the health maintenance organization or prepaid health plan to provide such selected services.

SECTION 3. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 5011.1 of Title 63, unless there is created a duplication in numbering, reads as follows:

A. Notwithstanding any other provision of law, any state Medicaid contract, managed care contract or preferred provider contract, when applicable, which offers services for vision care or medical diagnosis and treatment for the eye shall allow optometrists to be providers of those services.

B. With respect to optometric services, any contract which uses a gatekeeper or equivalent for referrals for services for vision care or for medical diagnosis and treatment of the eye, shall require such covered services be provided on a referral basis within the medical group or network at the request of an enrollee who has a

condition requiring vision care or medical diagnosis and treatment of the eye if:

1. A referral is necessitated in the judgment of the primary care physician; and

2. Treatment for the condition falls within the licensed scope of practice of an optometrist.

C. Any state Medicaid contract, managed care contract or preferred provider contract, when applicable, shall have a defined set of standards and procedures for selecting providers, including specialists, to serve enrollees. The standards and procedures shall be drafted in such a manner that they are applicable to all categories of providers and shall be utilized by the contractor in a manner that is without bias for or discrimination against a particular category or categories of providers. No contract specified by this section shall require a provider to have hospital privileges if hospital privileges are not usual and customary for the services the provider provides.

D. Nothing in this section shall be construed to prohibit any state Medicaid contract or managed care contract which offers services for vision care or medical diagnosis and treatment for the eye from determining the adequacy of the size of its network.

E. Nothing in this section shall be construed to limit, expand, or otherwise affect the scope of practice of optometry.

F. Nothing in this section shall be construed to impact current law as it relates to payment to other classes of providers.

G. Existing contracts shall comply with the requirements of this section upon issuance or renewal on or after the effective date of this act.

SECTION 4. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 1327 of Title 74, unless there is created a duplication in numbering, reads as follows:

A. Notwithstanding any other provision of law, any insurance contract, managed care contract, or preferred provider contract which offers services for vision care or medical diagnosis and treatment for the eye shall allow optometrists to be providers of those services.

B. With respect to optometric services, any contract which uses a gatekeeper or equivalent for referrals for services for vision care or for medical diagnosis and treatment of the eye, shall require such covered services be provided on a referral basis within the medical group or network at the request of an enrollee who has a condition requiring vision care or medical diagnosis and treatment of the eye if:

1. A referral is necessitated in the judgment of the primary care physician; and

2. Treatment for the condition falls within the licensed scope of practice of an optometrist.

C. Any insurance contract, managed care contract, or preferred provider contract shall have a defined set of standards and procedures for selecting providers, including specialists, to serve enrollees. The standards and procedures shall be drafted in such a manner that they are applicable to all categories of providers and shall be utilized by the health maintenance organization in a manner that is without bias for or discrimination against a particular category or categories of providers. No contract specified by this section shall require a provider to have hospital privileges if hospital privileges are not usual and customary for the services the provider provides.

D. Nothing in this section shall be construed to prohibit an insurance contract, managed care contract, or preferred provider contract which offers services for vision care or medical diagnosis and treatment for the eye from determining the adequacy of the size of its network.

E. Nothing in this section shall be construed to limit, expand, or otherwise affect the scope of practice of optometry.

F. Existing contracts shall comply with the requirements of this section upon issuance or renewal on or after the effective date of this act.

SECTION 5. This act shall become effective November 1, 2000.

47-2-8788 KSM 6/11/15