

STATE OF OKLAHOMA

2nd Session of the 47th Legislature (2000)

HOUSE BILL HB2183

By: Adair

AS INTRODUCED

An Act relating to health care; requiring insurance contracts and health benefit plans, state Medicaid contracts, Medicare risk contracts, managed care contracts, and preferred provider contracts 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 payment for certain services within the scope of practice of optometry; requiring insurance contracts and health benefit plans, state Medicaid contracts, Medicare risk contracts, managed care contracts, and preferred provider contracts, to give the patient a choice between ophthalmologists and optometrists; prohibiting insurance contracts and health benefit plans, state Medicaid contracts, Medicare risk contracts, managed care contracts, and preferred provider contracts, 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, state Medicaid contracts, Medicare risk contracts, managed care contracts, and preferred provider contracts, 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. Such contracts or

plans shall also require equal payment for the same services provided by an optometrist, if the services are within the scope of practice of optometry. Nothing in this section shall be construed as prohibiting an optometrist from agreeing to a fee schedule.

B. 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, once a referral for a covered eye care benefit is determined necessary by the gatekeeper or equivalent, give the patient the choice of choosing an ophthalmologist or optometrist for such care, provided that the services being rendered by an optometrist are within the scope of practice of optometry.

C. No insurance contract or health benefit plan which offers services for vision care or medical diagnosis and treatment for the eye shall require optometrists to qualify for participation by meeting criteria which are not otherwise required by law or by rule promulgated thereto to practice within the scope of optometry.

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; or

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. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 199a of Title 56, unless there is created a duplication in numbering, reads as follows:

A. Notwithstanding any other provision of law, any insurance contract, state Medicaid contract, Medicare risk contract, managed

care contract, or preferred provider contract which offers services for vision care or medical diagnosis and treatment for the eye pursuant to any program of public assistance shall allow optometrists to be providers of those services. Such contracts shall also require equal payment for the same services provided by an optometrist, if the services are within the scope of practice of optometry. Nothing in this section shall be construed as prohibiting an optometrist from agreeing to a fee schedule.

B. 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, once a referral for a covered eye care benefit is determined necessary by the gatekeeper or equivalent, give the patient the choice of choosing an ophthalmologist or optometrist for such care, provided that the services being rendered by an optometrist are within the scope of practice of optometry.

C. No insurance contract, state Medicaid contract, Medicare risk contract, managed care contract, or preferred provider contract which offers services for vision care or medical diagnosis and treatment for the eye shall require optometrists to qualify for participation by meeting criteria which are not otherwise required by law or by rules promulgated thereto to practice within the scope of optometry.

D. Nothing in this section shall be construed to prohibit an insurance contract, state Medicaid contract, Medicare risk 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 3. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 2505.1 of Title 63, unless there is created a duplication in numbering, reads as follows:

A. Notwithstanding any other provision of law, any insurance contract, state Medicaid contract, Medicare risk 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. Such contracts shall also require equal payment for the same services provided by an optometrist, if the services are within the scope of practice of optometry. Nothing in this section shall be construed as prohibiting an optometrist from agreeing to a fee schedule.

B. 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, once a referral for a covered eye care benefit is determined necessary by the gatekeeper or equivalent, give the patient the choice of choosing an ophthalmologist or optometrist for such care, provided that the services being rendered by an optometrist are within the scope of practice of optometry.

C. No insurance contract, state Medicaid contract, Medicare risk contract, managed care contract, or preferred provider contract which offers services for vision care or medical diagnosis and treatment for the eye shall require optometrists to qualify for participation by meeting criteria which are not otherwise required by law or by rule promulgated thereto to practice within the scope of optometry.

D. Nothing in this section shall be construed to prohibit an insurance contract, state Medicaid contract, Medicare risk 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 4. 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 insurance contract, state Medicaid contract, Medicare risk 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. Such contracts shall also require equal payment for the same services provided by an optometrist, if the services are within the scope of practice of optometry. Nothing in this section shall be construed as prohibiting an optometrist from agreeing to a fee schedule.

B. 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, once a referral for a covered eye care benefit is determined necessary by the gatekeeper or equivalent, give the patient the choice of choosing an ophthalmologist or optometrist for such care, provided that the services being rendered by an optometrist are within the scope of practice of optometry.

C. No insurance contract, state Medicaid contract, Medicare risk contract, managed care contract, or preferred provider contract which offers services for vision care or medical diagnosis and treatment for the eye shall require optometrists to qualify for participation by meeting criteria which are not otherwise required by law or by rule promulgated thereto to practice within the scope of optometry.

D. Nothing in this section shall be construed to prohibit an insurance contract, state Medicaid contract, Medicare risk 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. 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, state Medicaid contract, Medicare risk 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. Such contracts shall also require equal payment for the same services provided by an optometrist if the services are within the scope of practice of optometry. Nothing in this section shall be construed as prohibiting an optometrist from agreeing to a fee schedule.

B. 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, once a referral for a covered eye care benefit is determined necessary by the gatekeeper or equivalent, give the patient the choice of choosing an ophthalmologist or optometrist for such care, provided that the services being rendered by an optometrist are within the scope of practice of optometry.

C. No insurance contract, state Medicaid contract, Medicare risk contract, managed care contract, or preferred provider contract which offers services for vision care or medical diagnosis and

treatment for the eye shall require optometrists to qualify for participation by meeting criteria which are not otherwise required by law or by rule promulgated thereto to practice within the scope of optometry.

D. Nothing in this section shall be construed to prohibit an insurance contract, state Medicaid contract, Medicare risk 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 6. This act shall become effective November 1, 2000.

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