STATE OF OKLAHOMA

1st Session of the 55th Legislature (2015)

AS INTRODUCED

requiring certain licensure and providing procedures; defining terms; providing for issuance of subscriber

Commissioner; providing for certification of Vision

documents; specifying conditions under which license

Commissioner; providing for certain liens; requiring statement in vision plan coverage contract; providing for selection of providers and provider agreements; specifying unlawful acts; providing for approval and

An Act relating to insurance; creating the Vision Plan Licensure Act; providing short title; providing

for organization of Vision Plan Organizations;

Plan Organizations; requiring certain fees and

granted; specifying term of license; requiring certain security on deposit with Insurance

disapproval of plans; requiring certain reports;

suspension or revocation of licenses; prohibiting certain conduct; providing penalties; authorizing Insurance Commissioner to promulgate certain rules;

allowing Insurance Commissioner to conduct examination of organizations; providing for

providing for codification; and providing an

contracts; specifying duties of Insurance

SENATE BILL 636 By: Schulz

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

effective date.

SECTION 1. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 7401 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 "Vision Plan Licensure Act".

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SECTION 2. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 7402 of Title 36, unless there is created a duplication in numbering, reads as follows:

Licensed insurance companies or direct care plans who hold valid certificates of authority in this state and who provide a vision plan or own a Vision Plan Organization existing on the effective date of this act shall be exempt from the provisions of the Vision Plan Licensure Act as they are presently regulated pursuant to the Insurance Code, provided they meet the requirements of Sections 5, 7 and 9 of this act. Any other entity, including any entity licensed pursuant to Section 2651 et seq. of Title 36 of the Oklahoma Statutes, presently providing vision plans to the public shall, within sixty (60) days of the effective date of this act, apply for and obtain a license to provide such plans or be subject to violation of the mandated licensure provisions of the Vision Plan Licensure Act and subject to the penalties set forth herein.

SECTION 3. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 7403 of Title 36, unless there is created a duplication in numbering, reads as follows:

As used in the Vision Plan Licensure Act:

1. "Subscriber" means an individual who is enrolled in an individual or group vision plan as a principal subscriber, and

dependents who are entitled to vision services under the vision plan solely because of their status as dependents of the principal subscriber;

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- 2. "Subscribership coverage" means any certificate or contract issued to a subscriber specifying the vision coverage to which the subscriber is entitled;
- 3. "Vision Plan" means any contractual arrangement whereby any Vision Plan Organization undertakes to provide payment of vision exams, eyeglasses, and/or contact services directly or to arrange for vision exams, eyeglasses and/or contact services or to pay or make reimbursement for same; and
- 4. "Vision Plan Organization" means any person or entity who undertakes to conduct or operate one or more prepaid or reimbursement Vision Plans.
- SECTION 4. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 7404 of Title 36, unless there is created a duplication in numbering, reads as follows:

A Vision Plan Organization may issue contracts to its subscribers only when the Insurance Commissioner has, by license, authorized it to do so. For Vision Plan Organizations seeking to do business in this state, an application for license shall be made on forms supplied or approved by the Insurance Commissioner, containing such information as he or she shall deem necessary as provided

herein. Each application for such license shall be accompanied by the fee and documents required by Section 5 of this act.

- SECTION 5. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 7405 of Title 36, unless there is created a duplication in numbering, reads as follows:
- A. The Insurance Commissioner shall certify Vision Plan
 Organizations by issuing a license, authorizing the applicant to
 issue Vision Plan contracts to its subscribers when it is shown to
 the satisfaction of the Commissioner that:
- The applicant is established as a bona fide Vision Plan
 Organization;

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- 2. The amount of Twenty-five Thousand Dollars (\$25,000.00) of required working capital of the Vision Plan Organization exists in the name of the Vision Plan Organization and, if subject to repayment, can be repaid only out of operating income without endangering the solvency or financial strength of the Vision Plan Organization; and
- 3. The Vision Plan Organization has met, or will be able to meet, the requirements set forth hereinafter to protect the public and the providers providing such services.
- B. The Application for License shall be filed with, and approved by, the Oklahoma Insurance Department and shall be accompanied by the following:

- 1. A copy of the basic organizational document of the Applicant Vision Plan Organization including, but not limited to, the Articles of Incorporation, Articles of Association, Partnership Agreement, Trust Agreement or other applicable documents, with all amendments to such documents;
- 2. A copy of any bylaws, rules or regulations, operating agreement or similar documents regulating the conduct of the internal affairs of the Applicant Vision Plan Organization;

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- 3. A list of the names, addresses and official positions of the person responsible for the conduct of the business affairs of the Applicant Vision Plan Organization including all subscribers of the Board of Directors, Board of Trustees, Executive committee or other governing board or committee and the principal officers in the case of a corporation and the partners or subscribers names in the case of a partnership or association;
- 4. A copy of any standard contract between the providers of vision care services and the Applicant Vision Plan Organization;
- 5. A statement describing the Vision Plan Organization and the various Vision Plans offered by the Applicant Vision Plan Organization including the facilities contracted for and provider personnel available including networks, if applicable;
- 6. A copy of the form of individual or group subscribership coverage and a copy of the contract to be issued to the subscribers;

7. Financial statements reflecting the assets, liabilities, and sources of financial support of the Applicant Vision Plan
Organization, and, if the Vision Plan Organization is audited, a copy of its most recent audit or certified financial statement of the Vision Plan Organization;

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- 8. A disclosure if the Vision Plan Organization has any financial interest in any entity that provides eyeglasses, eyeglass material and/or contacts. Such disclosure shall be provided to the Insurance Commissioner in the application and shall be on each and every contract and identification card issued to a subscriber;
- 9. A Power of Attorney for Agent for Service of Process if the Applicant Vision Plan Organization is not an Oklahoma domiciliary entity, appointing the Insurance Commissioner as the true and lawful representative for service of process for the Applicant Vision Plan Organization in this state, upon whom all lawful process in any legal action or proceeding on a cause of action arising in this state may be served;
- 10. A fee of One Thousand Dollars (\$1,000.00) made payable to the Oklahoma Insurance Department for review of the Application;
- 11. A fee of One Hundred Fifty Dollars (\$150.00) for issuance of a license upon successful review and approval of the application; and
- 12. Such other information as the Insurance Commissioner may require.

C. Upon modification or amendment of any of the information previously furnished as required by this section, the Vision Plan Organization shall file an amended application with the Insurance Commissioner within thirty (30) days of the modification or amendment.

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- D. Any Vision Plan Organization or other entity providing
 Vision Plans existing on the effective date of this act including
 any entity licensed pursuant to Section 2651 et seq. of Title 36 of
 the Oklahoma Statutes shall comply with the provisions of the Vision
 Plan Licensure Act within sixty (60) days of the effective date of
 this act and shall file an application for a license from the
 Insurance Commissioner as set forth in the Vision Plan Licensure Act
 in order to continue providing such vision services.
- SECTION 6. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 7406 of Title 36, unless there is created a duplication in numbering, reads as follows:
- A. Issuance of a license for a Vision Plan Organization shall be granted if the Insurance Commissioner is satisfied that the following conditions are met:
- 1. The persons responsible for conducting the business affairs of the Vision Plan Organization are competent and trustworthy and are professionally capable of providing or arranging for the provision of services offered;

2. The Vision Plan Organization constitutes an appropriate mechanism to achieve an effective Vision Plan;

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- 3. Each officer responsible for conducting the business affairs of the Vision Plan Organization has filed with the Insurance Commissioner a fidelity bond in the amount of Fifty Thousand Dollars (\$50,000.00), subject to the approval of the Insurance Commissioner; and
- 4. The financial structure of the Vision Plan Organization may reasonably be expected to meet obligations for payment of services for subscribers and prospective subscribers. In making this determination, the Insurance Commissioner may consider:
 - a. the financial soundness of the arrangements made pursuant to the provisions of the Vision Plan Organization for services and the schedule of charges used,
 - b. any agreement with an insurer, a hospital, a medical service corporation or any other organization for ensuring the payment and provision of Vision Plan services,
 - c. provisions in the plan for automatic coverage of Vision Plans if the Vision Plan Organization is discontinued, and

- d. the sufficiency of the agreement for Vision Plan Organizations services with providers of vision services.
- B. A Vision Plan Organization license shall expire at midnight on June 30, following the date of issuance or last renewal date. If the Vision Plan Organization remains in compliance with the provisions of the Vision Plan Licensure Act and pays a renewal fee of One Hundred Fifty Dollars (\$150.00), the license of the plan may be renewed. The renewal fee shall be deposited in the Insurance Commissioner Revolving Fund.
- C. A risk-based Vision Plan Organization shall keep on deposit with the Insurance Commissioner cash or certificates of deposit issued by solvent insured banks and trust companies in this state or a combination of cash, certificates or securities eligible for investment which have been approved by the Commissioner in the following amounts:

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1 7	Number of Subscribers	Deposit
1 8	1,000 or less	\$1,000.00
1 9	1,001 to 2,000	\$2,000.00
2 0	2,001 to 3,000	\$3,000.00
2 1	3,001 to 4,000	\$4,000.00
2 2	4,001 to 5,000	\$5,000.00
2 3	5,001 to 10,000	\$10,000.00
2 4	10,001 to 15,000	\$15,000.00

15,001 to 20,000 \$20,000.00 Over 20,001 \$25,000.00

D. The deposit required by the provisions of subsection C of this section shall be held by the Insurance Commissioner in trust for the benefit and protection of persons covered by a Vision Plan Organization and shall not be subject to attachment by any creditors of the Vision Plan Organization.

E. Any securities required by the provisions of subsection A of this section, with the approval of the Insurance Commissioner, may be exchanged for similar securities or cash of equal amount.

Interest on securities deposited shall be payable to the Vision Plan Organization depositing such securities.

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- F. An unpaid final judgment arising upon a subscribership coverage claim shall be a lien on the deposit held by the Insurance Commissioner, subject to execution after thirty (30) days from the entry of final judgment, unless the judgment is satisfied. If the deposit held by the Commissioner is reduced, the deposit shall be replenished within ninety (90) days by the Vision Plan Organization.
- G. The deposit prescribed by the provisions of subsection A of this section shall not apply to a Vision Plan Organization which is funded by the state, a political subdivision of the state or the United States.

H. Upon liquidation or dissolution of a Vision Plan
Organization and the satisfaction of all debts and liabilities of
the organization, any balance remaining of the cash or securities
deposit as prescribed in subsection C of this section, together with
any other assets of the Vision Plan Organization, shall be returned
by the Insurance Commissioner to the Vision Plan Organization.

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- SECTION 7. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 7407 of Title 36, unless there is created a duplication in numbering, reads as follows:
- A. Every subscriber of a Vision Plan Organization shall have access to a Vision Plan coverage contract.
- B. No Vision Plan coverage contract or amendment thereto shall be issued or delivered to any person in this state until a copy of the Vision Plan coverage contract or amendment has been filed with and approved by the Insurance Commissioner.
- C. A Vision Plan coverage contract shall contain a statement of:
- 1. The vision services or other benefits to which the subscriber is entitled under the Vision Plan;
- 2. Any limitations of the services or benefits to be provided including any deductible or co-payment feature;
 - 3. Information as to how services may be obtained; and
- 4. The obligation of the subscriber for charges for the Vision Plan Organization.

D. Any subscriber in a Vision Plan shall be free to select any licensed physician to provide vision services and prepayment or reimbursement determinations shall be made based upon whether the provider is a contracted provider of the plan. A detailed policy regarding in-network coverage versus out-of-network coverage shall be printed on the explanation for subscribership coverage.

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- E. Subscribership coverage shall contain no provisions or statements which are unjust, unfair, untrue, inequitable, misleading, deceptive or which encourage misrepresentation, as determined by the Insurance Commissioner.
- F. The Insurance Commissioner shall approve any policy of subscribership coverage if the requirements of this section are complied with and the Vision Plan Organization, in the judgment of the Commissioner, is able to meet its financial obligations for the subscribership coverage. It shall be unlawful for a Vision Plan Organization to issue a Vision Plan until the Vision Plan providing the coverage is approved. If the Commissioner does not disapprove any such Vision Plan within thirty (30) days after filing, said Vision Plan shall be deemed approved. If the Commissioner disapproves a Vision Plan, the Insurance Commissioner shall notify the Vision Plan Organization, specifying the reasons for disapproval. The Commissioner shall grant a hearing on such disapproval within thirty (30) days after a request in writing for a hearing is received by the Commissioner from the Vision Plan

Organization provided the request in writing for a hearing is made within twenty (20) days of the disapproval notice.

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- SECTION 8. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 7408 of Title 36, unless there is created a duplication in numbering, reads as follows:
- A. Each year on or before March 1, every Vision Plan
 Organization shall file with the Insurance Commissioner a report of
 the business activities of the Organization for the preceding
 calendar year. This report shall be signed by at least two
 principal officers of the corporation and the signatures shall be
 notarized.
- B. The reports required pursuant to subsection A of this section shall be on forms prescribed by the Insurance Commissioner and shall include:
- 1. A financial statement of the organization including a copy of the balance sheet and receipts and disbursements of the Vision Plan Organization for the preceding year, certified by an independent certified public accountant. The Insurance Commissioner may accept a full report of the most recent examination of a foreign Vision Plan Organization, certified to by the appropriate examining official of another state;
- 2. Any material changes in the information required to be provided pursuant to Section 5 of this act;

3. The number of persons who have become subscribers during the preceding year, the total number of subscribers in the plan as of the end of the year, and the number of subscriber contracts or certificates terminated during the year;

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- 4. The costs of all care provided and the number of subscribers who received care pursuant to the provisions of the Vision Plan Organization; and
- 5. Any other information relating to the performance of the Vision Plan Organization the Insurance Commissioner deems necessary to enable the Commissioner to carry out the duties prescribed by the Vision Plan Licensure Act.
- SECTION 9. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 7409 of Title 36, unless there is created a duplication in numbering, reads as follows:
- A. Article 12 of Title 36 of the Oklahoma Statutes relating to Unfair Trade Practices and Frauds shall apply to Vision Plan Organizations except to the extent the Insurance Commissioner may determine that particular provisions of the Article shall not apply to Vision Care Plan Organizations.
- B. The provider's written acquiescence is required for each and every Vision Service Plan offered by a Vision Plan Organization and no Vision Plan Organization may utilize a provider's agreement to the terms of one group agreement for vision services to equal or

automatically mandate the provider's agreement to another group agreement.

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SECTION 10. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 7410 of Title 36, unless there is created a duplication in numbering, reads as follows:

The Insurance Commissioner may conduct an examination of the business affairs of any Vision Care Plan Organization as often as the Commissioner deems necessary for the protection of the interests of the people of this state.

SECTION 11. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 7411 of Title 36, unless there is created a duplication in numbering, reads as follows:

- A. The Insurance Commissioner may suspend or revoke any license issued to a Vision Plan Organization pursuant to the provisions of the Vison Plan Licensure Act if the Commissioner finds that any of the following conditions exist:
- 1. The Vision Plan Organization is operating contrary to the basic organizational documents of the organization or is operating in a manner contrary to that described in, and reasonably inferred from, any other information submitted pursuant to the Vision Plan Licensure Act;
- 2. The Vision Plan Organization issued subscribership coverage which does not comply with the requirements of Section 7 of this act;

3. The Vision Plan Organization does not provide or arrange for basic vision services appropriate to a Vision Plan Organization;

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- 4. The Vision Plan Organization can no longer be expected to meet obligations to its subscribers or prospective subscribers of the Vision Plan Organization;
- 5. The Vision Plan Organization or any authorized person acting on behalf of the Organization has advertised or merchandised services offered by the Organization in an untrue, misleading, deceptive or unfair manner; or
- 6. The Vision Plan Organization has failed to substantially comply with the provisions of the Vision Plan Licensure Act or any rules and regulations promulgated thereunder.
- B. A Vision Plan Organization may not exclude or limit coverage for a particular illness, disease, injury or condition and shall not exclude or limit particular services or procedures or provide additional credentialing or additional requirements which exclude or limit particular providers if such requirement or credentialing has the effect of discriminating against a particular class of practitioner who is licensed to provide vision services.
- C. Any violation of this section shall result in revocation of license of the Vision Plan Organization and may include a fine of Five Thousand Dollars (\$5,000.00) per violation, the fine to be enforced by the Insurance Commissioner.

D. When the license of a Vision Plan Organization is suspended, the Organization shall not accept, during the period of such suspension, any additional subscribers except newly acquired dependents of existing subscribers and shall not engage in any advertising or solicitation.

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- E. When the license of a Vision Plan Organization is revoked, the Organization shall proceed to terminate operation of the Vision Plan Organization immediately and shall conduct no further business except as may be essential to the orderly conclusion of the business affairs of the organization. The Insurance Commissioner, by written order, may permit such further operation of the Organization as the Commissioner finds to be in the best interest of subscribers of the Vision Plan Organization.
- F. If a Vision Plan Organization license is suspended or revoked pursuant to the provisions of this section, the Insurance Commissioner may invoke a fine not exceeding Five Thousand Dollars (\$5,000.00) for each violation. The payment of the fine may be enforced in the same manner as civil judgments may be enforced.
- G. A Vision Plan Organization which has had its license denied, suspended or revoked or has suffered an adverse decision by the Insurance Commissioner shall be entitled to a hearing pursuant to the provisions of the Administrative Procedures Act, Sections 301 through 326 of Title 75 of the Oklahoma Statutes.

SECTION 12. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 7412 of Title 36, unless there is created a duplication in numbering, reads as follows:

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Any rehabilitation, liquidation or conservation of a Vision Plan Organization shall be conducted pursuant to the provisions for rehabilitation, liquidation or conservation of an insurer provided for by Articles 18 and 19 of Title 36 of the Oklahoma Statutes.

SECTION 13. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 7413 of Title 36, unless there is created a duplication in numbering, reads as follows:

The Insurance Commissioner may promulgate rules necessary for the implementation and administration of the provisions of the Vision Plan Licensure Act.

SECTION 14. This act shall become effective November 1, 2015.

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