

**BILL SUMMARY**  
2<sup>nd</sup> Session of the 60<sup>th</sup> Legislature

<b>Bill No.:</b>	<b>HB 3928</b>
<b>Version:</b>	<b>POLPCS1</b>
<b>Request Number:</b>	<b>16017</b>
<b>Author:</b>	<b>Worthen</b>
<b>Date:</b>	<b>2/9/2026</b>
<b>Impact: Please see previous summary of this measure</b>	

**Research Analysis**

The proposed policy committee substitute for HB 3928 adds that a vision benefit plan or a designee must reimburse licensed optometric physicians for any and all optometrist-provided services which are payable by Medicare or Medicaid. Those services will be reimbursed according to reimbursement rates depending upon the coverage held by the subscriber. If it doesn't fall under the Medicare reimbursement schedule, reimbursement will be as outlined in the introduced version.

HB 3928 provides that a vision benefit plan or any designee must reimburse licensed optometric physicians for covered services at a rate not less than the 60th percentile of usual and customary charges for the same services or materials in the same geographic region. The measure adds that any increase in reimbursement for covered services will not offset by a decrease in reimbursement for ophthalmic materials such as frames, lenses, and contacts unless these changes are uniformly applied to all providers. These entities must also not reduce reimbursements to providers for using nonaffiliated labs or frame vendors if they meet standards. These entities will be required to disclose average reimbursements to affiliated and independent providers for both services and materials.

Prepared By: Suzie Nahach, House Research Staff

**Fiscal Analysis**

The measure is currently under review and impact information will be completed.

Prepared By: House Fiscal Staff

**Other Considerations**

None.