REVISOR

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## HOUSE OF REPRESENTATIVES EIGHTY-EIGHTH SESSION H. F. No. 2838

03/06/2014 Authored by Morgan, Schoen and Fritz

The bill was read for the first time and referred to the Committee on Commerce and Consumer Protection Finance and Policy

1.1	A bill for an act				
1.2	relating to commerce; prohibiting noncovered discounts for vision care provided				
1.3 1.4	by health and vision plans; adding optometrists to a definition of health care provider; amending Minnesota Statutes 2012, section 62Q.74, subdivision 1;				
1.4	proposing coding for new law in Minnesota Statutes, chapter 62Q.				
1.6	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:				
1.7	Section 1. Minnesota Statutes 2012, section 62Q.74, subdivision 1, is amended to read:				
1.8	Subdivision 1. Definitions. (a) For purposes of this section, "category of coverage"				
1.9	means one of the following types of health-related coverage:				
1.10	(1) health;				
1.11	(2) no-fault automobile medical benefits; or				
1.12	(3) workers' compensation medical benefits.				
1.13	(b) "Health care provider" or "provider" means a physician, chiropractor,				
1.14	optometrist, ophthalmologist, dentist, podiatrist, hospital, ambulatory surgical center,				
1.15	freestanding emergency room, or other provider, as defined in section 62J.03.				
1.16 1.17	Sec. 2. [62Q.741] PROHIBITION OF NONCOVERED DISCOUNTS; VISION CARE PROVIDED BY HEALTH AND VISION PLANS.				
1.18	Subdivision 1. Definitions. For purposes of this section:				
1.19	(a) "Contractual discount" means a percentage reduction from a provider's usual				
1.20	and customary rate for covered services and materials required under a participating				
1.21	provider agreement.				
1.22	(b) "Covered services" means services and materials for which reimbursement				
1.23	from the vision plan is provided for by an enrollee's plan or contract, or for which a				

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2.1	reimbursement would be available but for the application of the enrollee's contractual				
2.2	limitations of deductibles, co-payments, and coinsurance.				
2.3	(c) "Health care provider" or "provider" has the meaning given in section 62Q.74,				
2.4	subdivision 1, paragraph (b).				
2.5	(d) "Materials" includes but is not limited to lenses, devices containing lenses,				
2.6	prisms, lens treatments and coatings, contact lenses, orthoptics, vision training, and				
2.7	prosthetic devices to correct, relieve, or treat defects or abnormal conditions of the human				
2.8	eye or its adnexa.				
2.9	Subd. 2. Noncovered vision care under health or vision plans prohibited.				
2.10	No contract or other agreement betw	een an insurer or and	other entity that write	s vision	
2.11	insurance and an optometrist or ophthalmologist, for the provision of vision services on a				
2.12	preferred or in-network basis to plan members or insurance subscribers in connection with				
2.13	coverage under a stand-alone vision	plan, a medical plan	, or a health insurance	e policy,	
2.14	may require that an optometrist or ophthalmologist provide services or materials at a fee				
2.15	limited or set by the plan or insurer	unless the services or	materials are reimbu	irsed as	
2.16	covered services under the contract of	or other agreement.			
2.17	Subd. 3. Provider charges, co	ntractual discounts	, and nominal reimb	ursements.	
2.18	(a) A provider shall not charge more	e for services and ma	terials that are nonco	vered	
2.19	services and materials under a vision	plan than the provid	ler's usual and custom	nary rate	
2.20	for those services and materials.				
2.21	(b) The amount of a contractua	l discount shall not r	esult in a fee less thar	the health	
2.22	or vision plan would pay for covered	l services and materia	als, but for the applica	ation of an	
2.23	enrollee's contractual limitations of c	leductibles, co-paym	ents, and coinsurance	÷	
2.24	(c) Reimbursement paid by the	vision plan for cove	red services and mate	rials shall	
2.25	be reasonable and shall not provide a	nominal or de minim	is reimbursement in c	order to	
2.26	claim that services and materials are	covered services.			
2.27	Sec. 3. EFFECTIVE DATE.				
2.28	Sections 1 and 2 are effective A	August 1, 2014, and a	apply to health or visi	on plans	

2.29 offered, sold, issued, or renewed on or after that date.