

By: Representative Chism

To: Insurance

HOUSE BILL NO. 371

1 AN ACT TO PROHIBIT PROVIDER CONTRACTS FOR VISION SERVICES IN
2 HEALTH AND VISION INSURANCE PLANS FROM ESTABLISHING OR LIMITING
3 FEES FOR NONCOVERED SERVICES; TO PROHIBIT A PROVIDER FROM CHARGING
4 MORE FOR SERVICES AND MATERIALS THAT ARE NONCOVERED SERVICES UNDER
5 A VISION PLAN THAN HIS USUAL AND CUSTOMARY RATE FOR THOSE SERVICES
6 AND MATERIALS; AND FOR RELATED PURPOSES.

7 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI:

8 **SECTION 1.** (1) No agreement between an insurer or an entity
9 that writes vision insurance and an optometrist for the provision
10 of vision services on a preferred or in-network basis to plan
11 members or insurance subscribers in connection with coverage under
12 a stand-alone vision plan, a medical plan, or health insurance
13 policy may require that an optometrist or ophthalmologist provide
14 services or materials at a fee limited or set by the plan or
15 insurer unless the services or materials are reimbursed as covered
16 services under the contract.

17 (2) A provider shall not charge more for services and
18 materials that are noncovered services under a vision plan than
19 his or her usual and customary rate for those services and
20 materials.



21 (3) The amount of a contractual discount shall not result in
22 a fee less than the health or vision plan would pay for covered
23 services and materials but for the application of an enrollee's
24 contractual limitations of deductibles, copayments and
25 coinsurance.

26 (4) Reimbursement paid by the vision plan for covered
27 services and materials shall be reasonable and shall not provide
28 nominal reimbursement in order to claim that services and
29 materials are covered services.

30 (5) For purposes of this section:

31 (a) "Contractual discount" means a percentage reduction
32 from a provider's usual and customary rate for covered services
33 and materials required under a participating provider agreement.

34 (b) "Covered services" means services and materials for
35 which reimbursement from the vision plan is provided for by an
36 enrollee's plan contract, or for which a reimbursement would be
37 available but for the application of the enrollee's contractual
38 limitations of deductibles, copayments, and coinsurance.

39 (c) "Materials" includes, but is not limited to,
40 lenses, devices containing lenses, prisms, lens treatments and
41 coatings, contact lenses, orthoptics, vision training, and
42 prosthetic devices to correct, relieve, or treat defects or
43 abnormal conditions of the human eye or its adnexa.



44 (d) "Vision plan" means any policy of insurance that is
45 issued by a health care entity that provides coverage of vision
46 services not in connection with a medical plan.

47 **SECTION 2.** This act shall take effect and be in force from
48 and after July 1, 2017.

