



General Assembly

January Session, 2019

***Raised Bill No. 7173***

LCO No. 4270



Referred to Committee on INSURANCE AND REAL ESTATE

Introduced by:  
(INS)

***AN ACT CONCERNING CONTRACTS BETWEEN HEALTH INSURERS  
AND OPTOMETRISTS.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 38a-472h of the general statutes is repealed and  
2 the following is substituted in lieu thereof (*Effective January 1, 2020*):

3 (a) No insurer, health care center, fraternal benefit society, hospital  
4 service corporation, medical service corporation or other entity  
5 delivering, issuing for delivery, renewing, amending or continuing:

6 (1) An individual or a group dental plan in this state shall include in  
7 any contract with a dentist licensed pursuant to chapter 379 that is  
8 entered into, renewed or amended on or after January 1, 2012, any  
9 provision that requires such dentist to accept as payment an amount  
10 set by such insurer, center, society, corporation or entity for services or  
11 procedures provided to an insured or enrollee that are not covered  
12 benefits under such insured's or enrollee's plan; or

13 (2) An individual or a group vision plan in this state shall include in  
14 any contract with an optometrist licensed pursuant to chapter 380 that

15 is entered into, renewed or amended on or after January 1, [2016] 2020,  
16 any provision that requires such optometrist to accept as payment an  
17 amount set by such insurer, center, society, corporation or entity for  
18 services, [or] procedures or products provided to an insured or  
19 enrollee that are not covered benefits under such insured's or enrollee's  
20 plan.

21 (b) No dentist [or optometrist] shall charge more for services or  
22 procedures that are not covered benefits than such dentist's [or  
23 optometrist's] usual and customary rate for such services or  
24 procedures, and no optometrist shall charge more for services,  
25 procedures or products that are not covered benefits than such  
26 optometrist's usual and customary rate for such services, procedures  
27 or products.

28 (c) (1) Each evidence of coverage for an individual or a group dental  
29 plan shall include the following statement:

30 "IMPORTANT: If you opt to receive dental services or procedures  
31 that are not covered benefits under this plan, a participating dental  
32 provider may charge you his or her usual and customary rate for such  
33 services or procedures. Prior to providing you with dental services or  
34 procedures that are not covered benefits, the dental provider should  
35 provide you with a treatment plan that includes each anticipated  
36 service or procedure to be provided and the estimated cost of each  
37 such service or procedure. To fully understand your coverage, you  
38 may wish to review your evidence of coverage document."

39 (2) Each evidence of coverage for an individual or a group vision  
40 plan shall include the following statement:

41 "IMPORTANT: If you opt to receive optometric services, [or]  
42 procedures or products that are not covered benefits under this plan, a  
43 participating optometrist may charge you his or her usual and  
44 customary rate for such services, [or] procedures or products. Prior to  
45 providing you with optometric services, [or] procedures or products  
46 that are not covered benefits, the optometrist should provide you with

47 a treatment plan that includes each anticipated service, [or] procedure  
48 or product to be provided and the estimated cost of each such service,  
49 [or] procedure or product. To fully understand your coverage, you  
50 may wish to review your evidence of coverage document."

51 (d) Each dentist and optometrist shall post, in a conspicuous place, a  
52 notice stating that services, [or] procedures or products, as applicable,  
53 that are not covered benefits under an insurance policy or plan might  
54 not be offered at a discounted rate.

55 (e) The provisions of this section shall not apply to (1) a self-insured  
56 plan that covers dental services or procedures or optometric services,  
57 procedures or products, or (2) a contract that is incorporated in or  
58 derived from a collective bargaining agreement or in which some or all  
59 of the material terms are subject to a collective bargaining process.

This act shall take effect as follows and shall amend the following sections:		
Section 1	January 1, 2020	38a-472h

**Statement of Purpose:**

To provide that no insurer, health care center, fraternal benefit society, hospital service corporation, medical service corporation or other entity delivering, issuing for delivery, renewing, amending or continuing an individual or group vision plan in this state shall include in any contract with an optometrist any provision that requires the optometrist to accept as payment an amount set by such insurer, center, society, corporation or entity for products provided to an insured or enrollee that are not covered benefits under such insured's or enrollee's plan.

*[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]*