H-1374.1				

## HOUSE BILL 1942

State of Washington 63rd Legislature 2013 Regular Session

By Representatives Green, Harris, Moeller, Morrell, and Santos
Read first time 02/20/13. Referred to Committee on Health Care & Wellness.

AN ACT Relating to medical eye care or vision care; amending RCW 48.20.410 and 48.21.140; adding a new section to chapter 48.44 RCW; and adding a new section to chapter 48.46 RCW.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

**Sec. 1.** RCW 48.20.410 and 1965 c 149 s 2 are each amended to read 6 as follows:

(1) Notwithstanding any provision of any disability insurance contract, ((benefits shall not be denied thereunder for any eye care service rendered by a holder of a license issued pursuant to chapter 18.53 RCW, provided, that (1) the service rendered was within the lawful scope of such person's license, and (2) such contract would have provided the benefits for such service if rendered by a holder of a license issued pursuant to chapter 18.71 RCW)) for an insurance plan that includes medical eye care or vision care benefits including, but not limited to, a health maintenance organization, a health care service contractor, a preferred provider organization, a managed care organization, an accountable care organization, a medical home organization, or a contract of insurance through any medical or hospital service contracts, services may not be denied for any eye care

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service and there may be no discrimination in the amount of either (a) medical eye care or vision care benefits available to an insured, participant, or other person entitled to such benefits, whether provided by an optometrist or another physician, in instances where the services performed are within the lawful scope of practice of those professions; and (b) reimbursements or payments to the provider of such medical eye care or vision care services, whether performed by an optometrist or another physician, in instances where the services performed are within the lawful scope of practice of those professions. The services must be provided by an optometrist or another physician operating within the scope of their license. 

(2) A licensed optometrist is entitled to participate in contracts or plans providing for medical eye care or vision care services as a health care provider or otherwise, to the same extent as other licensed physicians, and there may be no discrimination against any provider, whether an optometrist or another physician, who is located within the geographic area of the health maintenance organization, preferred provider organization, managed care organization, accountable care organization, or plan or contract of insurance. A health maintenance organization, preferred provider organization, managed care organization, accountable care organization, or plan or contract of insurance or any medical or hospital service contract may not impose a copayment, coinsurance amount, or any other fee on a covered participant or insured that is greater than the amount charged for the same service when provided by an allopathic physician or an osteopathic physician.

(3) It is unlawful for a health maintenance organization, preferred provider organization, managed care organization, accountable care organization, or plan or contract of insurance to require a licensed optometrist to participate as a provider in another medical or vision care plan or contract as a condition of or requirement for participation by a licensed optometrist as a provider in any medical or vision care plan or contract.

33 <u>vision care plan or contract</u>.

**Sec. 2.** RCW 48.21.140 and 1965 c 149 s 3 are each amended to read as follows:

(1) Notwithstanding any provision of any group disability insurance contract or blanket disability insurance contract, ((benefits shall not

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be denied thereunder for any eye care service rendered by a holder of a license issued pursuant to chapter 18.53 RCW, provided, that (1) the service rendered was within the lawful scope of such person's license, and (2) such contract would have provided the benefits for such service if rendered by a holder of a license issued pursuant to chapter 18.71 RCW)) for an insurance plan that includes medical eye care or vision care benefits including, but not limited to, a health maintenance organization, a health care service contractor, a preferred provider organization, a managed care organization, an accountable care organization, a medical home organization, or a contract of insurance through any medical or hospital service contracts, services may not be denied for any eye care service and there may be no discrimination in the amount of either (a) medical eye care or vision care benefits available to an insured, participant, or other person entitled to such benefits, whether provided by an optometrist or another physician, in instances where the services performed are within the lawful scope of practice of those professions; and (b) reimbursements or payments to the provider of such medical eye care or vision care services, whether performed by an optometrist or another physician, in instances where the services performed are within the lawful scope of practice of those professions. The services must be provided by an optometrist or another physician operating within the scope of their license.

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(2) A licensed optometrist is entitled to participate in contracts or plans providing for medical eye care or vision care services as a health care provider or otherwise, to the same extent as other licensed physicians, and there may be no discrimination against any provider, whether an optometrist or another physician, who is located within the geographic area of the health maintenance organization, preferred provider organization, managed care organization, accountable care organization, or plan or contract of insurance. A health maintenance organization, preferred provider organization, managed care organization, accountable care organization, or plan or contract of insurance or any medical or hospital service contract may not impose a copayment, coinsurance amount, or any other fee on a covered participant or insured that is greater than the amount charged for the same service when provided by an allopathic physician or an osteopathic physician.

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(3) It is unlawful for a health maintenance organization, preferred provider organization, managed care organization, accountable care organization, or plan or contract of insurance to require a licensed optometrist to participate as a provider in another medical or vision care plan or contract as a condition of or requirement for participation by a licensed optometrist as a provider in any medical or vision care plan or contract.

- 8 <u>NEW SECTION.</u> **Sec. 3.** A new section is added to chapter 48.44 RCW 9 to read as follows:
  - (1) Notwithstanding any provision of a health care service contract, for a contract that includes medical eye care or vision care benefits, services may not be denied for any eye care service and there may be no discrimination in the amount of either (a) medical eye care or vision care benefits available to an insured, participant, or other person entitled to such benefits, whether provided by an optometrist or another physician, in instances where the services performed are within the lawful scope of practice of those professions; and (b) reimbursements or payments to the provider of such medical eye care or vision care services, whether performed by an optometrist or another physician, in instances where the services performed are within the lawful scope of practice of those professions. The services must be provided by an optometrist or another physician operating within the scope of their license.
  - (2) A licensed optometrist is entitled to participate in contracts or plans providing for medical eye care or vision care services as a health care provider or otherwise, to the same extent as other licensed physicians, and there may be no discrimination against any provider, whether an optometrist or another physician, who is located within the geographic area of the health care service contractor. A health care service contractor may not impose a copayment, coinsurance amount, or any other fee on a covered participant or insured that is greater than the amount charged for the same service when provided by an allopathic physician or an osteopathic physician.
  - (3) It is unlawful for a health care service contractor to require a licensed optometrist to participate as a provider in another medical or vision care plan or contract as a condition of or requirement for

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participation by a licensed optometrist as a provider in any medical or vision care plan or contract.

NEW SECTION. Sec. 4. A new section is added to chapter 48.46 RCW to read as follows:

- (1) Notwithstanding any provision of a health maintenance agreement, for an agreement that includes medical eye care or vision care benefits, services may not be denied for any eye care service and there may be no discrimination in the amount of either (a) medical eye care or vision care benefits available to an insured, participant, or other person entitled to such benefits, whether provided by an optometrist or another physician, in instances where the services performed are within the lawful scope of practice of those professions; and (b) reimbursements or payments to the provider of such medical eye care or vision care services, whether performed by an optometrist or another physician, in instances where the services performed are within the lawful scope of practice of those professions. The services must be provided by an optometrist or another physician operating within the scope of their license.
- (2) A licensed optometrist is entitled to participate in contracts or plans providing for medical eye care or vision care services as a health care provider or otherwise, to the same extent as other licensed physicians, and there may be no discrimination against any provider, whether an optometrist or another physician, who is located within the geographic area of the health maintenance organization. A health maintenance organization may not impose a copayment, coinsurance amount, or any other fee on a covered participant or insured that is greater than the amount charged for the same service when provided by an allopathic physician or an osteopathic physician.
- (3) It is unlawful for a health maintenance organization to require a licensed optometrist to participate as a provider in another medical or vision care plan or contract as a condition of or requirement for participation by a licensed optometrist as a provider in any medical or vision care plan or contract.

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