



## **120th MAINE LEGISLATURE**

## **FIRST REGULAR SESSION-2001**

Legislative Document

No. 323

S.P. 97

In Senate, January 30, 2001

An Act Concerning Patient Access to Eye Care Providers.

Reference to the Committee on Banking and Insurance suggested and ordered printed.

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JOY J. O'BRIEN Secretary of the Senate

Presented by Senator LaFOUNTAIN of York. Cosponsored by Representative MAYO of Bath and Senator DOUGLASS of Androscoggin, Representatives: O'NEIL of Saco, SULLIVAN of Biddeford.

Be it enacted by the People of the State of Maine as follows:
Sec. 1. 24-A MRSA §4314 is enacted to read:
§4314. Access to eye care providers
1. Definitions. As used in this section, unless the
context otherwise indicates, the following terms have the
following meanings.
A. "Eye care provider" means a participating provider who
is an optometrist licensed to practice optometry pursuant to
Title 32, chapter 34-A, or an ophthalmologist licensed to
practice medicine pursuant to Title 32, chapter 48.
B. "Eye care services" means those health care services
related to the examination, diagnosis, treatment and
management of conditions and diseases of the eye and related
structures that a carrier is obligated to pay, reimburse,
arrange or provide for plan sponsors or enrollees as
specified by a health plan or managed care plan.
2. Health plan issued or renewed. A health plan or managed
care plan that provides coverage for eye care services may not be
issued or renewed after January 1, 2002 by any carrier unless the
health plan or managed care plan:
A. Provides a plan sponsor or enrollee direct access to any
eye care provider participating and available under the plan
<u>for eye care services;</u>
B. Ensures that all eye care providers on a health plan or
managed care plan are included on any publicly accessible
list of participating providers for the health plan or
<u>managed care plan; and</u>
C. Allows each eye care provider on a health plan or
managed care plan to furnish covered eye care services to
plan sponsors or enrollees without discrimination between
<u>classes of eye care providers and to provide the services as</u> permitted by the eye care provider's license.
permitted by the eye care provider a ricense.
3. Health plan; managed care plan. A health plan or
managed care plan may not:
λ Impose a deductible or coincurance for one care corriges
A. Impose a deductible or coinsurance for eye care services that is greater than the deductible or coinsurance imposed
for other medical services under the health plan or managed
care plan; or

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2	B. Require an eye care provider to hold hospital privileges as a condition of participation as a provider under the
4	health plan or managed care plan,
4	4. Construction. This section may not be construed as:
6	A Creation and for our health and admine that is
8	A. Creating coverage for any health care service that is not otherwise covered under the terms of a health plan or managed care plan;
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12	B. Requiring a health plan or managed care plan to include as a participating provider every willing provider or health professional who meets the terms and conditions of the
14	health plan or managed care plan;
16	C. Preventing a covered person from seeking eye care services from the plan sponsor or enrollee's primary care
18	provider in accordance with the terms of the plan sponsor or enrollee's health plan or managed care plan;
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22	D. Increasing or decreasing the scope of practice of optometry or ophthalmologist as defined in Title 32;
24	E. Requiring eye care services to be provided in a hospital or similar medical facility; or
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28	F. Prohibiting a health plan or managed care plan from requiring a plan sponsor or enrollee to receive a referral or prior authorization from a primary care provider for any
30	subsequent surgical procedures.
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34	SUMMARY
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36 This bill specifies that health plans and managed care plans offered by a carrier that provide coverage for eye care services 38 must provide direct access to eye care providers and may not impose deductible or coinsurance costs for eye care services that 40 are greater than a deductible or coinsurance for other medical services.