

Commerce  
Palmer, Chair  
Priebe  
Tieden

Reprinted 3/23/83

FEB FEB 2 1983

SENATE FILE 178  
BY COLEMAN

Passed Senate, Date 3-22-83 (p. 878) Passed House, Date 5-14-83 (p. 2160)  
Vote: Ayes 46 Nays 0 Vote: Ayes 82 Nays 13  
Approved June 1, 1983

### A BILL FOR

1 An Act relating to the inclusion of optometric services in  
2 health insurance policies or contracts if the vision  
3 care services or procedures are covered when performed  
4 by other health care providers.

5 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

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S.F. 178

1 Section 1. Section 509.1, Code 1983, is amended by adding  
2 the following new subsection:

3 NEW SUBSECTION. An insurer under a contract or plan  
4 covering vision care services or procedures shall provide  
5 coverage for vision care services or procedures provided  
6 by an optometrist licensed under chapter 154 within the scope  
7 of the practice of optometry, as defined in section 154.1,  
8 if the contract or plan includes coverage for the same services  
9 or procedures when provided by another health care provider.

10 Sec. 2. NEW SECTION. 514.19 OPTOMETRIC COVERAGE. An  
11 insurer under a contract or plan covering vision care services  
12 or procedures shall provide coverage for vision care services  
13 or procedures provided by an optometrist licensed under chapter  
14 154 within the scope of the practice of optometry, as defined  
15 in section 154.1, if the contract or plan includes coverage  
16 for the same services or procedures when provided by another  
17 health care provider.

18 Sec. 3. NEW SECTION. 514A.7A OPTOMETRIC COVERAGE. An  
19 insurer under a contract or plan covering vision care services  
20 or procedures shall provide coverage for vision care services  
21 or procedures provided by an optometrist licensed under chapter  
22 154 within the scope of the practice of optometry, as defined  
23 in section 154.1, if the contract or plan includes coverage  
24 for the same services or procedures when provided by another  
25 health care provider.

26 Sec. 4. NEW SECTION. 514B.22A OPTOMETRIC COVERAGE.  
27 A health maintenance organization under a contract or plan  
28 covering vision care services or procedures shall provide  
29 coverage for vision care services or procedures provided  
30 by an optometrist licensed under chapter 154 within the scope  
31 of the practice of optometry, as defined in section 154.1,  
32 if the contract or plan includes coverage for the same services  
33 or procedures when provided by another health care provider.

34 EXPLANATION

35 This bill provides that coverage shall be provided for

1 the services of licensed optometrists who provide vision care  
2 services, within the scope of practice as defined in chapter  
3 154, to patients who have a health insurance plan or policy  
4 which provides coverage for vision care services when the  
5 same services are provided by another health care provider.  
6 This bill takes effect July 1 following enactment.

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APPROVED FOR THE SENATE  
MARCH 18, 1983

SENATE FILE 178

3249

1 Amend Senate File 178 as follows:

2 1. By striking everything after the enacting  
3 clause and inserting in lieu thereof the following:  
4 "Section 1. Section 509.3, Code 1983, is amended  
5 by adding the following new subsection after subsection  
6 4:

7 NEW SUBSECTION. 4A. A provision shall be made  
8 available to policy holders, under group policies  
9 covering vision care services or procedures, for  
10 payment of necessary medical or surgical care and  
11 treatment provided by an optometrist licensed under  
12 chapter 154 if the care and treatment are provided  
13 within the scope of the optometrist's license and  
14 if the policy would pay for the care and treatment  
15 if the care and treatment were provided by a person  
16 engaged in the practice of medicine or surgery as  
17 licensed under chapter 148 or 150A. The policy shall  
18 provide that the policy holder may reject the coverage  
19 or provision if the coverage or provision is rejected  
20 for all providers of vision care services as licensed  
21 under chapter 148, 150A, or 154. This subsection  
22 applies to group policies delivered or issued for  
23 delivery after July 1, 1983, and to existing group  
24 policies on their next anniversary or renewal date,  
25 or upon expiration of the applicable collective  
26 bargaining contract, if any, whichever is later.  
27 This subsection does not apply to blanket, short-term  
28 travel, accident only, limited or specified disease,  
29 or individual or group conversion policies, or policies  
30 designed only for issuance to persons for coverage  
31 under Title XVIII of the Social Security Act, or any  
32 other similar coverage under a state or federal  
33 government plan.

34 Sec. 2. Section 514.7, Code 1983, is amended by  
35 adding the following new unnumbered paragraph after  
36 unnumbered paragraph 1.

37 NEW UNNUMBERED PARAGRAPH. A provision shall be  
38 available in approved contracts with hospital and  
39 medical service corporate subscribers under group  
40 subscriber contracts or plans covering vision care  
41 services or procedures, for payment of necessary  
42 medical or surgical care and treatment provided by  
43 an optometrist licensed under chapter 154, if the  
44 care and treatment are provided within the scope of  
45 the optometrist's license and if the subscriber  
46 contract would pay for the care and treatment if it  
47 were provided by a person engaged in the practice  
48 of medicine or surgery as licensed under chapter 148  
49 or 150A. The subscriber contract shall also provide  
50 that the subscriber may reject the coverage or

Small Business and Commerce: Chiodo, Chair; Gronstal and Schroeder.

Amend per 35931 Do Pass 4/7/83

SENATE FILE

178

BY COLEMAN

(AS AMENDED AND PASSED BY THE SENATE MARCH 22, 1983)

Passed Senate, Date 3-22-83 (p 898) Passed House, Date 5-14-83 (p 2160)

Vote: Ayes 46 Nays 0 Vote: Ayes 82 Nays 13

Approved June 1, 1983

### A BILL FOR

1 An Act relating to the inclusion of optometric services in  
 2 health insurance policies or contracts if the vision  
 3 care services or procedures are covered when performed  
 4 by other health care providers.

5 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

ALL New Language  
by the Senate

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1 Section 1. Section 509.3, Code 1983, is amended by adding  
2 the following new subsection after subsection 4:

3 NEW SUBSECTION. 4A. A provision shall be made available  
4 to policy holders, under group policies covering vision care  
5 services or procedures, for payment of necessary medical or  
6 surgical care and treatment provided by an optometrist licensed  
7 under chapter 154 if the care and treatment are provided  
8 within the scope of the optometrist's license and if the  
9 policy would pay for the care and treatment if the care and  
10 treatment were provided by a person engaged in the practice  
11 of medicine or surgery as licensed under chapter 148 or 150A.  
12 The policy shall provide that the policy holder may reject  
13 the coverage or provision if the coverage or provision for  
14 services which may be provided by an optometrist is rejected  
15 for all providers of similar vision care services as licensed  
16 under chapter 148, 150A, or 154. This subsection applies  
17 to group policies delivered or issued for delivery after July  
18 1, 1983, and to existing group policies on their next  
19 anniversary or renewal date, or upon expiration of the  
20 applicable collective bargaining contract, if any, whichever  
21 is later. This subsection does not apply to blanket, short-  
22 term travel, accident only, limited or specified disease,  
23 or individual or group conversion policies, or policies  
24 designed only for issuance to persons for coverage under Title  
25 XVIII of the Social Security Act, or any other similar coverage  
26 under a state or federal government plan.

27 Sec. 2. Section 514.7, Code 1983, is amended by adding  
28 the following new unnumbered paragraph after unnumbered  
29 paragraph 1.

30 NEW UNNUMBERED PARAGRAPH. A provision shall be available  
31 in approved contracts with hospital and medical service  
32 corporate subscribers under group subscriber contracts or  
33 plans covering vision care services or procedures, for payment  
34 of necessary medical or surgical care and treatment provided  
35 by an optometrist licensed under chapter 154, if the care

1 and treatment are provided within the scope of the  
 2 optometrist's license and if the subscriber contract would  
 3 pay for the care and treatment if it were provided by a person  
 4 engaged in the practice of medicine or surgery as licensed  
 5 under chapter 148 or 150A. The subscriber contract shall  
 6 also provide that the subscriber may reject the coverage or  
 7 provision if the coverage or provision for services which  
 8 may be provided by an optometrist is rejected for all providers  
 9 of similar vision care services as licensed under chapter  
 10 148, 150A, or 154. This paragraph applies to group subscriber  
 11 contracts delivered after July 1, 1983, and to group subscriber  
 12 contracts on their anniversary or renewal date, or upon the  
 13 expiration of the applicable collective bargaining contract,  
 14 if any, whichever is the later. This paragraph does not apply  
 15 to contracts designed only for issuance to subscribers eligible  
 16 for coverage under Title XVIII of the Social Security Act,  
 17 or any other similar coverage under a state or federal  
 18 government plan.

19 Sec. 3. Section 514B.1, subsection 2, Code 1983, is amended  
 20 by adding the following new unnumbered paragraph:

21 NEW UNNUMBERED PARAGRAPH. The health care services  
 22 available to enrollees under prepaid group plans covering  
 23 vision care services or procedures, shall include a provision  
 24 for payment of necessary medical or surgical care and treatment  
 25 provided by an optometrist licensed under chapter 154, if  
 26 performed within the scope of the optometrist's license, and  
 27 the plan would pay for the care and treatment when the care  
 28 and treatment were provided by a person engaged in the practice  
 29 of medicine or surgery as licensed under chapter 148 or 150A.  
 30 The plan shall provide that the plan enrollees may reject  
 31 the coverage for services which may be provided by an  
 32 optometrist if the coverage is rejected for all providers  
 33 of similar vision care services as licensed under chapter  
 34 148, 150A, or 154. This paragraph applies to services provided  
 35 under plans made after July 1, 1983, and to existing group

1 plans on their next anniversary or renewal date, or upon the  
2 expiration of the applicable collective bargaining contract,  
3 if any, whichever is the later. This paragraph does not apply  
4 to enrollees eligible for coverage under Title XVIII of the  
5 Social Security Act or any other similar coverage under a  
6 state or federal government plan.

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SENATE FILE 178

H-3583

1 Amend Senate File 178 as amended, passed and  
2 reprinted by the Senate, as follows:  
3 1. Page 1, lines 5 and 6, by striking the words  
4 "medical or surgical care and treatment" and inserting  
5 in lieu thereof the words "vision care services".  
6 2. Page 1, line 7, by striking the words "care  
7 and treatment" and inserting in lieu thereof the word  
8 "services".  
9 3. Page 1, lines 9 and 10, by striking the words  
10 "care and treatment if the care and treatment" and  
11 inserting in lieu thereof the words "services if the  
12 services".  
13 4. Page 1, line 34, by striking the words "medical  
14 or surgical care and treatment" and inserting in lieu  
15 thereof the words "vision care services".  
16 5. Page 1, line 35, by striking the word "care".  
17 6. Page 2, line 1, by striking the words "and  
18 treatment" and inserting in lieu thereof the word  
19 "services".  
20 7. Page 2, line 3, by striking the words "care  
21 and treatment" and inserting in lieu thereof the word  
22 "services".  
23 8. Page 2, line 24, by striking the words "medical  
24 or surgical care and treatment" and inserting in lieu  
25 thereof the words "vision care services".  
26 9. Page 2, lines 27 and 28, by striking the words  
27 "care and treatment when the care and treatment" and  
28 inserting in lieu thereof the words "services when  
29 the services".

H-3583 FILED APRIL 8, 1983

*4/10 5/14/83 (p. 2160)*

BY COMMITTEE ON SMALL  
BUSINESS AND COMMERCE

SENATE FILE 178

H-3748

1 Amend Senate File 178 as amended, passed, and  
2 reprinted by the Senate as follows:  
3 1. Page 2, line 25, by inserting after the word  
4 "optometrist" the words "who is under contract with  
5 or employed by a health maintenance organization and".

H-3748 FILED APRIL 13, 1983

*4/10 5/14/83 (p. 2160)*

BY HERMANN of Scott

SENATE FILE 178

AN ACT

RELATING TO THE INCLUSION OF OPTOMETRIC SERVICES IN HEALTH INSURANCE POLICIES OR CONTRACTS IF THE VISION CARE SERVICES OR PROCEDURES ARE COVERED WHEN PERFORMED BY OTHER HEALTH CARE PROVIDERS.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

Section 1. Section 509.3, Code 1983, is amended by adding the following new subsection after subsection 4:

NEW SUBSECTION. 4A. A provision shall be made available to policyholders, under group policies covering vision care services or procedures, for payment of necessary medical or surgical care and treatment provided by an optometrist licensed under chapter 154 if the care and treatment are provided within the scope of the optometrist's license and if the policy would pay for the care and treatment if the care and treatment were provided by a person engaged in the practice of medicine or surgery as licensed under chapter 148 or 150A. The policy shall provide that the policyholder may reject the coverage or provision if the coverage or provision for services which may be provided by an optometrist is rejected for all providers of similar vision care services as licensed under chapter 148, 150A, or 154. This subsection applies to group policies delivered or issued for delivery after July 1, 1983, and to existing group policies on their next anniversary or renewal date, or upon expiration of the applicable collective bargaining contract, if any, whichever is later. This subsection does not apply to blanket, short-term travel, accident only, limited or specified disease, or individual or group conversion policies, or policies designed only for issuance to persons for coverage under Title XVIII of the Social Security Act, or any other similar coverage under a state or federal government plan.

Sec. 2. Section 514.7, Code 1983, is amended by adding the following new unnumbered paragraph after unnumbered paragraph 1:

NEW UNNUMBERED PARAGRAPH. A provision shall be available in approved contracts with hospital and medical service corporate subscribers under group subscriber contracts or plans covering vision care services or procedures, for payment of necessary medical or surgical care and treatment provided by an optometrist licensed under chapter 154, if the care and treatment are provided within the scope of the optometrist's license and if the subscriber contract would pay for the care and treatment if it were provided by a person engaged in the practice of medicine or surgery as licensed under chapter 148 or 150A. The subscriber contract shall also provide that the subscriber may reject the coverage or provision if the coverage or provision for services which may be provided by an optometrist is rejected for all providers of similar vision care services as licensed under chapter 148, 150A, or 154. This paragraph applies to group subscriber contracts delivered after July 1, 1983, and to group subscriber contracts on their anniversary or renewal date, or upon the expiration of the applicable collective bargaining contract, if any, whichever is the later. This paragraph does not apply to contracts designed only for issuance to subscribers eligible for coverage under Title XVIII of the Social Security Act, or any other similar coverage under a state or federal government plan.

Sec. 3. Section 514B.1, subsection 2, Code 1983, is amended by adding the following new unnumbered paragraph:

NEW UNNUMBERED PARAGRAPH. The health care services available to enrollees under prepaid group plans covering vision care services or procedures, shall include a provision for payment of necessary medical or surgical care and treatment provided by an optometrist licensed under chapter 154, if performed within the scope of the optometrist's license, and the plan would pay for the care and treatment when the care and treatment were provided by a person engaged in the practice of medicine or surgery as licensed under chapter 148 or 150A. The plan shall provide that the plan enrollees may reject the coverage for services which may be provided by an

optometrist if the coverage is rejected for all providers of similar vision care services as licensed under chapter 148, 150A, or 154. This paragraph applies to services provided under plans made after July 1, 1983, and to existing group plans on their next anniversary or renewal date, or upon the expiration of the applicable collective bargaining contract, if any, whichever is the later. This paragraph does not apply to enrollees eligible for coverage under Title XVIII of the Social Security Act or any other similar coverage under a state or federal government plan.

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ROBERT T. ANDERSON  
President of the Senate

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DONALD D. AVENSON  
Speaker of the House

I hereby certify that this bill originated in the Senate and is known as Senate File 178, Seventieth General Assembly.

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K. MARIE THAYER  
Secretary of the Senate

Approved  \_\_\_\_\_, 1983

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TERRY E. BRANSTAD  
Governor

S-3249  
PAGE 2

1 provision if the coverage or provision is rejected  
2 for all providers of vision care services as licensed  
3 under chapter 148, 150A, or 154. This paragraph  
4 applies to group subscriber contracts delivered after  
5 July 1, 1983, and to group subscriber contracts on  
6 their anniversary or renewal date, or upon the  
7 expiration of the applicable collective bargaining  
8 contract, if any, whichever is the later. This para-  
9 graph does not apply to contracts designed only for  
10 issuance to subscribers eligible for coverage under  
11 Title XVIII of the Social Security Act, or any other  
12 similar coverage under a state or federal government  
13 plan.

14 Sec. 3. Section 514B.1, subsection 2, Code 1983,  
15 is amended by adding the following new unnumbered  
16 paragraph:

17 NEW UNNUMBERED PARAGRAPH: The health care services  
18 available to enrollees under prepaid group plans  
19 covering vision care services or procedures, shall  
20 include a provision for payment of necessary medical  
21 or surgical care and treatment provided by an  
22 optometrist licensed under chapter 154, if performed  
23 within the scope of the optometrist's license, and  
24 the plan would pay for the care and treatment when  
25 the care and treatment were provided by a person  
26 engaged in the practice of medicine or surgery as  
27 licensed under chapter 148 or 150A. The plan shall  
28 provide that the plan enrollees may reject the coverage  
29 if the coverage is rejected for all providers of  
30 vision care services as licensed under chapter 148,  
31 150A, or 154. This paragraph applies to services  
32 provided under plans made after July 1, 1983, and  
33 to existing group plans on their next anniversary  
34 or renewal date, or upon the expiration of the  
35 applicable collective bargaining contract, if any,  
36 whichever is the later. This paragraph does not apply  
37 to enrollees eligible for coverage under Title XVIII  
38 of the Social Security Act or any other similar  
39 coverage under a state or federal government plan."

S-3249 FILED

MARCH 17, 1983

BY COMMITTEE ON COMMERCE

GEORGE KINLEY, CHAIR

*Adopted as amended by 3288  
3/22/83 (p 897)*

SENATE FILE 178

S-3287

- 1 Amend the amendment S-3249 to Senate File 178 as  
2 follows:  
3 1. Page 1, line 19, by inserting after the words  
4 "coverage or provision" the words "which may be pro-  
5 vided by an optometrist".  
6 2. Page 1, line 20, by inserting after the word  
7 "of" the word "similar".

S-3287 FILED & WITHDRAWN  
MARCH 22, 1983 (p. 897)

BY ARTHUR SMALL, JR.

SENATE FILE 178

S-3288

- 1 Amend the amendment S-3249 to Senate File 178 as  
2 follows:  
3 1. Page 1, line 19, by inserting after the words  
4 "coverage or provision", the words "for services which  
5 may be provided by an optometrist".  
6 2. Page 1, line 20, by inserting after the word  
7 "of" the word "similar".  
8 3. Page 2, line 1, by inserting after the words  
9 "or provision" the words "for services which may be  
10 provided by an optometrist".  
11 4. Page 2, line 2, by inserting after the word  
12 "of" the word "similar".  
13 5. Page 2, line 28, by inserting after the word  
14 "coverage" the words "for services which may be  
15 provided by an optometrist".  
16 6. Page 2, line 29, by inserting after the word  
17 "of" the word "similar".

S-3288 FILED & ADOPTED  
MARCH 22, 1983 (p. 897)

BY C. JOSEPH COLEMAN