

# Senate Study Bill 306

## Conference Committee Text

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1 1 Section 1. NEW SECTION. 514F.4 REIMBURSEMENT FOR HEALTH  
1 2 CARE SERVICES.

1 3 1. Nothing contained in Title XIII, subtitle 1, shall be  
1 4 construed to authorize a carrier to deny a claim and refuse to  
1 5 pay benefits under a plan or contract for services provided by  
1 6 a therapeutically certified optometrist licensed under chapter  
1 7 154 not approved under the plan or contract if the cost of  
1 8 such services would be paid if performed by a licensed health  
1 9 care provider approved under the plan or contract.

1 10 Notwithstanding section 514C.6, each policy or contract of a  
1 11 carrier shall include a provision providing for the payment or  
1 12 prepayment of health or medical expenses provided by such  
1 13 therapeutically certified optometrist not approved under the  
1 14 plan or contract if such services would be paid if performed  
1 15 by a licensed health care provider approved under the plan or  
1 16 contract.

1 17 2. Any copayment required under the plan or contract for a  
1 18 covered service provided by a therapeutically certified  
1 19 optometrist not approved under the plan or contract shall  
1 20 remain the same as if the covered service had been provided by  
1 21 an approved licensed health care provider.

1 22 3. Payment for covered services under a plan or contract  
1 23 provided by a therapeutically certified optometrist not  
1 24 approved under the plan or contract shall be for no less than  
1 25 eighty-five percent of the amount which would be paid for such  
1 26 covered services if the services were provided by an approved  
1 27 licensed health care provider.

1 28 4. A carrier shall provide to a prospective insured,  
1 29 subscriber, or enrollee, written information concerning the  
1 30 policy or contract provisions relating to the payment or  
1 31 prepayment of covered services by a therapeutically certified  
1 32 optometrist not approved under the plan or contract.

1 33 5. For purposes of this section, "carrier" means any  
1 34 entity that provides individual or group health benefit plans  
1 35 in this state. For purposes of this section, "carrier"  
2 1 includes an insurance company, a group hospital or medical  
2 2 service corporation, a fraternal benefit society, a health  
2 3 maintenance organization, an organized delivery system  
2 4 licensed by the director of public health, and any other  
2 5 entity providing a plan of health insurance or health benefits  
2 6 subject to state insurance regulation.

2 7 EXPLANATION

2 8 This bill provides that a carrier providing individual or  
2 9 group health benefit plans in this state must provide a  
2 10 provision for the payment or prepayment of health or medical  
2 11 expenses provided by therapeutically certified optometrists  
2 12 licensed under chapter 154 not approved under a plan or  
2 13 contract if such services would be paid if performed by a  
2 14 licensed health care provider approved under the plan or  
2 15 contract. Payment for covered services under a plan or  
2 16 contract provided by a therapeutically certified optometrist  
2 17 not approved under the plan or contract must be for no less  
2 18 than 85 percent of the amount which would be paid for such  
2 19 covered services if the services were provided by an approved  
2 20 licensed health care provider.

2 21 LSB 2594SC 76

