1 A bill to be entitled 2 An act relating to vision care plans; amending ss. 3 627.6474, 636.035, and 641.315, F.S.; providing that a 4 health insurer, a prepaid limited health service 5 organization, and a health maintenance organization, 6 respectively, may not require a licensed 7 ophthalmologist or optometrist to join a network 8 solely for the purpose of credentialing the licensee 9 for another vision network; providing that such 10 insurers and organizations are not prevented by the 11 act from entering into a contract with another vision 12 care plan; providing that such insurers and 13 organizations may not restrict a licensed 14 ophthalmologist, optometrist, or optician to specific 15 suppliers of materials or optical laboratories; providing that such insurers and organizations are not 16 restricted by the act in determining certain amounts 17 of coverage or reimbursement; requiring such insurers' 18 19 and organizations' online vision care network provider 20 directories to be updated monthly; providing that a 21 violation of certain prohibitions in the act 2.2 constitutes a specified unfair insurance trade practice; providing an effective date. 23 24 25 Be It Enacted by the Legislature of the State of Florida:

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CODING: Words stricken are deletions; words underlined are additions.

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Section 1. Subsection (3) is added to section 627.6474, Florida Statutes, to read:

627.6474 Provider contracts.—

- (3) (a) A health insurer may not require an ophthalmologist licensed pursuant to chapter 458 or chapter 459 or an optometrist licensed pursuant to chapter 463 to join a network solely for the purpose of credentialing the licensee for another insurer's vision network. This paragraph does not prevent a health insurer from entering into a contract with another insurer's vision care plan to use the vision network.
- (b) A health insurer may not restrict an ophthalmologist licensed pursuant to chapter 458 or chapter 459, an optometrist licensed pursuant to chapter 463, or an optician licensed pursuant to part I of chapter 484 to specific suppliers of materials or optical laboratories. This paragraph does not restrict a health insurer in determining specific amounts of coverage or reimbursement for the use of network or out-of-network suppliers or laboratories.
- (c) A health insurer's online vision care network provider directory must be updated monthly to reflect the vision care providers currently participating in the health insurer's network.
- (d) A knowing violation of paragraph (a) or paragraph (b) constitutes an unfair insurance trade practice under s. 626.9541(1)(d).
 - Section 2. Subsection (14) is added to section 636.035,

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Florida Statutes, to read:

636.035 Provider arrangements.-

- (14) (a) A prepaid limited health service organization may not require an ophthalmologist licensed pursuant to chapter 458 or chapter 459 or an optometrist licensed pursuant to chapter 463 to join a network solely for the purpose of credentialing the licensee for another organization's vision network. This paragraph does not prevent such organization from entering into a contract with another organization's vision care plan to use the vision network.
- (b) A prepaid limited health service organization may not restrict an ophthalmologist licensed pursuant to chapter 458 or chapter 459, an optometrist licensed pursuant to chapter 463, or an optician licensed pursuant to part I of chapter 484 to specific suppliers of materials or optical laboratories. This paragraph does not restrict such organization in determining specific amounts of coverage or reimbursement for the use of network or out-of-network suppliers or laboratories.
- (c) A prepaid limited health service organization's online vision care network provider directory must be updated monthly to reflect the vision care providers currently participating in the organization's network.
- (d) A knowing violation of paragraph (a) or paragraph (b) constitutes an unfair insurance trade practice under s. 626.9541(1)(d).
 - Section 3. Subsection (12) is added to section 641.315,

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Florida Statutes, to read:

641.315 Provider contracts.

- (12) (a) A health maintenance organization may not require an ophthalmologist licensed pursuant to chapter 458 or chapter 459 or an optometrist licensed pursuant to chapter 463 to join a network solely for the purpose of credentialing the licensee for another organization's vision network. This paragraph does not prevent such organization from entering into a contract with another organization's vision care plan to use the vision network.
- (b) A health maintenance organization may not restrict an ophthalmologist licensed pursuant to chapter 458 or chapter 459, an optometrist licensed pursuant to chapter 463, or an optician licensed pursuant to part I of chapter 484 to specific suppliers of materials or optical laboratories. This paragraph does not restrict such organization in determining specific amounts of coverage or reimbursement for the use of network or out-of-network suppliers or laboratories.
- (c) A health maintenance organization's online vision care network provider directory must be updated monthly to reflect the vision care providers currently participating in the organization's network.
- (d) A knowing violation of paragraph (a) or paragraph (b) constitutes an unfair insurance trade practice under s. 626.9541(1)(d).
 - Section 4. This act shall take effect July 1, 2016.

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