

STATE OF MAINE

IN THE YEAR OF OUR LORD  
TWO THOUSAND AND FIFTEEN

S.P. 310 - L.D. 865

An Act To Protect Vision Care Patients and Providers

Be it enacted by the People of the State of Maine as follows:

**Sec. 1.** 24-A MRSA §4314, sub-§1, ¶¶C to I are enacted to read:

C. "Contractual discount" means a percentage or other reduction from a provider's usual and customary rate for a covered service or covered material required under a participating provider agreement.

D. "Covered material" means a material for which benefits are provided under a health plan that provides coverage for vision care or eye care services or a limited benefit vision insurance plan.

E. "Covered service" means a service for which benefits are provided under a health plan that provides coverage for vision care or eye care services or a limited benefit vision insurance plan.

F. "Limited benefit vision insurance plan" means a plan offered or administered by a carrier that covers only vision care or any other plan offered or administered by a carrier that includes vision care benefits and is not a health plan.

G. "Materials" means ophthalmic devices, including, but not limited to, lenses, devices containing lenses, artificial intraocular lenses, ophthalmic frames and other lens mounting apparatuses, prisms, lens treatments and coating, contact lenses and prosthetic devices to correct, relieve or treat defects or abnormal conditions of the human eye or its adnexa.

H. "Services" means the professional work performed by an eye care provider.

I. "Vision insurance" means a health plan that provides coverage for vision care or eye care services or a limited benefit vision insurance plan.

**Sec. 2.** 24-A MRSA §4314, sub-§3, as enacted by PL 2001, c. 408, §1 and affected by §2, is amended to read:

**3. Prohibitions.** A carrier or a subsidiary or subcontractor of a carrier may not:

A. Impose a deductible or coinsurance for eye care services that is greater than the deductible or coinsurance imposed for other health care services under a health plan;  
or

B. Require an eye care provider to hold hospital privileges as a condition of participation as a provider under a health plan;

C. Require in an agreement with an eye care provider that the eye care provider provide services or materials to an enrollee in a health plan that provides coverage for vision care or eye care services or a limited benefit vision insurance plan at a specified or limited fee unless the services or materials are a covered service or a covered material under the health plan or limited benefit vision insurance plan;

D. Restrict or limit, directly or indirectly, in an agreement with an eye care provider, the eye care provider's choice of sources and suppliers of services or materials provided by the eye care provider to an enrollee or the optical laboratories used by the eye care provider;

E. Change any term, contractual discount or reimbursement rate contained in an agreement with an eye care provider without notice to the eye care provider at least 60 days before the change is implemented;

F. Require in an agreement with an eye care provider that the eye care provider participate in other vision insurance as a condition of joining an insurer's provider network for a health plan that provides coverage for vision care or eye care services or a limited benefit vision insurance plan; or

G. Enter into an agreement with an eye care provider that is longer than 2 years from the date the agreement is first signed.

**Sec. 3. 24-A MRSA §4314, sub-§6** is enacted to read:

**6. Enforcement.** A violation of this section by a carrier or a subsidiary or subcontractor of a carrier is enforced by the superintendent under the authority granted by section 12-A.

**Sec. 4. Application.** The requirements of this Act apply to contracts between an eye care provider and a carrier, as defined in the Maine Revised Statutes, Title 24-A, section 4301-A, subsection 3, or a subsidiary or subcontractor of a carrier executed or renewed on or after January 1, 2016.