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FIRST REPRINT

S.B. 134

SENATE BILL NO. 134—SENATORS SEEVERS GANSERT,  
GOICOECHEA, TITUS, BUCK, STONE; DALY, D. HARRIS AND  
PAZINA

FEBRUARY 13, 2023

JOINT SPONSORS: ASSEMBLYMEN KASAMA; HIBBETTS AND KOENIG

Referred to Committee on Commerce and Labor

SUMMARY—Revises provisions relating to vision insurance.  
(BDR 57-642)

FISCAL NOTE: Effect on Local Government: May have Fiscal Impact.  
Effect on the State: Yes.

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EXPLANATION – Matter in *bolded italics* is new; matter between brackets ~~omitted material~~ is material to be omitted.

AN ACT relating to health care; prohibiting an insurer from entering into a contract with a provider of vision care that contains certain provisions; requiring a provider of vision care to make certain disclosures to a covered person; and providing other matters properly relating thereto.

**Legislative Counsel's Digest:**

1 Existing law prohibits an insurer from entering into a contract with a provider  
2 of vision care that conditions any rate of reimbursement for vision care on the  
3 provider of vision care prescribing certain ophthalmic devices or materials or  
4 increases the rate of reimbursement if the provider of vision care prescribes such  
5 ophthalmic devices or materials. (NRS 686A.135) **Section 1** of this bill additionally  
6 prohibits an insurer from entering into a contract with a provider of vision care that:  
7 (1) authorizes the insurer to set or limit the amount that the provider of vision care  
8 may charge for vision care that is not reimbursed under the contract; or (2) requires  
9 the provider of vision care to use a specific laboratory as the manufacturer of  
10 ophthalmic devices or materials provided to covered persons. **Section 1** requires a  
11 provider of vision care to disclose to any covered person an ownership or pecuniary  
12 interest of the provider in a supplier of ophthalmic devices or materials before the  
13 covered person authorizes the provider to obtain covered eyewear materials from  
14 such a supplier.



\* S B 1 3 4 R 1 \*

THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN  
SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

1     **Section 1.** NRS 686A.135 is hereby amended to read as  
2 follows:

3     686A.135 1. An insurer shall not enter into a contract with a  
4 provider of vision care that ~~conditions~~:

5     (a) *Authorizes the insurer to set or limit the amount that the*  
6 *provider of vision care may charge for vision care that is not*  
7 *reimbursed under the contract;*

8     (b) *Requires the provider of vision care to use a specific*  
9 *laboratory as the manufacturer of ophthalmic devices or materials*  
10 *provided to covered persons; or*

11     (c) *Conditions* any rate of reimbursement for vision care on the  
12 provider of vision care prescribing ophthalmic devices or materials  
13 in which the insurer has an ownership or other pecuniary interest or  
14 increases the rate of reimbursement if the provider of vision care  
15 prescribes such ophthalmic devices or materials.

16     2. Before entering into a contract with a provider of vision care  
17 to include the provider of vision care in the network of an insurer,  
18 the insurer must provide to the provider of vision care a list of the  
19 rates of reimbursement for each service covered by the contract.

20     3. An insurer shall disclose in any policy of insurance that  
21 covers vision care or any description of benefits covered by such a  
22 policy, whether written or electronic, any ownership or other  
23 pecuniary interest of the insurer in a supplier of ophthalmic devices  
24 or materials or a provider of vision care. The disclosure must appear  
25 in a conspicuous and clear manner.

26     4. An insurer that does not provide reimbursement for specific  
27 vision care shall not claim in any advertisement or other material  
28 that the insurer covers that vision care if such vision care is  
29 available at a discount or with a copayment or coinsurance in an  
30 amount that is in addition to the copayment or coinsurance that a  
31 covered person is typically required to pay for covered services.

32     5. *A provider of vision care shall disclose in writing to any*  
33 *covered person under a policy of insurance that covers vision care*  
34 *any ownership or other pecuniary interest of the provider of vision*  
35 *care in a supplier of ophthalmic devices or materials, including,*  
36 *without limitation, a general disclosure of any rebates or rewards*  
37 *programs, before the covered person authorizes the provider of*  
38 *vision care to obtain covered eyewear materials from such a*  
39 *supplier or laboratory that is not contracted with the insurer*  
40 *providing the policy of insurance that covers vision care. The*  
41 *disclosure must appear in a conspicuous and clear manner.*



1 **6. Nothing in this section shall be construed to prohibit a**  
2 **covered person from using an in-network source or supplier of**  
3 **ophthalmic devices or materials as set forth in the covered**  
4 **person's policy of insurance that covers vision care.**

5 **7. As used in this section:**

6 (a) "Provider of vision care" means a physician who provides  
7 vision care or an optometrist.

8 (b) "Vision care" means:

9 (1) Routine ophthalmological evaluation of the eye,  
10 including refraction.

11 (2) Ophthalmic devices or materials, including, without  
12 limitation, lenses, frames, mountings or other specially fabricated  
13 ophthalmic devices.

14 ↪ The term "vision care" does not include the initiation of treatment  
15 or diagnosis pursuant to a program of medical care.

16 **Sec. 2.** The amendatory provisions of section 1 of this act do  
17 not apply to any contract existing on October 1, 2023, between an  
18 insurer and a provider of vision care until the contract is renewed.

