CHAPTER 65

INSURANCE

SENATE BILL 00-095

BY SENATORS Wattenberg, Powers, Chlouber, Feeley, Hernandez, Matsunaka, Phillips, Rupert, and Weddig;
also REPRESENTATIVES George, Alexander, Coleman, Johnson, McElhany, Takis, Bacon, Gordon, Leyba, Plant, Tate, and Tochtrop.

AN ACT

CONCERNING PATIENT ACCESS TO EYE CARE PROVIDERS IN A HEALTH COVERAGE PLAN OR MANAGED CARE PLAN WHEN EYE CARE SERVICES ARE A COVERED BENEFIT OF SUCH PLAN.

Be it enacted by the General Assembly of the State of Colorado:

SECTION 1. 10-16-107, Colorado Revised Statutes, is amended BY THE ADDITION OF A NEW SUBSECTION to read:

10-16-107. Rate regulation - approval of policy forms - benefit certificates - evidences of coverage - loss ratio guarantees - disclosures on treatment of intractable pain. (5.5) (a) NO HEALTH COVERAGE PLAN OR MANAGED CARE PLAN THAT PROVIDES COVERAGE FOR EYE CARE SERVICES SHALL BE ISSUED OR RENEWED AFTER JANUARY 1, 2001, BY ANY ENTITY SUBJECT TO PART 2, 3, OR 4 OF THIS ARTICLE UNLESS SUCH HEALTH COVERAGE PLAN OR MANAGED CARE PLAN:

(I) PROVIDES A COVERED PERSON DIRECT ACCESS TO ANY EYE CARE PROVIDER PARTICIPATING AND AVAILABLE UNDER THE PLAN OR THROUGH ITS EYE CARE SERVICES INTERMEDIARY FOR EYE CARE SERVICES;

(II) ENSURES THAT ALL EYE CARE PROVIDERS ON A HEALTH COVERAGE PLAN OR MANAGED CARE PLAN ARE ANNUALLY INCLUDED ON ANY PUBLICLY ACCESSIBLE LIST OF PARTICIPATING PROVIDERS FOR THE HEALTH COVERAGE PLAN OR MANAGED CARE PLAN; AND

(III) ALLOWS EACH EYE CARE PROVIDER ON A HEALTH COVERAGE PLAN OR MANAGED CARE PLAN PANEL TO FURNISH COVERED EYE CARE SERVICES TO COVERED PERSONS WITHOUT DISCRIMINATION BETWEEN CLASSES OF EYE CARE PROVIDERS, AND TO PROVIDE SUCH SERVICES AS PERMITTED BY THEIR LICENSE.

Capital letters indicate new material added to existing statutes; dashes through words indicate deletions from existing statutes and such material not part of act.

(b) A HEALTH COVERAGE PLAN OR MANAGED CARE PLAN SHALL NOT:

(I) IMPOSE A DEDUCTIBLE OR COINSURANCE FOR EYE CARE SERVICES THAT IS GREATER THAN THE DEDUCTIBLE OR COINSURANCE IMPOSED FOR OTHER MEDICAL SERVICES UNDER THE HEALTH COVERAGE PLAN OR MANAGED CARE PLAN;

(II) REQUIRE AN EYE CARE PROVIDER TO HOLD HOSPITAL PRIVILEGES AS A CONDITION OF PARTICIPATION AS A PROVIDER UNDER THE HEALTH COVERAGE PLAN OR MANAGED CARE PLAN, UNLESS AN EYE CARE PROVIDER IS LICENSED PURSUANT TO ARTICLE 36 OF TITLE 12, C.R.S.; OR

(III) IMPOSE PENALTIES UPON PRIMARY CARE PROVIDERS AS A RESULT OF THE DIRECT ACCESS PROVISIONS OF THIS SUBSECTION (5.5).

(c) NOTHING IN THIS SUBSECTION (5.5) SHALL BE CONSTRUED AS:

(I) CREATING COVERAGE FOR ANY HEALTH CARE SERVICE THAT IS NOT OTHERWISE COVERED UNDER THE TERMS OF THE HEALTH COVERAGE PLAN OR MANAGED CARE PLAN;

(II) REQUIRING A HEALTH COVERAGE PLAN OR MANAGED CARE PLAN TO INCLUDE AS A PARTICIPATING PROVIDER EVERY WILLING PROVIDER OR HEALTH PROFESSIONAL WHO MEETS THE TERMS AND CONDITIONS OF THE HEALTH COVERAGE PLAN OR MANAGED CARE PLAN;

(III) PREVENTING A COVERED PERSON FROM SEEKING EYE CARE SERVICES FROM THE COVERED PERSON'S PRIMARY CARE PROVIDER IN ACCORDANCE WITH THE TERMS OF THE COVERED PERSON'S HEALTH COVERAGE PLAN OR MANAGED CARE PLAN;

(IV) INCREASING OR DECREASING THE SCOPE OF THE PRACTICE OF OPTOMETRY AS DEFINED IN SECTION 12-40-102, C.R.S.;

(V) REQUIRING EYE CARE SERVICES TO BE PROVIDED IN A HOSPITAL OR SIMILAR MEDICAL FACILITY; OR

(VI) PROHIBITING A HEALTH COVERAGE PLAN OR MANAGED CARE PLAN FROM REQUIRING A COVERED PERSON TO RECEIVE A REFERRAL OR PRIOR AUTHORIZATION FROM A PRIMARY CARE PROVIDER FOR ANY SUBSEQUENT SURGICAL PROCEDURES.

(d) AS USED IN THIS SUBSECTION (5.5), UNLESS THE CONTEXT OTHERWISE REQUIRES:

(I) "EYE CARE PROVIDER" MEANS A PARTICIPATING PROVIDER WHO IS AN OPTOMETRIST LICENSED TO PRACTICE OPTOMETRY PURSUANT TO ARTICLE 40 OF TITLE 12, C.R.S., OR AN OPHTHALMOLOGIST LICENSED TO PRACTICE MEDICINE PURSUANT TO ARTICLE 36 OF TITLE 12, C.R.S.

(II) "EYE CARE SERVICES" MEANS THOSE HEALTH CARE SERVICES RELATED TO THE EXAMINATION, DIAGNOSIS, TREATMENT, AND MANAGEMENT OF CONDITIONS AND DISEASES OF THE EYE AND RELATED STRUCTURES THAT A MANAGED CARE PLAN IS

OBLIGATED TO PAY, REIMBURSE, ARRANGE, OR PROVIDE FOR COVERED PERSONS OR ORGANIZATIONS AS SPECIFIED BY A HEALTH COVERAGE PLAN OR MANAGED CARE PLAN, EXCLUDING THOSE HEALTH CARE SERVICES RENDERED IN CONJUNCTION WITH A ROUTINE VISION EXAMINATION OR THE FILLING OF PRESCRIPTIONS FOR CORRECTIVE EYEWEAR.

SECTION 2. Safety clause. The general assembly hereby finds, determines, and declares that this act is necessary for the immediate preservation of the public peace, health, and safety.

Approved: March 27, 2000