

AMENDMENTS TO SENATE BILL NO. 257

Sponsor: SENATOR WARD

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1 Amend Bill, page 2, line 5, by striking out "services" where
2 it occurs the first time

3 Amend Bill, page 2, line 5, by inserting after "services"
4 where it occurs the second time
5 and materials

6 Amend Bill, page 2, line 6, by striking out "an insured's"
7 and inserting
8 a health insurance

9 Amend Bill, page 2, lines 11 through 30; page 3, lines 1
10 through 3; by striking out all of said lines on said pages and
11 inserting

12 "Department." The Insurance Department of the Commonwealth.
13 "Insured." An individual on whose behalf a health insurer is
14 obligated to pay for vision care under a health insurance
15 policy.

16 Amend Bill, page 3, line 4, by striking out "Insurance" and
17 inserting
18 Health insurance

19 Amend Bill, page 3, line 5, by inserting after "policy,"
20 subscriber

21 Amend Bill, page 3, line 5, by inserting after "contract"
22 , certificate

23 Amend Bill, page 3, lines 5 through 8, by striking out ", a"
24 in line 5, all of lines 6 and 7 and "provider." in line 8 and
25 inserting

1 that provides covered vision care. For purposes of this
2 article, the term includes vision only insurance coverage.

3 Amend Bill, page 3, lines 13 through 15, by striking out all
4 of said lines and inserting

5 "Health insurer." An entity licensed by the department with
6 an accident and health authority to issue a policy, subscriber
7 contract, certificate or plan that provides medical or health
8 care coverage, including vision coverage, and is offered or
9 governed under any of the following:

10 Amend Bill, page 3, line 16, by striking out "This act" and
11 inserting

12 Section 630, Article XXIV or other provision of this act

13 Amend Bill, page 3, lines 23 through 28, by striking out all
14 of said lines

15 Amend Bill, page 4, lines 5 and 6, by striking out "services,
16 materials or both by an eye care" in line 5 and all of line 6
17 and inserting

18 vision care.

19 "Noncovered services." Vision care that is not covered but
20 for which a discount may be provided under the terms of a health
21 insurance policy.

22 Amend Bill, page 4, lines 15 through 30; page 5, lines 1
23 through 30; page 6, lines 1 through 12; by striking out all of
24 said lines on said pages and inserting

25 "Vision care supplier." A person or entity, other than a
26 vision care provider, that creates, promotes, sells, provides,
27 advertises or administers vision care, including an optical
28 laboratory. The term includes persons or entities affiliated
29 with a health insurer.

30 Section 2703. Vision care provider and vision care supplier.

31 A health insurance policy shall allow an insured who receives
32 vision care from an in-network vision care provider to select an
33 out-of-network vision care supplier for related vision care on
34 the recommendation or referral of the in-network vision care
35 provider, provided that the in-network vision care provider
36 gives to the insured, prior to recommending, referring,
37 prescribing or ordering any vision care from the out-of-network
38 vision care supplier, written notice that:

39 (1) The out-of-network vision care supplier is not an
40 in-network vision care supplier.

1 (2) The insured has the option of selecting an in-
2 network vision care supplier.

3 (3) The insured may have different financial obligations
4 depending on whether the vision care supplier is in-network
5 or out-of-network.

6 Section 2704. Discount access.

7 A health insurance policy providing discounts for noncovered
8 services provided by a vision care provider shall allow the
9 vision care provider to opt out of the contractual obligation to
10 provide such discounts, provided that the vision care provider
11 provides written disclosure to the insured that the vision care
12 provider does not participate in the insured's discount program.

13 Section 2705. Enforcement.

14 (a) Scope.--The department may investigate and enforce the
15 provisions of this article only insofar as the actions or
16 inactions being investigated relate to coverage under a health
17 insurance policy.

18 (b) Commissioner power.--Upon satisfactory evidence of a
19 violation of this article within the scope of the department's
20 investigative and enforcement authority under subsection (a),
21 the commissioner may, in the commissioner's discretion, impose
22 any of the penalties specified in section 5 of the act of June
23 25, 1997 (P.L.295, No.29), known as the Pennsylvania Health Care
24 Insurance Portability Act.

25 (c) Remedies cumulative.--The enforcement remedies imposed
26 under this section are in addition to any other remedies or
27 penalties that may be imposed under any other applicable law of
28 this Commonwealth, including the act of July 22, 1974 (P.L.589,
29 No.205), known as the Unfair Insurance Practices Act. A
30 violation of this article shall be deemed to be an unfair method
31 of competition and an unfair or deceptive act or practice under
32 the Unfair Insurance Practices Act.

33 (d) Administrative procedure.--The administrative provisions
34 of this section shall be subject to 2 Pa.C.S. Ch. 5 Subch. A
35 (relating to practice and procedure of Commonwealth agencies). A
36 party against whom penalties are assessed in an administrative
37 action may appeal to Commonwealth Court as provided in 2 Pa.C.S.
38 Ch. 7 Subch. A (relating to judicial review of Commonwealth
39 agency action).

40 (e) Enforcement remedies.--The enforcement remedies imposed
41 under this section shall be in addition to any other remedies or
42 penalties that may be imposed under the laws of this
43 Commonwealth.

44 Section 2706. Regulations.

45 The department may promulgate regulations as may be necessary
46 or appropriate to implement this article.

47 Section 2707. Applicability.

48 This act shall apply as follows:

49 (1) For health insurance policies for which either rates
50 or forms are required to be filed with Federal Government or
51 the Insurance Department, this act shall apply to any policy

1 for which a form or rate is first filed on or after the
2 effective date of this section.

3 (2) For health insurance policies for which neither
4 rates nor forms are required to be filed with the Federal
5 Government or the Insurance Department, this act shall apply
6 to any policy issued or renewed on or after 180 days after
7 the effective date of this section.