

BILL ANALYSIS

Senate Research Center
88R2521 CJD-F

S.B. 861
By: Hughes
Health & Human Services
4/6/2023
As Filed

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

S.B. 861 will allow optometrists and ophthalmologists to coordinate the benefit plans of patients in instances where a patient has coverage with more than one benefit plan.

Commonly, a patient will have medical insurance with a medical benefit plan and a vision care benefit from a separate vision benefit plan company. But some vision benefit plan companies do not allow patients to have their benefits coordinated with a patient's medical plan.

Existing statutes and regulations define how benefits are coordinated between two medical and two dental plans. But statute does not exist for the specific scenarios involving how vision benefit plans should coordinate benefits with medical insurance plans.

S.B. 861 will help patients by making it easier for them to use all of their coverages up to their coverage limits at the time of service without having to make multiple visits to the eye doctor or paying multiple co-pays, deductibles, and co-insurance amounts when coordination should be available to that patient.

S.B. 861 will improve the overall experience for patients by reducing plan coverage confusion and up-front costs and will also make doctors able to serve patients more efficiently.

As proposed, S.B. 861 amends current law relating to coordination of vision and eye care benefits under certain insurance policies and vision plans.

RULEMAKING AUTHORITY

This bill does not expressly grant any additional rulemaking authority to a state officer, institution, or agency.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Chapter 1203, Insurance Code, by adding Subchapter C, as follows:

SUBCHAPTER C. VISION AND EYE CARE BENEFITS

Sec. 1203.101. DEFINITIONS. Defines "benefit plan," "benefit plan provider," and "eye care expenses."

Sec. 1203.102. APPLICABILITY OF SUBCHAPTER. Provides that this subchapter applies only to an insurance policy, vision benefit plan, or vision discount plan that provides or arranges for benefits for vision or medical eye care services, procedures, or products, including an individual, group, blanket, or franchise insurance policy or insurance agreement, a group hospital service contract, a vision benefit plan, or a vision discount plan offered by certain entities.

Sec. 1203.103. COORDINATION OF BENEFITS BETWEEN MULTIPLE PLANS. (a) Provides that this section applies if a benefit plan enrollee is covered by at least two different benefit plans that provide benefits for eye care expenses.

(b) Requires the benefit plan provider to whom a claim for reimbursement for eye care expenses is initially submitted to reimburse for all eye care expenses covered under the plan up to the full amount of any coverage limit applicable to the covered eye care expenses.

(c) Requires a benefit plan provider to whom a claim for reimbursement for eye care expenses is subsequently submitted to reimburse for all eye care expenses covered under the plan that are not reimbursed by a benefit plan provider to whom a claim for reimbursement was previously submitted.

(d) Requires each benefit plan provider to provide a summary of eye care expenses accepted and denied under the plan to the enrollee and the practitioner who provided the eye care services. Requires that the summary be accessible online to the enrollee and the practitioner.

Sec. 1203.104. CERTAIN COORDINATION OF BENEFITS PROVISIONS PROHIBITED. Prohibits a benefit plan from being delivered, issued for delivery, or renewed in this state if:

(1) a provision of the plan excludes or reduces the payment of benefits for eye care expenses to or on behalf of an enrollee;

(2) the reason for the exclusion or reduction is that eye care benefits are payable or have been paid to or on behalf of the enrollee under another benefit plan; and

(3) the exclusion or reduction would apply before the full amount of the eye care expenses incurred by the enrollee and covered by both plans have been paid or reimbursed or the full amount of the applicable coverage limit of the plan containing the exclusion or reduction is reached.

Sec. 1203.105. CERTAIN COORDINATION OF BENEFITS PROVISIONS VOID. Provides that a provision of a benefit plan that violates this subchapter is void.

SECTION 2. Makes application of this Act prospective to January 1, 2024.

SECTION 3. Effective date: September 1, 2023.