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RH/CL

P.L.2017, CHAPTER 264, *approved January 8, 2018*  
Assembly, No. 2336 (*Second Reprint*)

1 AN ACT concerning optometrists and vision care plans and  
2 supplementing P.L.1997, c.192 (C.26:2S-1 et seq.).  
3

4 **BE IT ENACTED** by the Senate and General Assembly of the State  
5 of New Jersey:  
6

7 1. a. A carrier shall not require an optometrist to participate in  
8 a vision care plan as a condition for entering into a contract with  
9 that carrier for the provision of medically necessary physician  
10 services within the scope of practice of an optometrist <sup>1</sup>**【when those**  
11 **services are provided as a health benefit for covered persons】** <sup>1</sup>.

12 b. <sup>1</sup>**【For purposes of this section, “vision care plan” means an**  
13 **organization with which a carrier subcontracts to provide or**  
14 **administer supplemental vision or medically necessary physician**  
15 **services within the scope of practice of an optometrist, or both, to**  
16 **covered persons on behalf of the carrier.**

17 c. <sup>1</sup>**【** Nothing in this section shall be construed to prevent a  
18 carrier from entering into a contract with a vision care plan.  
19

20 <sup>1</sup>2. a. No contract between a carrier or a vision care plan and a  
21 vision care provider may seek to or require that a vision care  
22 provider provide services or materials at a fee limited or set by the  
23 carrier or vision care plan unless the services or materials are  
24 reimbursed as covered services or covered materials under the  
25 contract.

26 b. A vision care provider shall not charge more for services and  
27 materials that are noncovered services or noncovered materials to  
28 an enrollee of a vision care plan or carrier than the provider’s usual  
29 and customary rate for those services and materials. <sup>1</sup>  
30

31 <sup>1</sup>3. <sup>2</sup>**【a.】** No contract between a carrier or vision care plan and  
32 a vision care provider shall restrict or limit, either directly or  
33 indirectly, the vision care provider’s choice of sources and suppliers  
34 of services or materials or use of optical labs provided by the vision  
35 care provider to an enrollee.

36 <sup>2</sup>**【b.No carrier or vision care plan shall change the terms,**  
37 **contractual discounts or reimbursement rates contained therein**

**EXPLANATION – Matter enclosed in bold-faced brackets **【thus】** in the above bill is not enacted and is intended to be omitted in the law.**

**Matter underlined thus is new matter.**

**Matter enclosed in superscript numerals has been adopted as follows:**

<sup>1</sup>Assembly AFI committee amendments adopted June 1, 2017.

<sup>2</sup>Assembly floor amendments adopted June 8, 2017.

1 without a signed acknowledgement of written contract concerning  
2 the change from the vision care provider.<sup>1</sup>】<sup>2</sup>

3

4 <sup>1</sup>4. As used in this act:

5 “Contractual discount” means a reduction from a vision care  
6 provider’s usual and customary rate for covered services and  
7 materials required under a participating provider agreement.

8 “Covered materials” means materials for which reimbursement  
9 from the carrier or vision care plan is provided to a vision care  
10 provider by a covered person’s plan contract, or for which a  
11 reimbursement would be available but for the application of the  
12 enrollee’s contractual limitations of deductibles, copayments, or  
13 coinsurance.

14 “Covered services” means services for which reimbursement  
15 from the carrier or vision care plan is provided to a vision care  
16 provider by an enrollee’s plan contract, or for which a  
17 reimbursement would be available but for the application of the  
18 enrollee’s contractual limitations of deductibles, copayments, or  
19 coinsurance.

20 “Materials” means ophthalmic devices including but not limited  
21 to lenses, devices containing lenses, <sup>2</sup>【artificial intraocular  
22 lenses,】<sup>2</sup> ophthalmic frames and other lens mounting apparatus,  
23 prisms, lens treatments and coatings contact lenses, and prosthetic  
24 devices to correct, relieve, or treat defects or abnormal conditions  
25 of the human eye or its adnexa.

26 “Services” means the professional work performed by a vision  
27 care provider.

28 “Vision care plan” means an entity that creates, promotes, sells,  
29 provides, advertises or administers, an integrated or stand-alone  
30 vision benefit plan, or a vision care insurance policy or contract  
31 which provides vision or medically necessary benefits to an enrollee  
32 pertaining to the provision of covered services or covered materials.

33 “Vision care provider” means a licensed doctor of optometry  
34 practicing under the authority of R.S.45:12-1 et seq. or a licensed  
35 medical or osteopathic doctor practicing under the authority of  
36 R.S.45:9-1 et seq. that has also completed a residency in  
37 ophthalmology.<sup>1</sup>

38

39 <sup>1</sup>【2.】 5.<sup>1</sup> This act shall take effect on the 120th day next  
40 following enactment.

41

42

43

44

45 Prohibits health insurance carriers from requiring optometrists to  
46 become providers with vision care plans as condition of becoming  
47 providers in carriers’ panel of providers; prohibits certain practices  
48 under vision care provider contracts.

# ASSEMBLY, No. 2336

## STATE OF NEW JERSEY 217th LEGISLATURE

INTRODUCED FEBRUARY 4, 2016

**Sponsored by:**

**Assemblyman DANIEL R. BENSON**

**District 14 (Mercer and Middlesex)**

**Assemblyman JON M. BRAMNICK**

**District 21 (Morris, Somerset and Union)**

**SYNOPSIS**

Prohibits health insurance carriers from requiring optometrists to become providers with vision care plans as condition of becoming providers in carriers' panel of providers.

**CURRENT VERSION OF TEXT**

As introduced.



(Sponsorship Updated As Of: 5/19/2017)

1 AN ACT concerning optometrists and vision care plans and  
2 supplementing P.L.1997, c.192 (C.26:2S-1 et seq.).  
3

4 **BE IT ENACTED** *by the Senate and General Assembly of the State*  
5 *of New Jersey:*  
6

7 1. a. A carrier shall not require an optometrist to participate in a  
8 vision care plan as a condition for entering into a contract with that  
9 carrier for the provision of medically necessary physician services  
10 within the scope of practice of an optometrist when those services are  
11 provided as a health benefit for covered persons.

12 b. For purposes of this section, “vision care plan” means an  
13 organization with which a carrier subcontracts to provide or administer  
14 supplemental vision or medically necessary physician services within  
15 the scope of practice of an optometrist, or both, to covered persons on  
16 behalf of the carrier.

17 c. Nothing in this section shall be construed to prevent a carrier  
18 from entering into a contract with a vision care plan.  
19

20 2. This act shall take effect on the 120th day next following  
21 enactment.  
22  
23

24 STATEMENT  
25

26 This bill prohibits health insurance carriers from requiring  
27 optometrists to accept a contract with a vision care plan as a  
28 condition for participation in the carrier’s provider networks for the  
29 provision of medically necessary physician services within the  
30 scope of practice of an optometrist. Nothing in the bill is to be  
31 construed to prevent a carrier from entering into a contract with a  
32 vision care plan.

33 Currently, optometrists may be required by health insurance  
34 carriers to accept a contract with a vision care plan in order to be  
35 part of the provider network for the provision of medically  
36 necessary physician services within the scope of practice of an  
37 optometrist, while the same requirement is not applied to other eye  
38 care providers.

ASSEMBLY FINANCIAL INSTITUTIONS AND INSURANCE  
COMMITTEE

STATEMENT TO  
ASSEMBLY, No. 2336

with committee amendments

**STATE OF NEW JERSEY**

DATED: JUNE 1, 2017

The Assembly Financial Institutions and Insurance Committee reports favorably and with committee amendments Assembly Bill No. 2336.

As amended, this bill prohibits health insurance carriers from requiring optometrists to accept a contract with a vision care plan as a condition for participation in the carrier's provider networks for the provision of medically necessary physician services within the scope of practice of an optometrist. Nothing in the bill is to be construed to prevent a carrier from entering into a contract with a vision care plan.

Currently, optometrists may be required by health insurance carriers to accept a contract with a vision care plan in order to be part of the provider network for the provision of medically necessary physician services within the scope of practice of an optometrist, while the same requirement is not applied to other eye care providers.

Some vision care plans may have requirements that an optometrist may not be able satisfy such as providing retail services or dispensing of lenses or frames. Some optometrists only provide medical eye care services. Patients may be denied the freedom to choose an optometrist for necessary medical eye care if an optometrist is denied participation in the carrier's provider network, resulting in duplication of services and increased costs.

The bill further provides that:

(1) No contract between a carrier or a vision care plan and a vision care provider may seek to or require that a vision care provider provide services or materials at a fee limited or set by the carrier or vision care plan unless the services or materials are reimbursed as covered services or covered materials under the contract; and

(2) A vision care provider shall not charge more for services and materials that are noncovered services or noncovered materials to an enrollee of a vision care plan or carrier than the provider's usual and customary rate for those services and materials.

In addition, the bill provides that:

(1) No contract between a carrier or vision care plan and a vision care provider shall restrict or limit, either directly or indirectly, the vision care provider's choice of sources and suppliers of services or materials or use of optical labs provided by the vision care provider to an enrollee.

(2) No carrier or vision care plan shall change the terms, contractual discounts or reimbursement rates contained therein without a signed acknowledgement of written contract concerning the change from the vision care provider.

COMMITTEE AMENDMENTS:

The committee amended the bill to provide:

- No contract between a carrier or a vision care plan and a vision care provider may seek to or require that a vision care provider provide services or materials at a fee limited or set by the carrier or vision care plan unless the services or materials are reimbursed as covered services or covered materials under the contract.
- A vision care provider shall not charge more for services and materials that are noncovered services or noncovered materials to an enrollee of a vision care plan or carrier than the provider's usual and customary rate for those services and materials.
- No contract between a carrier or vision care plan and a vision care provider shall restrict or limit, either directly or indirectly, the vision care provider's choice of sources and suppliers of services or materials or use of optical labs provided by the vision care provider to an enrollee.
- No carrier or vision care plan shall change the terms, contractual discounts or reimbursement rates contained therein without a signed acknowledgement of written contract concerning the change from the vision care provider.



STATEMENT TO  
[First Reprint]  
**ASSEMBLY, No. 2336**

with Assembly Floor Amendments  
(Proposed by Assemblyman BENSON)

ADOPTED: JUNE 8, 2017

These amendments remove from the bill a requirement that a carrier or a vision care plan must obtain a signed acknowledgement of written contract change from vision care providers, in order to change the terms, contractual discounts or reimbursement rates contained in a contract. The amendments also delete “artificial intraocular lenses” from the definition of materials.

# SENATE, No. 3108

## STATE OF NEW JERSEY 217th LEGISLATURE

INTRODUCED MAY 1, 2017

**Sponsored by:**

**Senator NICHOLAS P. SCUTARI**

**District 22 (Middlesex, Somerset and Union)**

**Senator GERALD CARDINALE**

**District 39 (Bergen and Passaic)**

**SYNOPSIS**

Prohibits health insurance carriers from requiring optometrists to become providers with vision care plans as condition of becoming providers in carriers' panel of providers.

**CURRENT VERSION OF TEXT**

As introduced.



1 AN ACT concerning optometrists and vision care plans and  
2 supplementing P.L.1997, c.192 (C.26:2S-1 et seq.).  
3

4 **BE IT ENACTED** *by the Senate and General Assembly of the State*  
5 *of New Jersey:*  
6

7 1. a. A carrier shall not require an optometrist to participate in a  
8 vision care plan as a condition for entering into a contract with that  
9 carrier for the provision of medically necessary physician services  
10 within the scope of practice of an optometrist when those services are  
11 provided as a health benefit for covered persons.

12 b. For purposes of this section, “vision care plan” means an  
13 organization with which a carrier subcontracts to provide or administer  
14 supplemental vision or medically necessary physician services within  
15 the scope of practice of an optometrist, or both, to covered persons on  
16 behalf of the carrier.

17 c. Nothing in this section shall be construed to prevent a carrier  
18 from entering into a contract with a vision care plan.  
19

20 2. This act shall take effect on the 120th day next following  
21 enactment.  
22  
23

24 STATEMENT  
25

26 This bill prohibits health insurance carriers from requiring  
27 optometrists to accept a contract with a vision care plan as a  
28 condition for participation in the carrier’s provider networks for the  
29 provision of medically necessary physician services within the  
30 scope of practice of an optometrist. Nothing in the bill is to be  
31 construed to prevent a carrier from entering into a contract with a  
32 vision care plan.

33 Currently, optometrists may be required by health insurance  
34 carriers to accept a contract with a vision care plan in order to be  
35 part of the provider network for the provision of medically  
36 necessary physician services within the scope of practice of an  
37 optometrist, while the same requirement is not applied to other eye  
38 care providers.

# SENATE COMMERCE COMMITTEE

## STATEMENT TO

### **SENATE, No. 3108**

with committee amendments

# **STATE OF NEW JERSEY**

DATED: DECEMBER 4, 2017

The Senate Commerce Committee reports favorably and with committee amendments Senate Bill No. 3108.

This bill, as amended, prohibits health insurance carriers from requiring optometrists to accept a contract with a vision care plan as a condition for participation in the carrier's provider networks for the provision of medically necessary physician services within the scope of practice of an optometrist. Nothing in the bill is to be construed to prevent a carrier from entering into a contract with a vision care plan.

Currently, optometrists may be required by health insurance carriers to accept a contract with a vision care plan in order to be part of the provider network for the provision of medically necessary physician services within the scope of practice of an optometrist, while the same requirement is not applied to other eye care providers.

The bill further provides that:

(1) No contract between a carrier or a vision care plan and a vision care provider may seek to or require that a vision care provider provide services or materials at a fee limited or set by the carrier or vision care plan unless the services or materials are reimbursed as covered services or covered materials under the contract;

(2) A vision care provider shall not charge more for services and materials that are noncovered services or noncovered materials to an enrollee of a vision care plan or carrier than the provider's usual and customary rate for those services and materials; and

(3) No contract between a carrier or vision care plan and a vision care provider shall restrict or limit, either directly or indirectly, the vision care provider's choice of sources and suppliers of services or materials or use of optical labs provided by the vision care provider to an enrollee.

#### COMMITTEE AMENDMENTS:

The committee amended the bill to provide:

- No contract between a carrier or a vision care plan and a vision care provider may seek to or require that a vision care provider

provide services or materials at a fee limited or set by the carrier or vision care plan unless the services or materials are reimbursed as covered services or covered materials under the contract.

- A vision care provider shall not charge more for services and materials that are noncovered services or noncovered materials to an enrollee of a vision care plan or carrier than the provider's usual and customary rate for those services and materials.

- No contract between a carrier or vision care plan and a vision care provider shall restrict or limit, either directly or indirectly, the vision care provider's choice of sources and suppliers of services or materials or use of optical labs provided by the vision care provider to an enrollee