Sen. Cristina Castro

Filed: 5/15/2026

AMENDMENT TO SENATE BILL 3707

AMENDMENT NO. _____. Amend Senate Bill 3707 by replacing everything after the enacting clause with the following:

"Section 5. The Vision Care Plan Regulation Act is amended by changing Sections 5, 10, 15, 20, 35, and 40 and by adding Sections 17, 18, 45, 50, and 55 as follows:

(215 ILCS 161/5)

Sec. 5. Definitions. As used in this Act:

"Administrator" has the meanings given to that term in Sections 370g and 511.101 of the Illinois Insurance Code.

"Affiliate" has the meaning given to that term in subsection (a) of Section 131.1 of the Illinois Insurance Code.

"Covered materials" means materials for which reimbursement from an enrollee's ~~the~~ vision care plan is provided to an eye care provider or for which reimbursement is

provided to ~~by~~ an enrollee under a vision care ~~enrollee's~~ plan ~~contract or for which a reimbursement would be available~~ but for the application of the enrollee's plan ~~contractual~~ limitation of deductibles, copayments, or coinsurance. ~~"Covered materials" includes lens treatment or coatings added to a spectacle lens if the base spectacle lens is a covered material.~~

"Covered services" means services for which reimbursement from an enrollee's ~~the~~ vision care plan is provided to an eye care provider or for which reimbursement is provided to ~~by~~ an enrollee under a vision care ~~enrollee's~~ plan ~~contract or for which a reimbursement would be available~~ but for the application of the enrollee's ~~contractual~~ plan limitation of deductibles, copayments, or coinsurance regardless of how the benefits are listed in an enrollee's ~~benefit~~ plan's definition of benefits.

"Enrollee" means any individual enrolled in a vision care plan provided by a group, employer, or other entity that purchases or supplies coverage for a vision care plan.

"Excepted benefits" has the meaning given to that term in subsection (c) of Section 2791 of the federal Public Health Service Act (42 U.S.C. 300gg-91(c)) and federal regulations promulgated in accordance with that subsection.

"Eye care provider" means a doctor of optometry licensed pursuant to the Illinois Optometric Practice Act of 1987 or a physician licensed to practice medicine in all of its branches

pursuant to the Medical Practice Act of 1987.

"Fee schedule" means documents that provide the predetermined rates or allowed amounts for covered services and covered materials, paid to the eye care provider by the vision care organization.

"Health insurance coverage" has the meaning given to that term in Section 5 of the Illinois Health Insurance Portability and Accountability Act.

"Health insurance issuer" or "issuer" has the meaning given to that term in Section 5 of the Illinois Health Insurance Portability and Accountability Act.

"Materials" means ophthalmic devices, including, but not limited to:

(i) lenses, devices containing lenses, ophthalmic frames, and other lens mounting apparatus, prisms, lens treatments, and coatings;

(ii) contact lenses and prosthetic devices that correct, relieve, or treat defects or abnormal conditions of the human eye or adnexa; and

(iii) any devices that deliver medication or other therapeutic treatment to the human eye or adnexa.

"Provider agreement" means the contractual relationship between a vision care organization and an eye care provider setting forth the terms and conditions under which covered services and covered materials are provided to an enrollee under the vision care plan, including but not limited to,

provider manuals, policies and procedures, fee schedules, dispute resolution processes, and any documents incorporated by reference.

"Services" means the professional work performed by an eye care provider.

"Subcontractor" means any company, group, affiliate, or third-party entity, including agents or ~~,~~ servants, that performs or administers functions or services on behalf of the vision care organization to execute or~~, partially owned or wholly owned subsidiaries and controlled organizations, that the vision care plan contracts with to supply services or materials for an eye care provider or enrollee to~~ fulfill the benefit plan of a vision care plan or a vision care discount plan. The location of the person's or entity's domicile, whether in Illinois or a foreign or alien jurisdiction, does not affect the person's or entity's status as a subcontractor.

"Vision care discount plan" means a policy, contract, or agreement offered by a vision care organization to an enrollee that solely provides for a discount for noncovered vision care services or materials.

"Vision care organization" means an administrator or issuer ~~entity~~ formed under the laws of this State or another state that issues or administers a vision care plan.

"Vision care plan" means a policy, certificate, contract, or other plan of health insurance coverage, whether excepted benefits or any other coverage that ~~creates, promotes, sells,~~

~~provides, advertises, or administers an integrated or stand-alone plan that~~ provides coverage for covered services and covered materials.

(Source: P.A. 103-482, eff. 8-4-23; 104-417, eff. 8-15-25.)

(215 ILCS 161/10)

Sec. 10. Noncovered services.

(a) No vision care organization that issues, delivers, amends, or renews a provider agreement ~~vision care plan~~ on or after the effective date of this amendatory Act of the 104th General Assembly shall issue a contract that requires an eye care provider, as a condition of participation in the vision care plan, to provide services or materials to an enrollee at a fee set by the vision care plan unless the services or materials are covered services or covered materials under the vision care plan. De minimis reimbursements shall not qualify a service or material as a covered service or a covered material under this Act.

(b) An eye care provider who chooses not to accept as payment an amount set by a vision care plan for services or materials that are not covered services or covered materials shall post, in a conspicuous place, a notice stating the following: "IMPORTANT: In accordance with State law, this ~~This~~ eye care provider may choose ~~does~~ not to accept discounts ~~the fee schedule~~ set by your insurer for noncovered ~~vision care~~ services and noncovered ~~vision care~~ materials ~~that are not~~

~~covered benefits under your plan and instead charges his or her normal fee for those services and materials~~. However, ~~This eye care provider will provide you with~~ an estimated cost for each noncovered service or noncovered material will be made available upon your request."

(Source: P.A. 103-482, eff. 8-4-23.)

(215 ILCS 161/15)

Sec. 15. Fees for covered services and covered materials.

(a) Fees paid under a vision care plan for covered services and covered materials, regardless of the supplier or optical lab used to obtain materials, shall be reasonable and shall be clearly listed on a fee schedule that has been provided to the eye care provider before entering into a provider agreement ~~contract~~ with the vision care organization. Fees paid for materials supplied by a non-network lab are not required to be identical to fees paid for materials ordered through a network lab, but non-network lab fees shall be reasonable.

(b) A vision care organization shall, before entering into a provider agreement, inform the eye care provider by email or, if requested by the eye care provider, by mail, on how to access the fee schedule. A vision care organization may make this information available by mail, email, or website listing.

(c) A vision care organization shall make an updated copy of a fee schedule available to the eye care provider every

calendar quarter. Nothing in this subsection precludes a vision care organization from making the fee schedule available to the eye care provider more frequently than every calendar quarter or available at all times.

(Source: P.A. 103-482, eff. 8-4-23.)

(215 ILCS 161/17 new)

Sec. 17. Payments.

(a) A vision care organization shall comply with Section 355.6 of the Illinois Insurance Code.

(b) A vision care organization shall not prohibit an eye care provider from offering a cash payment option to the enrollee if the cash payment option is less costly to the enrollee than the total out-of-pocket cost of the covered service or covered material.

(215 ILCS 161/18 new)

Sec. 18. Vision care plan benefits. A vision care organization shall clearly list, in the schedule of benefits and vision care plan documents provided to an enrollee and eye care provider, the cost-sharing amounts associated with covered materials and covered services.

(215 ILCS 161/20)

Sec. 20. Misrepresentation.

(a) A vision care organization and its officers,

directors, agents, and employees are subject to the provisions of Sections 149, ~~and~~ 154.6, and 424 of the Illinois Insurance Code.

(b) The provisions of this Act apply to any limited health service organization certified under the Limited Health Service Organization Act that is a vision care organization.

(c) ~~(b)~~ Incorporation by reference in this Act to specific laws of this State shall not be construed to exempt a vision care organization or vision care plan from otherwise applicable laws that are not specifically referenced in this Act.

(Source: P.A. 103-482, eff. 8-4-23.)

(215 ILCS 161/35)

Sec. 35. Modification of a provider agreement ~~plan~~.

(a) The terms, fees, discounts, provider manuals, or reimbursement rates in a provider agreement ~~vision care plan~~ may not be changed during the term of the provider agreement ~~contract~~ unless mutually agreed to in writing by the eye care provider and the vision care organization that issued the provider agreement ~~vision care plan~~. However, a change proposed to a provider agreement ~~vision care plan~~ by the vision care organization shall become effective if the eye care provider fails to respond to the vision care organization within 60 days after verification of receipt of notice of the proposed changes, as provided in subsections (b) and (c).

(b) Notification of any proposed changes to the provider agreement, and the details in the provider agreement, shall be sent to the eye care provider by electronic communication with verification upon receipt, or upon request of the eye care provider, through certified mail.

(c) A vision care organization shall provide to the eye care provider reasonable access to agreement terms, policy manuals, fee schedules, and any other policies and procedures referenced in the agreement or proposed amendments to the agreement. As used in this subsection, "reasonable access" includes making this information available upon request by mail, email, or website listing.

(d) The term of a provider agreement may not exceed 2 years unless a different term length is mutually agreed to in writing by all parties.

(e) ~~(b)~~ The terms of a provider agreement ~~vision care plan contract~~ that is amended, delivered, issued, or renewed after the effective date of this amendatory Act of the 104th General Assembly ~~Act~~ shall comply with the provisions of this Act.

(Source: P.A. 103-482, eff. 8-4-23.)

(215 ILCS 161/40)

Sec. 40. Prohibitions; medical plan preconditions.

(a) No vision care organization that issues, delivers, amends, or renews a provider agreement ~~vision care plan~~ on or after the effective date of this amendatory Act of the 104th

General Assembly shall issue a provider agreement ~~vision care plan contract~~ that requires:

(1) an eye care provider to participate in ~~contract with~~ a plan that offers supplemental or specialty health care services as a condition of entering into or maintaining a provider agreement relating to ~~contracting with~~ a plan that offers basic health services; or

(2) an eye care provider to participate in ~~contract with~~ a vision care plan as a condition to participation in a medical plan or in-network.

(b) A vision care organization ~~plan~~ may enter into an agreement with a health care plan to deliver routine vision care services that are covered under the enrollee's plan.

(c) A vision care organization ~~plan~~ may administer ~~act as~~ a network regarding routine vision care services offered by a health care plan.

(Source: P.A. 103-482, eff. 8-4-23.)

(215 ILCS 161/45 new)

Sec. 45. Participation in vision care discount plans. A vision care organization shall not require an eye care provider to contract for services under a vision care discount plan as a condition of contracting for services under a provider agreement.

(215 ILCS 161/50 new)

Sec. 50. Prohibition on a security interest. A vision care organization shall not require an eye care provider to establish a security interest in any property or assets of the eye care provider, including pertaining to the eye care provider's practice.

(215 ILCS 161/55 new)

Sec. 55. Nonretaliation. A vision care organization may not retaliate against an eye care provider for exercising any rights under this Act, including, but not limited to:

(1) communicating with the Department of Insurance, federal regulators, State or federal legislators, or professional associations regarding the enforcement or interpretation of this Act; or

(2) filing a complaint or report with the Department of Insurance regarding the enforcement of this Act or any other provisions of the Illinois Insurance Code or the Illinois Administrative Code.

(815 ILCS 505/2CCCC rep.)

Section 90. The Consumer Fraud and Deceptive Business Practices Act is amended by repealing Section 2CCCC.

Section 99. Effective date. This Act takes effect January 1, 2027.".