



## 102ND GENERAL ASSEMBLY

### State of Illinois

2021 and 2022

**HB4844**

Introduced 1/27/2022, by Rep. Anna Moeller

#### SYNOPSIS AS INTRODUCED:

New Act  
815 ILCS 505/2AAAA new

Creates the Vision Care Plan Regulation Act. Provides that no vision care organization may issue a contract that requires an eye care provider to provide services or materials to an enrollee at a fee set by the vision care plan unless the services or materials are covered under the vision care plan. Requires fees for covered services and materials to be reasonable and clearly listed on a fee schedule provided to the eye care provider. Prohibits a vision care organization from misrepresenting the benefits of a vision care plan as a means of selling coverage or communicating the benefit coverage to enrollees. Provides that the Act applies to any subcontractors used by a vision care organization to supply materials or services to an eye care provider or an enrollee under a vision care plan. Prohibits a vision care organization from restricting an eye care provider's freedom to choose suppliers, materials, or labs or from requiring an eye care provider to purchase materials from a source owned by the entity that issued the vision care plan. Provides that the terms, fees, discounts, or reimbursement rates in a vision care plan may not be changed unless mutually agreed to in writing by the eye care provider and the vision care organization. Provides that a person or entity adversely affected by a violation of the Act by the vision care organization may seek injunctive relief and shall recover attorney's fees and costs from the vision care organization upon prevailing. Amends the Consumer Fraud and Deceptive Business Practices Act to provide that any person who violates the Vision Care Plan Regulation Act commits an unlawful practice.

LRB102 24723 BMS 33963 b

1 AN ACT concerning regulation.

2 **Be it enacted by the People of the State of Illinois,**  
3 **represented in the General Assembly:**

4 Section 1. Short title. This Act may be cited as the Vision  
5 Care Plan Regulation Act.

6 Section 5. Definitions. As used in this Act:

7 "Covered materials" means materials for which  
8 reimbursement from the vision care plan is provided to an eye  
9 care provider by an enrollee's plan contract or for which a  
10 reimbursement would be available but for the application of  
11 the enrollee's contractual limitation of deductibles,  
12 copayments, or coinsurance.

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

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

23 "Eye care provider" means a doctor of optometry licensed

1 pursuant to the Illinois Optometric Practice Act of 1987 or a  
2 physician licensed to practice medicine in all of its branches  
3 pursuant to the Medical Practice Act of 1987.

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

6 (i) lenses, devices containing lenses, artificial  
7 intraocular lenses, ophthalmic frames, and other lens  
8 mounting apparatus, prisms, lens treatments, and coatings;

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

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

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

16 "Subcontractor" means any company, group, or third-party  
17 entity, including agents, servants, partially-owned or  
18 wholly-owned subsidiaries and controlled organizations, that  
19 the vision care plan contracts with to supply services or  
20 materials for an eye care provider or enrollee to fulfill the  
21 benefit plan of a vision care plan.

22 "Vision care organization" means an entity formed under  
23 the laws of this State or another state that issues a vision  
24 care plan.

25 "Vision care plan" means a plan that creates, promotes,  
26 sells, provides, advertises, or administers an integrated or

1 stand-alone plan that provides coverage for covered services  
2 and covered materials.

3 Section 10. Noncovered services. No vision care  
4 organization that issues, delivers, amends, or renews a vision  
5 care plan on or after the effective date of this Act shall  
6 issue a contract that requires an eye care provider to provide  
7 services or materials to an enrollee at a fee set by the vision  
8 care plan unless the services or materials are covered  
9 services or covered materials under the vision care plan. De  
10 minimis reimbursements shall not qualify a service or material  
11 as a covered service or a covered material under this Act.

12 Section 15. Fees for covered services and covered  
13 materials. Fees paid under a vision care plan for covered  
14 services and covered materials, regardless of the supplier or  
15 optical lab used to obtain materials, shall be reasonable and  
16 shall be clearly listed on a fee schedule that has been  
17 provided to the eye care provider before entering into a  
18 contract with the vision care organization.

19 Section 20. Misrepresentation. A vision care organization  
20 may not misrepresent the benefits of a vision care plan to  
21 groups, employers, or enrollees as a means of selling coverage  
22 or communicating the benefit coverage to enrollees.

1           Section 25. Subcontractors. The provisions of this Act  
2 apply to any subcontractors used by a vision care organization  
3 to supply materials or services to an eye care provider or an  
4 enrollee under a vision care plan.

5           Section 30. Suppliers; optical labs.

6           (a) A vision care organization may not restrict, limit, or  
7 disincentivize, either directly or indirectly, an eye care  
8 provider's freedom to choose suppliers of services or  
9 materials or the use of an optical lab.

10          (b) A vision care organization may not require an eye care  
11 provider or patient to order or purchase covered materials,  
12 including, but not limited to, ophthalmic lenses, from any  
13 source owned by, controlled by, or in a common ownership  
14 scheme with the entity that issued the vision care plan.

15          Section 35. Modification of plan. The terms, fees,  
16 discounts, or reimbursement rates in a vision care plan may  
17 not be changed unless mutually agreed to in writing by the eye  
18 care provider and the vision care organization that issued the  
19 vision care plan.

20          Section 40. Injunctive relief. A person or entity  
21 adversely affected by a violation of this Act by the vision  
22 care organization that issued a vision care plan may bring an  
23 action in a court of competent jurisdiction for injunctive

1 relief and, upon prevailing, in addition to any injunctive  
2 relief that may be granted, shall recover attorney's fees and  
3 costs from the vision care organization.

4 Section 900. The Consumer Fraud and Deceptive Business  
5 Practices Act is amended by adding Section 2AAAA as follows:

6 (815 ILCS 505/2AAAA new)

7 Sec. 2AAAA. Violations of the Vision Care Plan Regulation  
8 Act. Any person who violates the Vision Care Plan Regulation  
9 Act commits an unlawful practice within the meaning of this  
10 Act.