



102ND GENERAL ASSEMBLY

State of Illinois

2021 and 2022

SB2086

Introduced 2/26/2021, by Sen. Cristina Castro

SYNOPSIS AS INTRODUCED:

New Act
815 ILCS 505/2WWW 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 16322 BMS 21709 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 amendatory Act
6 of the 102nd General Assembly shall issue a contract that
7 requires an eye care provider to provide services or materials
8 to an enrollee at a fee set by the vision care plan unless the
9 services or materials are covered services or covered
10 materials under the vision care plan. De minimis
11 reimbursements shall not qualify a service or material as a
12 covered service or a covered material under this Act.

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

20 Section 20. Misrepresentation. A vision care organization
21 shall not misrepresent the benefits of a vision care plan to
22 groups, employers, or enrollees as a means of selling coverage
23 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

1 action in a court of competent jurisdiction for injunctive
2 relief and, upon prevailing, in addition to any injunctive
3 relief that may be granted, shall recover attorney's fees and
4 costs from the vision care organization.

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

7 (815 ILCS 505/2WWW new)

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