

Senate Bill No. 134—Senators Seevers Gansert, Goicoechea, Titus,
Buck, Stone; Daly, D. Harris and Pazina

Joint Sponsors: Assemblymen Kasama; Hibbetts and Koenig

CHAPTER.....

AN ACT relating to health care; prohibiting an insurer from entering into a contract with a provider of vision care that contains certain provisions; requiring a provider of vision care to make certain disclosures to a covered person; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law prohibits an insurer from entering into a contract with a provider of vision care that conditions any rate of reimbursement for vision care on the provider of vision care prescribing certain ophthalmic devices or materials or increases the rate of reimbursement if the provider of vision care prescribes such ophthalmic devices or materials. (NRS 686A.135) **Section 1** of this bill additionally prohibits an insurer from entering into a contract with a provider of vision care that: (1) authorizes the insurer to set or limit the amount that the provider of vision care may charge for vision care that is not reimbursed under the contract; or (2) requires the provider of vision care to use a specific laboratory as the manufacturer of ophthalmic devices or materials provided to covered persons. **Section 1** requires a provider of vision care to disclose to any covered person an ownership or pecuniary interest of the provider in a supplier of ophthalmic devices or materials before the covered person authorizes the provider to obtain covered eyewear materials from such a supplier.

EXPLANATION – Matter in ***bolded italics*** is new; matter between brackets ~~omitted material~~ is material to be omitted.

THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN
SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

Section 1. NRS 686A.135 is hereby amended to read as follows:

686A.135 1. An insurer shall not enter into a contract with a provider of vision care that ~~conditions~~ :

(a) Authorizes the insurer to set or limit the amount that the provider of vision care may charge for vision care that is not reimbursed under the contract;

(b) Requires the provider of vision care to use a specific laboratory as the manufacturer of ophthalmic devices or materials provided to covered persons; or

(c) Conditions any rate of reimbursement for vision care on the provider of vision care prescribing ophthalmic devices or materials in which the insurer has an ownership or other pecuniary interest or



increases the rate of reimbursement if the provider of vision care prescribes such ophthalmic devices or materials.

2. Before entering into a contract with a provider of vision care to include the provider of vision care in the network of an insurer, the insurer must provide to the provider of vision care a list of the rates of reimbursement for each service covered by the contract.

3. An insurer shall disclose in any policy of insurance that covers vision care or any description of benefits covered by such a policy, whether written or electronic, any ownership or other pecuniary interest of the insurer in a supplier of ophthalmic devices or materials or a provider of vision care. The disclosure must appear in a conspicuous and clear manner.

4. An insurer that does not provide reimbursement for specific vision care shall not claim in any advertisement or other material that the insurer covers that vision care if such vision care is available at a discount or with a copayment or coinsurance in an amount that is in addition to the copayment or coinsurance that a covered person is typically required to pay for covered services.

5. *A provider of vision care shall disclose in writing to any covered person under a policy of insurance that covers vision care any ownership or other pecuniary interest of the provider of vision care in a supplier of ophthalmic devices or materials, including, without limitation, a general disclosure of any rebates or rewards programs, before the covered person authorizes the provider of vision care to obtain covered eyewear materials from such a supplier or laboratory that is not contracted with the insurer providing the policy of insurance that covers vision care. The disclosure must appear in a conspicuous and clear manner.*

6. *Nothing in this section shall be construed to prohibit a covered person from using an in-network source or supplier of ophthalmic devices or materials as set forth in the covered person's policy of insurance that covers vision care.*

7. As used in this section:

(a) "Provider of vision care" means a physician who provides vision care or an optometrist.

(b) "Vision care" means:

(1) Routine ophthalmological evaluation of the eye, including refraction.

(2) Ophthalmic devices or materials, including, without limitation, lenses, frames, mountings or other specially fabricated ophthalmic devices.

➔ The term "vision care" does not include the initiation of treatment or diagnosis pursuant to a program of medical care.



Sec. 2. The amendatory provisions of section 1 of this act do not apply to any contract existing on October 1, 2023, between an insurer and a provider of vision care until the contract is renewed.

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