**A** **BILL**

TO AMEND THE CODE OF LAWS OF SOUTH CAROLINA, 1976, BY ADDING SECTION 38‑71‑48 SO AS TO PROHIBIT HEALTH INSURERS OFFERING VISION INSURANCE FROM CONTROLLING OR ATTEMPTING TO CONTROL THE PROFESSIONAL JUDGMENT, MANNER OF PRACTICE, OR PRACTICE OF AN OPTOMETRIST, THERAPEUTIC CERTIFIED OPTOMETRIST, OR OPTICIAN.

Be it enacted by the General Assembly of the State of South Carolina:

SECTION 1. Article 1, Chapter 71, Title 38 of the 1976 Code is amended by adding:

“Section 38‑71‑48. (A) Health insurers offering individual and group health insurance policies, including the State Health Plan, and health maintenance organizations offering vision insurance may not directly or indirectly:

(1) control or attempt to control the professional judgment, manner of practice, or practice of an optometrist, therapeutic certified optometrist, or optician;

(2) employ an optometrist, therapeutic certified optometrist, or optician to provide a vision care product or service;

(3) pay an optometrist, therapeutic certified optometrist, or optician for a service not provided;

(4) restrict or limit an optometrist’s, therapeutic certified optometrist’s, or optician’s choice of sources of suppliers of services or materials, including optical laboratories used by the optometrist, therapeutic certified optometrist, or optician to provide services or materials to a patient; or

(5) require an optometrist, therapeutic certified optometrist, or optician to disclose a patient’s confidential or protected health information unless the disclosure is authorized by the patient or permitted without authorization under the Health Insurance Portability and Accountability Act of 1996.

(B) Subsection (A)(2) does not prohibit an insurer from employing an optometrist, therapeutic certified optometrist, or optician for utilization review or for operations of the vision insurance plan.

(C) Subsection (A)(3) does not prohibit the use of capitation as a method of payment.

(D) Subsection (A)(4) does not restrict or limit a health insurance plan’s determination of specific amounts of coverage or reimbursement for the use of network or out‑of‑network suppliers or laboratories.

(E) An optometrist, therapeutic certified optometrist, or optician must disclose to a patient any business interest the optometrist, therapeutic certified optometrist, or optician has in an out‑of‑network supplier or manufacturer to which the optometrist, therapeutic certified optometrist, or optician refers the patient.

(F) This section must be liberally construed to prevent health insurers from controlling or attempting to control the professional judgment, manner of practice, or practice of an optometrist, therapeutic certified optometrist, or optician.”

SECTION 2. This act takes effect upon approval by the Governor.

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