

No. 1978-251

## AN ACT

SB 1199

Amending the act of December 27, 1965 (P.L.1247, No.506), entitled "An act relating to the reimbursement or payments for providing and furnishing optometric services in contracts, certificates and policies by various insurance and other companies, and limiting the provisions in relation thereto," further defining insurer and further providing for reimbursement or payments.

The General Assembly of the Commonwealth of Pennsylvania hereby enacts as follows:

Section 1. Sections 1 and 2, act of December 27, 1965 (P.L.1247, No.506), entitled "An act relating to the reimbursement or payments for providing and furnishing optometric services in contracts, certificates and policies by various insurance and other companies, and limiting the provisions in relation thereto," are amended to read:

Section 1. Definitions.—As used in this act:

**[(1) "Insurer" shall mean (i) a nonprofit medical, dental and osteopathic service corporation organized and operated under the provisions of the "Nonprofit Corporation Law," approved May 5, 1933 (P.L.289), and its amendments, and the "Nonprofit Medical, Dental and Osteopathic Service Corporation Act," approved June 27, 1939 (P.L.1125), as reenacted and amended April 18, 1949 (P.L.587) and May 12, 1949 (P.L.1261), and its amendments; (ii) a corporation or person incorporated under or doing business in Pennsylvania by virtue of "The Insurance Company Law of 1921," approved May 17, 1921 (P.L.682), and its amendments; (iii) any person, company, corporation or society authorized, created, doing business or existing under the authority of or pursuant to the act of July 17, 1935 (P.L.1092), entitled "An act defining fraternal benefit societies and their status; authorizing such societies to create subordinate lodges and to pay benefits to members and their beneficiaries from funds collected, and regulating such benefits and collections; providing for the organization and incorporation of such societies and for their supervision, regulation and examination by the Insurance Commissioner, and for the admission of foreign societies; designating tables of mortality as a basis for rates of contribution; requiring all societies to make annual and other reports; and appointing the Insurance Commissioner as attorney for service of process; providing penalties for any violations of the act; exempting such societies from taxation and certain other societies from its provisions; and requiring beneficial associations, other than fraternal benefit societies, to report to and be supervised by the Insurance Commissioner; and repealing existing laws," and its amendments; (iv) any person, company, corporation or**

society incorporated, doing business or existing under, by virtue of, or pursuant to the act of June 4, 1937 (P.L.1643), entitled "An act relating to certain existing beneficial societies; conferring certain rights, powers and duties upon them, their officers and members; authorizing the payment of benefits by them in the event of sickness, accident, disability or death; regulating such societies and corporations; and limiting the amount for which they may issue membership certificates or policies; providing for reserves; imposing penalties; and repealing certain existing laws and parts of law," and its amendments; (v) any other persons, associations, partnerships, common-law trusts, joint-stock companies, nonprofit corporations, profit corporations or other entity conducting an insurance business.

(2) "Optometrist" shall mean a person duly certified and licensed to practice optometry under the act of March 30, 1917 (P.L.21), and its amendments.

(3) "Physician" shall mean a person duly certified to practice medicine or osteopathy under the "Medical Practice Act" and its amendments, or the "Osteopathic Act" and its amendments.]

*(1) "Insurer" shall mean (i) a corporation or person incorporated under or doing business in Pennsylvania by virtue of "The Insurance Company Law of 1921," approved May 17, 1921 (P.L.682, No.284), and its amendments; (ii) a corporation not-for-profit subject to Title 40 Pa.C.S., Chapter 63 (relating to professional health services plan corporations), Chapter 65 (relating to fraternal benefit societies); (iii) a corporation not-for-profit providing any health services by plans operating under the act of December 29, 1972 (P.L.1701, No.364), known as the "Voluntary Nonprofit Health Service Act of 1972"; (iv) any person, company, corporation or society incorporated, doing business or existing under, by virtue of, or pursuant to the act of June 4, 1937 (P.L.1643, No.342), entitled "An act relating to certain existing beneficial societies; conferring certain rights, powers and duties upon them, their officers and members; authorizing the payment of benefits by them in the event of sickness, accident, disability or death; regulating such societies and corporations; and limiting the amount for which they may issue membership certificates or policies; providing for reserves; imposing penalties; and repealing certain existing laws and parts of law;" (v) any other persons, associations, partnerships, common-law trusts, joint-stock companies, nonprofit corporations, profit corporations or other entity conducting an insurance business.*

*(2) "Optometrist" shall mean a person duly licensed to practice optometry under the act of March 30, 1917 (P.L.21, No.10), referred to as the Optometry Practice Law.*

*(3) "Physician" shall mean any person duly licensed to practice medicine or osteopathy under the act of July 20, 1974 (P.L.551, No.190), known as the "Medical Practice Act of 1974."*

Section 2. [Whenever any insurer shall provide by contract, policy, certificate or any other means whatsoever for a service or for the partial or total reimbursement, payment or cost of a service to or on behalf of any of its policyholders, group policyholders, subscribers or group subscribers or any other person or groups of persons, which service is within the lawful scope of practice of a duly licensed optometrist, the person rendering such service or such policyholder, subscriber or other person shall be entitled to such partial or total reimbursement, payment or cost for such service, whether the service is performed by a duly licensed physician or by a duly licensed optometrist. Unless such contract, policy, certificate or other means employed shall otherwise provide, there shall be no reimbursement or payment for ophthalmic materials, lenses, spectacles, eyeglasses and/or appurtenances thereto.] *Whenever any insurer, under any contract, policy or plan of insurance, any self-insured sickness, health or welfare plan, shall provide for a service or for the reimbursement of a service to or on behalf of any of its policyholders, group policyholders, subscribers or group subscribers or any other person or groups of persons, which service is within the lawful scope of practice of a duly licensed optometrist, the person rendering such service or such policyholder, subscriber or other person shall be entitled to the same reimbursement for such service whether the service is performed by a duly licensed physician or by a duly licensed optometrist: Provided, however, That under any such contract, policy or plan which pays on the basis of usual, customary and reasonable charges or on some similar basis, only the method of determining the amount of reimbursement shall be the same. Unless such policy employed shall otherwise provide, there shall be no reimbursement for ophthalmic materials, lenses, spectacles, eyeglasses and/or appurtenances thereto.*

Section 2. This act shall take effect in 60 days and shall apply to all such contracts, policies, plans and certificates issued, renewed, modified, altered, amended or reissued on or after such effective date.

APPROVED—The 5th day of October, A. D. 1978.

MILTON J. SHAPP