



**House
Legislative
Analysis
Section**

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**REMOVE DATE LIMIT ON
OPTOMETRIC COVERAGE**

House Bill 5548

Sponsor: Rep. Artina Tinsley Hardman

House Bill 5549

Sponsor: Rep. Judith Scranton

House Bill 5550

Sponsor: Rep. Barb Vander Veen

House Bill 5551

Sponsor: Rep. William J. O'Neil

House Bill 5552

Sponsor: Rep. Sue Tabor

Committee: Health Policy

Complete to 1-29-02

House Bills 5548-5552 (1-29-02)

A SUMMARY OF HOUSE BILLS 5548-5552 AS INTRODUCED 12-21-01

Insurance policies and contracts often provide coverage for optometric services—i.e., services that fall within the Public Health Code's definition of "practice of optometry." However, the Insurance Code of 1956, the Worker's Disability Compensation Act of 1969, the Nonprofit Health Care Corporation Act, and the Prudent Purchaser Act each limit required coverage under policies and contracts that include optometric services to those services that were contained in the health code's definition of "practice of optometry" on May 20, 1992. House Bills 5548-5551 would amend these acts to eliminate this date limitation. (It appears that this would have the effect of requiring those insurance policies and contracts that cover optometric services to cover and reimburse for services that fall within the Public Health Code's definition of "practice of optometry," as amended since 1992.) House Bill 5552 would amend the health code's definition of "practice of optometry" and other definitions related to optometrists' scope of practice. The bill would also allow an optometrist to make an initial diagnosis of glaucoma and to begin a course of treatment without consulting a physician. House Bills 5548-5551 are tie-barred to one another but are not tie-barred to House Bill 5552. House Bill 5552 is, however, tie-barred to all of the other bills.

House Bill 5548 would amend the Insurance Code (MCL 500.2243 et al.) to eliminate the date limitation on coverage for optometric services in the following types of insurance: group accident, group health, or group accident and health insurance, executed after July 23, 1965; disability insurance (under a prudent purchaser agreement); group disability insurance (under a prudent purchaser agreement); and group health insurance for persons 65 and over (under a prudent purchaser agreement); and (motor vehicle) personal protection insurance.

House Bill 5549 would amend the Worker's Disability Compensation Act of 1969 (MCL 418.315) to eliminate the date limitation on coverage for optometric services that an employer would have to furnish an employee who was eligible for worker's disability compensation.

House Bill 5550 would amend the Nonprofit Health Care Corporation Reform Act (MCL 550.1502 and 555.1502a) to eliminate the date limitation on coverage for optometric services provided by a health care corporation, including a health care corporation that has entered into a prudent purchaser agreement. (This act applies to Blue Cross and Blue Shield of Michigan.)

House Bill 5551 would amend the Prudent Purchaser Act (MCL 550.53) to remove the date limitation on coverage for optometric services provided under a prudent purchaser agreement.

House Bill 5552 would amend part 174 of the Public Health Code (MCL 333.17401 and 333.17432) to allow an optometrist to diagnose glaucoma and to begin treatment. The code currently specifies that when an optometrist suspects that a patient has glaucoma, he or she must consult an ophthalmologist for a co-management consultation in order to mutually agree on the diagnosis and an initial treatment plan; if the initial treatment does not meet or exceed the goals, the optometrist must consult with an ophthalmologist regarding further diagnosis and treatment. Under the bill, the optometrist could make the initial diagnosis and begin treatment but would have to consult an appropriate physician for further diagnosis and further possible treatment if the condition did not demonstrate adequate clinical progress as a result of the (initial) treatment.

The bill would also revise the definitions for "diagnostic pharmaceutical agent", "therapeutic pharmaceutical agent", "drug", and "prescription drug", as those terms relate to the practice of optometry. Among other things, the practice of optometry includes "the use of therapeutic pharmaceutical agents to correct, remedy, or relieve" certain defects or abnormal conditions and "the employment of . . . diagnostic pharmaceutical agents", as such practices are regulated under part 174. The bill would amend these definitions as follows:

Diagnostic pharmaceutical agent. Currently, "diagnostic pharmaceutical agent" includes a commercially prepared topical anesthetic (Proparacaine HCL 0.5 percent) and a commercially prepared cycloplegic/mydriatic (Tropicamide in strength not greater than 1 percent). The bill would define "diagnostic pharmaceutical agent" instead as a topically administered "prescription drug" or other topically administered "drug" used for the purpose of investigating, analyzing, and diagnosing a defect or abnormal condition of the human eye or ocular adnexa.

Therapeutic pharmaceutical agent. Currently, "therapeutic pharmaceutical agent" is defined as either a topically administered antiglaucoma drug or a topically administered drug or prescription drug used for the purpose of correcting, remedying, or relieving defects or abnormal conditions (or effects of such defects or abnormal conditions) of the anterior segment of the human eye. The bill would define "therapeutic pharmaceutical agent" as a topically *or orally* administered antiglaucoma drug or a topically *or orally* administered drug or prescription drug for the purpose of *investigating, analyzing, diagnosing*, correcting, remedying, or relieving those defects, abnormal conditions, (or effects thereof), of the anterior segment of the human eye *or adnexa*.

Drug and prescription drug. The bill would also change the definitions of “drug” and “prescription drug”, which are used in the definitions of diagnostic and therapeutic pharmaceutical agents. Currently, each definition refers to the general definition provided in Article 15 of the Public Health Code, except that “drug” and “prescription drug” as used with respect to the practice of optometry do not include controlled substances. The bill would specify only that “drug” and “prescription drug” (as used with respect to the practice of optometry) do not include Schedule 2 controlled substances; the terms would include include schedule 3, 4, and 5 controlled substances as well as dihydrocodeinone combination drugs.

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■ This analysis was prepared by nonpartisan House staff for use by House members in their deliberations, and does not constitute an official statement of legislative intent.