**RÉSUMÉ DIGEST**

**ACT 384 (SB 404)** **2026 Regular Session** **McMath**

Existing law provides for requirements and prohibitions for medical eye care or vision care benefits provided by or available through a health benefit plan, health maintenance organization, preferred provider organization, managed care organization, accountable care organization, or contract of insurance or any medical hospital service contract that are within the lawful scope of practice of a duly licensed optometrist.

New law expands the applicability of existing law to vision benefit plans, vision benefit discount plans, and any agent acting on behalf of any plan or entity that offers an agreement or contract of insurance that provides medical eye care or vision care benefits.

New law provides that new law shall be cited as the "Louisiana Vision Plan Transparency and Fair Practice Act".

New law provides that new law shall not be construed to expand or limit the scope of practice of any healthcare provider.

New law provides that new law does not apply to medical benefits provided by an insurer under a health benefit plan that is not a vision benefit plan or vision discount plan.

New law provides for legislative findings and definitions relative to eye care providers and services, vision benefit managers, and vision benefit plans.

New law provides for requirements and prohibitions relative to covered and noncovered services and fee schedules in contracts or agreements between insurers or vision benefit managers and eye care providers.

New law provides for requirements and prohibitions for eye care provider participation and credentialing by an insurer or vision benefit manager.

New law provides for transparency and disclosure requirements for insurers and vision benefit managers.

New law establishes requirements for amending contracts and agreements between eye care providers and insurers or vision benefit managers.

New law prohibits an insurer or vision benefit manager from using extrapolation to complete an audit of a participating eye care provider.

New law establishes a private right of action for any eye care provider adversely affected by a violation of new law, including injunctive relief and monetary damages of up to $10,000 for each violation, plus attorney fees and costs.

New law prohibits an insurer or vision benefit manager from denying plan participation to certain eye care providers affiliated with a FQHC or rural health clinic.

New law provides for the authority of the Dept. of Insurance and the attorney general to enforce the provisions of new law.

New law provides for the applicability, severability, and effectiveness of new law.

Effective May 22, 2026.

(Amends R.S. 22:997; adds R.S. 22:1809.1-1809.16)