



March 18, 2020

Assemblywoman Pamela Hunter
c/o National Council of Insurance Legislators
2317 Route 34 South, Suite 2B
Manasquan, New Jersey 08736

Re: Draft Model Act Regarding Vision Care Services

Dear Chairwoman Hunter,

The American Optometric Association (AOA) sincerely appreciates the opportunity to have engaged with you and the members of the Health Insurance and Long-Term Care Issues Committee at the National Council of Insurance Legislators (NCOIL) meeting earlier this month in Charlotte, NC. The topic of materials and non-covered vision care services is one that deeply affects our members across the country.

The AOA and our more than 44,000 members who operate in more than 10,000 communities and cover counties which account for nearly 99% of the population nationwide, fully understand the importance of addressing this issue. Twenty-three states have enacted some form of non-covered or vision plan services protection. The AOA and our state affiliates have been diligently working over the last few years to address the abuse in market power the vision plans hold over Doctors of Optometry, and ultimately the patients our doctors care for.

Vision plan companies are billion-dollar enterprises who cover, administer or control vision benefits for nearly 200 million Americans. In fact, the two largest vision plans alone claim to serve 145 million people and are arguably even more dominant in the markets for materials, such as frames and lenses. They have extraordinary market power. Vision plans (as dental plans once did) aggressively use their market power to set prices for additional services and items, and do not provide any additional consideration to doctors.

Protection on this front is critical, which is why this conversation at NCOIL is so timely. Even in states like Ohio where Senator Hackett worked incredibly hard to enact language just last year, enforcement continues to be a major problem there. Vision plans willfully ignore and disregard updates to state law, and Ohio is unfortunately not alone, which is why putting forth the best possible model on all fronts of this issue are imperative.

The Dental Act passed by this body in 2010 continues to be an excellent model of balance and protection for the doctors, plans and patients alike, as can be seen in the forty states who subsequently enacted similar language. The currently proposed language for vision care services is a significant reduction in protection for doctors and their patients unfortunately. It's hard to

believe that dentists and their patients received more protection nine years ago than eye doctors and their patients would get today.

As we mentioned prior to and again at the meeting last month, Doctors of Optometry should retain the freedom to compete in price for services and materials that patients purchase from the doctor, without loopholes designed to allow vision plans to set prices to the detriment of doctors and patients.

We understand and appreciate this language as proposed will continue to be discussed by your NCOIL Committee and its membership and look forward for the opportunity to work on essential amendments in the coming months. Thank you very much for the opportunity to fully participate in this meaningful and thoughtful discussion.

Sincerely,

Handwritten signature of Chris Wolfe in blue ink.

Chris Wolfe, O.D., Dipl. ABO
Chair, AOA State Government Relations Committee

Handwritten signature of Steve Eiss in blue ink.

Steve Eiss, O.D.
Chair, AOA Third Party Center

Cc: Members of the Health Insurance and Long-Term Care Issues Committee