

September 24, 2020

Members of the Health Insurance & Long-Term Care Issues Committee 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 Committee Members,

The American Optometric Association (AOA) appreciates the continued dialogue and conversation regarding the proposed Vision Care Services language with this committee. We have had ongoing discussions with Senator Hackett, the National Association of Vision Care Plans (NAVCP), NAVCP member companies and NCOIL staff since the March meeting, in an effort to see if middle ground could be reached on this language.

While we continue to work on consensus language, we are not yet there and the areas of detrimental impact to patients and our member Doctors of Optometry remain a significant concern. The remaining areas of concern are the following:

Section A

While we agree to much of this section, the term "alternative payment method" remains problematic. Without having this term along with the others removed, this broadens the definition of "covered services" so much that there would be few or no remaining noncovered services subject to the legislation proposed.

Section D

The inclusion of this section is the most problematic, as it ultimately limits patient choice, while still allowing vision plans the opportunity to wield their overwhelming market power (**NAVCP member companies claim to represent more than 180 million Americans**). The real-world implications and unintended consequences here allow for vison plans and their market power, to strongarm doctors in to accepting otherwise unacceptable terms and unnecessarily limiting discounts a patient may see from their doctor.

Section E

Clear communication to patients is critical for effective care and something our members strictly adhere to. Unfortunately, plan communication to patients regarding participation by a doctor is often misleading and disingenuous, leading to the patient not receiving a comprehensive picture of care available to them.

The need to address this issue is not a new one, as our member doctors across the country have worked with legislators such as you to enact legislation in twenty-three (23) states to safeguard the doctor patient relationship, while also maintaining competition in the marketplace. This model language would provide less patient protection than other states have already enacted.

Additionally, the non-covered services issue being addressed in the language proposed here is not fully representative of the comprehensive language enacted in most states around the country. Without the other critical missing components, this bill does not truly provide the necessary patient protections.

We greatly appreciate the continued conversation on this important subject, as protecting patients and providing them the best care possible is paramount to Doctors of Optometry.

Sincerely,

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

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