

September 23, 2026

Representative Deanna Gordon
Sponsor of Proposed NCOIL Model Act - Ensuring Access to Eye Care Services and Materials for Patients Through Transparent and Fair Business Practices
702 Capital Avenue
Annex Room 367
Frankfort, KY 40601

Re: Proposed NCOIL Model Act “Ensuring Access to Eye Care Services and Materials for Patients Through Transparent and Fair Business Practices”

Dear Representative Gordon,

On behalf of AHIP and our members, I appreciate the opportunity to provide input on the proposed NCOIL Vision Insurance Model (Proposed Model). AHIP remains concerned that as currently drafted, the Proposed Model would increase the cost of vision insurance and reduce access to vision care. ***Our concerns align with the concerns expressed at NCOIL’s 2026 Summer Meeting by members of the committee on the structure and content of the Proposed Model.***

Vision care coverage helps consumers access regular eye care, which is essential for maintaining healthy eyes and good vision. It is also a strong predictor of whether individuals receive routine vision care; without coverage, people are less likely to schedule care and more likely to experience worsening vision impairment.¹

Vision care coverage helps make routine eye care more affordable by covering eye exams and eyeglasses for low monthly premiums. In 2023 the national average vision care insurance plan cost \$6.56 per member per month, **less than 1% of the average medical insurance premium.**² Coverage also gives consumers access to provider networks and helps reduce out-of-pocket costs for exams, glasses, and other vision care. Without vision coverage, 43% of survey respondents said they could not buy eyeglasses or contact lenses or update existing prescription.³

Cost Increases to Consumers. AHIP is concerned that, as drafted, the Proposed Model could significantly increase vision care costs. By establishing an annually rising price floor for covered vision treatment the Proposed Model would limit plans’ ability to shield consumers from the full impact of vision costs and jeopardize their ability to deliver discounts that create value for enrollees. Because vision coverage is a low-premium product and consumers are highly price sensitive, premium increases could discourage enrollment, leading to less access to routine vision care and poorer vision health outcomes. The Proposed Model would also bar enrollees from being given discounts on non-covered services. Discounts on care, eyeglasses, and modifications are critical to the value of vision care coverage to enrollees. For example, discounts allow enrollees to afford a second pair of eyeglasses, or modifications such as antiglare or reading lenses after their coverage reimburses the provider directly for a first pair of eyeglasses. **67% of surveyed vision insurance enrollees stated that the discounts provided by their plan made them more likely to seek care.**⁴ Eliminating these discounts would increase patients’ out-of-pocket costs and reduce access to affordable vision treatment. The Proposed Model is a significant departure from NCOIL’s longstanding approach to non-

¹ Li, YJ et al. [Vision Insurance, Eye Care Visits, and Vision Impairment Among Working-Age Adults in the United States](#). *JAMA Ophthalmology*. 2013;131(4):499–506. doi:10.1001/jamaophthalmol.2013.1165

² [NAVCP Annual Benchmark Report](#), 2024.

³ [GSG Vision Insurance Satisfaction Survey](#) on behalf of AHIP, 2024.

⁴ Ibid

covered services, reflected in its dental model act first adopted in 2010.⁵ Unlike the draft vision model, the dental model preserves consumer discounts after a benefit limit or annual maximum is reached.

The Proposed Model would also inhibit important education for enrollees. Specifically, plans would have limited ability to educate enrollees to explain costs and discounts for covered care and materials. This would make it harder for patients to compare providers, eyeglasses, and other materials, removing information they need to make affordable, informed choices. Seventy-three percent of surveyed vision care insurance enrollees said plan discounts influence their choice of provider.⁶ By limiting education and awareness of available discounts, the bill would increase enrollees' out-of-pocket costs and further undermine the affordability of vision care.

Coding Accuracy Initiatives: The Proposed Model would also prohibit health and vision plans from engaging in coding accuracy initiatives, even though this targeted practice is limited to a small subset of outlier providers that are out of step with their peers.

Health and vision care plans are committed to ensuring providers receive fair and accurate payment for their services, while protecting patients from inappropriate out-of-pocket costs. Health and vision care plans work to ensure submitted codes accurately reflect the complexity of care delivered and to identify, via statistical analyses of historical claims, outlier physician practices that are not following coding guidelines or meeting clinical criteria and have demonstrated patterns of overbilling or "upcoding." As part of their efforts to advance quality and affordability, health and vision care plans may place outlier physicians in programs for additional education and prospective claims review.

Reports have documented that a growing share of office visits are being billed at higher levels intended for time-consuming or complex patients, despite the services not meeting relevant clinical and/or billing criteria. Some of the drivers include:

- Electronic health records include functions like copy forward, templated notes, and "review and verify" documentation that can result in records appearing more complex than the services provided.⁷
- AI driven coding tools such as ambient scribes can lead to higher billed severity levels, without changes in treatment patterns.⁸

When coding does not accurately reflect the services performed, it leads to inappropriate costs that ultimately harm consumers and purchasers of health care through higher premiums, cost-sharing, and taxpayer spending. Restricting these programs undermines plans' ability to prevent abuse, thus forcing them to pay inflated or incorrect claims, while encouraging inaccurate provider billing practices. This raises overall healthcare spending and increases premiums for employers and consumers.

Disclosures, Reporting and the Impact on Affordability. The Proposed Model includes highly prescriptive disclosure requirements which go well beyond the requirements of other NCOIL models and most legislation. For example, the Proposed Model would require vision care plans to publish:

"all documents and document packages including but not limited to proposals, responses to requests for proposals, sales documents, enrollment documents, benefit plan documents, purchaser contracts, enrollee contracts, and provider agreements that are presented to purchasers, potential purchasers, enrollees, potential enrollees, participating eye care providers, potential participating providers, and state agencies with jurisdictional, regulatory, or enforcement authority over its business..."

The proposed requirements extend well beyond requirements for medical plans and requirements for other limited scope benefits such as dental insurance. The disclosure requirements as drafted may require the

⁵ [NCOIL Model Act Banning Fee Schedules for Uncovered Dental Services](#), 2022

⁶ [GSG Vision Insurance Satisfaction Survey](#) on behalf of AHIP, 2024

⁷ Ventra Health. 2026. [Compliance Series: Pearls and Perils of EHR Copy & Paste for Hospital Medicine](#).

⁸ Trilliant Health. 2026. [Increased Outpatient Coding Intensity Following Hospital Adoption of AI-Enabled Scribing Warrants Examination but Likely Reflects Enhanced Rules-Based Documentation](#).

disclosure of plan information that is not only confidential but could reduce provider price competition and raise costs for consumers. When combined with a mandatory price floor for providers like the one included in the Proposed Model, publication of proprietary provider rates tends to place upward pressure on average provider rates.⁹

Scope. Lastly, AHIP is concerned that the impacts of the Proposed Model would expand beyond the standalone vision market to include comprehensive medical insurance plans which cover pediatric vision care as an essential health benefit under the ACA, as well as employer sponsored coverage. The term “vision benefit manager” does not align with regulatory structures in most states for vision insurance, and AHIP recommends that NCOIL review the language to remove ambiguity on its scope so that provisions of the Proposed Model are applied to only standalone vision coverage. If applied across different coverage types as currently drafted, the Proposed Model could conflict with existing federal and state regulations.

Taking all these requirements together, including other sections of the Proposed Model on prescriptive provider communication timelines and any willing provider standards, the Proposed Model would exceed typical state legislative and NCOIL approaches. As drafted, the Proposed Model would lead to substantially higher patient costs for vision care and materials. AHIP urges NCOIL to revisit this framework if NCOIL decides to move forward to adopt a more balanced approach that advances affordability and transparency and is consistent with effective state models such as IL SB 3707.¹⁰

Again, AHIP appreciates the opportunity to share our concerns, concerns aligned with those expressed by Committee members during the NCOIL’s 2026 Summer Meeting. We look forward to continuing discussions toward language which would offer consumers transparency while preserving the value and affordability of their vision insurance. AHIP members remain dedicated to providing affordable vision coverage. Please contact me with any questions or concerns.

Sincerely,

Miranda Motter
AHIP Senior Vice President of State Affairs and Policy
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America’s Health Insurance Plans (AHIP) is the national association whose members provide health care coverage, services, and solutions to hundreds of millions of Americans every day. We are committed to market-based solutions and public-private partnerships that make health care better and coverage more affordable and accessible for everyone. Visit www.ahip.org to learn how working together, we are Guiding Greater Health.

⁹ Fierce Healthcare. 2025. [Transparency has led to uniformity in healthcare costs—but not necessarily lower prices: white paper.](#)

¹⁰ [Illinois General Assembly - Full Text of SB3707](#)