

October 2, 2026

The Honorable Deanna Gordon
702 Capitol Avenue
Annex Room 367
Frankfort, KY 40601

RE: AMA comments on the draft NCOIL Model Act Ensuring Access to Eye Care Services and Materials for Patients Through Transparent and Fair Business Practices by Vision Benefit Plans

Dear Representative Gordon:

On behalf of the physician and student members of the American Medical Association (AMA), thank you for the opportunity to offer comments on the National Council of Insurance Legislators' (NCOIL's) draft model act entitled, "Ensuring Access to Eye Care Services and Materials for Patients Through Transparent and Fair Business Practices by Vision Benefit Plans" (draft model act).

At this time, the AMA would like to express our concern with two provisions in the draft model act: the definitions of "Materials" and "Eye Care Provider." We recommend revising these definitions to clarify the draft model act's scope and application.

Revise the Definition of "Materials" in Section 2(B) to Address Unintended Consequences

The AMA is concerned that the definition of "Materials" in Section 2 could have broad, unintended effects on the application of the draft model act. For example, the definition includes items commonly used in surgical procedures, including "artificial intraocular lenses" and "prosthetic devices." Artificial intraocular lenses are surgically implanted medical devices that involve surgical judgment, facility procurement, medical-benefit reimbursement, and postoperative care. Grouping these items with frames, contact lenses, coatings, and other optical materials could inadvertently subject surgical implants and facility-based care to vision-benefit contracting provisions. The AMA is also concerned about language permitting the [state's] Board of Optometry to include any other material within the definition. That language would delegate authority to expand the definition of "Materials" to a state regulatory board operating outside the legislative process, potentially resulting in interpretations that do not reflect the legislature's original intent. It could also produce substantial variation in coverage and contracting requirements among states that adopt the draft model act. Accordingly, the AMA recommends NCOIL:

- Define "Materials" using neutral, product-based language;
 - Delete the reference to "materials allowed by the Board of Optometry and practice act;"
 - Exclude "artificial intraocular lenses" and other implanted devices and tissues from the definition;
- and

- Make clear that the draft model act does not alter any profession's legal scope of practice.

Replace the Definition of “Eye Care Provider” in Section 2(E) to Create Clarity and Avoid Confusion

Second, the AMA recommends removing the definition of “Eye Care Provider” from the draft model act and replacing it with separate definitions of “Optometrist” and “Physician.” The current definition combines physicians and optometrists under a single umbrella term despite material differences in their education, training, licensure, and state-defined scopes of practice. Both optometrists and ophthalmologists are important members of the eye care team, but their roles are distinct. Optometrists (ODs) focus primarily on routine vision care and certain basic medical treatments. Ophthalmologists (MDs and DOs) are physicians trained in the medical and surgical management of eye disease, including surgery on and around the eye. Making this distinction clear is also important to avoid patient confusion which is very real: over half of patients surveyed mistakenly believe that optometrists are medical doctors (MDs or DOs). As such, we strongly believe that using established professional classifications instead of the umbrella term “Eye Care Provider” would more accurately identify both professions within the draft model act. Accordingly, the AMA recommends replacing Section 2(E), “Eye Care Provider,” with the following language to improve clarity throughout the draft model act's network, reimbursement, and contracting provisions:

2(E) “Optometrist” means a licensed doctor of optometry practicing under the authority of [statutory reference].

2(F) “Physician” means a licensed medical or osteopathic doctor practicing under the authority of [statutory reference].

Finally, we request that all other references to “eye care provider” in the draft model act be replaced with “optometrist or physician” to align with our previous recommendation.

The AMA appreciates the opportunity to provide these brief comments and suggested revisions that we believe would clarify the draft model act while helping to protect patient access to appropriate eye care.

Thank you for considering our recommendations. Please reach out to me directly at 312-464-5288 or John.Whyte@ama-assn.org if you have questions or need further information.

Sincerely,



John Whyte, MD, MPH

cc: The Honorable Michael Sarge Pollock
Will Melofchik