

June 25, 2026

Honorable Deanna Gordon  
702 Capitol Avenue  
Annex Room 367  
Frankfort, KY 40601  
*Sent via email*

Dear Representative Gordon:

Thank you for the opportunity to comment on the proposed NCOIL Model Act entitled “Ensuring Access to Eye Care Services and Materials for Patients Through Transparent and Fair Business Practices”. NAVCP appreciates the opportunity to participate in the discussion.

The National Association of Vision Care Plans (NAVCP) is the unified voice for the managed vision care industry. Nationally, our members provide valuable vision care benefits for over 220 million Americans and partner with eye care providers in all 50 states and Puerto Rico to deliver affordable, quality managed vision care.

While we recognize the model’s objectives, we are concerned that the current draft departs from well-established NCOIL frameworks and consensus-based approaches considered by the states. As drafted, it would impose new regulatory requirements on reimbursement, network administration, and enforcement, with potentially far-reaching consequences for access to, and affordability of vision care. It places new burdensome and onerous requirements on vision care plans, that are not required of other types of insurers like health plans or dental plans. Ultimately, this results in higher costs, limited flexibility and less transparency for consumers

Survey after survey has shown that consumers are happy with their vision plans, but this bill is narrowly focused on providers. Given the far-reaching implications for consumers, we believe there is an opportunity to develop a more targeted and balanced proposal that addresses legitimate provider concerns while preserving consumer choice, regulatory flexibility, and market stability. We recommend an approach similar to how NAVCP has worked with several state optometric associations, most recently this year in Illinois. This collaboration on legislation addressed provider concerns, without disrupting the vision care marketplace.

**NAVCP strongly encourages collaboration on the following topics:**

### **1. Align the Model with Established NCOIL Frameworks**

The current draft represents a significant departure from prior NCOIL models addressing provider contracting and transparency, including past efforts through the Rental Network Contract Arrangements Model Act and the Transparency in Dental Benefits Contracting Model Act. Those models focus on transparency, and contracting practices while preserving flexibility in network administration, reimbursement arrangements, and benefit design.

By contrast, the current Vision Care draft extends well beyond traditional transparency and contracting standards into areas such as reimbursement regulation, provider network participation requirements, benefit design, and private litigation.

Closer alignment with existing NCOIL policy would promote consistency across insurance markets, improve regulatory clarity, and reduce the risk of unintended consequences for consumers, providers, plans, and state regulators.

Over the past decade, numerous states have enacted legislation addressing provider concerns related to vision care plans. While these laws vary by jurisdiction, they have generally focused on targeted reforms such as, opting out of consumer discounts and laboratory networks, transparency on contract policy documents and notices, and other specific contracting protections.

NCOIL is uniquely positioned to develop a model that reflects areas of demonstrated consensus among the states while preserving flexibility for individual jurisdictions to address market-specific concerns. A framework grounded in those widely adopted approaches will promote consistency, facilitate adoption, and achieve durable support among regulators, policymakers, consumers, providers, and vision care plans.

### **2. Avoid Government-Administered Pricing That Will Raise Costs for Consumers**

As drafted, regulators would likely be required to determine whether reimbursement is sufficient for individual providers based on their unique business expenses and operations. Because those costs vary significantly from provider to provider, implementation could require regulators to collect provider-specific financial information and establish standards for adequate compensation.

In practice, this would require regulators to determine the appropriate price for vision services and materials and resolve disputes over whether reimbursement levels comply with the Act—effectively creating a government-administered pricing framework for vision care services and materials. Ultimately, this would carve vision care out of the health and

dental insurance marketplace, where reimbursement rates are determined by the competitive market. This model benefits providers, at the expense of the consumer.

### **3. Protect Network Administration and Quality Standards**

NAVCP supports fair and transparent credentialing and contracting but does not support any-willing-provider requirements that would effectively require plans to contract with every provider seeking participation.

Provider networks are designed to promote quality, regulatory compliance, patient safety, administrative efficiency, and affordability. Plans must retain the ability to apply reasonable and uniform standards related to credentialing, quality, clinical performance, administrative capability, and network operations

As drafted, several provisions could limit appropriate network management or require inclusion of providers regardless of network design considerations. The model should preserve plans' ability to maintain high-quality, efficient provider networks while supporting fair contracting practices.

### **4. Preserve Traditional Insurance Regulatory Enforcement**

The current draft creates a new private right of action allowing providers to bring lawsuits against vision care plans for alleged violations of the Act. To our knowledge, this approach differs from existing NCOIL provider contracting and transparency models, which have generally relied on traditional insurance regulatory enforcement mechanisms.

Insurance laws have historically been enforced by state insurance departments, existing unfair trade practices laws, and, where appropriate, state attorneys general. These regulators possess the expertise and market-wide perspective necessary to interpret and apply insurance laws consistently.

Introducing a private litigation framework could lead to varying interpretations across jurisdictions and shift resolution of contracting and network administration issues from regulators to the courts. This shift will drive up costs for consumers, employers, vision care plans and regulators. We believe the longstanding regulatory framework remains well-suited to addressing these issues while promoting consistency, predictability, and effective oversight.

### **5. Federal Compliance Considerations**

Certain provisions of the model may create unintended interactions with federal health insurance requirements, particularly for products subject to the Affordable Care Act and federal Health Savings Account rules. Because the model addresses covered services,

reimbursement, cost-sharing, and benefit administration, questions may arise regarding how those provisions would interact with existing federal requirements and established health plan designs.

These issues are highly technical and involve complex federal statutory and regulatory frameworks that may not be immediately apparent from the text of the model. As a result, we believe they warrant careful review to avoid unintended consequences for states, regulators, carriers, employers, and consumers.

Thank you again for the opportunity to provide feedback and for your consideration of these concerns. We look forward to meeting with you to discuss these concerns and working with the Committee to develop a targeted and balanced proposal that addresses provider concerns while preserving consumer choice, regulatory flexibility, and market stability.

Sincerely,

A handwritten signature in black ink, appearing to read "Julian Roberts". The signature is fluid and cursive, with the first name "Julian" being more prominent than the last name "Roberts".

Julian Roberts  
Executive Director  
National Association of Vision Care Plans