NATIONAL ASSOCIATION OF VISION CARE PLANS

NAVCP

November 11, 2026

The Honorable Sarge Pollock, Chair
Health Insurance & Long-Term Care Issues Committee
National Council of Insurance Legislators

Re: NAVCP Opposition to the Proposed Vision Benefits Model Act

Dear Chairman Pollock and Members of the Committee:

First, NAVCP thanks you and NCOIL staff for your efforts to date to attempt to broker a compromise on this proposed Model. However, **NAVCP strongly opposes the proposed Vision Benefits Model Act in its current form and urges the Committee to reject it.** Despite NAVCP and other insurer stakeholders repeatedly raising substantive concerns since June, the current draft does not meaningfully address those concerns. Successive revisions continue to advance provider priorities while leaving consumer affordability, claims integrity, and effective benefit administration at risk. And as you are aware, a number of items that were discussed and seemingly agreed to by the AOA at the October 7 meeting in Louisville were not in the 30-day Materials draft.

The proposal conflates provider financial interests with consumer interests, misrepresenting protections for provider revenue and business practices as protections for patients. Its restrictions on contracting, purchasing, and network arrangements would weaken the tools that keep vision benefits affordable. Consumers and employers will face higher costs without corresponding improvements in access or quality.

Our principal concerns are highlighted below:

- **Consumer affordability.** Section 4 prioritizes higher provider reimbursement over consumer savings by restricting negotiated discounts on noncovered services and materials. Providers should remain free to negotiate these discounts with plans, giving consumers savings beyond their covered benefits.
- **Government price setting.** The model's broad and vague definition of "nominal" underpins a provision that prohibits reimbursements that are "nominal" or "de minimis", which effectively directs state government to set a reimbursement floor. Mandated rate increases will raise consumer costs through higher premiums and copays.

- **Claims integrity and fraud prevention.** Restrictions on coding corrections, payment edits, claim reviews, and audits would weaken plans' ability to identify improper payments and prevent fraud, waste, and abuse. Clear payment explanations and meaningful appeal rights can protect providers without compromising legitimate oversight. Protecting provider revenue must not take precedence over protecting consumers' premium and benefit dollars.
- **Government intrusion into private contracts.** The proposed "financial loss" standard would turn reimbursement disputes into regulatory reviews of individual provider expenses and profitability. Providers voluntarily evaluate and accept network contracts. Government should not guarantee their financial results or replace negotiated reimbursement with oversight of individual business decisions. The Committee should remove this standard.
- **Network adequacy and competition.** Section 6 would restrict responsible network management and move the model toward an any-willing-provider mandate, regardless of existing access or consumer need. Licensure authorizes a provider to practice; it should not guarantee a network contract. Plans must retain flexibility to build networks based on quality, access, performance, and cost.
- **Purchasing and laboratory arrangements.** Section 7 would undermine negotiated laboratory and supplier relationships that deliver savings and support consistent quality and service. Specific performance concerns warrant targeted remedies. They do not justify broad restrictions that weaken purchasing power and increase costs for consumers and employers.
- **Administrative burden and regulatory uncertainty.** Expansive disclosures, unclear definitions, and broad enforcement provisions would increase costs without clear consumer benefits. The model needs a defined scope, recognition of federal limits on state authority, and reasonable implementation timelines. Its conflict-of-laws provisions also overlook that provider and consumer interests can diverge: greater provider pricing flexibility may mean higher consumer costs.
- **Unequal treatment of providers.** The model establishes special protections for optometrists rather than consistent standards for all vision providers. This creates different contracting, reimbursement, and oversight rules for providers participating in the same plan, adding complexity without a clear consumer benefit.

The Committee should evaluate every provision by whether it improves affordability, access, or quality for consumers. Increasing provider negotiating leverage or protecting provider revenue does not, by itself, establish a consumer benefit. Although insurers have

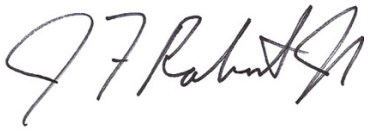
repeatedly provided feedback since June, including in the face-to-face meeting in Louisville, the draft still does not meaningfully address their concerns.

NCOIL should pursue targeted reforms addressing demonstrated consumer harms through transparency, contract clarity, fair notice, and accessible dispute resolution. Those objectives do not require dismantling negotiated savings, limiting network management, or weakening claims oversight.

NAVCP urges Committee members to oppose the model in its current form. Before advancing any proposal, the Committee should substantively address the insurer concerns raised since June and develop a balanced approach that protects consumers and preserves the affordability and value of vision benefits.

Thank you for your consideration.

Sincerely,



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