



October 31, 2017

The Honorable Thomas Brinkman, Chair
House Insurance Committee
Ohio House of Representatives
77 South High Street, 12th Floor
Columbus, Ohio 43215

Dear Chairman Brinkman,

On behalf of the Ohio Association of Health Plans (OAHP), thank you for the opportunity to offer testimony in opposition to House Bill 156, legislation that would require health care consumers to pay more for the services they receive, while also inhibiting the ability of insurers to privately contract with vision care providers.

The Ohio Association of Health Plans (OAHP) is the state's leading trade association representing the health insurance industry. OAHP's member plans provide health benefits to more than 9 million Ohioans through employer-sponsored coverage, the individual insurance market, and public programs such as Medicare, Medicaid and the Federal Insurance Marketplace. Our members offer a broad range of health insurance products to Ohioans in the commercial marketplace and are committed partners in public programs.

Today's health care landscape presents us with a number of challenges. At the very top of such challenges is the need to ensure that consumers have access to affordable health care services. With that said, I write to express our opposition to HB 156. ***Simply put, HB 156 will cause Ohio's vision consumers to pay more for services.***

Most often, vision insurance is a supplemental benefit and may be included as part of comprehensive medical coverage. This type of coverage is an added benefit that is necessary in helping an individual manage their overall health and wellness. However, vision coverage – in and of itself – is not comprehensive health care coverage.

To ensure consumers have access to vision coverage, insurers typically arrange a negotiated fee schedule with its network providers. Eye examinations, corrective devices and other vision care products may be included in a negotiated fee schedule. This method of contracting differs from that of major medical coverage, as vision plans often negotiate rates for non-covered services as

well as covered services. This approach helps in making health care costs more manageable for consumers, something that is of the utmost importance as individuals across the country are being subjected to increases in their overall health care costs.

As this Committee considers legislation that would modify the laws regarding disclosure and contractual requirements for health insurers and vision providers, OAHF would like to offer the following for consideration:

- ***HB 156 will harm Ohio consumers by removing a valuable benefit to them*** - an agreed upon price or discount for non-covered services. If plans and providers are prohibited from entering into contractual arrangements that extend to vision consumers discounts for services that are not covered under their vision plans, ***consumers will face higher health care costs through uncertain out of pocket obligations*** – as they will now be required to pay the provider’s full billed charges without the benefit of the fee negotiated on their behalf by their vision plan.

HB 156 will erode important quality and cost provider networks benefits for Ohio consumers - by removing any incentives for consumers to use network providers for non-covered services and limiting the ability of vision plans to develop and maintain their own network of labs as a way of ensuring quality of materials and lowering costs for the enrollees.

- HB 156 ***interferes with the private right to contract as it places the state right in the middle of the legal relationship between two private parties***. In order to preserve competition in the health insurance market and ensure choice for consumers, vision plans and health care providers must maintain the ability to negotiate an agreement that is of interest to both parties.
- HB 156 ***mandates notification requirements that are logistically impossible to include on an identification card and are largely duplicative of other materials provided to consumers***. New requirements for consumer identification or other verification cards should be carefully considered. HB 156’s new notification mandates provide minimal value for consumers and take up valuable space in already crowded and sometimes complicated identification cards.

To that end, OAHF urges you to thoughtfully consider the impact that this bill will have on Ohio’s health care consumers. Consumers of health care have dealt with great change and uncertainty in recent years. If enacted, ***HB 156 would only add to such uncertainty and further burden Ohio’s families in having to cover more of their health care costs***. This threatens to deter Ohioans from addressing one of the core components of their health care needs – vision; and that may inhibit their ability to address their overall health care needs. OAHF urges you to vote against HB 156.

Thank you for the opportunity to comment on HB 156.

Sincerely,

Miranda C. Motter
President and CEO
Ohio Association of Health Plans