



Representative Thomas Brinkman, Chairman
House Insurance Committee
77 South High Street, 11th Floor
Columbus, OH 43215

October 31, 2017

Re: Testimony opposing House Bill 156

Dear Chairman Brinkman and members of the House Insurance Committee,

I would like to offer testimony related to the Committee's consideration of House Bill 156. I am an optometrist and Ohio resident, currently serving as the Senior Director of Medical Services at EyeMed, a national vision benefits administrator. Headquartered in Mason, Ohio, we administer eye and vision care benefits for over 47 million Americans, including approximately 2 million Ohioans. We administer those benefits through a contracted provider network comprised of over 36,000 eye care professionals nationally, including more than 1,800 optometrists and ophthalmologists throughout Ohio. Together with our parent company, Luxottica, we employ 1,669 persons at our North American headquarters located in Mason, Ohio and a total of 3,098 persons throughout the state of Ohio.

Several proposed provisions within HB 156 are likely to directly or indirectly inhibit eligible beneficiaries from receiving preventative eye care services and are likely to result in increased expense to beneficiaries when purchasing needed vision correction. It is very likely that the result of passage of HB 156 would therefore be detrimental to the public health in Ohio.

Various provisions of HB 156 would: 1) prohibit vision plans from making discounts available to beneficiaries when purchasing needed prescription eyewear; 2) restrict vision plans ability to ensure broad product availability and quality of materials while controlling costs for employers and beneficiaries through contracted laboratory networks; and 3) severely limit the integration of vision plan and health insurers networks to increase accessibility and coordinate all eyecare services.

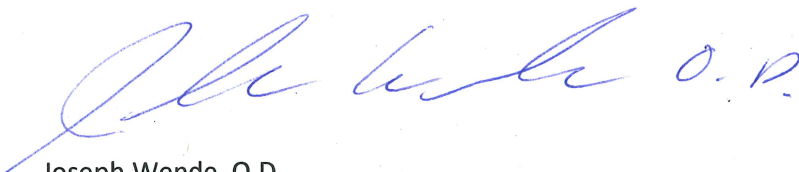
Unlike other health care services, when a beneficiary receiving covered services is issued a prescription for corrective lenses, there are numerous elective lens options (tints, coatings, lens materials, lens designs) that, while not necessary to provide basic functional vision correction, may be selected by the beneficiary to improve the performance of their eyewear based on lifestyle activities or for their cosmetic or aesthetic benefits. Without reasonable controls to a beneficiaries' out of pocket expenses in the form of moderate discounts or fixed payments, many persons may forego materials that could either improve the performance of their prescription eyewear or reduce their exposure to potentially harmful light that might contribute to deterioration of their eyes or vision later in life.

House Bill 156 states that a contracting entity may not directly limit a participating vision care provider's choice of sources and suppliers of vision care materials. The benefit of using limited networks of suppliers is well established in health care. Health plans commonly use limited networks of contracted pharmacies and diagnostic laboratories in order to ensure high quality while controlling costs to employers, insurers and beneficiaries. The use of contracted networks of ophthalmic laboratories for the fabrication of prescription eyewear provided through a vision insurance plan for eligible enrollees serves exactly the same purpose. By contracting directly with established wholesale ophthalmic laboratories for the supply and manufacturing of covered vision materials, a vision insurance plan can achieve service levels, quality standards and economies of scale that would be unlikely to be achieved by individual independent eye care professionals. Without those economies of scale, employers, plan sponsors and vision plan enrollees would inevitably incur higher costs in direct proportion to the increased revenue received by independent eye care professionals for eyewear materials. Participating providers in EyeMed's programs can choose from a contracted network of over 130 wholesale laboratories in 42 states, including 7 laboratories here in Ohio.

Additionally, HB 156 would restrict a health insurer's ability to partner with a vision plan to expand access to care and effectively manage utilization of all eye care services. Standalone vision plans typically cover routine eye examinations and prescription eyewear through a provider network overwhelmingly comprised of optometrists and opticians. Health insurers cover medical eye care for the diagnosis, treatment and management of ocular pathology, but often do not include routine examinations or eyewear. The composition of those medical networks is often predominated by ophthalmologists. By working with a vision plan, a health insurer can deliver a broad, integrated network to ensure availability of all eye care services. With the implementation of appropriate utilization protocols across such an integrated network, beneficiaries can receive needed care more efficiently without duplication of services, additional office visits and unnecessary referrals. In fact, when vision plans align with health insurers, optometrists benefit from access to more patients and the ability to practice to the full scope of licensure. If enacted, HB 156 would eliminate business arrangements that benefit both consumers and optometrists.

In summary, the provisions of HB 156 cited above would likely have adverse consequences for both beneficiaries and participating providers. A likely effect of passage of HB 156 would be that some Ohioans would delay or forego needed eye care services due to reduced affordability of prescription eyewear. While eye care professionals might benefit from slightly higher revenue per patient covered under a vision benefit plan, they could also expect to see those patients less frequently.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Joseph Wende O.D.', is written over a faint, larger signature.

Joseph Wende, O.D.
Senior Director, Medical Services

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Mason, OH 45040