

**America's Health  
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October 31, 2017

Representative Thomas Brinkman, Jr.  
Chair, House Insurance Committee  
77 S. High Street, 11<sup>th</sup> Floor  
Columbus, OH 43215

***RE: H.B. 156 – Health Insurance Contracts with Participating Vision Providers***

Dear Chairman Brinkman:

I write today on behalf of America's Health Insurance Plans (AHIP) to respectfully oppose H.B. 156, which would burden consumers with dramatically higher costs for vision care services that are crucial to the overall health of Ohio's small businesses and families.

AHIP is the national trade association representing the health insurance industry. AHIP's members provide health, dental, and supplemental benefits to more than 200 million Americans through employer-sponsored coverage, the individual insurance market, and public programs such as Medicare and Medicaid. Our members offer a broad range of insurance products in the commercial marketplace and also have demonstrated a strong commitment to participation in public programs.

While we appreciate the intent of the bill's sponsors to enhance access to vision care services, in reality the provisions in H.B. 156 are based on a fundamental misunderstanding of the basic aspects of vision care plans and the relationships between vision care providers, insurers, and their enrollees. Much like major medical insurers, vision plans work to keep coverage affordable for enrollees by typically paying benefits based on negotiated fee schedules with in-network providers. Doing so allows plans and providers to emphasize coverage for regular cleanings and exams, as well as corrective devices, to avoid the health impacts routinely shown to result from lack of vision care. This approach to coverage is different than that for major medical coverage, resulting in a different approach when contracting with optometrists and ophthalmologists.

One of these key differences is that, unlike contracts for services under major medical coverage, vision plans broaden access to services for enrollees by negotiating fees for services beyond those covered by the policies. By doing so, consumers receive access to

quality services at an affordable cost and vision providers are able to provide additional needed services to patients with the simplicity of a set fee schedule. Prohibiting these arrangements clearly harms consumers, who would then be required to pay full billed charges without the benefit of the fee negotiated on their behalf by their plan.

The legislation before your committee has several objectionable provisions that should be weighed due to the significant detrimental impact to consumers. Initially, the bill seeks to erode 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. Such a restriction would harm consumers because issuers would no longer be able to use this critical quality and cost containment tool. Under such a restriction, premiums would increase due to the inability of insurers to negotiate the best prices and value for their customers.

Further, we oppose any language that can be interpreted as mandating unnecessary and complicated notifications related to laboratory services outside the plan network, which can be duplicative and confusing to consumers. The requirements in H.B. 156 contain disclosures that are logistically impossible to include on an identification card and are largely duplicative of other materials provided to consumers. New requirements for patient ID cards are unwise because they provide only minimal value and consume valuable space in already crowded and sometimes complicated ID cards. This does not benefit consumers and has potential drawbacks because it diminishes the space and attention available for more critical information.

Should H.B. 156 become law, consumers will face new and uncertain out-of-pocket obligations. The availability of services at discounted charges provides an incentive to consumers to obtain vision care, which plays a critical role in consumers' health. Without access to affordable and high quality care, the delicate balance of overall health and financial stability is endangered.

For these reasons, AHIP respectfully opposes H.B. 156. We appreciate you taking our views into consideration and seek your support in opposing this legislation.

We appreciate the opportunity to provide comments on this important issue. If you have any questions, please do not hesitate to contact me directly (jkeepes@ahip.org, 202-778-8477).

Sincerely,



Joshua D. Keepes  
Regional Director

cc: Sean Mentel