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Memorandum

To: Members of Ohio House Insurance Committee
From: Keith Kerns, OOA Executive Director
Date: April 9, 2018
Re: Substitute House Bill 156

Over the last several weeks the Ohio Optometric Association (OOA), National Association of Vision Care Plans (NAVCP) and other interested parties have been engaged in discussions over House Bill 156, which proposes reforms to vision insurance practices in the state. We are pleased to inform the committee that these discussions were fruitful and we have reached an agreement on the substitute bill that will be before the committee this week.

The -5 version of HB 156 is before the committee this week for consideration addresses the three main components of the legislation (non-covered services and materials, patient choice of vision material suppliers and provider choice in contracting) in terms acceptable to both the OOA and NAVCP. A list of substantive changes to the bill since introduction, including the most recent changes included in the new version of the bill are listed below for your reference. We commend the efforts of Speaker Pro Tempore Schuring, the bill's sponsor, and Vice Chair Henne for their exhaustive efforts in working with the interested parties to reach agreement on this complex issue.

On behalf of the OOA, which represents nearly 70% of Ohio's doctors of optometry, I urge your support of Substitute House Bill 156. Sub. HB 156 is patient-centered and stresses the importance of transparency, disclosure and choice in vision care. It is an important bill that will help preserve the doctor-patient relationship and provide patients with the tools necessary to make informed decisions about their vision care.

Summary of Bill Changes by Provision *(*newly included in -5 substitute bill)*

Non-Covered Services and Materials
(Starting Point: Ban on contract provisions establishing fees for non-covered services/materials)

- Allows doctors to accept the insurer's established fee/discount if the doctor chooses
- Requires doctors to provide patients notice if they do not accept fees/discounts
- Requires insurers to inform patients that doctors may not accept non-covered fees/discount and provide contact information for patients to check with doctors in advance of the appointment
- Requires doctors to provide detailed pricing and reimbursement information on non-covered services, including: the fee/discount suggested by the insurer, the amount the doctor expects to be reimbursed by the insurer, the fee charged by the doctor, the pricing and expected reimbursement for any covered services delivered in the same encounter

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- Allows state licensing boards to discipline doctors for violations of disclosure requirements
- Allows doctors to make a choice within a contract as to whether they will accept the non-covered fees/discounts*
- Allows insurers to inform patients which doctors accept the non-covered fees/discounts in its online directory but must treat all providers equally in marketing materials and directories*

Patient Choice in Suppliers of Vision Materials

(Starting Point: Nothing shall directly or indirectly limit the choice of suppliers of materials)

- Removes language discussing indirect limitations and language restricting an insurers ability to establish networks
- Clarifies that nothing limits an insurer's ability to set coverage amounts and reimbursement for in-network and out-of-network suppliers
- Requires doctors to notify patients when materials are out-of-network and the cost associated
- Requires doctors and insurers to notify patients for any ownership interest in a supplier
- Clarifies that nothing prohibits a patient from using a network source of materials
- Allows state licensing boards to discipline doctors who do not provide disclosure on ownership interest*
- Allows insurers to require that doctors offer in-network supplier options via contract*

Choice in Contracting

(Starting Point: provides that no provider shall be required to participate in a health care contract as a condition to participating in another health care contract)

- Clarifies that nothing restricts or limits an insurer's ability to enter into agreements with another insurer
- Clarifies that nothing restricts or limits a health plan's ability to contract with a vision plan to deliver routine vision services
- Clarifies that nothing restricts a vision care plan network from action as a network for a health care plan*
- Clarifies contracting language to state that nothing shall require a doctor to participate in a plan offering supplemental or specialty services as a condition to participate in a plan offering basic health services*