



OREGON OPTOMETRIC PHYSICIANS ASSOCIATION

Monday, February 9th 2014

TO: MEMBERS OF THE HOUSE HEALTH CARE COMMITTEE

FROM: OREGON OPTOMETRIC PHYSICIANS ASSOCIATION

RE: STATEMENT IN SUPPORT OF HB 2299

The Oregon Optometric Physicians Association supports HB 2299 to prevent vision insurance companies from making decisions for our patients. Oregon needs to keep the pen in the physician's hand to continue to make the best recommendations for their patients and practices.

This problem has been evolving nationally in the last few years. By approving this legislation, you will prevent insurance companies from restricting Oregon patient choices in the materials and laboratories for their eyewear similar to what some other states have already enacted including Kentucky, Maryland, Texas, North Carolina, New York, Vermont, Rhode Island and Kansas.

Currently, vision insurance companies are limiting patient choices in materials and laboratories for their eyewear, which:

- Undermines quality patient care;
- Forces local physicians to use out-of-state insurance company dictated labs;
- Hurts small Oregon business by forced exportation of lab work outside Oregon;
- Creates long delays for patients receiving eyewear

As physicians, our key objectives include quality eye health care, offering our patients professional guidance for suitable materials, providing goods and services in a timely manner and pricing that is comparable or competitive with the insurer's lab.

The most obvious impact of current vision plan insurance practices is the requirement to use the vision insurers' labs to manufacturer lenses for patients which may not necessarily be the lab preferred by the eye care provider based on the patient's eye care needs. Many optometric physicians have established relationships with other labs that they know and trust and this requirement is making them change those arrangements even if they believe patients are better served by a non-contract lab. This requirement negatively impacts many Oregonians and is particularly damaging to patients in under-served populations and those who have unique or challenging visual needs. Forcing eye care providers to use out-of-state suppliers of lab

materials limits patient choice, delays delivery of eyewear and generally undermines quality patient care.

Presently these companies require providers to participate in subjective discount incentives, which are outside of dedicated coverage - such as their second pair of glasses, a pair of sunglasses or contacts that are purchased from another in-network provider within 12-months of the visit.

FORCED DISCOUNTS

30% Complete additional pair of glasses, including plano sunglasses, from the same [insurer] doctor on the same day of routine exam.

15% Contact lens exam services from the same doctor on the same day of exam.

20% Complete additional pair of glasses, including plano sunglasses, from a [insurer] doctor within 12 months of routine exam.

15% Contact lens exam services from a [insurer] doctor within 12 months from routine exam.

Value-Added Feature - Charge the patient \$39 or U&C (whichever is lower) for routine retinal or fundus photography/imaging to complement patient's [plan name] Exam.

Additionally, we do not believe that a vision coverage plan should be able to require our members to give a discount incentive on diagnostic services that are typically linked and coded for a medical eye diagnosis - such as retinal photography or OCT imaging. Benefits such as these, tacked on without any formal amendments to the current contract, are costly to both the patient and Oregon's economy.

Oregon owned and operated labs are seeing a decrease in business, in part due to insurers dictating where materials and services must come from.

"We can't order uncut lenses, forcing patients to give their frames for two weeks or more. We can order uncut only if we submit a paper claim and accept less reimbursement. For stock lenses we are forced to order from a specific company to obtain the benefit; we have to go outside the plan to access labs and materials of our choice."

- Lab Manager, Vision Clinic in Bend

Another issue for providers is the requirement to accept lower paying "routine" vision plans in order to participate as medical eye providers.

Passage of HB 2299 will:

- Stop insurers from limiting the choice Oregon patients have for suppliers of lab materials, often leading to long delays in receiving eyewear and forcing us to send our lab work out-of-state.
- Protect Oregonians from out-of-state corporations dictating what Oregon providers can charge for services and materials not covered by the vision care plan.
- End the costly requirement that ODs participate in only one vision care plan as a condition of participating in another part of the medical health care plan.
- Prevent unexpected changes in contractual terms and discounts or reimbursement rates under a vision care plan without a signed acknowledgement that the OD agrees to the changes.

Optometric Physicians are locked in. Because there are only a handful of vision insurers nationally who have extreme market share power, losing preferred status or access to their networks can mean a practice losing a significant portion of their patients.

OOPA urges you to support HB 2299 and help ensure our patients local choices for their eye care and eyewear.