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TO: House Health and Human Services Committee  
FROM: Todd Fleischer, Associate Executive Director  
RE: Testimony in Support of House Bill 2281

Thank you for the opportunity to appear in support of House Bill 2281.

I want to begin my remarks by thanking this committee for unanimously passing the Vision Care Services Act last session. The law, which went into effect April 24, 2014, addressed a few different issues. The first of these focused on non-covered services, establishing that neither insurance companies nor vision plans can require an optometrist or ophthalmologist to provide discounts on services or eyewear that they don't insure or provide reimbursement for without the consent of the provider.

The legislation also protected the ability of patients to decide where to purchase their eyewear, rather than an insurance company or vision plan dictating that it had to be ordered via a specific website or through an optical laboratory in another state.

The new law requires the consent of the optometrists and ophthalmologists to any plan changes and the opportunity to select vision plans and discount plans that they deem appropriate for their patients and their practice models. Specifically prohibited in the law was the act of requiring a doctor to participate in a discount vision plan in order to participate in a medical plan.

Upon the effective date of the law, we began discussions with some of the vision plans to express our willingness to assist in the implementation process, but we consistently dealt with stonewalling and delay tactics. Despite assurances that new contracts would be in compliance with Kansas law, optometrists are still being asked to sign contracts that would require them to participate in discount vision plans in order to participate in the medical panels or that require them to take all discount plans offered by the vision plans rather than those that they consent to. In addition, to get around the prohibition on requiring discounts on non-covered services, one vision plan has changed their contract language from "non-covered services" to "covered services with additional patient co-pays" — essentially setting the fee without providing reimbursement and passing the cost on to the patient. Some optometrists have reported that they feel bullied into signing these contracts, because when they try to request changes in the contracts to comply with state law, they are often being told to sign the original or they won't be on the panel and will lose the ability to serve a significant number of their patients.

Based on discussions with the insurance commissioner's office regarding our members' ongoing concerns about the lack of compliance with the law, H.B. 2281 was drafted to allow the insurance commissioner the ability to develop rules and regulations regarding the Vision Care Services Act.

We believe that this is an important step to make sure that insurance companies and vision plans comply with Kansas law and we would ask that you pass H.B. 2281 out favorably.