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March 10, 2015

TO: Senate Public Health and Welfare Committee
FROM: Gary Robbins, 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 you 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 neither insure nor provide reimbursement for without the consent of the provider.

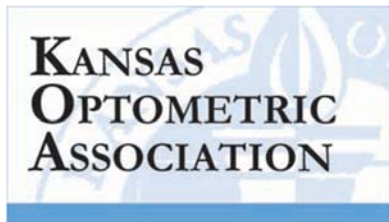
The legislation also protects the ability of patients to decide where to purchase their eyewear, rather than an insurance company or vision plan dictating that it has to be ordered via a specific website or through an optical laboratory in another state.

The new law requires the consent of 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 is 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 have 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 and Attorney General’s offices 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.



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House Bill 2281

Background Information

- House Bill 2281 simply provides the insurance commissioner with oversight and rule and regulation authority related to the Vision Care Services Act.
- The Vision Care Services Act (Senate Bill 285) passed unanimously last year and became effective on April 24, 2014. It addressed several 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.
- Despite passage of the law last year, many of these unfair practices are continuing.
 - The practice of insurance companies requiring optometrists to join a vision plan is still continuing. We have an example of a letter sent to providers across the state in January 2015 requiring them to participate in a discount vision plan in order to participate in the medical panel for the insurance company.
 - Optometrists are feeling bullied into signing contracts, because when they ask for changes to the contract so it will comply with the law, they are told to sign it or they will lose the ability to serve a significant number of patients.
 - Language about "non-covered services" has changed in some cases to "covered services with additional patient co-pays," which basically still sets the discount, but passes additional costs on to patients.
- This bill merely levels the playing field for patients and doctors with insurance companies and vision plans.
- The fiscal note accompanying HB 2281 indicates that the Kansas Department of Insurance would use existing staff and budget resources to implement the provisions of the bill.
- HB 2281 passed out of the House Health and Human Services Committee unanimously. It was voted out favorably (with no dissenting votes) by the House of Representatives on February 27, 2015.

For more information about the bill, contact the following:

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