Support HB 3530A - Prohibiting Vision Plan Abuses

HB 3530A will protect eye care providers from the increasingly aggressive tactics of vision care plans, ultimately strengthening Oregon small businesses and controlling vision care costs for patients.

HB 3530A will:

1. Prohibit vision and health plans from forcing eye care providers to take required discounts on materials that are not covered by the insurer.
   - Currently, providers are required to give discounts on items such as sunglasses or contact lenses, even though the provider is not reimbursed for these discounts by the insurance company.
   - These discounts allow the major insurance companies to be more competitive in the insurance marketplace, solely at the expense of their contracted providers. Changing this practice will not impact the cost of vision care plans since the discounts currently have no cost to the insurance companies. There is zero impact on the state budget.
   - Loss of revenue from required discounts often forces providers to absorb losses on non-covered materials by increasing their retail cost. This practice of cost-shifting contributes to a major lack of transparency in the medical model and is not a fair solution – especially for those patients who may end up paying for someone else’s vision services at the end of the day.
   - HB 3530A only affects services or materials that are NOT covered by the insurance plan. Items contractually covered under the plan will continue to be subject to that plan’s fee structure.

2. Stop vision and health plans from mandating that providers participate in one vision care insurance plan as a condition for participation in another insurance plan.
   - Insurance companies offer many different plans with varying levels of reimbursement. HB 3530A will ensure that insurers cannot contract for one premium plan and then require participation in other plans that are significantly less economically feasible. Instead, it allows providers to select the plans that make the most sense for their practice and their patients.

3. Level the playing field for Oregon small businesses against large, national insurance companies.
   - Most Oregon eyecare providers have been contracted with some of the major insurance carriers for over 20 years. Initially, plans were fair and financially reasonable and the number of patients covered by any given plan was a small. Not renewing a less-reasonable plan had minimal impact.
   - Today, when 80% of all patients are covered by insurance plans and one major carrier represents almost 45% of a provider’s total business - the only choice is to renew the contract. Simply put, Oregon eye care providers are stuck! The ever-evolving plans are becoming less reasonable, but the financial impact of not renewing is devastating - the choice is sign the contract or risk closing their doors. This is especially concerning for rural areas where patients may only have access to one or two providers for their eye health and vision needs.
   - Eye care providers are not able to collectively bargain or address these issues as a group due to anti-trust laws. Therefore, Oregon eye care providers are asking their legislators to stop these unfair business practices.

Ensure that Oregon eye care providers are working in a fair small business environment. Secure ongoing access to less costly and necessary eye health services for Oregonians. Please support HB 3530A!