



April 27, 2020

Michael F. Consedine
Chief Executive Officer
National Association of Insurance Commissioners
1100 Walnut Street, Suite 1500
Kansas City, MO 64106-2197

Re: Recommendations for Temporary Relief During Coronavirus Pandemic

Dear Mr. Consedine:

The American Optometric Association (AOA) represents more than 44,000 doctors of optometry, optometric professionals, and optometry students, and we appreciate the National Association of Insurance Commissioners' work to guide prompt policy changes across the country to address the COVID-19 pandemic. As state insurance regulators continue to consider regulatory flexibility for health insurance plans, we urge them to require the same flexibilities in vision plans.

Doctors of optometry take a leading role in patient care with respect to eye health and vision care, as well as general health and wellbeing. As primary health care providers, doctors of optometry have extensive, ongoing training to examine, diagnose, treat, and manage ocular disorders, diseases, and injuries, and many of these treatments are essential. Essential visits to a doctor of optometry may include medical visits related to systemic and ocular disease or injury where there is significant risk of permanent vision loss because of any postponement of care. Essential visits may also include visits where patients complain about discomfort and other symptoms that significantly interfere or significantly hamper day-to-day function. Studies show that the same groups burdened by COVID-19 complications also suffer more vision problems. This includes those groups of individuals with hypertension (19.6 percent of this cohort), respiratory conditions (4.4 percent of this cohort), and heart disease (3.6 percent of this cohort) and the elderly.¹ In short, ensuring patient access to urgent and emergency eye care provided by doctors of optometry is critical to ensuring that patients, particularly from at-risk populations, do not needlessly end up in an emergency room and potentially exposed to COVID-19 during this current public health emergency. More information on the doctor of optometry's role in essential medical care and the AOA Health Policy Institute's guidance on COVID-19 response can be found at <https://www.aoa.org/coronavirus/health-policy-institute-covid-19>.

Some patients may receive coverage for treatment from a doctor of optometry through a vision plan rather than a traditional health care plan. So, if regulatory changes, whether temporary or

¹ Zheng D.D et. al. Patterns of Chronic Conditions and Their Association With Visual Impairment and Health Care Use. JAMA Ophthalmol. 2020 Feb 27

permanent, are not applied to vision plans, those patients will not receive the same flexibility and relief as those covered through a health plan. Our suggestions for regulatory flexibility follow.

First, administrative burdens placed on doctors of optometry by vision plans can create barriers to patient care and should be given flexibility during this time of a public health emergency. For example, contract renewal deadlines should be extended, prior authorizations should not be required, audits and recoupments should be delayed, and deadlines for filing claims and appeals should be extended. Some vision plans have continued claim audits and are attempting to recoup payments from past claims, some many years old, which may violate laws in several states. Most optometry offices are closed at this time, so it is possible that communications from vision plans to doctors about contract renewals, audits, or claim recoupments are not being received. While some vision plans who administer benefits for Medicare Advantage or Medicaid managed care plans may be required to implement flexibilities mandated by the Centers for Medicare & Medicaid Services (CMS), few vision plans appear to have made these flexibilities for their stand-alone products or other commercial plans subject to state regulation. Overall, regulatory changes being made applicable to vision plans and not just health plans would make the changes uniform and easier to follow for patients and for doctors of optometry.

Second, telehealth services allow patients to receive care from health care practitioners without risking exposure to COVID-19 by traveling outside of their home to a health care facility for an appointment. The AOA supports regulators' efforts to quickly expand coverage for care provided via telehealth and we urge them not to leave doctors of optometry out of the included health care practitioners to which the expansions apply. Some preexisting issues with telehealth services such as site of service, patient privacy considerations, and whether a health or vision plan will reimburse for telehealth services provided by a doctor of optometry impact how much these services will be offered to patients, and how much care can be provided without the patient needing to visit an office or an emergency department. As regulators expand the types of practitioners that can offer telehealth services and what services can be provided, it is important to include doctors of optometry for health plan and to require vision plans make the same allowances.

Finally, since vision plans frequently work with or partner with health plans and state health authorities, we request that state regulators promote and respect the role of doctors of optometry in the COVID-19 crisis. We ask that NAIC remind regulators to acknowledge that:

- a) Doctors of optometry may order or perform COVID-19 testing, following FDA requirements;
- b) Doctors of optometry may provide essential eye health and vision care, including urgent or emergency care; and
- c) Doctors of optometry should have the autonomy to follow the advice of local, state, and public health authorities, and best meet the needs of patients.

Burdens placed on doctors of optometry by vision plans and health plans are not only a problem for the doctors of optometry that are contracted with for services, but also they hinder the ability of patients to access the essential eye health and vision care, including emergency and urgent care, that doctors of optometry provide. We encourage state insurance regulators to clear administrative roadblocks and include vision plans as entities to which the changes they are making apply.

For the most current information about AOA's guidance for doctors, see <http://www.aoa.org/coronavirus>. For more information, please contact Rodney Peele, Esq., Director, AOA Third Party Center, at rpeele@aoa.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Barbara Horn, O.D.", with a stylized flourish at the end.

Barbara Horn, O.D.
President
American Optometric Association