



American Optometric Association

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## The Value of Optometry's Participation in Health Insurance Exchanges

### Background

Health insurance exchanges are a major piece of the private health insurance reforms of the Patient Protection and Affordable Care Act of 2010 (ACA). The goal of the exchanges will be to expand health insurance coverage, improve the quality of such coverage and perhaps of health care itself, and reduce costs. The exchanges under the ACA are designed to increase access to and facilitate purchase of affordable health insurance for certain subpopulations specifically individuals and small businesses these will also be known as Small Business Health Options Programs or "SHOP exchanges." The establishment of exchanges will be a Federal and state partnership where the Federal government will establish minimum certification requirements for plans that participate in exchanges under the ACA and the states will be responsible for the creation and the ongoing operation of the exchanges.

### Optometry's Role in the Healthcare System

Doctors of optometry provide more than two-thirds of all primary eye and vision health care in the United States and serve as an initial contact for many patients who are entering the healthcare system. That is why it is vital to ensure that vision care services performed by qualified professionals are integrated in the health care delivery model and this is supported by the health insurance exchanges being established. Optometrists and ophthalmologists both provide medical eye and vision care in and few general practitioners have the specialized training or equipment necessary to provide this care. Doctors of optometry are America's primary eye care providers and embrace their public health mission to ensure patients are served by skilled professionals. With more optometrists in more areas across the state access to qualified eye care providers will be critical under the expansion created by exchanges.

### Issue: Access to Qualified Healthcare Professionals Will Help Meet Increased Demand

While many provisions in the ACA will have an effect on the delivery of vision and eye health care in the United States, Section 1201 in Title I of the ACA is crucial to providing quality, affordable health care for all Americans participating in the state health insurance exchanges. Section 1201 amends the Public Health Service Act to require, among other patient protections, that plans not discriminate among health care professionals based solely on their professional degrees. The law prohibits a group health plan or an issuer offering group or individual health insurance coverage from discriminating, with respect to participation under the plan or coverage, against any health care provider who is acting within the scope of that provider's license or certification under applicable state law. This provision increases choice and access for patients by preventing plans from arbitrarily eliminating access to licensed practitioners based solely on their professional degree (and not based on their abilities). By increasing the pool of potential network participants, these non-discrimination provisions provide patients with more choices, increase market competition among providers, and incentivize all

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practitioners to further improve the quality and cost of the services they provide. The state must work to ensure that there is adequate access to providers in the network by including language in the legislation to establish exchanges to make network adequacy a key requirement for plans wishing to be included in the exchange.

The ACA delegates to states the power to certify or de-certify health plans that wish to be included in the exchanges and states have the ability to set the parameters that the exchange use to make this determination. Network adequacy is an essential component for any plan that wishes to serve this market and must be included as a requirement for plan certification. Further, network adequacy needs to be defined in a way that assures that patients have access to services provided by healthcare providers like optometrists by requiring plans in the exchange to include optometry as a full participant in the provider network and be included in any method established to determine network adequacy. This will ensure patients are able to access their eye care professionals and create a ready and willing supply of professionals who are ready to provide needed eye and vision care to this newly covered population.

Finally, the state should ensure that providers have a role in the governance structure and ensure the sharing of important participation information of providers participating in an exchange. Having providers at the table will give the exchange leadership an understanding of the issues that patients and providers may be facing with the insurance companies and ideas that the exchange can implement to make the insurance providers more responsive to their needs. Including providers, with groups like consumers, business owners, healthcare advocates who are providing feedback to the exchange will give it important and balanced feedback and create actionable steps that will benefit everybody in the state.

- **Any certification program created for health plans participating in the exchange include language that assured that there is an adequate provider network and that there is no discrimination against types of providers who wish to participate in the plans.**
- **Exchanges must solicit the advice of all providers offering services in the exchange. Providers would offer valuable feedback for the Exchange, offer insight about covered populations and how the insurance products included in the exchange could be improved.**

*If you have any further questions, please feel free to contact Brian Reuwer at the State Government Relations Center at 703-837-1343 or via email at [breuwer@aaa.org](mailto:breuwer@aaa.org).*