

Join Patients and Doctors Fighting Back Against Costly, Controlling and Care-Limiting Vision Benefit Middleman (VBM) Abuses

Co-Sponsor the DOC Access Act (H.R. 1521) and the Vision Lab Choice Act (S. 1716)

Reps. Buddy Carter (R-GA) and Yvette Clarke (D-NY) introduced the DOC Access Act (H.R. 1521) and Sens. Kevin Cramer (R-ND), Chris Murphy (D-CT), and Markwayne Mullin (R-OK) introduced the Vision Lab Choice Act (S. 1716), which aim to **combat costly, controlling and care-limiting VBM abuses.**

The VBM Market is Highly Concentrated



200 million

Americans have coverage for annual eye exams and vision correction (eyeglasses/contact lenses) through a vision benefit plan

Roughly 85% of those with vision coverage in the U.S. are enrolled in one of two dominant VBMs. In 42 states, a single VBM holds at least a plurality of the market, and in 28 states, one VBM controls more than 75% of the market.

The VBM Market is Nearly Completely Vertically Integrated

Dominant VBMs are subsidiaries of larger conglomerates that make most eyeglass frames and lenses on the market, own and operate most available optical laboratories, employ doctors and own a growing number of optical retail locations, operate electronic health records systems, including practice management and claims processing software, and so much more.

Summary

Like other harmful health care benefit manager middlemen, Vision Benefit Middleman (VBMs) have rigged a system that benefits them and their parent company at the expense of patients, independent doctors, and local communities.

The VBM market is highly concentrated, with the top two VBMs controlling roughly 85 percent of the national vision coverage market. In 42 states, a single VBM holds at least a plurality of the market, and in 28 states, one dominant VBM controls more than 75% of the market.

The VBM market is nearly completely vertically integrated, with the top two VBMs owned by larger conglomerates that make and sell most eyeglass frames and lenses on the market, own and operate most available optical laboratories, employ doctors at a growing number of optical retail outlets, operate electronic health records systems, and are increasingly acquiring independent eye care practices.

The VBMs use their market dominance to push lopsided contracts onto eye care practices that set prices—even on items and services the plan does not cover, require sales quotas of VBM-made eyeglass frames and lenses, force doctors and patients to use VBM-owned or aligned optical laboratories, and require doctors to pay for and use VBM-owned electronic health records systems, including practice management and claims processing software.

Patient and consumer advocacy groups, including Patients Rising, the National Consumers League, and more than a dozen others, are increasingly calling on Congress and federal regulators to help put an end to VBM tactics leading to higher costs, a loss of patient, consumer and doctor control, and diminished access to care in communities that need it most.

Help patients and their doctors fight back against costly, controlling and care-limiting VBM abuses by joining as a co-sponsor of the DOC Access Act (H.R. 1521) in the U.S. House and the Vision Lab Choice Act (S. 1716) in the U.S. Senate.

Scan Here to Watch Patients Rising Video Illustrating Patient Impact of VBM Market Abuses:



Costly, Controlling, and Care-Limiting VBM Abuses

VBM takes full advantage of their market dominance to push lopsided contracts onto eye care practices that allow VBMs to set patient prices, even on items and services the VBM does not cover, set specific sales quotas for products the VBM parent makes and sells, force patients and doctors to patronize optical laboratories owned by or aligned with the conglomerate, which can be sub-par and far away, and force doctors to pay for and use electronic health records systems, including practice management and claims processing software operated by the VBM.

Federal and State VBM Abuse Investigations Expanding

Complementing Capitol Hill efforts, federal investigators are increasingly probing VBM abuses. A U.S. Federal Trade Commission investigation into abusive VBM tactics is expanding, the U.S. Government Accountability Office is on track to release its report to Congress on VBM harms to patients and their doctors, patient and consumer groups are pushing state Attorneys General to expand probes of potential misuse of ERISA preemption to avoid state-level anti-VBM abuse laws, and urging a U.S. House Judiciary Committee anti-trust investigation into VBM acquisition tactics to help foster a more competitive market.

Join Patients and Doctors Fighting Back Against Costly, Controlling and Care-Limiting Vision Benefit Middleman (VBM) Abuses.

U.S. House members are urged to co-sponsor the DOC Access Act (H.R. 1521) and U.S. Senators are urged to co-sponsor the Vision Lab Choice Act (S. 1716).

Putting a stop to costly, controlling and care-limiting middleman abuses is supported by: AOA, American Dental Association, Academy of General Dentistry, American Association of Oral and Maxillofacial Surgeons, American Association of Endodontists, America's Pediatric Dentists, American Academy of Periodontology, American Academy of Pediatric Dentistry, The Hispanic Leadership Fund, Americans for Limited Government, Southern Christian Leadership Conference Global Policy Initiative, People Over Profits, Patients Rising, and the National Consumers League.

For more information please contact AOA Washington office staffers:

Matt Willette | mwillette@aoa.org | 703.837.1001 or **Ralph Kohl** | rkohl@aoa.org | 703.837.1011

VBMs Target Independent Eye Care Practice Acquisitions

Serving as a check on VBM abuses, independent eye doctor practices are increasingly being targeted for VBM takeover. In 2024, one VBM acquired more than 300 practices spanning 42 states in the largest single transaction yet. With VBMs keeping payments to independent eye doctors' practices artificially low and pushing their subscribers to utilize vision benefits at VBM-owned locations instead of independent eye care practices, it is only a matter of time before the market is completely dominated by the VBMs.



The DOC Access Act and the Vision Lab Choice Act Target Costly, Controlling and Care-Limiting VBM Abuses By:

- Preventing VBMs from Setting Prices on Items and Services Not Covered Under the Plan (DOC Access Act)
- Preventing VBMs from Forcing Doctors and Patients to Use Optical Laboratories Aligned with or Owned by the VBM Parent (DOC Access and Vision Lab Choice Act)
- Ending Never-Ending, Lopsided Contracts by Enforcing a Two-Year Contracting Cycle, Unless the Doctor Chooses to Opt-Out (DOC Access and Vision Lab Choice Act)

To co-sponsor the DOC Access Act (H.R. 1521), please **contact Jack Ganter in Rep. Carter's office or Nisha Thanawala in Rep. Clarke's office.**

To co-sponsor the Vision Lab Choice Act (S. 1716), please **contact Ryan Kenyon in Sen. Cramer's office or Chelsey Rice-Davis in Sen. Murphy's office.**

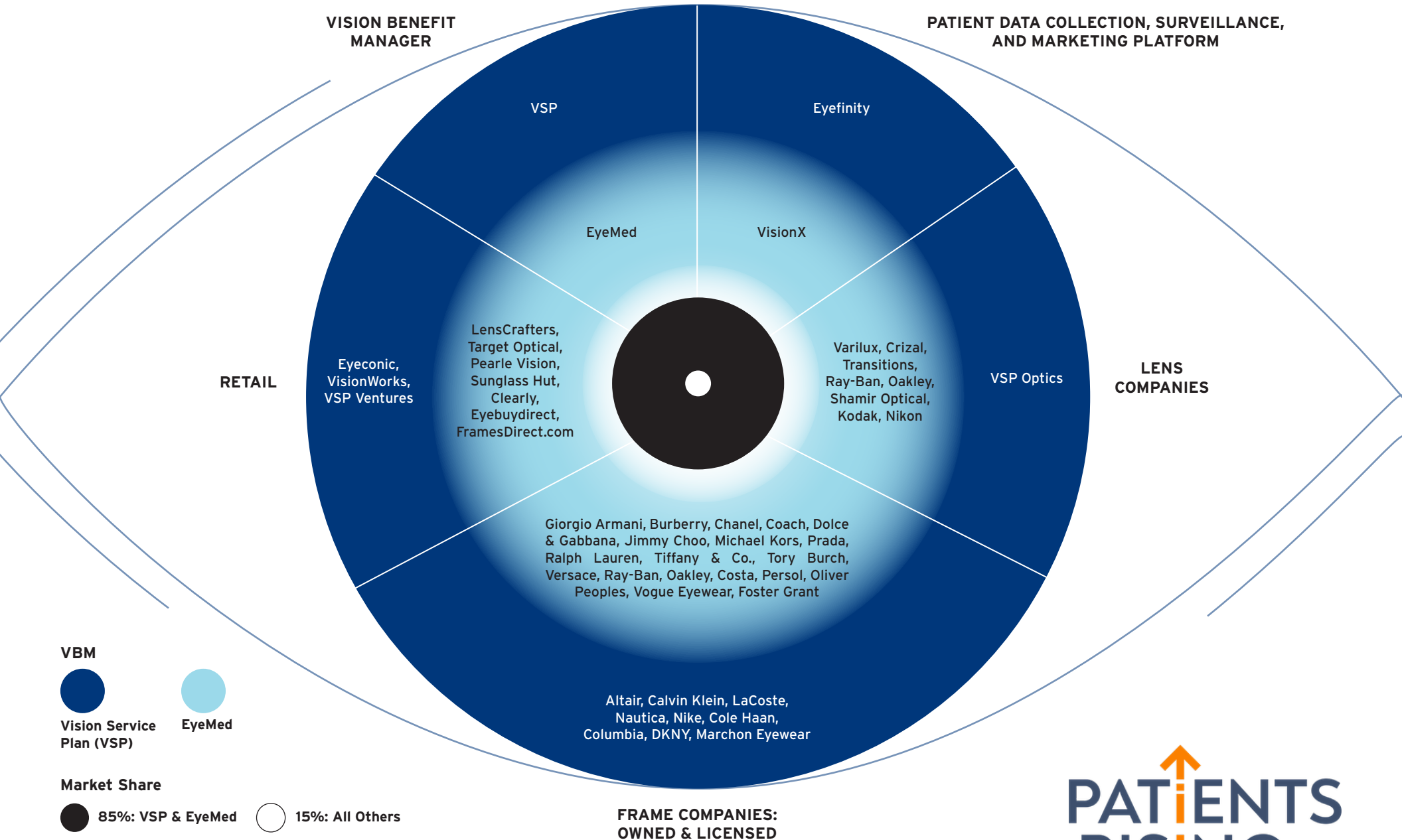
DOC Access Act (H.R. 1521/S.1716) Cosponsors*

Original Sponsors: Sen. Cramer (R-ND), Rep. Carter (R-GA)

Alabama	Sewell (D)	North Carolina	Sen. Budd (R), Davis (D), Murphy (R), Ross (D), Rouzer (R), Sen. Tillis (R)
Arizona	Ansari (D)	New Hampshire	Pappas (D)
Arkansas	Sen. Boozman (R), Westerman (R), Womack (R)	New Jersey	Gottheimer (D), Norcross (D), Smith (R), Van Drew (R)
California	Brownley (D), Correa (D), Harder (D), Mullin (D), Panetta (D), Simon (D), Swalwell (D), Valadao (D)	New Mexico	Vasquez (D)
Colorado	Evans (R), Neguse (D), Pettersen (D)	New York	Clarke (D), Gillen (D), Sen. Gillibrand (D), Langworthy (R), Latimer (D), Malliotakis (R), Mannion (D), Meng (D), Stefanik (R), Suozzi (D), Torres (D)
Connecticut	Sen. Blumenthal (D), Sen. Murphy (D)	Nevada	Lee (D), Titus (D)
Delaware	McBride (D)	Ohio	Beatty (D)
District of Columbia	Norton (D)	Oklahoma	Sen. Mullin (R)
Florida	Castor (D), Cherfilus-McCormick (D), Rutherford (R), Soto (D)	Oregon	Bynum (D), Hoyle (D)
Georgia	Bishop (D), Johnson (D)	Pennsylvania	Mackenzie (R), Reschenthaler (R), Thompson (R)
Idaho	Simpson (R)	Puerto Rico	Hernández
Illinois	Bost (R), Budzinski (D), Davis (D), Sen. Duckworth (D), Foster (D), Jackson (D), Krishnamoorthi (D), LaHood (R), Miller (R), Quigley (D), Ramirez (D), Schneider (D), Sorensen (D)	South Carolina	Fry (R), Norman (R), Wilson (R)
Indiana	Mrvan (D)	Tennessee	Harshbarger (R)
Iowa	Sen. Grassley (R)	Texas	Babin (R), Goldman (R), Gonzalez (D), Sessions (R), Weber (R), Williams (R)
Kansas	Davids (D), Estes (R), Mann (R), Schmidt (R)	Utah	Owens (R)
Kentucky	Rogers (R)	Vermont	Sen. Welch (D)
Louisiana	Fields (D)	Virginia	Vindman (D)
Maine	Pingree (D)	Washington	Baumgartner (R), Perez (D), Randall (D)
Michigan	Barrett (R), Bergman (R), McDonald Rivet (D), Tlaib (D)	West Virginia	Sen. Capito (R), Miller (R), Moore (R)
Minnesota	Craig (D)	Wisconsin	Pocan (D)
Mississippi	Ezell (R), Kelly (R)	Wyoming	Sen. Lummis (R)
Missouri	Wagner (R)		

* As of 2/20/26

VISION BENEFIT MANAGERS (VBM)s: OWNERSHIP AND VERTICAL INTEGRATION



JUNE 2025



May 8, 2025

The Honorable John Formella
President
National Association of Attorneys General
1850 M Street, NW
12th Floor
Washington, D.C. 20036

RE: As with PBMs, Anti-Patient, Anti-Consumer Vision Benefit Manager (VBM) Abuses Must Too Be Addressed

Dear Attorney General Formella,

We are writing today on behalf of millions of American consumers and health care patients as respective leaders of the National Consumers League, the nation's oldest consumer advocacy organization, and Patients Rising, a leading national patient advocacy organization aimed at advancing patient access to affordable, quality health care.

We have long expressed concerns about concentration in the marketplace, including in health care and in this specific case we are focused on eye and vision care. In that vein, we are encouraged by the recent joint action of 39 State Attorneys General (AGs) urging U.S. House and Senate leaders to enact legislation prohibiting Pharmacy Benefit Managers (PBMs), their parent companies, or affiliates from owning or operating pharmacies.

In their April 14 letter, Attorneys General across the U.S. – from both red and blue-leaning states – make clear that PBMs “have overtaken the market and now wield outsized power to reap massive profits at the expense of consumers” and that important “decisions are being made in boardrooms that focus on shareholder profits rather than in doctors’ offices that prioritize patient care.”

We applaud this joint AG call-to-action and, alongside advocating for these overdue PBM reforms, we urge similar advocacy and action aimed at fighting back against increasingly

harmful tactics of Vision Benefit Managers (VBMs) – a market which is arguably more horizontally consolidated, vertically integrated, and abusive to patients and consumers.

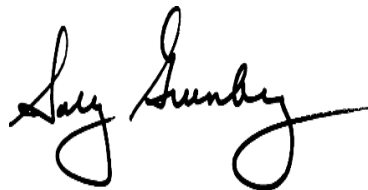
The VBM market is highly concentrated. Right now, more than 200 million Americans rely on vision insurance for annual eye examination and vision correction (eyeglasses and contact lenses) coverage. Roughly 85 percent of those with vision insurance in the U.S. have coverage through one of two dominant VBMs. In 42 states, a single VBM holds at least a plurality of the market, and in 28 states, one VBM controls more than 75 percent of the market.

The VBM market is vertically integrated. Through the contracting process with eye doctors, the VBMs set prices – including for items and services the plan does not cover, they often require doctors to meet specific sales quotas of products the VBM parent makes and sells, they force doctors and patients to use optical laboratories owned by the conglomerate, they force doctors to pay for and use electronic health records systems developed by the VBM, and so much more. These business practices are not centered on what is best for the patient and consumer, rather VBMs are hurting the public.

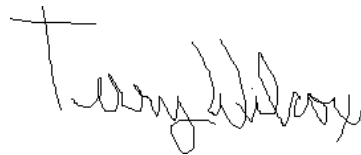
The one part of the market that serves as a check on VBM abuses – independent eye doctors – are increasingly being targeted for acquisition by the VBMs. In fact, in 2024 one VBM acquired more than 300 locations in 42 states in the largest acquisition yet. While the VBMs keep independent eye doctor reimbursement low and push their enrollees to seek care and purchase from the retail locations the VBM owns, it is only a matter of time before the market is completely dominated by the VBMs.

For the good of patients, consumers, our communities, and independent health care – we believe that like PBMs, the VBMs, their parent companies, or affiliates must be prohibited from owning and operating eye and vision care retail locations and we urge all AGs to join us in this fight.

Sincerely,



Sally Greenberg
Chief Executive Officer
National Consumer League



Terry Wilcox
Co-Founder & CEO
Patients Rising

CC: Majority Leader Sen. John Thune, Minority Leader Sen. Chuck Schumer, House Speaker Rep. Mike Johnson, and House Minority Leader Rep. Hakeem Jeffries

Congress of the United States

House of Representatives

COMMITTEE ON OVERSIGHT AND GOVERNMENT REFORM

2157 RAYBURN HOUSE OFFICE BUILDING

WASHINGTON, DC 20515-6143

MAJORITY (202) 225-5074
MINORITY (202) 225-6051
<https://oversight.house.gov>

February 13, 2026

The Honorable Andrew Ferguson
Chairman
Federal Trade Commission
600 Pennsylvania Ave, NW
Washington, D.C. 20580

Dear Chairman Ferguson:

The Committee on Oversight and Government Reform is continuing its oversight of the impacts of consolidation within the vision care market and its harm to the U.S consumer. Increasing concentration among vision insurance administrators threatens competition and is driving higher costs and fewer choices for patients. Accordingly, we request a staff-level briefing on the Federal Trade Commission's ongoing efforts to monitor, investigate, and prevent anticompetitive consolidation in the vision care market that may harm patients and consumers.

Recent reporting shows that the vision care market is concentrated highly, with one or two vision benefit manager companies dominating the market in most states.¹ Nationwide, just two companies control approximately 85 percent of the market for stand-alone vision insurance plans.² In 40 states, a single company, VSP Vision Care (VSP) controls at least a plurality of the market, and in 25 states, it fills more than 75 percent.³ Notably, these levels of concentration have decreased only marginally since the Committee launched its investigation in 2023.⁴

The consolidation in the vision care market is enabling Vision Benefit Managers (VBMs) to exercise excessive market power at the expense of patients and plan sponsors. VBMs have vertically integrated to own, operate, or maintain exclusive affiliations with eyeglass and lens manufacturers, optical laboratories, and retail providers, giving them substantial control over the vision care supply chain.⁵ One of the leading concerns of the VBMs vertical integration is the use of market control to offer preferential copayments that steer patients toward VBM-owned retail locations while simultaneously imposing higher rates and less favorable terms on plan sponsors and competing providers.⁶

¹ *AOA exposes and challenges VBM lobby group's latest attacks on optometry*, AMERICAN OPTOMETRIC ASSOCIATION (Sept. 17, 2025) & *Enough is Enough*, AMERICAN OPTOMETRIC ASSOCIATION (July 29, 2025)

² Cate Deventer, *What Are the Largest Vision Insurance Companies?*, VALUEPENGUIN (Updated Sep. 18, 2025).

³ *Id.*

⁴ See Letter from James Comer, Chairman, H. Comm. on Oversight & Gov't Reform, to Attorney General Merrick Garland (Nov. 18, 2024); Letter from James Comer, Chairman, H. Comm. on Oversight & Gov't Reform, to Federal Trade Commission, Chair Lina Khan (August. 8, 2023).

⁵ *Supra* note 1.

⁶ David Lazarus, *Column: Vision insurers have rigged the market to get you to buy their glasses*, LOS ANGELES TIMES, (Mar. 19, 2019).

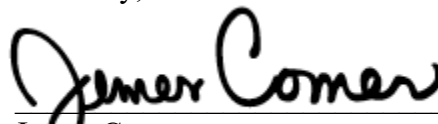
Additionally, recent actions by VSP suggests a continued and accelerating effort toward consolidation.⁷ In March 2025, VSP announced its intent to acquire Marcolin, described as “a global leader in eyewear design, manufacturing, and distribution.”⁸ VSP already provides vision insurance to more than 85 million Americans nationwide, and this acquisition would further leverage its dominance in insurance to other markets.⁹

Such continued consolidation of the vision care market by VBMs mimic similar anticompetitive patterns identified by the Committee in its investigation of Pharmacy Benefit Managers (PBMs).¹⁰ That investigation found that PBMs leveraged their intermediary role and vertical integration to steer patients toward affiliated entities, eliminate competition, increase patient costs, and exploit market cloudiness to avoid oversight.¹¹ Similar practices may be occurring within the VBM industry to the detriment of patients.

To help the Committee understand the impacts on consumers of consolidation and vertical integration among vision insurance plans, please make arrangements to schedule a briefing with Committee staff on this matter as soon as possible, but no later than February 20, 2026.

The Committee on Oversight and Government Reform is the principal oversight committee of the U.S. House of Representatives and has broad authority to investigate, “any matter” at “any time” under House Rule X. Thank you for your attention to this important matter. To schedule the briefing or to ask any related follow-up questions, please contact the Committee on Oversight and Government Reform Majority staff at 202-225-5074.

Sincerely,


James Comer
Chairman

cc: The Honorable Robert Garcia, Ranking Member
Committee on Oversight and Government Reform

⁷ See *VSP Ventures Acquires Three New Practices*, VISION MONDAY (March. 31, 2025); *VSP Vision Completes the Acquisition of Eyemart Express*, VISION MONDAY (Jan. 23, 2025); *VSP Ventures Acquires 13 New Practices in First Half of 2024*, VISION MONDAY (August. 29, 2024); & *VSP Vision Enters into Definitive Agreement to Acquire Eyemart Express*, VISION MONDAY (Oct. 9, 2024).

⁸ *VSP Vision Enters into Definitive Agreement to Acquire Marcolin from PAI Partners and Other Minority Shareholders*, VSP Vision (Sept. 5, 2025).

⁹ *Id.*

¹⁰ *The Role of Pharmacy Benefit Managers in Prescription Drug Markets*, H. Comm. On Oversight and Accountability, (Jul. 23, 2024).

¹¹ *Id.*

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February 13, 2026

The Honorable Pamela J. Bondi
Attorney General
U.S. Department of Justice
950 Pennsylvania Ave, NW
Washington, D.C. 20530

Dear Attorney General Bondi:

The Committee on Oversight and Government Reform is continuing its oversight of the impacts of consolidation within the vision care market and its harm to the U.S consumer. Increasing concentration among vision insurance administrators threatens competition and is driving higher costs and fewer choices for patients. Accordingly, we request a staff-level briefing on the Department of Justice's ongoing efforts to monitor, investigate, and prevent anticompetitive consolidation in the vision care market that may harm patients and consumers.

Recent reporting shows that the vision care market is concentrated highly, with one or two vision benefit manager companies dominating the market in most states.¹ Nationwide, just two companies control approximately 85 percent of the market for stand-alone vision insurance plans.² In 40 states, a single company, VSP Vision Care (VSP) controls at least a plurality of the market, and in 25 states, it fills more than 75 percent.³ Notably, these levels of concentration have decreased only marginally since the Committee launched its investigation in 2023.⁴

The consolidation in the vision care market is enabling Vision Benefit Managers (VBMs) to exercise excessive market power at the expense of patients and plan sponsors. VBMs have vertically integrated to own, operate, or maintain exclusive affiliations with eyeglass and lens manufacturers, optical laboratories, and retail providers, giving them substantial control over the vision care supply chain.⁵ One of the leading concerns of the VBMs vertical integration is the use of market control to offer preferential copayments that steer patients toward VBM-owned

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⁵ *Supra* note 1.

The Honorable Pamela J. Bondi

February 13, 2026

Page 2 of 3

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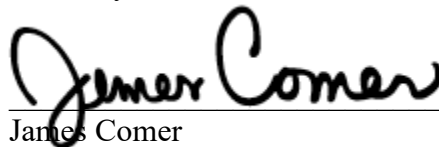
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Such continued consolidation of the vision care market by VBM mimics similar anticompetitive patterns identified by the Committee in its investigation of Pharmacy Benefit Managers (PBMs).¹⁰ That investigation found that PBMs leveraged their intermediary role and vertical integration to steer patients toward affiliated entities, eliminate competition, increase patient costs, and exploit market cloudiness to avoid oversight.¹¹ Similar practices may be occurring within the VBM industry to the detriment of patients.

To help the Committee understand the impacts on consumers of consolidation and vertical integration among vision insurance plans, please make arrangements to schedule a briefing with Committee staff on this matter as soon as possible, but no later than February 20, 2026.

The Committee on Oversight and Government Reform is the principal oversight committee of the U.S. House of Representatives and has broad authority to investigate, “any matter” at “any time” under House Rule X. Thank you for your attention to this important matter. To schedule the briefing or to ask any related follow-up questions, please contact the Committee on Oversight and Government Reform Majority staff at 202-225-5074.

Sincerely,



James Comer
Chairman

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⁷ See *VSP Ventures Acquires Three New Practices*, VISION MONDAY (March. 31, 2025); *VSP Vision Completes the Acquisition of Eyemart Express*, VISION MONDAY (Jan. 23, 2025); *VSP Ventures Acquires 13 New Practices in First Half of 2024*, VISION MONDAY (August. 29, 2024); & *VSP Vision Enters into Definitive Agreement to Acquire Eyemart Express*, VISION MONDAY (Oct. 9, 2024).

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¹¹ *Id.*



House GOP eyes antitrust in vision insurance market

By [Gabrielle M. Etzel](#)

September 15, 2025

EXCLUSIVE — [Republicans](#) on the [House Judiciary](#) Committee are launching an investigation into anticompetitive practices in the [vision insurance benefits](#) market.

Rep. Scott Fitzgerald (R-WI), chairman of the House Judiciary Committee’s antitrust subcommittee, sent a letter on Monday, obtained by the *Washington Examiner*, to [VSP Vision Care](#) requesting a briefing about the company’s vertical integration practices, which critics argue pressure independent optometrist offices out of the market.

VSP is the largest vision insurance provider in the United States, covering over [two-thirds](#) of the vision insurance market with about 82 million enrollees. In 21 states, VSP has more than 80% of the market share.

“By consolidating market power and engaging in potentially anticompetitive conduct, VBMs may be harming patients as diminished competition can lead to higher prices, fewer alternatives, and limited access to independent providers,” Fitzgerald wrote on Monday.

The letter marks an escalation in the House’s investigation into the vision insurance market, in which each insurer typically owns, operates, and partners with downstream providers such as lens and frame manufacturers, optical labs, software vendors, and optometric practices.

VSP, in particular, has been accused of so-called “tying in” or “bundling” practices, only allowing optometrists to be in-network if they are willing to contract exclusively with approved vendors.

“These vertical relationships can create an incentive to self-preference, steer, bundle, and tie products and services, such as requiring optometrists to favor products and services offered by the VBM and its affiliates,” Fitzgerald wrote.

In August 2024, House Oversight Committee Chairman [James Comer](#) (R-KY) sent a letter to then-Federal Trade Commission Chairwoman Lina Khan regarding alleged anticompetitive practices among vision benefits managers. Comer sent a [subsequent letter in November 2024](#) to then-Attorney General Merrick Garland asking him to open an investigation into large vision insurers.

VSP was sued in 2023 by the California-based optometry practice Total Vision. The [plaintiffs alleged](#) that VSP required them to purchase large quantities of frames and lenses from VSP supplies.

VSP settled the lawsuit with Total Vision this summer, but the incident is still highlighted as a prime example of the vertical integration within the vision insurance market.

Fitzgerald’s letter cites the lawsuit complaint’s main critique that VSP’s “ubiquity in the vision insurance market makes it a ‘must have’ for [optometry] practices, which must be ‘in-network’ with VSP or else be unable to meaningfully compete in the independent optometry market.”

Fitzgerald’s letter comes three months after the American Optometric Association sent a [cease and desist letter](#) to VSP over its history of allegedly anticompetitive practices.

Dr. Steven Reed, president of the AOA, wrote in a press release in June about the cease-and-desist letter that VSP’s model “sets up a downward spiral that ends badly for all involved.”

Fitzgerald requested that VSP provide a briefing to committee staff on the company’s practices, “including its bundling or tying of products and services and any requirements it imposes on independent optometrists to remain in its network.”

The subcommittee chairman requested that the meeting be scheduled no later than Sept. 29.

VSP did not respond to the *Washington Examiner*’s request for comment.