Healthcare reform: What OD's at Optometry’s Meeting® are saying about the new law and its effects

Chris A. Smiley, O.D.

The Harkin Amendment
The Harkin Amendment prevents Employee Retirement Income Security Act (ERISA) plans from discriminating against healthcare providers.¹ The Harkin Amendment is considered one of Optometry’s biggest healthcare reform victories in terms of patient access.

OD’s Take: Many OD’s are excited about this new amendment and the potential positive impact on patient access. OD’s are concerned that the effect may not be immediate, and expect some third parties will be reluctant in changing their discriminatory ways. OD’s are looking to their state associations to provide assistance in tackling these issues on a plan-by-plan basis.

Medicaid expansion
Increased federal funding allows states to expand Medicaid programs. However, some states are opting out of this provision.² Use the following link to find out where your state stands:


OD’s Take: OD Medicaid providers expect this provision to increase the number of Medicaid patients in their practice. Many OD’s are concerned that Medicaid managed care plans will continue to squeeze reimbursement rates, despite this increase in funding. OD’s feel their practices cannot handle the economics of increased volume and lower reimbursement.

Doctors of optometry have yet to be recognized as physicians under Medicaid. Optometric services are not a mandatory service under state Medicaid programs.³ The AOA and state associations spend an enormous amount of resources in order to maintain OD’s participation in these programs.

Health insurance marketplace
Small businesses and individuals will be able to purchase insurance on these exchanges starting January 1, 2014.⁴ Some states are creating their own exchanges, while other states are defaulting to the federal exchange. Use the following link to find out where your state stands:


The impact of these exchanges for the optometric practice will be two-fold:

1. This will be a place where OD’s can purchase insurance for themselves and employees.

OD’s Take: OD business owners want to know whether purchasing insurance on these exchanges will be a cost savings, or if these exchanges will end up being higher cost due to the potential for higher risk pools. OD’s express skepticism that the Affordable Care Act will be affordable.

2. OD’s will become panel providers for these new plans created by the exchange.

OD’s Take: Most OD’s expect healthcare reform to increase the number of patients coming into their practice. OD’s are concerned about the sustainability of increasing patient volume while decreasing reimbursement.
Pediatric vision care benefit
Pediatric vision care is one of the ten essential benefits insurance plans sold in the healthcare marketplace must provide. The debate over whether medical plans or vision plans should provide that benefit is an ongoing battle. It is still unclear whether material coverage, such as glasses and contact lenses, will be a part of this benefit.

OD's Take: Early detection of vision problems is critical to a child's success in the classroom. Therefore, the vast majority of OD's welcome this benefit and most would like to see material coverage included. Many OD's would like to see the vision benefit expanded to adults.

Contact lenses
I could not write a CLCS article without incorporating contact lenses into the mix. At Optometry's Meeting®, I shared a conversation with an OD representative of a healthcare organization that shall remain anonymous. He stressed that a vision benefit should include materials. He further went on to say the material coverage should only be eyeglasses. He was passionate that contact lenses should be excluded, unless medically necessary.

Dr. Smiley's Take: As a contact lens practitioner, I was floored by this comment. What about the active child that is at risk for eye injury with his or her glasses? What about that child with self esteem issues that simply won't wear glasses? I could think of countless other scenarios that enter my contact lens practice each and every day. While we are just individual practitioners working through this healthcare reform maze, collectively CLCS members need to stand together. The doctor and patient together determine which material should be provided, not a managed care plan. A material benefit should include the option for contact lenses, even when not "medically necessary."

How can you impact healthcare reform?
I sat in the House of Delegates during the opening remarks at Optometry’s Meeting® and one comment stuck with me . . . healthcare reform is a “race with no finish line.” January 1, 2014 is not the end of the race, rather just the beginning of a long marathon. For that reason, now is the time to unify the profession. Now is the time to put differences aside and collectively work together to ensure that the needs of patients are met. Now is the time to ensure that optometry is there to serve those needs. Now is the time to ask your colleagues to support the AOA and their state associations in the healthcare reform battles to come. Now is the time . . .

References

Dr. Smiley is the owner of Vision Professionals, a two location private practice in Columbus, Ohio. He was a 2001 recipient of the American Optometric Foundation Award of Excellence in Patient Contact Lens Care. He has served as a clinical investigator for various contact lens manufacturers. Dr. Smiley is a Clinical Assistant Professor of Optometry at The Ohio State University College of Optometry. Dr. Smiley can be reached for comment at csmileyod@gmail.com

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