

Testimony in Support of SB 795

Senate Finance Committee Maryland General Assembly

Submitted by:

Cat Carter

Small Business Owner, Former English Teacher, Lions Club Member, Mother of Five

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Main Testimony

My name is Cat Carter. I am a small cybersecurity business owner, a former English teacher, a Lions Club member, and a mother of five. I purchase my family's vision insurance on the open market. I am here today as a patient and as a parent in strong support of SB 795.

All five of my children and I wear glasses and/or contact lenses. Vision care in our household is not occasional — it is constant. When coverage fails, the impact does not happen once. It happens six times.

My daughter Belleadora is currently in active myopia management treatment to slow the progression of her nearsightedness. Progressive myopia significantly increases the lifetime risk of retinal tears and retinal detachment. This is not cosmetic care — it is preventive medical care intended to protect her eyesight for decades to come.

There was a period when her prescription was changing rapidly. Each change required new lenses. Our vision plan allows only a short window for prescription-change remakes. When her eyes changed outside that window — which they did — the plan would not cover replacement lenses, even though the change was medically necessary. We paid out of pocket to keep her vision corrected because waiting was not an option.

Vision plans typically cover glasses or contact lenses — not both. But children in myopia management and patients who rely on contacts must maintain a current pair of glasses to avoid overwear and protect eye health. When prescriptions change, families are forced to choose which to update through insurance and which to pay for themselves. What should be a medical decision becomes a financial one.

Low reimbursement also affects what happens inside the exam room. When plans reimburse very little for comprehensive eye exams, providers must schedule higher patient volumes to remain financially viable. That means less time per patient. As a mother managing progressive myopia in

one child and corrective needs for five others, I value time in the exam room. When reimbursement pressures compress appointment time, patient care inevitably feels the strain.

This issue is deeply personal to me.

My son, Atticus, struggled with double vision that went undiagnosed for far too long. Watching your child try to read when the words will not stay still is heartbreaking. He worked twice as hard just to keep up — not because he lacked ability, but because he could not see clearly enough to learn.

Because of children like Atticus, the Atticus Act was passed in Maryland in 2018 to improve access to eye care so students can see in order to learn. That same year, Maryland passed a vision screening reporting bill after data showed that only 35% of parents followed up after their child failed a school vision screening.

That means most children identified as needing help were not getting to an eye doctor.

On average, school vision screenings cost Maryland counties approximately \$5 million annually, and follow-up efforts cost schools approximately \$1.9 million annually. We are investing millions of dollars to identify students with vision problems. But identification without access to treatment does not solve the problem.

When I served as project manager for the Howard County Beyond 2020 Outreach program, our parent survey found that the number one barrier to care was simply finding a provider.

Just last week, I received a call from a high school administrator asking for help for students who were struggling and needed eye exams and glasses. The VSP voucher system that school nurses relied on for years is gone. Fewer providers are participating in certain plans. Access points are shrinking.

As a Lions Club member, I refer families to our LASH (Lions Affordable Sight & Hearing) program and have organized numerous community vision screenings. I strongly believe in what Helen Keller charged the Lions to do when she called us to be “knights of the blind in this crusade against darkness.” We can identify children who need help. But identification is not treatment.

Meanwhile, through the Blueprint for Maryland’s Future, significant Concentration of Poverty funds are being invested in school-based eye exam programs to address vision barriers to learning.

That investment acknowledges how serious this issue is. But school-based programs alone cannot solve it.

The Vision for Baltimore Study (2021) showed that while there was improvement at one year, the impact was not sustained over time. The study emphasized that long-term success requires connection to community eye care clinicians for ongoing monitoring and updated prescriptions.

Providing glasses once is not enough.

If reimbursement structures make it difficult for providers to participate in insurance plans, the network shrinks. When the network shrinks, students lose continuous care. We end up spending public dollars on identification and short-term solutions without strengthening the long-term treatment infrastructure.

This bill helps ensure that students not only receive glasses once — but have sustained access to the doctors who can care for them over time.

I cannot overstate how deeply I value and trust my optometrist. Quite frankly, I trust her with something as precious as my family's sight — there is nothing more important. She has already had to drop one vision plan because it was not financially sustainable.

As a small business owner who purchases my family's vision insurance on the open market, I would wholeheartedly accept a modest premium increase — likely no more than \$50 per year — if it meant she is reimbursed fairly and can continue participating with my plan. Supporting her ability to provide the exceptional care I rely on is more than worth that cost.

I do not want to lose access to the doctor who has cared for my children for years. I do not want her to be forced to drop my plan because the reimbursement structure no longer works.

SB 795 helps protect patient access — especially for the students who need to see in order to learn.

For my family of seven, and for thousands of Maryland children trying to learn without being able to see clearly, this is deeply personal.

Thank you for your consideration.

Supplemental Patient Perspective

Practical Impact of Vision Plan Structures

The following reflects my personal experience navigating our family's vision coverage:

- During a period when my daughter's prescription was changing rapidly, our plan would not cover replacement lenses outside a narrow remake window, even though her prescription had medically changed. We paid out of pocket to keep her vision corrected.
- Vision plans typically provide benefits for glasses or contact lenses, not both. However, patients who wear contact lenses must maintain a current pair of glasses to protect eye health. When prescriptions change, families are often forced to pay out of pocket for one or the other.
- The version of Davis Vision our family carries functions largely as a basic discount plan. We pay premiums while still paying significant out-of-pocket costs for frames and medically necessary lens upgrades.
- Low reimbursement for comprehensive eye exams forces higher patient volume, reducing available appointment time and sometimes requiring additional visits to address medical concerns.
- Many families are told their vision plan "covers" exams and glasses, but most plans provide only a limited frame allowance and do not cover medically necessary lens upgrades.
- Reimbursement for certain services, such as vision therapy, is often so low that many practices do not participate with insurance, limiting access further.

When reimbursement does not adequately support the cost of delivering care, providers must make difficult decisions about insurance participation. When providers leave plans, families lose access.

SB 795 addresses that structural problem and supports sustainable patient access to care.