

March 4, 2026

The Honorable Pamela Beidle
Senate Finance Committee
Miller Senate Office Building, 3 East Wing
11 Bladen St., Annapolis, MD 21401 – 1991

Re: SUPPORT SB 795 “Health Insurance - Vision Benefits - Regulation of Insurers and Vision Benefit Managers”

Dear Chair Beidle & Committee Members,

My name is Dr. Natalie Sukontasup. I am a practicing optometrist and small business owner in Fulton, Maryland. I also represent the Maryland Optometric Association.

I am writing in support of strengthening oversight and adding clearer regulations for vision benefit managers. Except for one vision plan, vision benefit managers currently operate without regulatory oversight in Maryland. As a result, these entities have been able to grow rapidly and vertically integrate, dominating the vision care market. Vertical integration reduces competition, limits patient choice, and ultimately increases costs for the very members they are supposed to serve.

In 2013, legislation was passed in Maryland to address certain vision plan abuses. However, that law proved ineffective because many vision plans claimed they were not insurers but discount plans, allowing them to avoid compliance. SB795 clarifies and strengthens the language so that the law clearly applies to vision benefit managers and includes additional safeguards to ensure they operate in the best interest of patients and providers.

One of the primary ways vision benefit managers exert their control is by imposing unfair contract terms that make it extremely difficult for providers to operate a sustainable business.

For example:

- **Providers are required to discount non-covered services and materials, often at a loss, with no ability to negotiate.**

Non-covered services and materials frequently include new technologies and innovative treatments. As with any advancement, there are real costs involved: staff training, new equipment, updated workflows, and the technology itself.

Just as the newest generation smartphone costs more than the first model, new lens technologies, including those recently approved to slow the progression of nearsightedness in children, require significant investment.

For services and materials not covered by the plan, providers should have the ability to set their own fees and determine whether to offer a discount. This flexibility allows small businesses to account for the true cost of delivering care.

• **Provider contracts often restrict our choice of labs and suppliers for both covered and non-covered materials.**

In many cases, glasses must be sent to out-of-state to contracted labs, which increases both turnaround time and costs. Many optometry practices, including mine, have in-office finishing labs that allow us to provide faster turnaround time and negotiate better pricing for private-pay patients.

However, for vision plan patients, we are required to use designated labs. I currently send our vision care orders to Tennessee, New York and Texas while there are three full service optical manufacturing labs right here in Maryland. By allowing providers to choose their labs will strengthen local businesses and support Maryland's economy.

In closing, SB795 restores fairness and transparency to the vision care marketplace. It bans deceptive discount practices, ensures fair provider contracts and protects patient choice.

Very truly yours,



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