



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

As a Maryland-licensed doctor of optometry and small business private practice owner who wishes to better serve my patients, I respectfully ask you to support Senate Bill 795. This legislation addresses the anti-competitive practices of Vision Benefit Managers, which restrict patient choice and threaten patient access to care. I want to share what consolidation in the vision care market looks like from the ground level.

Most of my patients receive their vision benefits through a Vision Benefit Manager, or VBM. Today, two companies control the majority of that market (85%). That concentration matters because these same companies increasingly own not only the vision plan, but the frame brands, the lens labs, the retail stores, the software systems we use to run our practices — and in many cases, they own or employ competing practices.

Reimbursement rates from these plans have remained largely flat for years, even as rent, staff wages, equipment costs, and medical supplies continue to rise. In some cases, the only way to receive slightly better reimbursement is to participate in incentive programs that favor frames or lenses owned by the VBM. That puts independent doctors in a difficult position: either absorb rising costs or align purchasing decisions with the insurer’s business interests.

When a company controls both the insurance network and the supply chain, it has enormous leverage. Being excluded from a dominant network can threaten the viability of a small practice. That reality limits our negotiating power and, ultimately, limits patient choice. I recently made the difficult decision to terminate my participation with one of the VBMs, largely due to the continuously poor reimbursement rates. This impacted a large number of my patients, many of whom have now chosen to re-establish their care elsewhere (and also expressed frustration and disappointment in having to do so). Those who have chosen to stay either pay out of pocket or have purchased a second vision plan, increasing their cost for being able to see the provider of their choice.

My patients often assume their insurance plan is simply paying claims. In reality, the same company may also be steering them toward certain products, certain labs, or even certain retail locations it owns. That reduces transparency and shifts focus away from what should matter most — the patient’s clinical needs. Independent optometry practices serve communities across this country. We want to compete based on quality of care, not on vertically integrated corporate leverage. I urge careful scrutiny of consolidation in the vision care market to ensure fair competition and protect patient choice. Please vote favorably on SB 795.

Very truly yours,

A handwritten signature in black ink that reads 'Michelle May'.

Michelle May, OD
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