

Congress of the United States
House of Representatives
Washington, DC 20515-0505

October 10, 2012

California Health Benefits Exchange
560 J Street, Suite 290
Sacramento, CA, 95814

Ms. Diana S. Dooley, Chair
Dr. Robert Ross, Board Member
Mr. Paul Fearer, Board Member
Ms. Kimberly Belshe, Board Member
Ms. Susan Kennedy, Board Member

Re: Stand-alone vision plans & the California Health Benefits Exchange

Dear Members of the California Health Benefits Exchange Board:

As the October 30, 2012 meeting of the California Health Benefits Exchange Board approaches, I strongly urge you to provide consumers the choice of whether to purchase a stand-alone vision plan within the California Health Benefit Exchange's individual market. Precluding stand-alone vision plans from participating in the individual market would unnecessarily impede market competition and choice, while resulting in increased medical spending and decreased health outcomes.

Under the Affordable Care Act (ACA), individual exchanges will become a predominant market from which people will obtain health insurance coverage, especially in California. Prohibiting stand-alone vision plans from participating in the individual market exchange will reduce the ability of as many as 4.4 million Californians to easily access the vision coverage they have come to expect when enrolling in a health insurance plan.

The ACA specifies that each state's essential health benefits are to reflect the scope and benefits offered by the "typical employer plan" in each respective state. Stand-alone vision plans are indisputably representative of the typical employer plan in California. In fact, 93 percent of all vision coverage in California is provided through stand-alone plans. Therefore, allowing these plans to be sold on the exchange is compatible with the ACA's goals. Given the overwhelming propensity of individuals to opt for a stand-alone vision plan, it would be unwise to deprive 4.4 million Californians of the ability to obtain the state's preferred method of vision coverage.

In addition to ensuring competition and choice, stand-alone vision plans improve health outcomes while decreasing unnecessary medical spending. Individuals enrolled in stand-alone vision plans are more than twice as likely to receive vision-related preventative services and exams compared to individuals whose vision care is bundled within a major medical plan.

Several chronic diseases such as diabetes, hypertension and high cholesterol exhibit symptoms that may be detected through the comprehensive eye exams. Given the prevalence of these diseases, allowing Californians the option of obtaining a stand-alone vision plan will help bend the cost curve through earlier diagnosis and treatment of such conditions.

The protections provided by the ACA will give American families peace of mind about the health insurance coverage they have, while for those without, it will finally provide the coverage they have always needed. Excluding stand-alone vision plans from the individual market exchange would be inconsistent with the inherent objective of the ACA to expand access to, and the availability of quality, affordable health coverage.

I urge the Board to reconsider its initial decision and allow stand-alone vision plans to participate in the individual market exchange. Thank you for considering this very important issue.

Sincerely,

A handwritten signature in blue ink that reads "Doris O. Matsui". The signature is written in a cursive, flowing style.

DORIS O. MATSUI
Member of Congress

CC: Peter Lee, Executive Director, California Health Benefits Exchange