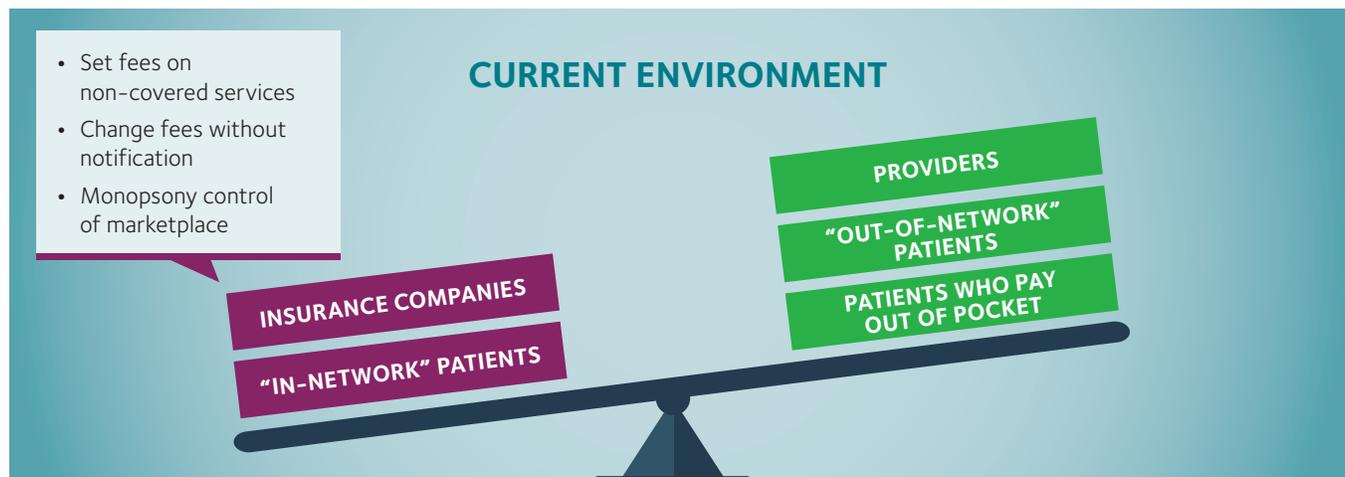


Support H.R. 1606, the Dental and Optometric Care Access Act (DOC Access Act): Balance the Scales

H.R. 1606 would bring needed balance to contract negotiations between providers, who are often small business owners, and large dental and vision insurance companies. Among other benefits, this bill would prevent insurers from holding dentists to fees for services they don't cover, from strong-arming doctors into participating in plans for network access, from providing unreasonably minimal compensation for services rendered, and from forcing doctors into participating in contracts in excess of two years. This bill is narrowly drawn to apply only to the business of dental and vision insurance plans regulated by the federal government (40 states have already passed similar legislation impacting insurance regulated by the states).



How do insurers tip the scales in their favor?

Discounts on Non-covered Services: Requiring providers to accept discounts on fees for services an insurance company doesn't cover is a widespread marketing ploy, designed to gain a competitive advantage over smaller insurance carriers. The larger insurers succeed in this tactic because they have greater market share and negotiating leverage. This adversely affects competition among plans in a dental plan market dominated by only a few national players in many states, and shifts costs to patients who are paying for their coverage out of their own pockets or are seeing a dentist out of network.

Monopsony: Insurance company/provider contracts are negotiated between unequal partners. While insurers make many demands of dentists on a "take it or leave it" basis, including ascent to heavily discounted fee schedules, they do not assume, as they often claim when speaking with lawmakers, responsibility of assuring "an abundance of new patients" in their contract with the dentist.

Processing Policies: Dentists are often contractually obligated to abide by "processing policies," rules that are usually posted on the insurer's website, and revised annually without additional notice to providers. These "policies" spell out the rules by which a claim may be paid or denied by the insurer, in many cases directly impacting a small business owner's bottom line. Insurers fail to acknowledge that changes to these policies function as a de facto contract revision.

The current environment is unfair to providers and patients. Support H.R. 1606, the "Dental and Optometric Care Access Act (DOC Access Act)," to balance the scales and bring equity to insurer/provider contracting at the federal level.

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The American Dental Association urges you to support H.R. 1606: [ADA.org/noncovered-services](https://ada.org/noncovered-services)