

Dental and Optometric Care Access Act of 2019 “DOC Access Act”

H.R. 3762

The American Dental Association (ADA) believes that patients are adversely affected by provisions in dental and vision insurance benefits plans that dictate how much a doctor may charge a plan enrollee, even though the services provided to the enrollee are not covered, or paid for, by the plan.

The ADA, along with the American Optometric Association (AOA), supports the Dental and Optometric Care Access Act (DOC Access Act), H.R. 3762, introduced by Reps. Dave Loebsack (D-IA) and Buddy Carter (R-GA), which prohibits dental and vision plans from applying these so-called “non-covered services” provisions to network doctors.

- **National trend:** 42 states have already passed laws that limit interference with the doctor-patient relationship when the doctor delivers services not covered by insurers.
- **Close a loophole:** Even though 42 state governments have taken action, many dental and vision plans are federally regulated so that the laws don’t apply. This loophole means some enrollees and doctors face undue confusion in how their plans work.
- **Narrowly drawn:** H.R. 3762 is narrowly drawn to apply only to dental and vision plans regulated by the federal government. This legislation would not interfere with the states’ abilities to maintain and enforce their own insurance regulations and laws; instead, it complements the work already done by most state legislatures across the country.

H.R. 3762 also establishes some “rules of the road” for provider network participation:

- prevents plans from establishing nominal payments for otherwise non-covered services in an effort to have such services considered covered;
- limits network agreements to two years for each contract extension unless the doctor agrees to accept a longer contract extension;
- preserves doctors’ freedom of choice in laboratories; and
- provides a private right of action (injunctive relief and damages) for a person adversely affected by a violation of the above provisions.

Patients and the public at large are disadvantaged by the negative impact of non-covered services provisions. Non-covered services provisions are generally used by larger carriers as a marketing ploy. The larger plans leverage their greater market share to push doctors into accepting these provisions. This practice places the smaller dental and vision carriers at a competitive disadvantage.

The result is a dental plan market dominated by only a few national players in many states, and a shifting of costs to patients who are paying for their coverage out of their own pockets or are seeing a dentist out of network. Even though most states have worked to correct this, the current environment is still unfair to many patients and providers. Passage of H.R. 3762 would balance the scales and bring equity to insurer/provider contracting at the federal level.

The American Dental Association urges you to co-sponsor the “DOC Access Act of 2019” (H.R. 3762).