



Dental and Optometric Care Access Act of 2017 “DOC Access Act”

H.R. 1606

The American Dental Association (ADA) and the American Student Dental Association (ASDA) believe that patients are adversely affected by provisions in dental and vision insurance benefits plans and coverage that dictate what a doctor may charge a plan enrollee for services not covered by the plan.

The ADA and ASDA, along with the American Optometric Association (AOA), supports the Dental and Optometric Care Access Act (DOC Access Act), H.R. 1606, introduced by Reps. Buddy Carter (R-GA-01) and Dave Loebsack (D-IA-02), which prohibits “non-covered services” provisions in dental and vision plans and coverage. Additionally:

- 40 states agree that it is unreasonable to allow dental and vision plans to set fees for services in which the plans have no financial liability, as the states have already passed measures to limit non-covered services provisions in dental or vision plans.
- H.R. 1606 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, but rather complements the work already done by most state legislatures across the country.

H.R. 1606 also establishes some “rules of the road” for provider network participation, including:

- not permitting plans to offer nominal payments for otherwise non-covered services in an effort to have such services considered covered,
- authorizing changes to the provider network agreement only when agreed to in writing by the doctor,
- limiting network agreements to two years without prior acceptance of the doctor for each term extension,
- prohibiting retaliatory measures such as denying entry or continued participation in a network if the doctor declines to participate in any specific plan or coverage,
- barring plans from communicating with enrollees in a manner that interferes with the doctor-patient relationship,
- not restricting the doctor’s choice of laboratories, and
- providing 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 can be successful because they have greater market share and negotiating leverage. This practice puts the smaller carriers at an unfair competitive disadvantage, making it harder for them to compete.

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. The current environment is unfair to patients and providers. Passage of H.R. 1606 would balance the scales and bring equity to insurer/provider contracting at the federal level.

The American Dental Association and the American Student Dental Association urge you to co-sponsor the “DOC Access Act of 2017” (H.R. 1606).



States with Laws Limiting Dental or Vision Non-Covered Services Provisions

Alabama	Iowa	Nebraska	Rhode Island
Alaska	Kansas	Nevada	South Dakota
Arizona	Kentucky	New Jersey	Tennessee
Arkansas	Louisiana	New Mexico	Texas
California	Maine	New York	Vermont
Connecticut	Maryland	North Carolina	Virginia
Florida	Minnesota	North Dakota	Washington
Georgia	Mississippi	Oklahoma	West Virginia
Idaho	Missouri	Oregon	Wisconsin
Illinois	Montana	Pennsylvania	Wyoming

Information

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