

115TH CONGRESS
1ST SESSION

H. R. 1606

To amend title XXVII of the Public Health Service Act to improve health care coverage under vision and dental plans, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MARCH 17, 2017

Mr. CARTER of Georgia (for himself, Mr. LOEBSACK, Mr. THOMPSON of Mississippi, Mr. MULLIN, Mr. GOSAR, and Mr. PITTENGER) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend title XXVII of the Public Health Service Act to improve health care coverage under vision and dental plans, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Dentist and Opto-
5 metric Care Access Act” or the “DOC Access Act”.

1 **SEC. 2. IMPROVING HEALTH CARE COVERAGE UNDER VI-**
2 **SION AND DENTAL PLANS.**

3 (a) IN GENERAL.—Title XXVII of the Public Health
4 Service Act is amended by inserting after section 2719A
5 (42 U.S.C. 300gg–19a) the following new section:

6 **“SEC. 2719B. IMPROVING COVERAGE UNDER VISION AND**
7 **DENTAL PLANS.**

8 “(a) IN GENERAL.—Under a group health plan or in-
9 dividual or health insurance coverage (including such a
10 plan or coverage offering limited scope dental or vision
11 benefits), the following shall apply:

12 “(1) PAYMENT AMOUNTS FROM COVERED PER-
13 SONS.—

14 “(A) IN GENERAL.—The plan or coverage
15 shall provide, with respect to a doctor of optom-
16 etry, doctor of dental surgery, or doctor of den-
17 tal medicine that has an agreement to partici-
18 pate in the plan or coverage and that furnishes
19 items or services that are not covered by the
20 plan or coverage to a person enrolled under
21 such plan or coverage that the doctor may
22 charge the enrollee for such items or services
23 any amount determined by the doctor that is
24 equal to, or less than, the usual and customary
25 amount that the doctor charges individuals who
26 are not so enrolled for such items or services.

1 “(B) ITEMS AND SERVICES CONSIDERED
2 COVERED BY A PLAN.—For purposes of sub-
3 paragraph (A), an item or service shall be con-
4 sidered, with respect to a plan or coverage, to
5 be covered by the plan or coverage only if the
6 negotiated rate agreed to by such plan or cov-
7 erage and the doctor for such item or service,
8 without regard to any cost sharing obligation of
9 the enrollee, is an amount that is reasonable
10 and is not nominal or de minimis.

11 “(2) CHANGE TO PLANS.—The terms of an
12 agreement between such a plan or coverage and such
13 a doctor (including, in the case of a plan or coverage
14 that provides for a provider network, the negotiated
15 rate for providers that participate in the network of
16 such plan or coverage), may be changed only pursu-
17 ant to a subsequent agreement signed by the doctor
18 that documents the acknowledgment and acceptance
19 of the doctor (as applicable) to such changes.

20 “(3) DURATION OF LIMITED SCOPE VISION AND
21 DENTAL PLANS.—In the case of an agreement be-
22 tween such a doctor and such a plan or coverage
23 that offers limited scope dental or vision benefits,
24 the agreement may only extend for a term beyond

1 two years with the prior acceptance of the doctor for
2 each term extension.

3 “(4) TERMS AND CONDITIONS FOR ANCILLARY
4 SERVICES AND PROCEDURES.—Such plan or cov-
5 erage may not deny such a doctor participation in
6 the plan or coverage or remove such a doctor partici-
7 pation in the plan or coverage or remove such a doc-
8 tor from participation in the plan or coverage for the
9 sole reason of failure of the doctor to accept the
10 terms and conditions under such agreement for any
11 ancillary service or procedure.

12 “(5) CONDITION TO JOIN A PROVIDER NET-
13 WORK.—The plan or coverage may not require that
14 such a doctor must participate with, or be
15 credentialed by, any specific plan or coverage offer-
16 ing limited scope dental or vision benefits as a condi-
17 tion to participate in the provider network of such
18 plan or coverage.

19 “(6) NO INTERFERENCE WITH EXISTING RELA-
20 TIONSHIPS AND REQUIREMENTS.—Unless otherwise
21 required by law or regulation, such plan or coverage
22 may not directly communicate with an individual en-
23 rolled in such plan or coverage in a manner that
24 interferes with or contravenes any State or Federal

1 requirement, or doctor-patient relationship in exist-
2 ence at the time of such communication.

3 “(7) NO RESTRICTIONS ON CHOICE OF LABORA-
4 TORIES.—The plan or coverage may not, directly or
5 indirectly, restrict or limit, such a doctor’s choice of
6 laboratories or choice of source and suppliers of
7 services or materials provided by the doctor to an in-
8 dividual who is enrolled under the plan or coverage.

9 “(b) PRIVATE RIGHT OF ACTION.—In addition to
10 any other remedies under State or Federal law, a person
11 adversely affected by a violation of this subsection may
12 bring action for injunctive relief against a plan described
13 in subsection (a) and, upon prevailing, in addition to such
14 injunctive relief shall recover monetary damages of no
15 more than \$1,000 for each day found to be in violation
16 plus attorney’s fees and costs. The district courts of the
17 United States shall have exclusive jurisdiction of civil ac-
18 tions brought under this subsection.

19 “(c) RELATIONSHIP TO EXCEPTION FOR LIMITED,
20 EXCEPTED BENEFITS.—Section 2722(c)(1) shall not
21 apply with respect to the requirements of this section.

22 “(d) DEFINITIONS.—In this section:

23 “(1) The terms ‘doctor of dental surgery’ and
24 ‘doctor of dental medicine’ mean a doctor of dental
25 surgery or of dental medicine, as applicable, who is

1 legally authorized to practice dentistry by the State
2 in which the doctor performs such function and who
3 is acting within the scope of the license of the doctor
4 when performing such functions.

5 “(2) The term ‘doctor of optometry’ means a
6 doctor of optometry who is legally authorized to
7 practice optometry by the State in which the doctor
8 so practices.”.

9 (b) CONFORMING AMENDMENT.—Section 2722(c)(1)
10 of the Public Health Service Act (42 U.S.C. 300gg–
11 21(c)(1)) is amended by striking “The requirements” and
12 inserting “Subject to section 2719B, the requirements”.

13 (c) EXCLUSIVE APPLICABILITY OF STATE LAW.—
14 Notwithstanding any provision of this Act, State law,
15 which directly affects any standard or requirement relat-
16 ing to health insurance issuers and dental or vision benefit
17 plans, shall have exclusive application and the provisions
18 of this Act shall not apply. The State shall retain exclusive
19 jurisdiction over health insurance issuers and limited
20 scope dental or vision benefit plans that are governed by
21 such State.

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