

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.

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## 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

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## 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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