

## **DOC Access Act (S.1793/H.R.3461)**

- ❖ Please cosponsor the Dental and Optometric Care (DOC) Access Act – S.1793/H.R.3461.
- ❖ Currently, patients are being adversely impacted by provisions in dental and vision plans that dictate how much a doctor may charge a plan enrollee, even though the services provided to the enrollee are not “covered” (i.e., paid for) by the plan.
- ❖ The DOC Access Act promotes equity in provider participation agreements with insurers by prohibiting dental and vision plans from setting the fees network doctors may charge for services that are not covered by insurance.
- ❖ The legislation is sponsored in the House by Reps. Yvette Clarke (D-NY), Buddy Carter (R-GA), Darren Soto (D-FL), and David McKinley (R-WV) and in the Senate by Senators Joe Manchin (D-WV) and Kevin Cramer (R-ND).

### **Background**

Through market consolidation and dominance, a handful of national vision and dental plans exert pressure on doctors to accept unfavorable provisions in “take it or leave it” physician participation contracts that disadvantage doctors, small health care practices, and patients.

Contracts often include “noncovered service provisions” that allow insurers to set the rates doctors may charge patients for services that exist outside of plan coverage and provisions that limit doctors ability to use laboratories and suppliers of their choice. These provisions interfere with the doctor-patient relationship and lead to a loss of independence for health care practices.

Rates that are set below what is usual and customary for a dental service create tighter operating margins for dentists and small health care practices and shift costs onto patients who pay out-of-pocket for coverage or see dentists out-of-network.

Although 44 states have passed laws prohibiting dental or vision plans from setting the fees network doctors may charge for noncovered services, many dental and vision plans remain federally regulated. Insurers use this loophole to claim exemption from state laws, causing confusion for plan enrollees and doctors.

### **S.1793/H.R.3461 DOC Access Act**

The DOC Access Act would complement existing state laws and restore balance to physician/insurer agreements by:

- Prohibiting insurers from setting fees for noncovered services;
- Allowing doctors to charge a rate for noncovered services that is less than or equal to what is usual and customary;
- Limiting doctor and plan participation contracts to a term of 2 years unless the doctor agrees to a longer extension; and
- Allowing doctors to use laboratories and suppliers of their choice

The DOC Access Act will bring free-market principles back into the healthcare system to ensure fairness in agreements between dentists and large dental insurance companies.

### **Who is the Academy of General Dentistry (AGD)?**

Founded in 1952, the AGD has over 40,000 members from across the United States and is the only professional association that exclusively represents the needs and interests of general dentists. As the country's second-largest dental association, AGD works to promote oral health to the public and foster general dentists' continued proficiency through quality continuing education.