

119TH CONGRESS  
1ST SESSION

# H. R. 1521

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

FEBRUARY 24, 2025

Mr. CARTER of Georgia (for himself and Ms. CLARKE of New York) 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 “Dental and Optometric  
5 Care Access Act of 2025” or the “DOC Access Act of  
6 2025”.

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 group health insurance coverage (including  
10 such a plan or coverage offering limited scope dental or  
11 vision 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 that, with respect to a doctor of  
16 optometry, doctor of dental surgery, doctor of  
17 dental medicine, or entity that employs such a  
18 doctor that has an agreement to participate in  
19 the plan or coverage and that provides items or  
20 services within the scope of practice of such a  
21 doctor that are not covered services under the  
22 plan or coverage to a person enrolled under  
23 such plan or coverage, such doctor or entity  
24 may charge the enrollee for such items or serv-  
25 ices any amount determined by such doctor or  
26 entity that is equal to, or less than, the usual

1 and customary amount that such doctor or enti-  
2 ty charges individuals who are not so enrolled  
3 for such items or services.

4 “(B) ITEMS OR SERVICES CONSIDERED  
5 COVERED BY A PLAN.—For purposes of sub-  
6 paragraph (A), an item or service shall be con-  
7 sidered, with respect to a plan or coverage, to  
8 be covered services under the plan or coverage  
9 only if the item or service is an item or service  
10 with respect to which the plan or coverage is  
11 obligated to pay an amount that is reasonable  
12 and is not nominal or de minimis.

13 “(C) EXCEPTION FOR DENTAL CLEAN-  
14 ING.—For purposes of subparagraph (A), a  
15 doctor of dental surgery, doctor of dental medi-  
16 cine, or entity that employs such a doctor that  
17 has an agreement to participate in the plan or  
18 coverage may charge an enrollee only the con-  
19 tracted network fee for any dental cleaning, in-  
20 cluding any dental cleaning that exceeds the an-  
21 nual maximum under the enrollee’s plan or cov-  
22 erage.

23 “(2) DURATION OF LIMITED SCOPE VISION AND  
24 DENTAL PLANS.—In the case of an agreement be-  
25 tween such a doctor or entity and such a plan or

1 coverage that offers limited scope dental or vision  
2 benefits—

3 “(A) the agreement may be extended for a  
4 term longer than 2 years only with the prior ac-  
5 ceptance of such doctor or entity for each such  
6 term extension; and

7 “(B) the agreement may be extended for  
8 unlimited terms, subject to subparagraph (A).

9 “(3) NO RESTRICTIONS ON CHOICE OF LABORA-  
10 TORIES.—The plan or coverage may not, directly or  
11 indirectly, restrict or limit the laboratory or source  
12 or supplier of services or materials that such a doc-  
13 tor or entity may choose with respect to items and  
14 services within the scope of practice of such a doctor  
15 that are provided by such doctor or entity to an indi-  
16 vidual enrolled under the plan or coverage.

17 “(b) NOTIFICATION.—The Secretary shall on an an-  
18 nual basis notify each State of the State’s authority to  
19 enforce the provisions of subsection (a) against a group  
20 health plan or health insurance coverage described in sub-  
21 section (a) pursuant to section 2723(a)(1) and request  
22 confirmation from the State whether or not the State will  
23 enforce the provisions of subsection (a). If a State notifies  
24 the Secretary that the State will not enforce the provisions  
25 of subsection (a) or fails to respond within 90 days of the

1 Secretary’s request, the Secretary shall treat such State  
2 as failing to substantially enforce such provisions for pur-  
3 poses of subsections (a)(2) and (b) of section 2723.

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

7 “(d) ELECTION TO BE EXCLUDED.—

8 “(1) IN GENERAL.—If a doctor of optometry,  
9 doctor of dental surgery, doctor of dental medicine,  
10 or entity that employs such a doctor to which the  
11 provisions of paragraphs (1) and (3) of subsection  
12 (a) otherwise apply makes an election under this  
13 paragraph (in such form and manner as the Sec-  
14 retary may by regulations prescribe), the require-  
15 ments of such paragraphs insofar as they apply di-  
16 rectly to the plan or coverage shall not apply to such  
17 plan or coverage for such period, as described in  
18 paragraph (2).

19 “(2) PERIOD OF ELECTION.—An election under  
20 paragraph (1)—

21 “(A) shall apply for a single specified plan  
22 year;

23 “(B) may be extended through subsequent  
24 elections under this subsection; and

1           “(C) shall not be available with respect to  
2           the requirements concerning the duration of  
3           limited scope vision and dental plans under sub-  
4           section (a)(2).

5           “(e) DEFINITIONS.—In this section:

6           “(1) The term ‘covered services’ means dental  
7           care or vision care services for which reimbursement  
8           is available under a plan or coverage contract, or for  
9           which reimbursement would be available but for the  
10          application of contractual limitations, including  
11          deductibles, copayments, coinsurance, waiting peri-  
12          ods, lifetime maximum, frequency limitations, and  
13          alternative benefit payments.

14          “(2) The terms ‘doctor of dental surgery’ and  
15          ‘doctor of dental medicine’ mean a doctor of dental  
16          surgery or of dental medicine, as applicable, who is  
17          legally authorized to practice dentistry by the State  
18          in which the doctor performs such function and who  
19          is acting within the scope of the license of the doctor  
20          when performing such functions.

21          “(3) The term ‘doctor of optometry’ means a  
22          doctor of optometry who is legally authorized to  
23          practice optometry by the State in which the doctor  
24          so practices.”.

1       (b) CONFORMING AMENDMENT.—Section 2722(c)(1)  
2 of the Public Health Service Act (42 U.S.C. 300gg–  
3 21(c)(1)) is amended by striking “The requirements” and  
4 inserting “Subject to section 2719B, the requirements”.

5       (c) EXCLUSIVE APPLICABILITY OF STATE LAW.—  
6 Notwithstanding any amendment made by this Act, State  
7 law that directly affects any standard or requirement re-  
8 lating to health insurance issuers and dental or vision ben-  
9 efit plans shall have exclusive application and the amend-  
10 ments made by this Act shall not apply to the extent that  
11 such State law conflicts with such amendments. The State  
12 shall retain exclusive jurisdiction over health insurance  
13 issuers and limited scope dental or vision benefit plans  
14 that are directly governed by such State.

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