

116TH CONGRESS
2D SESSION

S. 4894

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 SENATE OF THE UNITED STATES

NOVEMBER 12, 2020

Mr. MANCHIN (for himself and Mr. CRAMER) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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 2019” or the “DOC Access Act of
6 2019”.

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, or doctor
 17 of dental medicine that has an agreement to
 18 participate in the plan or coverage and that
 19 provides items or services that are not covered
 20 services under the plan or coverage to a person
 21 enrolled under such plan or coverage, the doctor
 22 may charge the enrollee for such items or serv-
 23 ices any amount determined by the doctor that
 24 is equal to, or less than, the usual and cus-
 25 tomary amount that the doctor charges individ-

1 uals who are not so enrolled for such items or
2 services.

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

12 “(C) EXCEPTION FOR DENTAL CLEAN-
13 ING.—For purposes of subparagraph (A), a
14 doctor of dental surgery or doctor of dental
15 medicine that has an agreement to participate
16 in the plan or coverage may charge an enrollee
17 only the contracted network fee for any dental
18 cleaning, including any dental cleaning that ex-
19 ceeds the annual maximum under the enrollee’s
20 plan or coverage.

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

1 “(A) the agreement may be extended for a
 2 term longer than 2 years only with the prior ac-
 3 ceptance of the doctor for each such term ex-
 4 tension; and

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

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

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

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

1 “(d) ELECTION TO BE EXCLUDED.—

2 “(1) IN GENERAL.—If a doctor of optometry,
3 doctor of dental surgery, or doctor of dental medi-
4 cine to which the provisions of paragraphs (1) and
5 (3) of subsection (a) otherwise apply makes an elec-
6 tion under this paragraph (in such form and manner
7 as the Secretary may by regulations prescribe), the
8 requirements of such paragraphs insofar as they
9 apply directly to the plan or coverage shall not apply
10 to such plan or coverage for such period, as de-
11 scribed in paragraph (2).

12 “(2) PERIOD OF ELECTION.—An election under
13 paragraph (1)—

14 “(A) shall apply for a single specified plan
15 year;

16 “(B) may be extended through subsequent
17 elections under this subsection; and

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

22 “(e) DEFINITIONS.—In this section:

23 “(1) The term ‘covered services’ means dental
24 care or vision care services for which reimbursement
25 is available under a plan or coverage contract, or for

1 which reimbursement would be available but for the
 2 application of contractual limitations, including
 3 deductibles, copayments, coinsurance, waiting peri-
 4 ods, lifetime maximum, frequency limitations, and
 5 alternative benefit payments.

6 “(2) The terms ‘doctor of dental surgery’ and
 7 ‘doctor of dental medicine’ mean a doctor of dental
 8 surgery or of dental medicine, as applicable, who is
 9 legally authorized to practice dentistry by the State
 10 in which the doctor performs such function and who
 11 is acting within the scope of the license of the doctor
 12 when performing such functions.

13 “(3) The term ‘doctor of optometry’ means a
 14 doctor of optometry who is legally authorized to
 15 practice optometry by the State in which the doctor
 16 so practices.”.

17 (b) CONFORMING AMENDMENT.—Section 2722(c)(1)
 18 of the Public Health Service Act (42 U.S.C. 300gg–
 19 21(c)(1)) is amended by striking “The requirements” and
 20 inserting “Subject to section 2719B, the requirements”.

21 (c) EXCLUSIVE APPLICABILITY OF STATE LAW.—
 22 Notwithstanding any amendment made by this Act, State
 23 law that directly affects any standard or requirement re-
 24 lating to health insurance issuers and dental or vision ben-
 25 efit plans, shall have exclusive application and the amend-

1 ments made by this Act shall not apply to the extent that
2 such State law conflicts with such amendments. The State
3 shall retain exclusive jurisdiction over health insurance
4 issuers and limited scope dental or vision benefit plans
5 that are directly governed by such State.

