

116TH CONGRESS  
1ST SESSION

# H. R. 3762

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

JULY 15, 2019

Mr. LOEBSACK (for himself, Mr. CARTER of Georgia, Mr. GOSAR, Mr. VAN DREW, Mr. SIMPSON, Ms. CLARKE of New York, Mr. FERGUSON, and Mr. POCAN) 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 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, 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 item or service is an item or service with re-  
7 spect to which the plan or coverage is obligated  
8 to pay an amount that is reasonable and is not  
9 nominal or de minimis.

10           “(2) DURATION OF LIMITED SCOPE VISION AND  
11 DENTAL PLANS.—In the case of an agreement be-  
12 tween such a doctor and such a plan or coverage  
13 that offers limited scope dental or vision benefits,  
14 the agreement may only extend for a term beyond  
15 two years with the prior acceptance of the doctor for  
16 each term extension.

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

23           “(b) PRIVATE RIGHT OF ACTION.—In addition to  
24 any other remedies under State or Federal law, a person  
25 adversely affected by a violation of this subsection may

1 bring action for injunctive relief against a plan described  
2 in subsection (a) and, upon prevailing, in addition to such  
3 injunctive relief shall recover monetary damages of no  
4 more than \$1,000 for each day found to be in violation  
5 plus attorney's fees and costs. The district courts of the  
6 United States shall have exclusive jurisdiction of civil ac-  
7 tions brought under this subsection.

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

11       “(d) DEFINITIONS.—In this section:

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

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

23       (b) CONFORMING AMENDMENT.—Section 2722(c)(1)  
24 of the Public Health Service Act (42 U.S.C. 300gg–

1 21(c)(1)) is amended by striking “The requirements” and  
2 inserting “Subject to section 2719B, the requirements”.

3 (c) EXCLUSIVE APPLICABILITY OF STATE LAW.—

4 Notwithstanding any provision of this Act, State law,  
5 which directly affects any standard or requirement relat-  
6 ing to health insurance issuers and dental or vision benefit  
7 plans, shall have exclusive application and the provisions  
8 of this Act shall not apply. The State shall retain exclusive  
9 jurisdiction over health insurance issuers and limited  
10 scope dental or vision benefit plans that are directly gov-  
11 erned by such State.

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