

Put Patients and Doctors Back in Control of Important Health Care Decisions

Co-Sponsor the DOC Access Act (H.R. 3762)

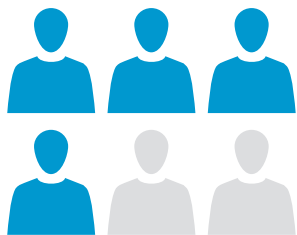
Reps. Dave Loebsack (D-IA) and Buddy Carter (R-GA) are championing the Dental and Optometric Care (DOC) Access Act. The DOC Access Act aims to combat abusive practices in the federally-regulated vision and dental coverage markets.



200 million

Americans have supplemental preventive eye exam and materials (glasses/contacts) benefits through a vision plan.

Each year, millions of American families rely on local doctors of optometry for their comprehensive vision and eye health care needs. While many patients have coverage for medical eye care through a health plan, roughly 200 million Americans have supplemental preventive eye exam and materials (glasses/contact lenses) benefits through a vision plan.



The two most dominant vision plans provide coverage to roughly **2/3 of Americans** with this benefit.

Unfortunately for patients and doctors, vision plans enjoy special legal treatment (often not regulated like health insurers) and there is little competition in the market. Currently, a small number of national, vertically—integrated plans monopolize markets in a large majority of communities. In fact, the two most dominant vision plans provide coverage to roughly two-thirds of Americans with this coverage.

Summary

Each year, **tens of millions of Americans rely on local doctors of optometry for their comprehensive vision and eye health care needs.**

Many patients are covered for this essential care through a combination of health plan and supplemental vision plan.

Special legal treatment for and a lack of competition among vision plans has led to costly mandates being forced on patients and their doctors—higher prices and less access to care for patients while **doctors face the tough choice of providing needed care to neighbors or keeping their practices viable.**

So far, 42 states have enacted laws similar to the DOC Access Act; however, a federal effort is now needed as roughly one-third of patients in any given state now have a vision and/or dental plan that is federally-regulated and not complying with these state laws.

The American Optometric Association and the American Dental Association support the bipartisan Dental and Optometric Care Access Act (H.R. 3762) to **help put patients and their doctors back in control of important health care decisions.** U.S. House members are asked to co-sponsor the DOC Access Act (H.R. 3762).

Among the range of abusive mandates



Plans dictate what doctors must charge patients for services and materials not covered by the plan and force doctors and their patients to use specific laboratories (often owned by the plan) to produce finished prescription eyewear products.



Price-setting for non-covered services discourages competition among providers, leaves patients with little choice, and adds to rising costs.



Dictating which labs doctors and patients must use often leads to extended waits for finished prescription eyeglasses (even in emergencies), inferior finished products, and higher prices for patients.



A report released by a group of independent health economists (Avalon Health Economics) found that the kind of monopsony behavior exhibited by vision plans “is not the kind that’s good for consumers—it’s the kind designed to transfer operating margins from providers to plans without benefiting consumers.” Further, Avalon says that “**such mandates have another effect —they lead to higher overall costs for these consumers** and, especially, for consumers without vision plans as doctors are forced to compensate for the transfer of operating margins from doctors to the plans.”



1/3 of plans sidestep state-level laws because they are federally-regulated.

While 42 states have so far enacted legislation addressing these and other plan abuses—some states having both a dental and vision law, some with only a dental law, and some with only a vision law—roughly one-third of plans operating in any given state are able to sidestep those state-level laws because they are instead federally-regulated. That is why a federal effort is now needed. The DOC Access Act will not mandate increased coverage or benefits or raise coverage costs for patients because this effort would not require vision or dental plans to add any additional services. The DOC Access Act does not supersede state law.

Put patients and doctors back in control of important health care decisions. **U.S. House members are urged to co-sponsor the DOC Access Act (H.R. 3762).**

To co-sponsor the DOC Access Act (H.R. 3762) in the House, please contact **Scott Stockwell in Rep. Loeb’s office at 5-6576 or Nicholas Lisowski in Rep. Carter’s office at 5-5831.**

The members of the American Optometric Association — America’s Family Eye Doctors — are the nation’s frontline providers of eye and vision care. Doctors of Optometry serve patients, including America’s seniors, school-age children, veterans and military service personnel, in about 10,000 communities across the country.

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 **AMERICAN OPTOMETRIC ASSOCIATION**

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