

Lower Health Care Costs, Boost Choices and Grow Access By Ending Abusive VBM Practices

Co-sponsor H.R. 1385/S. 1424, the Dental and Optometric Care (DOC) Access Act

Reps. Buddy Carter, R-Ga., and Yvette Clarke, D-N.Y., and Sens. Joe Manchin, D-W. Va., and Kevin Cramer, R-N.D., have introduced the Dental and Optometric Care (DOC) Access Act (H.R. 1385/S. 1424), which aims to **combat costly and controlling practices of federally regulated vision and dental benefit managers.**



200 million

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

Each year, millions of American families rely on local eye doctors 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 preventive eye exam and materials (glasses/contact lenses) benefits administered by a vision benefit manager (VBM).



The two most dominant VBMs administer vision benefits for roughly **2/3 of Americans** with vision benefits.

Unfortunately for patients and their doctors, VBMs enjoy special legal treatment (not regulated like health plans), there is little or no competition in the market, and VBMs essentially force patients and doctors to buy and use the goods and services their vertically integrated company makes and owns.

Summary

Each year, **tens of millions of Americans rely on local eye doctors for their comprehensive vision and eye health care needs.** Many patients are covered for this essential care through a combination of health plan and vision benefit plan.

Special legal treatment for and a lack of competition among vision benefit managers has led to costly, choice-limiting mandates being forced on patients and their doctors—leading to 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, 45 states have enacted laws similar to the DOC Access Act; however, a federal effort is now needed as roughly one-third to one-half 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.

Patients Rising, more than a dozen other patient and consumer advocacy groups, and associations representing independent doctors all support the bipartisan Dental and Optometric Care Access Act (H.R. 1385/S. 1424) to **help put patients and their doctors back in control of important health care decisions.** U.S. House members and senators are asked to co-sponsor the DOC Access Act (H.R. 1385/S. 1424).

VBM Abuses Hurt Patients and Their Independent Doctors



VBM dictating 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 noncovered services discourages competition among providers, leaving patients with little choice and adding 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.



Reports produced in 2016 and expanded in 2021 by a group of independent health economists (Avalon Health Economics) found that the kind of monopsony behavior exhibited by VBMs "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 to 1/2 of plans

sidestep state-level laws because they are federally regulated.

While 45 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 to one-half 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.

Lower health care costs, boost choices, and grow access by ending abusive VBM practices. **U.S. House members and senators are urged to co-sponsor the DOC Access Act (H.R. 1385/S. 1424).**

To co-sponsor the DOC Access Act (H.R. 1385/S. 1424), please contact **Jack Ganter in Rep. Buddy Carter's office at 5-5831 or Nisha Thanawala in Rep. Yvette Clarke's office at 5-6231 or Audrey Smith in Sen. Joe Manchin's office at 4-3954 or Ryan Kenyon in Sen. Kevin Cramer's office at 4-2043.**

Putting a stop to VBM abuses is supported by: *Patients Rising, National Consumers League, Americans for Limited Government, Southern Christian Leadership Conference, Hispanic Leadership Fund, Health Equity Collaborative, American Innovation and Opportunity Fund, Hispanic Institute, People Over Profits, Faith Works, Black Women's Health Imperative, MANA (a national Latina organization), the American Optometric Association, the American Dental Association, the Academy of General Dentistry, and more.*

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