



NATIONAL ASSOCIATION
OF VISION CARE PLANS

July 24, 2009

The Honorable Henry A. Waxman, Chairman
U.S. House Energy and Commerce Committee
U.S. House of Representatives
Washington D.C., 20515

The Honorable Charles B. Rangel, Chairman
U.S. House Ways and Means Committee
U.S. House of Representatives
Washington D.C., 20515

The Honorable George Miller, Chairman
U.S. House Education and Labor Committee
U.S. House of Representatives
Washington D.C., 20515

Dear Chairmen Waxman, Rangel and Miller;

We appreciate your significant efforts to craft health care reform legislation that both expands health care coverage and addresses health care costs. Drafting legislation to achieve these outcomes is challenging, and we applaud your willingness to work with stakeholders to address concerns arising from the complexity of the effort.

Like you, we strongly support efforts to improve access to oral and vision services. We are concerned, however, that HR 3200 will cause significant disruptions in families' dental and vision coverage and increase the administrative costs of providing dental and vision coverage to all Americans. We are writing to call your attention to what we view as significant unintended consequences of the bill's provisions and to ask for your assistance in remedying our concerns.

In today's market, 99 percent of all dental and vision benefits are provided separately from medical coverage as "stand-alone plans." Dental and vision insurance is designed and sold as separate policies by companies that specialize in these benefits.

Under the House bill, qualified health plans will be required to offer children's oral and vision health services as part of the essential benefits package required in both the Exchange and in 5 years, the private market. The bill indicates qualified health plans are the only plans Americans can use to meet their essential benefits requirement. Therefore, the 132 million Americans enrolled in family stand alone dental and vision benefits, will be forced to drop their current coverage and be required to purchase their children's dental or vision coverage through a medical insurer. Adult coverage is still permitted to be sold in the private market by stand alone dental and vision carriers as defined in the 'excepted benefits' definition in Title 1, Section 102.

As family coverage is more cost effective than covering children and adults separately, not allowing stand alone dental and vision plans to continue covering children's dental and vision benefits required as part of the essential benefits package will lead to increased costs and reduced choices for American families. American families have been told that if they like their benefits, they should be able to keep them. As HR 3200 is currently drafted, Americans with family dental and vision coverage will no longer be able to keep their current dental or vision coverage.

Parents will only be able to buy coverage for themselves separate from their medical plan and may have less incentive to continue their own dental and vision benefits, once they are required to purchase dental and vision coverage for their children through their medical insurer. Parents that maintain their dental and vision coverage will face the complications and added costs of having different family members enrolled in different benefit plans. Parents that drop their personal coverage may defer or postpone treatment which experience shows results in costly emergency room visits.

Clearly, covering the oral health care and vision needs of children is a worthwhile goal. With 72% of all employers offering dental benefits as part of their benefit packages and 132 million Americans with current family coverage through these employers, the private market is meeting a large part of this goal.

We do not believe that it is the Committees' intent to create these types of disruptions in family dental and vision coverage, and we are anxious to work with you to find an effective solution to this problem. The number of Americans with private dental and vision coverage has nearly doubled over the past two decades. As the number of people with coverage has grown, the Surgeon General recognized the role of dental coverage in improving families' oral health—both children and adults. Americans with dental and vision coverage are more likely to go to the dentist and optometrist for regular preventive care and obtain needed early treatment of dental and optical disease. As well, dentists and vision professionals are important sentinels in identifying a range of other diseases with a history of successful referrals for early treatment resulting in cost savings within the medical system.

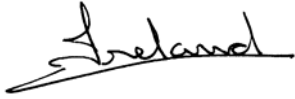
Medical plans that can be "qualified health plans" do not, for the most part, have the infrastructure to deliver dental and vision coverage. To meet the essential benefits' requirements and to offer "premium-plus" plans, qualified health plans will either have to build dental and vision capacity, including quickly establishing relationships with dentists and vision professionals and adding dental and vision providers to their networks, or they will have to subcontract for dental and vision services just for children covered under their policies. This will add unnecessary administrative costs for the medical plans and increase dental and vision premiums outside this coverage as family coverage is unraveled.

Creating a new infrastructure for the delivery of this portion of essential services will slow the implementation of health reform and add to its overall cost. Hundreds of dental and vision benefits plans already exist and are successfully serving millions of Americans' needs. This legislation should build on successful and proven efforts to efficiently provide dental and vision services both in the private market and through the Exchange.

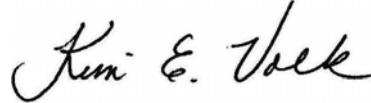
We are anxious to work with you to address our concerns and to ensure that, as we expand medical coverage for Americans, we also build on what works in oral and optical health care, including the dental and vision benefits industry's expertise in designing and delivering dental and vision benefits.

For further information or questions, please contact Kris Hathaway, NADP's Director of Government Relations at (972) 458-6998x111, khathaway@nadp.org. Thank you for your consideration.

Sincerely,



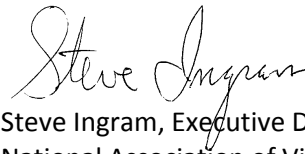
Evelyn Ireland, Executive Director
National Association of Dental Plans



Kim Volk, President & CEO
Delta Dental Plans Association



Rob Lynch, CEO
Vision Service Plan (VSP)



Steve Ingram, Executive Director
National Association of Vision Care Plans



NATIONAL ASSOCIATION
OF VISION CARE PLANS