September 28, 2009

The Honorable Blanche Lincoln
U.S. Senate
355 Dirksen SOB
Washington, DC 20510

The Honorable Charles Grassley
Ranking Member
U.S. Senate Committee on Finance
219 Dirksen SOB
Washington, DC 20510

Dear Senator Lincoln and Ranking Member Grassley:

The National Business Group on Health (Business Group) applauds your efforts to improve quality and reduce the costs of health care as you seek to expand coverage for the uninsured and for your efforts to improve access to vision and dental (oral) services. We are pleased the Senate Finance Committee recently included Senator Debbie Stabenow’s amendment allowing stand alone dental plans to sell coverage in the exchanges as a buy-in option to the America’s Healthy Future Act of 2009. However, we remain concerned that leaving out stand alone vision plans from the legislation could endanger the current vision coverage received by millions of Americans. In addition, while we strongly advocate for comprehensive vision and dental benefits, we also believe that the current health care reform bills’ requirement that “qualified health benefits plans” must bundle pediatric vision and dental services with health service will unintentionally cause significant disruptions in families’ stand alone coverage. We urge the committee to include vision benefits provided by ancillary, or stand-alone, plans as a buy-in option in the exchanges and to allow stand alone plans to satisfy the health reform bills’ requirement for pediatric vision and dental services along with those integrated within medical plans.

The National Business Group on Health (Business Group) represents approximately 300, primarily large, employers who voluntarily provide health benefits and other health programs to over 55 million American employees, retirees, and their families.

The House Tri-Committee bill would require “qualified health benefits plans” to offer children’s vision and oral health care services as part of the “essential benefits package” for medical plans, initially in exchanges, and, after five years, in the private market and employer-sponsored plans. The Senate Health, Education, Labor and Pensions (HELP) Committee’s bill has a similar requirement for individual and small group market plans.

While the health reform legislation would still permit stand-alone adult coverage, stand-alone family coverage for vision and dental benefits have proven the most cost effective. Many medical plans do not have relationships with either vision or dental provider networks and would have to subcontract for these services just for children, which will increase premiums for vision and dental coverage. Medical plans are also likely to focus on health benefits rather than vision and dental care which may lead to benefits that are less robust than the benefits currently offered under stand alone plans.
Limiting the definition of qualified health plan for the delivery of pediatric vision and dental benefits to major medical plans will pull apart existing vision and dental benefits between parents and children for the 125 million Americans with stand-alone coverage. It would increase health care costs, reduce the number of adults receiving preventive vision and dental care and limit the benefit plan choices currently available to American families. To assure your goal of comprehensive vision and dental benefits for all, we urge you to approve amendments that would permit services provided by ancillary, or stand-alone, plans to satisfy the requirement for pediatric vision and dental services along with those integrated within medical plans.

Thank you for considering our recommendations. We look forward to working with you to ensure that comprehensive health care reform meets the vision and oral health care needs of America’s families. Please contact me or Steven Wojcik, the Business Group’s Vice President of Public Policy, at (202) 585-1812, if you would like to discuss them in more detail.

Sincerely,

Helen Darling
President

cc:
The U.S. Senate Committee on Finance