

107TH CONGRESS  
1ST SESSION

# S. 998

To expand the availability of oral health services by strengthening the dental workforce in designated underserved areas.

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## IN THE SENATE OF THE UNITED STATES

JUNE 7, 2001

Ms. COLLINS (for herself and Mr. FEINGOLD) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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## A BILL

To expand the availability of oral health services by strengthening the dental workforce in designated underserved areas.

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 Health Im-  
5       provement Act”.

6       **SEC. 2. FINDINGS.**

7       Congress finds the following:

1           (1) Oral and general health are inseparable,  
2           and good dental care is critical to our overall phys-  
3           ical health and well-being.

4           (2) Although oral health in America has im-  
5           proved dramatically over the last 50 years, these im-  
6           provements have not occurred evenly across all sec-  
7           tors of our population, particularly among low-in-  
8           come individuals and families and people living in  
9           underserved areas.

10          (3) According to the United States Surgeon  
11          General, an estimated 25,000,000 Americans live in  
12          areas lacking adequate dental care services, and as  
13          many as 11 percent of our Nation's rural population  
14          has never been to a dentist.

15          (4) This access problem is exacerbated by the  
16          fact that our dental workforce is aging: more than  
17          20 percent of dentists will retire in the next 10  
18          years, and the number of dental graduates by 2015  
19          may not be enough to replace these retirees. Al-  
20          though dentists have significantly increased their  
21          productivity, there are still distribution problems in  
22          specific geographic areas.

23          (5) Our Nation's dental school faculty is also  
24          aging. With retirement being the leading indicator,  
25          faculty shortage issues face United States dental

1 schools with approximately 400 current vacancies for  
2 unfilled, budgeted positions. United States dental  
3 schools play an important role in improving access  
4 to care to underserved populations.

5 (6) While the National Health Service Corps  
6 has placed more than 20,000 health care providers  
7 in some of America's most difficult-to-place inner  
8 city, rural, and frontier communities, the current  
9 funding levels for this program do not begin to meet  
10 the need in these underserved communities for phys-  
11 ical, oral, and mental and behavioral health care  
12 services and should be substantially increased.

13 (7) According to the United States Surgeon  
14 General, the number of dentists and dental hygien-  
15 ists with obligations to serve in the National Health  
16 Service Corps falls far short of meeting the total  
17 identified need: only about 6 percent of the dental  
18 need in designated underserved areas is currently  
19 being met by this program, and outreach and devel-  
20 opment are critical to future opportunities for  
21 strengthening the dental workforce in designated  
22 dental health professional shortage areas.

1 **SEC. 3. EXPANDING AVAILABILITY OF DENTAL SERVICES.**

2 Part D of title III of the Public Health Service Act  
3 (42 U.S.C. 254b et seq.) is amended by adding at the end  
4 the following:

5 **“Subpart X—Primary Dental Programs**

6 **“SEC. 340F. DESIGNATED DENTAL HEALTH PROFESSIONAL**  
7 **SHORTAGE AREA.**

8 “In this subpart, the term ‘designated dental health  
9 professional shortage area’ means an area, population  
10 group, or facility that is designated by the Secretary as  
11 a dental health professional shortage area under section  
12 332 or designated by the applicable State as having a den-  
13 tal health manpower shortage.

14 **“SEC. 340G. GRANTS FOR INNOVATIVE PROGRAMS.**

15 “(a) GRANT PROGRAM AUTHORIZED.—The Sec-  
16 retary, acting through the Administrator of the Health  
17 Resources and Services Administration, is authorized to  
18 award grants to States for the purpose of helping States  
19 develop and implement innovative programs to address the  
20 dental workforce needs of designated dental health profes-  
21 sional shortage areas in a manner that is appropriate to  
22 the State’s individual needs.

23 “(b) STATE ACTIVITIES.—A State receiving a grant  
24 under subsection (a) may use funds received under the  
25 grant for—

1           “(1) loan forgiveness and repayment programs  
2           for dentists who—

3                   “(A) practice in designated dental health  
4                   professional shortage areas; and

5                   “(B) agree to—

6                           “(i) provide services to patients re-  
7                           gardless of such patients’ ability to pay;  
8                           and

9                           “(ii) provide a sliding payment scale  
10                          for patients who are unable to pay the  
11                          total cost of services;

12                   “(2) recruitment and retention efforts;

13                   “(3) grants and low-interest or no-interest loans  
14                   to help practitioners who participate in the medicaid  
15                   program under title XIX of the Social Security Act  
16                   (42 U.S.C. 1396 et seq.) to establish or expand  
17                   practices in designated dental health professional  
18                   shortage areas by equipping dental offices or sharing  
19                   in the overhead costs of such operations;

20                   “(4) the establishment or expansion of dental  
21                   residency programs in coordination with accredited  
22                   dental training facilities in States without dental  
23                   schools;

24                   “(5) programs developed in consultation with  
25                   State and local dental societies to expand or estab-

1       lish oral health services in designated dental health  
2       professional shortage areas, such as—

3               “(A) the expansion or establishment of a  
4               community-based dental facility, free-standing  
5               dental clinic, consolidated health center dental  
6               facility, school-linked dental facility, or United  
7               States dental school-based facility;

8               “(B) the establishment of a mobile or port-  
9               able dental clinic; and

10              “(C) the establishment or expansion of pri-  
11              vate dental services to enhance capacity through  
12              additional equipment or additional hours of op-  
13              eration;

14              “(6) placement and support of dental students,  
15              residents, and advanced dentistry trainees;

16              “(7) continuing dental education, including dis-  
17              tance-based education;

18              “(8) practice support through teledentistry con-  
19              ducted in accordance with existing State laws;

20              “(9) community-based prevention services such  
21              as water fluoridation and dental sealant programs;

22              “(10) coordination with local education systems  
23              within the State to foster programs that promote  
24              children going into oral health or science professions;

1           “(11) the establishment of faculty recruitment  
2           programs at accredited dental training institutions  
3           whose mission includes community outreach and  
4           service and that have a demonstrated record of serv-  
5           ing underserved States;

6           “(12) the development of a State dental officer  
7           position or the augmentation of a current State den-  
8           tal office to coordinate oral health and access issues  
9           in the State; and

10          “(13) any other activities determined to be ap-  
11          propriate by the Secretary.

12          “(c) APPLICATION.—

13               “(1) IN GENERAL.—Each State desiring a  
14               grant under this section shall submit an application  
15               to the Secretary at such time, in such manner, and  
16               containing such information as the Secretary may  
17               reasonably require.

18               “(2) ASSURANCES.—Each application sub-  
19               mitted under this subsection shall include assurances  
20               that the State will meet the requirements of sub-  
21               section (d) and that the State possesses sufficient  
22               infrastructure to manage the activities to be funded  
23               by the grant and to evaluate and report on the out-  
24               comes resulting from such activities.

1       “(d) MATCHING REQUIREMENT.—An entity that re-  
 2 ceives a grant under this section shall contribute non-Fed-  
 3 eral funds to activities carried out under the grant in a  
 4 total amount equal to at least 40 percent of the amount  
 5 of the grant. Such matching funds may be a combination  
 6 of in-kind contributions, fairly valued, and any other fund-  
 7 ing from State or local sources or from community or  
 8 other organizations.

9       “(e) REPORT.—Not later than 5 years after the date  
 10 of enactment of the Dental Health Improvement Act, the  
 11 Secretary shall prepare and submit to the appropriate  
 12 committees of Congress a report containing data relating  
 13 to whether grants provided under this section have in-  
 14 creased access to dental services in designated dental  
 15 health professional shortage areas.

16       “(f) AUTHORIZATION OF APPROPRIATIONS.—There  
 17 is authorized to be appropriated to carry out this section,  
 18 \$50,000,000 for the 5-fiscal year period beginning with  
 19 fiscal year 2002.”.

20 **SEC. 3. NATIONAL HEALTH SERVICE CORPS.**

21       (a) SCHOLARSHIP AND LOAN REPAYMENT PRO-  
 22 GRAMS.—The Secretary of Health and Human Services,  
 23 in consultation with the American Dental Association, the  
 24 American Dental Education Association, the American  
 25 Dental Hygienists Association, the American Academy of



1 Pediatric Dentistry, the Association of State and Terri-  
 2 torial Dental Directors, and the National Association of  
 3 Community Health Centers, shall develop and implement  
 4 a plan for increasing the participation of dentists and den-  
 5 tal hygienists in the National Health Service Corps' schol-  
 6 arship program under section 338A of the Public Health  
 7 Service Act (42 U.S.C. 254l) and the loan repayment pro-  
 8 gram under section 338B of such Act (42 U.S.C. 254l-  
 9 1).

10 (b) LOAN REPAYMENT PLAN.—Section 338C of the  
 11 Public Health Service Act (42 U.S.C. 254m) is amended  
 12 by adding at the end the following:

13 “(f) Notwithstanding any other provision of this title,  
 14 periods of obligated service may be served and fulfilled on  
 15 a part time basis if—

16 “(1) such part time service is agreed to by both  
 17 the placement site or sites and the recipient of the  
 18 scholarship or loan repayment; and

19 “(2) the recipient's total obligation is fulfilled.”.

20 (c) SCHOLARSHIP PROGRAMS.—Any scholarship pro-  
 21 gram for dental students administered through the Na-  
 22 tional Health Service Corps shall meet the following re-  
 23 quirements:

24 “(1) AVAILABILITY.—The scholarship program  
 25 shall be open to students attending any accredited

1 dental school or dental hygiene program in the  
 2 United States.

3 “(2) PLACEMENT.—The placement of an oral  
 4 health provider participating in the scholarship pro-  
 5 gram shall be solely based upon community need for  
 6 dental services.”.

7 (d) SITE DESIGNATION PROCESS.—

8 (1) IMPROVEMENT OF DESIGNATION PROC-  
 9 ESS.—The Administrator of the Health Resources  
 10 and Services Administration, in consultation with  
 11 the Association of State and Territorial Dental Di-  
 12 rectors, dental societies, and other interested parties,  
 13 shall—

14 (A) design and implement procedures to  
 15 simplify the process of designating areas, popu-  
 16 lation groups, and facilities as dental health  
 17 professional shortage areas under section 332  
 18 of the Public Health Service Act (42 U.S.C.  
 19 254e); and

20 (B) revise the criteria upon which such  
 21 designations are based so that such criteria pro-  
 22 vide a more accurate reflection of oral health  
 23 care need, particularly in rural areas.

24 (2) PUBLIC HEALTH SERVICE ACT.—Section  
 25 332 of the Public Health Service Act (42 U.S.C.

1       254e) is amended by adding at the end the fol-  
 2       lowing:

3       “(i) DISSEMINATION.—The Administrator of the  
 4       Health Resources and Services Administration shall dis-  
 5       seminate information concerning the designation criteria  
 6       described in subsection (b) to—

7               “(1) the Governor of each State;

8               “(2) the representative of any area, population  
 9       group, or facility selected by any such Governor to  
 10      receive such information;

11              “(3) the representative of any area, population  
 12      group, or facility that requests such information;  
 13      and

14              “(4) the representative of any area, population  
 15      group, or facility determined by the Administrator to  
 16      be likely to meet the criteria described in subsection  
 17      (b).

18       “(j) TECHNICAL ASSISTANCE.—The Administrator of  
 19      the Health Resources and Services Administration shall  
 20      provide technical assistance to any area, population group,  
 21      or facility that demonstrates an interest in applying for  
 22      dental health professional shortage area designation.”.

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