To improve access to oral health care for vulnerable and underserved populations.

IN THE HOUSE OF REPRESENTATIVES

JUNE 7, 2012

Mr. CUMMINGS introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, the Judiciary, Natural Resources, Veterans’ Affairs, and Armed Services, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To improve access to oral health care for vulnerable and underserved populations.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Comprehensive Dental Reform Act of 2012”.

SECTION 2. TABLE OF CONTENTS.

The table of contents of this Act is as follows:

Sec. 1. Short title.
Sec. 2. Table of contents.
Sec. 3. Findings.
TITLE I—MEDICARE AND MEDICAID

Subtitle A—Medicare
Sec. 101. Coverage of dental services under the Medicare program.

Subtitle B—Medicaid
Sec. 111. Coverage of dental services under the Medicaid program.

Subtitle C—Grant Programs
Sec. 121. Case management grant program.

TITLE II—PUBLIC HEALTH PROGRAMS

Subtitle A—National Health Service Corps
Sec. 201. National Health Service Corps.

Subtitle B—Oral Health Education
Sec. 211. Authorization of appropriations for oral health education for medical providers.
Sec. 212. Oral health education for other non-health professionals.
Sec. 213. Dental education.
Sec. 214. Oral health professional student loans.

Subtitle C—Other Oral Health Programs
Sec. 221. Access points.
Sec. 222. Dental clinics in schools.
Sec. 223. Emergency room care coordination.
Sec. 224. Research funding.
Sec. 225. Mobile and portable dental services.

TITLE III—DEPARTMENT OF VETERANS AFFAIRS AND DEPARTMENT OF DEFENSE MATTERS

Subtitle A—Department of Veterans Affairs Matters
Sec. 301. Requiring Secretary of Veterans Affairs to furnish dental care in same manner as any other medical service.
Sec. 302. Demonstration program on training and employment of alternative dental health care providers for dental health care services for veterans in rural and other underserved communities.

Subtitle B—Department of Defense Matters
Sec. 311. Demonstration program on training and employment of alternative dental health care providers for dental health care services for members of the Armed Forces and dependents lacking ready access to such services.

TITLE IV—FEDERAL BUREAU OF PRISONS
Sec. 401. Demonstration program on training and employment of alternative dental health care providers for dental health care services for prisoners within the custody of the Bureau of Prisons.
TITLE V—INDIAN HEALTH SERVICE

Sec. 501. Demonstration program on training and employment of alternative dental health care providers for dental health care services under the Indian Health Service.

TITLE VI—REPORTS TO CONGRESS

Sec. 601. Evaluation of expansion of coverage for dental services.

TITLE VII—FUNDING

Sec. 701. Transaction tax.

SEC. 3. FINDINGS.

Congress makes the following findings:

(1) The United States must establish a nationwide and comprehensive approach to address the lack of access to needed dental care and reduce oral health disparities.

(2) Since 2000, when the Surgeon General of the United States called dental disease a “silent epidemic”, there has been increasing but still insufficient attention given to addressing oral health issues. The Healthy People 2020 initiative includes oral health as a leading health indicator for the first time in the history of the Healthy People program, and in 2011, the Institute of Medicine published 2 reports, “Improving Access to Oral Health Care for Vulnerable and Underserved Populations” and “Advancing Oral Health in America”, that focused on oral health.

(3) Dental caries, commonly known as cavities, are the most common chronic disease for children in
the United States, affecting nearly 60 percent of
children between 5 and 17 years of age. Addition-
ally, 25 percent of American adults who have at-
tained 65 years of age have lost all of their teeth.

(4) Untreated oral health problems contribute
to an increased risk for serious medical conditions
such as diabetes, hospital-acquired pneumonia, and
poor birth outcomes.

(5) More than 47,000,000 individuals reside in
areas where it is difficult to access dental care. Only
45 percent of Americans over 2 years of age have
had a dental visit in the preceding 12 months, and
approximately 17,000,000 low-income children go
each year without seeing a dentist.

(6) While the lack of access to oral health serv-
ices is a national problem, those who are most likely
to remain underserved are individuals with low in-
comes, racial and ethnic minorities, pregnant
women, older adults, individuals with special needs,
and individuals living in rural communities.

(7) Nearly 9,500 additional dental providers are
needed in order to meet this Nation’s current oral
health needs, especially to work in areas where the
need for dental care is the greatest. Only 20 percent
of practicing dentists in the United States provide
care to individuals enrolled in Medicaid, and a very small percentage of dentists devote a substantial part of their practice towards caring for individuals who are underserved.

(8) Over 40 percent of the total expenditures on dental care in the United States are out-of-pocket payments by individuals.

(9) The Medicare program and the Department of Veterans Affairs do not provide dental coverage to the majority of their beneficiaries, and States can elect whether to provide dental coverage to adults under the Medicaid program.

(10) The number of individuals without dental health insurance is 3 times higher than the number of individuals who lack general health insurance.

(11) The lack of access to oral health services can be extremely costly, resulting in higher health care expenditures. In 2009, there were over 830,000 visits to emergency rooms across the United States for preventable dental conditions, which is 16 percent higher than in 2006.

(12) According to a report by the Surgeon General of the United States, students miss more than 51,000,000 hours of school and employed adults lose
more than 164,000,000 hours of work each year due
to dental disease and dental visits.

TITLE I—MEDICARE AND
MEDICAID
Subtitle A—Medicare

SEC. 101. COVERAGE OF DENTAL SERVICES UNDER THE
MEDICARE PROGRAM.

(a) COVERAGE.—Section 1861(s)(2) of the Social Se-
curity Act (42 U.S.C. 1395x(s)(2)) is amended—

(1) in subparagraph (EE), by striking “and”
after the semicolon at the end;
(2) in subparagraph (FF), by adding “and”
after the semicolon at the end; and
(3) by adding at the end the following new sub-
paragraph:
“(GG) dental services (as defined in subsection
(iii));”.

(b) DENTAL SERVICES DEFINED.—Section 1861(s)
of the Social Security Act (42 U.S.C. 1395x(s)) is amend-
ed by adding at the end the following new subsection:

“Dental Services
“(iii)(1) The term ‘dental services’ means oral health
services (as defined by the Secretary) provided by a li-
censed oral health care provider that are necessary to pre-
vent disease and promote oral health, restore oral struc-
tures to health and function, and treat emergency condi-
tions.

“(2) For purposes of paragraph (1), such term shall include mobile and portable oral health services (as de-
defined by the Secretary) that—

“(A) are provided for the purpose of over-
coming mobility, transportation, and access barriers for individuals; and

“(B) satisfy the standards and certification re-
quirements established under section 1902(a)(84)(B) for the State in which the services are provided.”.

(c) PAYMENT AND COINSURANCE.—Section 1833(a)(1) of the Social Security Act (42 U.S.C. 1395l(a)(1)) is amended—

(1) by striking “and” before “(Z)”; and

(2) by inserting before the semicolon at the end the following: “, and (AA) with respect to dental services (as defined in section 1861(iii)), the amount paid shall be (i) in the case of such services that are dental health preventive services described in para-
graph (1)(D) of such section, 100 percent of the lesser of the actual charge for the services or the amount determined under the payment basis deter-
mined under section 1848, and (ii) in the case of all other such services, 80 percent of the lesser of the
actual charge for the services or the amount determined under the payment basis determined under section 1848”.

(d) Payment Under Physician Fee Schedule.—Section 1848(j)(3) of the Social Security Act (42 U.S.C. 1395w–4(j)(3)) is amended by inserting “(2)(GG),” after “risk assessment),’’.

(e) Dentures.—Section 1861(s)(8) of the Social Security Act (42 U.S.C. 1395x(s)(8)) is amended—

(1) by striking “(other than dental)” and inserting “(including dentures)”;

(2) by striking “internal body”.

(f) Repeal of Ground for Exclusion.—Section 1862(a) of the Social Security Act (42 U.S.C. 1395y) is amended by striking paragraph (12).

(g) Effective Date.—The amendments made by this section shall apply to services furnished on or after January 1, 2013.

Subtitle B—Medicaid

Sec. 111. Coverage of Dental Services Under the Medicaid Program.

(a) In General.—Section 1905 of the Social Security Act (42 U.S.C. 1396d) is amended—
(1) in subsection (a)(10), by adding “(as described in subsection (ee)(1))” after “dental services”; and

(2) by adding at the end the following:

“(ee)(1) Subject to paragraphs (2) and (3), for purposes of this title, the term ‘dental services’ means oral health services (as defined by the Secretary) provided by a licensed oral health care provider that are necessary to prevent disease and promote oral health, restore oral structures to health and function, and treat emergency conditions.

“(2) For purposes of paragraph (1), such term shall include mobile and portable oral health services (as defined by the Secretary) that—

“(A) are provided for the purpose of overcoming mobility, transportation, and access barriers for individuals; and

“(B) satisfy the standards and certification requirements established under section 1902(a)(84)(B) for the State in which the services are provided.

“(3) For purposes of paragraph (1), such term shall not apply to dental care or services provided to individuals under the age of 21 under subsection (r)(3).”.

(b) CONFORMING AMENDMENTS.—Section 1902(a) of such Act (42 U.S.C. 1396a(a)) is amended—
(1) in paragraph (10)(A), in the matter preceding clause (i), by inserting “(10),” after “(5),”;

(2) in paragraph (82)(C), by striking “and” at the end;

(3) in paragraph (83), by striking the period at the end and inserting “; and”;

(4) by inserting after paragraph (83) the following:

“(84) provide for—

“(A) informing, in writing, all individuals who have been determined to be eligible for medical assistance of the availability of dental services (as defined in section 1905(ee)(1)); and

“(B) establishing and maintaining standards for and certification of mobile and portable oral health services (as described in subsections (r)(3)(C) and (ee)(2) of section 1905).”.

(e) Mobile and Portable Oral Health Services Under EPSDT.—Section 1905(r)(3) of the Social Security Act (42 U.S.C. 1396d(r)(3)) is amended—

(1) in subparagraph (A)(ii), by striking “; and” and inserting a semicolon;

(2) in subparagraph (B), by striking the period at the end and inserting “; and”;

and inserting a semicolon;
(3) by adding at the end the following new sub-
paragraph:

“(C) which shall include mobile and portable
oral health services (as defined by the Secretary) that—

“(i) are provided for the purpose of over-
coming mobility, transportation, or access bar-
riers for children; and

“(ii) satisfy the standards and certification
requirements established under section
1902(a)(84)(B) for the State in which the serv-
ices are provided.”.

(d) INCREASED FEDERAL FUNDING FOR DENTAL
SERVICES.—

(1) IN GENERAL.—Section 1905 of the Social
Security Act (42 U.S.C. 1396d), as amended by sub-
section (a), is amended—

(A) in subsection (b), in the first sentence,
by striking “and (aa)” and inserting “(aa), and
(ff)” ; and

(B) by adding at the end the following new
subsection:

“(ff) INCREASED FMAP FOR DENTAL SERVICES.—

“(1) IN GENERAL.—Notwithstanding subsection
(b) and section 1903(a)(7) and subject to the re-
requirements described in paragraphs (3) and (4),
with respect to amounts expended on or after Octo-
ber 1, 2012, for covered dental expenses (as de-
scribed in paragraph (2)), the Federal medical as-
sistance percentage for a State that is one of the 50
States or the District of Columbia for such expenses
shall be equal to the Federal medical assistance per-
centage that would otherwise apply to the State for
the fiscal year, as determined under subsection (b)
or section 1903(a)(7), increased by 10 percentage
points.

“(2) COVERED DENTAL EXPENSES.—For pur-
poses of paragraph (1), the term ‘covered dental ex-
penses’ means the amounts expended for medical as-
sistance for dental services (as described in sub-
section (ee)(1)) and amounts expended for the prop-
er and efficient administration of the provision of
such dental services under the State plan.

“(3) REQUIREMENTS.—For purposes of para-
graph (1), the Federal medical assistance percentage
applicable to covered dental expenses under this sub-
section shall not apply to a State unless—

“(A) the State plan for medical assistance
provides payment for dental services (as so de-
finied) furnished by a dental provider at a rate
that is not less than 70 percent of the usual and customary fee for such services in the State; and

“(B) the State satisfies such additional requirements as are established by the Secretary, which shall include—

“(i) streamlining of administrative procedures for purposes of ensuring adequate provider participation and increasing patient utilization of dental services; and

“(ii) the provision of technical assistance to dental providers designed to reduce the number of missed patient appointments and eliminate other barriers to the provision of oral health services.

“(4) LIMITATION.—For purposes of amounts expended for covered dental services, in no case shall any increase under this subsection result in a Federal medical assistance percentage that exceeds 100 percent.”.

(2) CONFORMING AMENDMENT.—Section 1903(a)(7) of the Social Security Act (42 U.S.C. 1396b(a)(7)) is amended by striking “section 1919(g)(3)(B)” and inserting “sections 1905(ff) and 1919(g)(3)(B)”.  

•HR 5909 IH
(e) Effective Date.—

(1) In General.—Except as provided in paragraph (2), the amendments made by this section shall apply to calendar quarters beginning on or after January 1, 2013, without regard to whether or not final regulations to carry out such amendments have been promulgated by such date.

(2) Delay permitted for state plan amendment.—In the case of a State plan for medical assistance under title XIX of the Social Security Act which the Secretary of Health and Human Services determines requires State legislation (other than legislation appropriating funds) in order for the plan to meet the additional requirements imposed by the amendments made by this section, the State plan shall not be regarded as failing to comply with the requirements of such title solely on the basis of its failure to meet these additional requirements before the first day of the first calendar quarter beginning after the close of the first regular session of the State legislature that begins after the date of enactment of this Act. For purposes of the previous sentence, in the case of a State that has a 2-year legislative session, each year of such session shall be
deemed to be a separate regular session of the State legislature.

**Subtitle C—Grant Programs**

**SEC. 121. CASE MANAGEMENT GRANT PROGRAM.**

(a) **ESTABLISHMENT.**—The Secretary shall award grants to States and eligible entities for the purpose of developing case management programs that—

1. identify eligible individuals who are in need of dental services, with a particular focus on pregnant women, individuals with disabilities, and older adults, and provide them with information regarding dental providers in proximity to their residence;

2. determine the coverage status of an eligible individual or whether such individual is eligible for free dental services;

3. recruit licensed dental providers and coordinate the voluntary provision of medically recommended dental services by such providers to eligible individuals described in subsection (f)(2)(E) with no fee or charge to such individuals and in a manner consistent with State licensing laws;

4. provide community-level oral health education, with a focus on oral health literacy and prevention, and resource information to eligible individuals; and
(5) identify and coordinate transportation for eligible individuals in need of dental services as necessary to overcome mobility impairments and transportation barriers.

(b) APPLICATION.—A State or eligible entity that desires to participate in the grant program under this section shall submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

(c) DURATION AND SCOPE.—From any amounts appropriated to carry out this section, the Secretary shall award grants to a total of 10 States and eligible entities, with the amount of each grant to be determined at the discretion of the Secretary.

(d) EVALUATION.—Not later than January 1, 2016, the Secretary shall—

(1) conduct an evaluation of the grant program under this section for purposes of determining if case management programs established by participating States and eligible entities sufficiently increased access to dental services; and

(2) determine whether case management programs should be made available on a nationwide basis.
(c) AUTHORIZATION.—To carry out the grant pro-
gram under this section, there are authorized to be appro-
priated such sums as may be necessary for each of fiscal
years 2013 through 2015.

(f) DEFINITIONS.—In this section:

(1) ELIGIBLE ENTITY.—The term “eligible enti-
ty” means an organization that is described in sec-
tion 501(c)(3) of the Internal Revenue Code of 1986
and exempt from tax under section 501(a) of such
Code.

(2) ELIGIBLE INDIVIDUAL.—The term “eligible
individual” means an individual who is—

(A) entitled to, or enrolled for, benefits
under part A of title XVIII of the Social Secu-
rity Act or enrolled for benefits under part B
of such title;

(B) eligible to receive medical assistance
under a State plan under title XIX of the So-
cial Security Act or any waiver approved with
respect to such plan;

(C) eligible to receive child health assist-
ance under a State child health plan under title
XXI of the Social Security Act or any waiver
approved with respect to such plan;
(D) entitled to receive medical benefits under the laws administered by the Secretary of Veterans Affairs; or 

(E) has an income below 200 percent of the Federal poverty level and does not otherwise have any dental insurance coverage.

(3) SECRETARY.—The term “Secretary” means the Secretary of Health and Human Services.

(4) STATE.—The term “State” means the 50 States and the District of Columbia.

TITLE II—PUBLIC HEALTH PROGRAMS

Subtitle A—National Health Service Corps

SEC. 201. NATIONAL HEALTH SERVICE CORPS.

(a) IN GENERAL.—Section 331 of the Public Health Service Act (42 U.S.C. 254d) is amended—

(1) in subsection (a)(3), by adding at the end the following:

“(F) The term ‘dental therapist’ means, with respect to a State that licenses such dental therapists, a mid-level dental practitioner who is licensed to practice under the law of the State and who provides preventive and restorative
services directly to the public, commensurate
with the scope of the practice.”; and
(2) in subsection (b)—
(A) in paragraph (1), by inserting “, dental
therapy,” after “dental”; and
(B) in paragraph (2), by inserting “dental
therapists,” after “dentists,”.

(b) FACILITATION OF EFFECTIVE PROVISION OF
CORPS SERVICES.—Section 336(f)(3) of the Public Health
Service Act (42 U.S.C. 254h–1(f)(3)) is amended by in-
serting “dental therapists” after “midwives,”.

(c) SCHOLARSHIP PROGRAM AND LOAN REPAYMENT
PROGRAM.—
(1) SCHOLARSHIP PROGRAM.—Section 338A of
the Public Health Service Act (42 U.S.C. 254l) is
amended—
(A) in subsection (a)(1), by inserting “dental
therapists,” after “dentists,”; and
(B) in subsection (b)(1), by inserting “in-
cluding dental therapy,” after “or other health
profession,”.

(2) LOAN REPAYMENT PROGRAM.—Section
338B of the Public Health Service Act (42 U.S.C.
254l–1) is amended—
(A) in subsection (a)(1), by inserting “dental therapists,” after “dentists,”; and

(B) in subsection (b)(1)—

(i) in subparagraph (A), by inserting “dental therapist,” after “nurse practitioner,”;

(ii) in subparagraph (B), by inserting “dental therapy,” after “mental health,”; and

(iii) in subparagraph (C)(ii), by inserting “, including dental therapy,” after “health profession”.

(3) Authorization of Appropriations.—

Section 338H of the Public Health Service Act (42 U.S.C. 254q) is amended—

(A) in subsection (a), by striking “this section” and inserting “this subpart”; and

(B) by adding at the end the following:

“(d) Authorization of Appropriations With Respect to Oral Health Professionals.—To carry out this subpart with respect to dentists, dental therapists, and dental hygienists, in addition to the amounts authorized under subsection (a), there is authorized to be appropriated such sums as may be necessary for fiscal years
213 through 2016, which shall be used to provide scholar-
ships to such oral health professionals.”.

Subtitle B—Oral Health Education

SEC. 211. AUTHORIZATION OF APPROPRIATIONS FOR ORAL
HEALTH EDUCATION FOR MEDICAL PROVIDERS.

Section 747(c) of the Public Health Service Act (42
U.S.C. 293k(c)) is amended by adding at the end the fol-
lowing:

“(4) ORAL HEALTH EDUCATION.—In addition
to other amounts authorized under this subsection
for purposes of carrying out this section, there is au-
thorized to be appropriated such sums as may be
necessary for fiscal years 2013 through 2016 for the
purpose of educating nondental medical profes-
sionals, including physicians, nurses, and phar-
macists, about oral health, including issues such as
oral hygiene instruction, topical application of fluo-
ride, and oral health screenings, with the goal of in-
tegrating oral health care into overall health care.”.

SEC. 212. ORAL HEALTH EDUCATION FOR OTHER NON-
HEALTH PROFESSIONALS.

Subpart I of part C of title VII of the Public Health
Service Act (42 U.S.C. 293k et seq.) is amended by insert-
ing after section 748 the following:
“SEC. 748A. ORAL HEALTH EDUCATION FOR OTHER NON-ORAL HEALTH PROFESSIONALS.

“(a) In General.—The Secretary may make grants to, or enter into contracts with, an accredited public or nonprofit private hospital, an educational institution, or a public or private nonprofit entity which the Secretary has determined is capable of carrying out such grant or contract to educate individuals, such as community health workers, social workers, nutritionists, health educators, occupational therapists, and psychologists, to promote oral health education and to provide support for behavior change and assistance with care coordination with respect to oral health.

“(b) Authorization of Appropriations.—To carry out this section, there is authorized to be appropriated such sums as may be necessary for fiscal years 2013 through 2016.”.

SEC. 213. DENTAL EDUCATION.

(a) Training in General, Pediatric, and Public Health Dentistry.—Section 748 of the Public Health Service Act (42 U.S.C. 293k–2) is amended—

(1) in subsection (a)(1)(H), by striking “pediatric training programs” and inserting “pediatric dental training programs”; and

(2) in subsection (c)—
(A) by striking the subsection heading and inserting “REQUIREMENTS FOR AWARD.—”;

(B) by amending the matter preceding paragraph (1) to read as follows: “With respect to training provided for under this section, the Secretary shall award grants or contracts only to eligible entities that meet at least 7 of the following criteria:”;

(C) in paragraph (2), by striking “have a record of training the greatest percentage of providers, or that have demonstrated significant improvements in the percentage of providers, who enter and” and inserting “train significant numbers of providers who”;

(D) in paragraph (3)—

(i) by striking “have a record of training” and inserting “intent to train”; and

(ii) by striking the period at the end and inserting “and have faculty with experience in treating underserved populations.”;

(E) in paragraph (8), by inserting “or have established” after “establish”; and

(F) by adding at the end the following:
“(9) Qualified applicants that require not less than 200 hours of community-based education rotations.”.

(b) DENTAL RESIDENCY PROGRAMS.—Part B of title III of the Public Health Service Act (42 U.S.C. 243 et seq.) is amended by adding at the end the following:

"SEC. 320B. DENTAL RESIDENCY PROGRAMS.

“As a condition for receiving Federal funds, dental training residency programs shall require individuals enrolled in such residency programs to provide dental services—

“(1) in hospital emergency rooms; or

“(2) in community settings, in addition to the dental training otherwise required by such residency program.”.

SEC. 214. ORAL HEALTH PROFESSIONAL STUDENT LOANS.

Part F of title VII of the Public Health Service Act (42 U.S.C. 295j) is amended by adding at the end the following:

“SEC. 799C. ORAL HEALTH PROFESSIONAL STUDENT LOANS.

“(a) IN GENERAL.—The Secretary shall establish and operate a student loan fund for oral health professional students, including dental hygienists, dental therapists, and dentists."
“(b) CONTENT.—The Secretary shall establish and operate the student loan fund program under subsection (a) in the same manner and subject to the same terms as the loan fund program established with schools of nursing under section 835.

“(c) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there are authorized to be appropriated such sums as may be necessary for fiscal years 2013 through 2016.”.

Subtitle C—Other Oral Health Programs

SEC. 221. ACCESS POINTS.

Subpart X of part D of title III of the Public Health Service Act (42 U.S.C. 256f et seq.) is amended by adding at the end the following:

“SEC. 340G–2. FUNDING FOR ORAL HEALTH SERVICES.

“(a) IN GENERAL.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, shall establish a program to award grants to eligible entities to provide oral health services, or to contract with private dental practices to provide comprehensive oral health services, to low income individuals and individuals who are underserved with respect to oral health care.
“(b) Technical Assistance.—The Secretary shall provide technical assistance to entities receiving grants under subsection (a) to provide technical assistance to such entities in order to—

“(1) with respect to oral health care services, increase efficiency and minimize missed appointments, contract with offsite providers, recruit providers (including oral health specialists), and operate programs outside the physical facilities to take advantage of new systems to improve access to oral health services; or

“(2) contract with private dental practices that will provide oral health services other than preventive oral health care, including restoration and maintenance of oral health, in order to meet the need for oral health services in the community.

“(c) Eligible Entities.—To be eligible to receive a grant under subsection (a), an entity shall—

“(1) be—

“(A) a Federally qualified health center (as defined in section 1861(aa) of the Social Security Act);

“(B) a safety net clinic or a free clinic (as defined by the Secretary);
“(C) a health care clinic that provides services to tribal organizations or urban Indian organizations (as such terms are defined in section 4 of the Indian Health Care Improvement Act); or

“(D) any other interested public or private sector health care provider or organization that the Secretary determines has a demonstrated history in serving a high number of uninsured and or low-income individuals or those who lack ready access to oral health services; and

“(2) demonstrate a clear need to expand oral health care services beyond preventive oral health care.

“(d) Allocation for Hiring Oral Health Care Specialists.—A portion of the funds available under this section shall be allocated toward hiring oral health care specialists, such as oral surgeons, at entities receiving grants under this section.

“(e) Authorization of Appropriations.—To carry out this section, there is authorized to be appropriated such sums as may be necessary for each of fiscal years 2013 through 2016.”.
SEC. 222. DENTAL CLINICS IN SCHOOLS.

Part Q of title III of the Public Health Service Act (42 U.S.C. 280h et seq.) is amended by adding at the end the following:

“SEC. 399Z–2. DENTAL CLINICS IN SCHOOLS.

“(a) IN GENERAL.—The Secretary shall award grants to qualified entities for the purpose of funding the building, operation, or expansion of dental clinics in schools.

“(b) QUALIFIED ENTITIES.—To receive a grant under this section, a qualified entity shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require.

“(c) REQUIREMENTS.—An entity receiving a grant under this section shall—

“(1) provide comprehensive oral health services at a dental clinic based at a school, including oral health education, oral screening, fluoride application, prophylaxis, and sealants;

“(2) refer patients to an available qualified oral health provider in the community for any required oral health services not provided in the dental clinic in the school, to ensure that all the oral health needs of students are met; and

“(3) maintain clinic hours that extend beyond school hours.
“(d) Authorization of Appropriations.—For purposes of carrying out this section, there is authorized to be appropriated such sums as may be necessary for fiscal years 2013 through 2016.”.

SEC. 223. EMERGENCY ROOM CARE COORDINATION.

Part B of title III of the Public Health Service Act (42 U.S.C. 243 et seq.), as amended by section 213(b), is further amended by adding at the end the following:

“SEC. 320C. EMERGENCY ROOM CARE COORDINATION WITH RESPECT TO DENTAL CARE.

“(a) In General.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, shall establish a grant program to enable individuals to receive dental care at a facility operated by a grant recipient rather than at a hospital emergency room.

“(b) Eligible Entities.—To be eligible to receive a grant under this section, an entity shall be—

“(1) a hospital in partnership with a Federally qualified health center;

“(2) a Federally qualified health center;

“(3) a private dental practice; or

“(4) any other interested public or private sector health care provider or organization that the Secretary determines has the capacity to serve a
high number of individuals who lack access to oral health services.

“(c) Oral Health Education for ER Physicians.—The Secretary shall allocate a portion of the amounts appropriated under subsection (e) toward medical education for emergency room physicians to be trained in oral health.

“(d) Report.—Not later than January 1, 2016, the Secretary shall submit to Congress a report on the best practices determined by the program established under this section to address oral health needs of individuals who go to emergency rooms in need of oral health care.

“(e) Authorization of Appropriations.—To carry out this section, there is authorized to be appropriated such sums as may be necessary for fiscal years 2013 through 2016.”.

**SEC. 224. RESEARCH FUNDING.**

For fiscal years 2013 through 2016, there is authorized to be appropriated such sums as may be necessary to each of—

(1) the Centers for Disease Control and Prevention, for the purpose of conducting research on—

(A) the prevention of oral health disease;

and

(B) oral health disease management;
(2) the Agency for Healthcare Research and
Quality, for the purpose of conducting—

(A) research with respect to oral health
services and the delivery of oral health services;
and

(B) an evaluation of oral health service de-

tivery to underserved and vulnerable popu-

lations;

(3) the National Institute of Dental and
Craniofacial Research for the purpose of conducting
research on oral health disease management includ-
ing pharmaceutical-behavioral intervention; and

(4) the Maternal and Child Health Bureau for
the purpose of conducting research on maternal and
child oral health issues.

SEC. 225. MOBILE AND PORTABLE DENTAL SERVICES.

Subpart X of part D of title III of the Public Health
Service Act (42 U.S.C. 256f et seq.), as amended by sec-
tion 221, is further amended by adding at the end the
following:

“SEC. 340G–3. MOBILE AND PORTABLE DENTAL SERVICES.

“(a) IN GENERAL.—The Secretary shall award
grants to rural health clinics, as defined in section
1861(aa)(2) of the Social Security Act (42 U.S.C.
1395x(aa)(2)), to provide mobile and portable, comprehen-
sive dental services (including dental services provided by
licensed providers through telehealth-enabled collaboration
and supervision) and outreach for dental services at loca-
tions such as senior centers, nursing homes, assisted living
facilities, schools, licensed day care centers that serve chil-
dren who receive benefits under the State Children’s
Health Insurance Program under title XXI of the Social
Security Act (42 U.S.C. 1397aa et seq.) or the Medicaid
program under title XIX of the Social Security Act (42
U.S.C. 1396 et seq.), and facilities that provide services
under the Special Supplemental Nutrition Program for
Women, Infants, and Children (the WIC program) or the
Head Start Act (42 U.S.C. 9831 et seq.).

“(b) Authorization of Appropriations.—To
carry out this section, there are authorized to be appro-
priated such sums as may be necessary.”.
TITLE III—DEPARTMENT OF VETERANS AFFAIRS AND DEPARTMENT OF DEFENSE MATTERS

Subtitle A—Department of Veterans Affairs Matters

SEC. 301. REQUIRING SECRETARY OF VETERANS AFFAIRS TO FURNISH DENTAL CARE IN SAME MANNER AS ANY OTHER MEDICAL SERVICE.

(a) In General.—Title 38, United States Code, is amended—

(1) in section 1701(6), by striking “as described in sections 1710 and 1712 of this title”;

(2) in section 1710(c), by striking the second sentence;

(3) in section 1712—

(A) by striking subsections (a) and (b);

and

(B) by redesignating subsections (c) through (e) as subsections (a) through (e), respectively; and

(4) by striking section 2062.

(b) Conforming Amendments.—Such title is further amended—
(1) in section 1525(a), by striking “medicines under section 1712(d)” and inserting “medicines under section 1712(b)”; and

(2) in section 1703(a)(7), by striking “, for a veteran described in section 1712(a)(1)(F) of this title”.

(c) Clerical Amendments.—Such title is further amended—

(1) in section 1712, in the heading for such section, by striking “Dental care; drugs” and inserting “Drugs”;

(2) in the table of sections at the beginning of chapter 17, by striking the item relating to section 1712 and inserting the following new item:

“1712. Drugs and medicines for certain disabled veterans; vaccines.”;

and

(3) in the table of sections at the beginning of chapter 20, by striking the item relating to section 2062.
SEC. 302. DEMONSTRATION PROGRAM ON TRAINING AND EMPLOYMENT OF ALTERNATIVE DENTAL HEALTH CARE PROVIDERS FOR DENTAL HEALTH CARE SERVICES FOR VETERANS IN RURAL AND OTHER UNDERSERVED COMMUNITIES.

(a) Demonstration Program Authorized.—The Secretary of Veterans Affairs may carry out a demonstration program to establish programs to train and employ alternative dental health care providers in order to increase access to dental health care services for veterans entitled to such services who reside in rural and other underserved communities.

(b) Telehealth.—For purposes of alternative dental health care providers and any other dental care providers who are licensed to provide clinical care, dental services provided under the demonstration program under this section may be administered by such providers through telehealth-enabled collaboration and supervision when deemed appropriate and feasible.

(c) Alternative Dental Health Care Providers Defined.—In this section, the term “alternative dental health care providers” has the meaning given that term in section 340G–1(a)(2) of the Public Health Service Act (42 U.S.C. 256g–1(a)(2)).
(d) Authorization of Appropriations.—There are authorized to be appropriated such sums as are necessary to carry out the demonstration program under this section.

Subtitle B—Department of Defense Matters

SEC. 311. DEMONSTRATION PROGRAM ON TRAINING AND EMPLOYMENT OF ALTERNATIVE DENTAL HEALTH CARE PROVIDERS FOR DENTAL HEALTH CARE SERVICES FOR MEMBERS OF THE ARMED FORCES AND DEPENDENTS LACKING READY ACCESS TO SUCH SERVICES.

(a) Demonstration Program Authorized.—The Secretary of Defense may carry out a demonstration program to establish programs to train and employ alternative dental health care providers in order to increase access to dental health care services for members of the Armed Forces and their dependents who lack ready access to such services, including the following:

(1) Members and dependents who reside in rural areas or areas otherwise underserved by dental health care providers.

(2) Members of the National Guard and Reserves in active status who are potentially deployable.
(b) Telehealth.—For purposes of alternative dental health care providers and any other dental care providers who are licensed to provide clinical care, dental services provided under the demonstration program under this section may be administered by such providers through telehealth-enabled collaboration and supervision when deemed appropriate and feasible.

(c) Alternative Dental Health Care Providers Defined.—In this section, the term “alternative dental health care providers” has the meaning given that term in section 340G–1(a)(2) of the Public Health Service Act (42 U.S.C. 256g–1(a)(2)).

(d) Authorization of Appropriations.—There are authorized to be appropriated such sums as are necessary to carry out the demonstration program under this section.
TITLE IV—FEDERAL BUREAU OF PRISONS

SEC. 401. DEMONSTRATION PROGRAM ON TRAINING AND EMPLOYMENT OF ALTERNATIVE DENTAL HEALTH CARE PROVIDERS FOR DENTAL HEALTH CARE SERVICES FOR PRISONERS WITHIN THE CUSTODY OF THE BUREAU OF PRISONS.

(a) Demonstration Program Authorized.—The Attorney General, acting through the Director of the Bureau of Prisons, may carry out a demonstration program to establish programs to train and employ alternative dental health care providers in order to increase access to dental health services for prisoners within the custody of the Bureau of Prisons.

(b) Teleheath.—For purposes of alternative dental health care providers and any other dental care providers who are licensed to provide clinical care, dental services provided under the demonstration program under this section may be administered by such providers through telehealth-enabled collaboration and supervision when deemed appropriate and feasible.

(c) Alternative Dental Health Care Providers Defined.—In this section, the term “alternative dental health care providers” has the meaning given that
term in section 340G–1(a)(2) of the Public Health Service Act (42 U.S.C. 256g–1(a)(2)).

(d) Authorization of Appropriations.—There are authorized to be appropriated such sums as are necessary to carry out the demonstration program under this section.

TITLE V—INDIAN HEALTH SERVICE

SEC. 501. DEMONSTRATION PROGRAM ON TRAINING AND EMPLOYMENT OF ALTERNATIVE DENTAL HEALTH CARE PROVIDERS FOR DENTAL HEALTH CARE SERVICES UNDER THE INDIAN HEALTH SERVICE.

(a) Demonstration Program Authorized.—The Secretary of Health and Human Services, acting through the Indian Health Service, may carry out a demonstration program to establish programs to train and employ alternative dental health care providers in order to help eliminate oral health disparities and increase access to dental services through health programs operated by the Indian Health Service, Indian tribes, tribal organizations, and Urban Indian organizations (as those terms are defined in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603)).
(b) Telehealth.—For purposes of alternative dental health care providers and any other dental care providers who are licensed to provide clinical care, dental services provided under the demonstration program under this section may be administered by such providers through telehealth-enabled collaboration and supervision when deemed appropriate and feasible.

(c) Alternative Dental Health Care Providers Defined.—In this section, the term “alternative dental health care providers” has the meaning given that term in section 340G–1(a)(2) of the Public Health Service Act (42 U.S.C. 256g–1(a)(2)).

(d) Authorization of Appropriations.—There are authorized to be appropriated such sums as are necessary to carry out the demonstration program under this section.

TITLE VI—REPORTS TO CONGRESS

SEC. 601. EVALUATION OF EXPANSION OF COVERAGE FOR DENTAL SERVICES.

(a) Secretary of Health and Human Services.—Not later than October 1, 2016, the Secretary of Health and Human Services shall submit to Congress a report that provides a comprehensive cost-benefit analysis regarding the expansion of coverage for dental services
pursuant to this Act, including whether the provision of such services resulted in a reduction in total health care costs for individuals under the Medicare and Medicaid programs.

(b) COMPTROLLER GENERAL.—

(1) MEDICAID AND MEDICARE.—Not later than October 1, 2015, the Comptroller General of the United States shall submit to Congress a report that provides a comprehensive analysis and evaluation of the implementation and utilization of the expanded coverage for dental services pursuant to this Act for individuals enrolled in the Medicare and Medicaid programs.

(2) DEMONSTRATION PROGRAMS.—Not later than October 1, 2016, the Comptroller General of the United States shall submit to Congress a report that provides a comprehensive analysis and evaluation of the demonstration programs described in sections 302, 311, 401, and 501, including—

(A) the extent to which the programs improved access to oral health care and increased utilization of oral health services; and

(B) an examination of the training provided under the programs to alternative dental
health care providers and the quality of care
provided by such providers.

**TITLE VII—FUNDING**

**SEC. 701. TRANSACTION TAX.**

(a) **IN GENERAL.**—Chapter 36 of the Internal Re-
venue Code of 1986 is amended by inserting after sub-
chapter B the following new subchapter:

“Subchapter C—Tax on Trading Transactions

"Sec. 4475. Tax on trading transactions.

“SEC. 4475. TAX ON TRADING TRANSACTIONS.

“(a) **IMPOSITION OF TAX.**—There is hereby imposed
a tax on each covered transaction with respect to any secu-

“(b) **RATE OF TAX.**—The tax imposed under sub-
section (a) with respect to any covered transaction shall
be 0.025 percent of the specified base amount with respect
to such covered transaction.

“(c) **SPECIFIED BASE AMOUNT.**—For purposes of
this section, the term ‘specified base amount’ means—

“(1) except as provided in paragraph (2), the
fair market value of the security (determined as of
the time of the covered transaction), and

“(2) in the case of any payment described in
subsection (h), the amount of such payment.
“(d) COVERED TRANSACTION.—For purposes of this section, the term ‘covered transaction’ means—

“(1) except as provided in paragraph (2), any purchase if—

“(A) such purchase occurs or is cleared on a facility located in the United States, or

“(B) the purchaser or seller is a United States person, and

“(2) any transaction with respect to a security described in subparagraph (D), (E), or (F) of subsection (e)(1), if—

“(A) such security is traded or cleared on a facility located in the United States, or

“(B) any party with rights under such security is a United States person.

“(e) SECURITY AND OTHER DEFINITIONS.—For purposes of this section:

“(1) IN GENERAL.—The term ‘security’ means—

“(A) any share of stock in a corporation,

“(B) any partnership or beneficial ownership interest in a partnership or trust,

“(C) any note, bond, debenture, or other evidence of indebtedness,
“(D) any evidence of an interest in, or a 
derivative financial instrument with respect to, 
any security or securities described in subpara-
graph (A), (B), or (C), 

“(E) any derivative financial instrument 
with respect to any currency or commodity, and 

“(F) any other derivative financial instru-
ment any payment with respect to which is cal-
culated by reference to any specified index.

“(2) DERIVATIVE FINANCIAL INSTRUMENT.—
The term ‘derivative financial instrument’ includes 
any option, forward contract, futures contract, no-
tional principal contract, or any similar financial in-
strument.

“(3) SPECIFIED INDEX.—The term ‘specified 
index’ means any 1 or more of any combination of— 

“(A) a fixed rate, price, or amount, or 

“(B) a variable rate, price, or amount, 

which is based on any current objectively deter-
niable information which is not within the control 
of any of the parties to the contract or instrument
and is not unique to any of the parties’ cir-
cumstances.

“(4) TREATMENT OF EXCHANGES.—
“(A) In general.—An exchange shall be treated as the sale of the property transferred and a purchase of the property received by each party to the exchange.

“(B) Certain deemed exchanges.—In the case of a distribution treated as an exchange for stock under section 302 or 331, the corporation making such distribution shall be treated as having purchased such stock for purposes of this section.

“(f) Exceptions.—

“(1) Exception for initial issues.—No tax shall be imposed under subsection (a) on any covered transaction with respect to the initial issuance of any security described in subparagraph (A), (B), or (C) of subsection (e)(1).

“(2) Exception for certain traded short-term indebtedness.—A note, bond, debenture, or other evidence of indebtedness which—

“(A) is traded on a trading facility located in the United States, and

“(B) has a fixed maturity of not more than 100 days,

shall not be treated as described in subsection (e)(1)(C).
“(3) Exception for Securities Lending Arrangements.—No tax shall be imposed under subsection (a) on any covered transaction with respect to which gain or loss is not recognized by reason of section 1058.

“(g) By Whom Paid.—

“(1) In General.—The tax imposed by this section shall be paid by—

“(A) in the case of a transaction which occurs or is cleared on a facility located in the United States, such facility, and

“(B) in the case of a purchase not described in subparagraph (A) which is executed by a broker (as defined in section 6045(c)(1)) which is a United States person, such broker.

“(2) Special Rules for Direct, etc., Transactions.—In the case of any transaction to which paragraph (1) does not apply, the tax imposed by this section shall be paid by—

“(A) in the case of a transaction described in subsection (d)(1)—

“(i) the purchaser if the purchaser is a United States person, and

“(ii) the seller if the purchaser is not a United States person, and
“(B) in the case of a transaction described in subsection (d)(2)—

“(i) the payor if the payor is a United States person, and

“(ii) the payee if the payor is not a United States person.

“(h) CERTAIN PAYMENTS TREATED AS SEPARATE TRANSACTIONS.—Except as otherwise provided by the Secretary, any payment with respect to a security described in subparagraph (D), (E), or (F) of subsection (e)(1) shall be treated as a separate transaction for purposes of this section, including—

“(1) any net initial payment, net final or terminating payment, or net periodical payment with respect to a notional principal contract (or similar financial instrument),

“(2) any payment with respect to any forward contract (or similar financial instrument), and

“(3) any premium paid with respect to any option (or similar financial instrument).

“(i) ADMINISTRATION.—The Secretary shall carry out this section in consultation with the Securities and Exchange Commission and the Commodity Futures Trading Commission.
“(j) GUIDANCE; REGULATIONS.—The Secretary shall—

“(1) provide guidance regarding such information reporting concerning covered transactions as the Secretary deems appropriate, and

“(2) prescribe such regulations as are necessary or appropriate to prevent avoidance of the purposes of this section, including the use of non-United States persons in such transactions.”.

(b) CLERICAL AMENDMENT.—The table of subchapters for chapter 36 of the Internal Revenue Code of 1986 is amended by inserting after the item relating to subchapter B the following new item:

“Subchapter C. Tax on trading transactions.”.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to transactions after December 31, 2012.