113TH CONGRESS
1ST SESSION

S. 1522

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

IN THE SENATE OF THE UNITED STATES

SEPTEMBER 18, 2013

Mr. SANDERS (for himself and Mr. SCHATZ) introduced the following bill; which was read twice and referred to the Committee on Finance

A BILL

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

Be it enacted by the Senate and House of Representa-
tives 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 2013”.

SEC. 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.

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.

Subtitle D—Oral Health Services as an Essential Health Benefit

Sec. 231. Oral health services as an essential health benefit.

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

Subtitle A—Department of Veterans Affairs Matters

Sec. 301. Requiring the Secretary of Veterans Affairs to furnish dental care in the 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.

1 SEC. 3. FINDINGS.

2 Congress makes the following findings:

3 (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.

4 (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.

5 (3) Dental caries, commonly known as cavities, are the most common chronic disease for children in the United States. Additionally, 25 percent of Amer-
ican adults who have attained 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) According to a report by the Surgeon Gen-
eral 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.

(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) More than 1 in 4 Americans do not have
dental health insurance which is far greater than the
number of individuals who lack general health insur-
ance.

(8) 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.

(9) 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.

(10) The United States spends more than $100,000,000,000 on dental care and that number is expected to rise to nearly $170,000,000,000 by 2020. Over $30,000,000,000 dollars was spent out-of-pocket for dental services in 2008.

(11) The lack of access to oral health services results 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. The treatment of dental conditions in hospital emergency rooms in 2010 cost as much as $2,100,000,000.
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 Security 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 subparagraph:

“(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 amended 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 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.”.

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 paragraph (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 determined 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 deter-
mined 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)”; and

(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, 2014.

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—

“(A) dentures; and

“(B) mobile and portable oral health services (as defined by the Secretary) that—

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

“(ii) satisfy the standards and certification requirements established under section 1902(a)(82)(C) 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.—
(1) **STATE PLAN REQUIREMENTS.**—Section
1902(a) of such Act (42 U.S.C. 1396a(a)) is amend-
ed—

(A) in paragraph (10)(A), in the matter
preceding clause (i), by inserting “(10),” after
“(5),”;

(B) in paragraph (80), by striking “and”
at the end;

(C) in paragraph (81), by striking the pe-
riod at the end and inserting “; and”; and

(D) by inserting after paragraph (81) the
following:

“(82) 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));

“(B) conducting targeted outreach to preg-
nant women who have been determined to be el-
igible for medical assistance about the avail-
ability of medical assistance for such dental
services and the importance of receiving dental
care while pregnant; and

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

(2) DEFINITION OF MEDICAL ASSISTANCE.—
Section 1905(a)(12) of such Act (42 U.S.C.
1396d(a)(12)) is amended by striking “, dentures,”.

(c) MOBILE AND PORTABLE ORAL HEALTH SER-
VICES 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

(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)(82)(C) 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 subsection (a), is amended—

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

(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 requirements described in paragraphs (3) and (4), with respect to amounts expended on or after January 1, 2014, for covered dental expenses (as described in paragraph (2)), the Federal medical assistance 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 percentage that would otherwise apply to the State for the fiscal year, as determined under subsection (b) or section 1903(a)(7), increased by 15 percentage points.”
“(2) COVERED DENTAL EXPENSES.—For purposes of paragraph (1), the term ‘covered dental expenses’ means the amounts expended for medical assistance for dental services (as described in subsection (ee)) and amounts expended for the proper and efficient administration of the provision of such dental services under the State plan.

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

“(A) the State plan for medical assistance provides payment for dental services (as so defined) 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 reduce other barriers to the delivery 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)”.

(e) SECRETARIAL RESPONSIBILITIES.—

(1) TECHNICAL ASSISTANCE AND OUTREACH.—

The Secretary of Health and Human Services, acting through the Administrator of the Centers for Medicare & Medicaid Services, shall provide technical assistance to States and conduct outreach to States for purposes of educating and encouraging States to utilize and provide payment under each State Medicaid program for telehealth-enabled dental services in order to provide dental services to tra-
ditionally underserved populations in need of such services.

(2) DATABASE AND ANNUAL REPORT ON DENTAL BENEFITS FOR ADULT MEDICAID ENROLLEES.—

(A) MEDICAID DENTAL BENEFITS DATABASE.—The Secretary of Health and Human Services, acting through the Administrator of the Centers for Medicare & Medicaid Services, shall maintain, as accurately and up-to-date as possible, a database that contains with respect to the each State (as defined for purposes of title XIX of the Social Security Act (42 U.S.C. 1396 et seq.)) information regarding the dental benefits available for adults enrolled in the State Medicaid program, including any limits on such benefits and the amount of reimbursement provided under the State Medicaid program for such benefits. The database also shall include a separate description of the dental benefits, benefit limits, and amount of reimbursement provided under each State Medicaid program for pregnant women, if such benefits are not provided to the woman as part of early and periodic screening, diagnostic, and treatment services (as defined in section 1905(r) of the
Social Security Act (42 U.S.C. 1396d(r))), and
a description of the use of dental services by
children and adults enrolled in the State Med-
icaid program.

(B) Annual report.—The Secretary of
Health and Human Services shall make avail-
able to the public an annual report regarding
the information collected in the database re-
quired under subparagraph (A). Each annual
report under this subparagraph shall include for
each State Medicaid program and with respect
to the most recent year for which data are
available the yearly dental service utilization
rates for children and adults enrolled in the
State Medicaid program.

(f) Effective date.—

(1) In general.—Except as provided in para-
graph (2), the amendments made by this section
shall apply to calendar quarters beginning on or
after January 1, 2014, 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 med-
ical 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.

**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 inserting “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 “including 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 2014 through 2017, which shall be used to provide an emergency expansion for scholarships to, and loan repayments on behalf of, such oral health professionals.”.

SEC. 202. COMMUNITY BASED DENTAL RESIDENCIES.

Section 340H of the Public Health Service Act (42 U.S.C. 256h) is amended by adding at the ending the following:

“(k) Additional Funding.—For the purpose of expanding the program under this section, there is authorized to be appropriated such sums as may be necessary for the 5-year period beginning with the fiscal year that begins not less than 1 year and not more than 2 years after the date of enactment of the Comprehensive Dental Reform Act of 2013”.

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 following:

“(4) ORAL HEALTH EDUCATION.—In addition to other amounts authorized under this subsection for purposes of carrying out this section, there is authorized to be appropriated such sums as may be necessary for fiscal years 2014 through 2017 for the purpose of educating nondental medical professionals, including physicians, nurses, nurse practitioners, physician assistants, and pharmacists, about oral health, including issues such as oral hygiene instruction, topical application of fluoride, and oral health screenings, with the goal of integrating 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 inserting 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 literacy 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 2014 through 2017.”.

SEC. 213. DENTAL EDUCATION.

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 (e)—

(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.”.
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 2014 through 2017."

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 utilization and 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;

“(2) address barriers to access to such services and conduct targeted outreach to special populations such as pregnant women, individuals with disabilities, individuals with chronic conditions such as diabetes, and individuals residing in long-term care facilities; or

“(3) 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 and endodontists, 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 2014 through 2017.”.

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, sealants, and basic restorative services;

“(2) develop a coordinated system of care by referring 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, including restorative services, 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 2014 through 2017.”.

SEC. 223. EMERGENCY ROOM CARE COORDINATION.

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. 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—

“(1) be—

“(A) a Federally qualified health center (as defined in paragraph (4) of section 1861(aa) of the Social Security Act) or rural health clinic (as defined in paragraph (2) of such section);

“(B) a private dental practice; or

“(C) any other interested public or private sector health care provider or organization, such as a dental school, that the Secretary determines has the capacity to serve in a coordinated, cost-effective manner, a high number of individuals who lack access to oral health services; and

“(2) partner with a hospital or urgent care center.
“(c) Oral Health Education for Primary Care and ER Health Care Providers.—The Secretary shall allocate a portion of the amounts appropriated under subsection (e) toward medical education for primary care and emergency room physicians, nurses, nurse practitioners, physician assistants, and nurse practitioners to be trained in oral health.

“(d) Report.—Not later than January 1, 2017, 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 2014 through 2017.”.

Sec. 224. Research Funding.

For fiscal years 2014 through 2017, 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 disease;

(B) oral disease management; and
(C) evidence-based strategies to prevent tooth decay;

(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 delivery to underserved and vulnerable populations;

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

(4) the Maternal and Child Health Bureau for the purpose of conducting research on perinatal, postnatal, and childhood 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 section 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 Federally qualified health centers (as defined in
paragraph (4) of section 1861(aa) of the Social Security Act), rural health clinics (as defined in paragraph (2) of such section), nonprofit dental clinics, and dental schools to provide mobile and portable, comprehensive dental services that provide for the restoration or maintenance of oral health and function (including dental services provided by licensed providers through telehealth-enabled collaboration and supervision) and outreach for dental services to underserved populations. Eligible entities shall deliver such services at locations such as senior centers, nursing homes, assisted living facilities, schools, licensed day care centers that serve eligible individuals 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.). The Secretary shall award the grants to entities that can provide coordinated care and continuity of care.

“(b) Authorization of Appropriations.—To carry out this section, there are authorized to be appropriated such sums as may be necessary.”
Subtitle D—Oral Health Services as an Essential Health Benefit

SEC. 231. ORAL HEALTH SERVICES AS AN ESSENTIAL HEALTH BENEFIT.

Section 1302(b)(1) of the Patient Protection and Affordable Care Act (42 U.S.C. 18022(b)(1)) is amended by adding at the end the following:

“(K) Oral health services.”

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

Subtitle A—Department of Veterans Affairs Matters

SEC. 301. REQUIRING THE SECRETARY OF VETERANS AFFAIRS TO FURNISH DENTAL CARE IN THE 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);

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

(C) in subsection (a), as redesignated by subparagraph (B)—

(i) by striking “Dental appliances” and inserting “The Secretary may furnish dentures, dental appliances”; and

(ii) by striking “to be furnished by the Secretary under this section may be procured by the Secretary” and inserting “under this section and may procure such appliances”; 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)”;

(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” and inserting “Appliances”;

(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. Appliances; 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.
Subitle 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.

(e) 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 nec-
essary 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 Bu-
reau of Prisons, may carry out a demonstration program
to establish programs to train and employ alternative den-
tal health care providers in order to increase access to den-
tal health services for prisoners within the custody of the Bureau of Prisons.

(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 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, 2017, 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 January 1, 2017, 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 January 1, 2017, 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.