

ORAL HEALTH LITERACY AND AWARENESS ACT OF 2021

DECEMBER 8, 2021.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. PALLONE, from the Committee on Energy and Commerce,  
submitted the following

R E P O R T

[To accompany H.R. 4555]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 4555) to amend the Public Health Service Act to authorize a public education campaign across all relevant programs of the Health Resources and Services Administration to increase oral health literacy and awareness, having considered the same, reports favorably thereon without amendment and recommends that the bill do pass.

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I. PURPOSE AND SUMMARY

H.R. 4555, the “Oral Health Literacy and Awareness Act of 2021,” would authorize a public education campaign across all relevant programs of the Health Resources and Services Administration (HRSA) to increase oral health literacy and awareness.

## II. BACKGROUND AND NEED FOR LEGISLATION

Oral health, defined as the health of the teeth, gums, and the entire oral-facial system, is an integral component of general health and well-being. Cavities (tooth decay), gum (periodontal) disease, and oral cancer are the most common yet preventable diseases affecting oral health.<sup>1</sup> More than one in four adults have untreated cavities, and nearly half of those aged 30 or older show signs of gum disease, which if left untreated can lead to tooth loss.<sup>2</sup> The consequences of poor oral health for adults and children include an annual average of 34 million school hours lost due to emergency dental care and an over \$45 billion loss in productivity in the United States due to untreated dental disease.<sup>3</sup>

Regular preventive dental care can catch oral health problems early when they are easiest to treat.<sup>4</sup> However, less than half of the American population uses the oral health care system.<sup>5</sup> A key tool in increasing utilization of the oral health care system and preventing poor oral health is the promotion of oral health literacy (OHL), or “the individual capacity to understand and use dental information to transform oral health behaviors.”<sup>6</sup> Individuals with limited OHL have been found to have increased risk for poor oral health such as higher risk for periodontal disease.<sup>7</sup> Emerging evidence suggests that improving OHL may help to increase adherence to medical instructions, self-management skills, and overall treatment outcomes.<sup>8</sup>

H.R. 4555 directs HRSA to implement a public education campaign across all relevant programs to increase OHL and awareness, including through the health center program, oral health workforce programs, maternal and child health programs, the Ryan White HIV/AIDS Program, and the rural health programs. The legislation authorizes \$750,000 each year for fiscal years 2022 through 2026 to carry out the awareness campaign. This bill will also help HRSA to identify strategies that will provide insight into the outcomes and effectiveness of targeted oral health literacy campaigns and will inform future efforts to improve OHL for all Americans.

## III. COMMITTEE HEARINGS

For the purposes of section 3(c) of rule XIII of the Rules of the House of Representatives, the following hearing was used to develop or consider H.R. 4555:

The Subcommittee on Health held a legislative hearing on October 20, 2021, entitled “Enhancing Public Health: Legislation to Pro-

<sup>1</sup>Centers for Disease Control and Prevention, *Oral Health Conditions* (Nov. 3, 2020) ([www.cdc.gov/oralhealth/conditions/index.html](http://www.cdc.gov/oralhealth/conditions/index.html)).

<sup>2</sup>Centers for Disease Control and Prevention, *Cost-Effectiveness of Oral Diseases Interventions: Power of Prevention* (May 13, 2021) ([www.cdc.gov/chronicdisease/programsimpact/pop/oral-disease.htm](http://www.cdc.gov/chronicdisease/programsimpact/pop/oral-disease.htm)).

<sup>3</sup>*Id.*

<sup>4</sup>Vujicic M. & Nasseh, K, *A Decade in Dental Care Utilization Among Adults and Children (2001–2010)*, National Library of Medicine, National Center for Biotechnology Information (Apr. 2014) ([pubmed.ncbi.nlm.nih.gov/24299620/](http://pubmed.ncbi.nlm.nih.gov/24299620/)).

<sup>5</sup>U.S. Department of Health and Human Services, *Healthy People 2020, Children, adolescents, and adults who visited the dentist in the past year (age adjusted, percent, 2+ years)* (accessed Nov. 30, 2021) ([www.healthypeople.gov/2020/data-search/Search-the-Data?nid=5028](http://www.healthypeople.gov/2020/data-search/Search-the-Data?nid=5028)).

<sup>6</sup>Yue Sun et al., *Trends and Developments in Oral Health Literacy: A Scientometric Research Study (1991–2020)*, *BDJ Open* (Mar. 1, 2021) ([doi.org/10.1038/s41405-021-00066-5](https://doi.org/10.1038/s41405-021-00066-5)).

<sup>7</sup>*Id.*

<sup>8</sup>*Id.*

tect Children and Families.” The Subcommittee received testimony from the following witnesses:

- Bruce L. Cassis, D.D.S., President, Academy of General Dentistry;
- Raymond DuBois, M.D., Ph.D., Former President, American Association for Cancer Research;
- Donald M. Lloyd-Jones, M.D., Sc.M., President, American Heart Association;
- Ellyn Miller, President and Founder, Smashing Walnuts Foundation;
- Rick Nolan, Former U.S. Representative (MN);
- Jenny Radesky, M.D., Assistant Professor of Pediatrics, University of Michigan Medical School; and
- Stacey Stewart, President and CEO, March of Dimes.

#### IV. COMMITTEE CONSIDERATION

H.R. 4555, the “Oral Health Literacy and Awareness Act of 2021,” was introduced on July 20, 2021, by Representatives Cárdenas (D–CA) and Bilirakis (R–FL) and referred to the Committee on Energy and Commerce. Subsequently, on July 21, 2021, the bill was referred to the Subcommittee on Health.

On November 4, 2021, the Subcommittee on Health met in open markup session, pursuant to notice, to consider H.R. 4555 and eight other bills. No amendments were offered during consideration of the bill. Upon conclusion of consideration of the bill, the Subcommittee on Health agreed to report the bill favorably to the full Committee, amended, by a voice vote.

On November 17, 2021, the full Committee met in open markup session, pursuant to notice, to consider H.R. 4555 and 11 other bills. No amendments were offered during consideration of the bill. Upon conclusion of consideration of the bill, the full Committee agreed to a motion on final passage offered by Representative Pallone (D–NJ), Chairman of the Committee, to order H.R. 4555 reported favorably to the House, as amended, by a voice vote.

#### V. COMMITTEE VOTES

Clause 3(b) of rule XIII of the Rules of the House of Representatives requires the Committee to list each record vote on the motion to report legislation and amendments thereto. The Committee advises that there were no record votes taken on H.R. 4555, including a motion by Mr. Pallone ordering H.R. 4555 favorably reported to the House, without amendment.

#### VI. OVERSIGHT FINDINGS

Pursuant to clause 3(c)(1) of rule XIII and clause 2(b)(1) of rule X of the Rules of the House of Representatives, the oversight findings and recommendations of the Committee are reflected in the descriptive portion of the report.

#### VII. NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

Pursuant to 3(c)(2) of rule XIII of the Rules of the House of Representatives, the Committee adopts as its own the estimate of new

budget authority, entitlement authority, or tax expenditures or revenues contained in the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

The Committee has requested but not received from the Director of the Congressional Budget Office a statement as to whether this bill contains any new budget authority, spending authority, credit authority, or an increase or decrease in revenues or tax expenditures.

#### VIII. FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

#### IX. STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

Pursuant to clause 3(c)(4) of rule XIII, the general performance goal or objective of this legislation is to increase oral health literacy and awareness.

#### X. DUPLICATION OF FEDERAL PROGRAMS

Pursuant to clause 3(c)(5) of rule XIII, no provision of H.R. 4555 is known to be duplicative of another Federal program, including any program that was included in a report to Congress pursuant to section 21 of Public Law 111–139 or the most recent Catalog of Federal Domestic Assistance.

#### XI. COMMITTEE COST ESTIMATE

Pursuant to clause 3(d)(1) of rule XIII, the Committee adopts as its own the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

#### XII. EARMARKS, LIMITED TAX BENEFITS, AND LIMITED TARIFF BENEFITS

Pursuant to clause 9(e), 9(f), and 9(g) of rule XXI, the Committee finds that H.R. 4555 contains no earmarks, limited tax benefits, or limited tariff benefits.

#### XIII. ADVISORY COMMITTEE STATEMENT

No advisory committee within the meaning of section 5(b) of the Federal Advisory Committee Act was created by this legislation.

#### XIV. APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that the legislation does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act.

## XV. SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

*Section 1. Short title*

Section 1 designates that the Act may be cited as the “Oral Health Literacy and Awareness Act of 2021.”

*Sec. 2. Oral health literacy and awareness campaign*

Section 2 amends the Public Health Service Act (PHSA) to direct the Secretary of Health and Human Services (HHS), acting through the HRSA Administrator, to establish a public education campaign across all relevant programs of HRSA (including the health center program, oral health workforce programs, maternal and child health programs, the Ryan White HIV/AIDS Program, and rural health programs) to increase oral health literacy and awareness.

Section 2 instructs the Secretary to identify oral health literacy and awareness strategies that are evidence-based and focused on oral health care education and to design the campaign to communicate directly with specific populations, including children, pregnant women, parents, the elderly, individuals with disabilities, and ethnic and racial minorities, in a culturally and linguistically appropriate manner.

Section 2 also instructs the Secretary to include a process for measuring outcomes and effectiveness and to submit a report on the outcomes and effectiveness of the campaign after three years to the House Committee on Energy and Commerce and the Senate Committee on Health, Education, Labor, and Pensions.

Section 2 authorizes \$750,000 for each of fiscal years 2022 through 2026 to carry out these activities.

## XVI. CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (new matter is printed in italics and existing law in which no change is proposed is shown in roman):

**PUBLIC HEALTH SERVICE ACT**

\* \* \* \* \*

**TITLE III—GENERAL POWERS AND DUTIES OF PUBLIC HEALTH SERVICE**

\* \* \* \* \*

**PART D—PRIMARY HEALTH CARE**

\* \* \* \* \*

**Subpart X—Primary Dental Programs**

\* \* \* \* \*

**SEC. 340G-2. ORAL HEALTH LITERACY AND AWARENESS.**

(a) *CAMPAIGN.*—*The Secretary, acting through the Administrator of the Health Resources and Services Administration, shall estab-*

lish a public education campaign (referred to in this subsection as the “campaign”) across all relevant programs of the Health Resources and Services Administration (including the health center program, oral health workforce programs, maternal and child health programs, the Ryan White HIV/AIDS Program, and rural health programs) to increase oral health literacy and awareness.

(b) *STRATEGIES.*—In carrying out the campaign, the Secretary shall identify oral health literacy and awareness strategies that are evidence-based and focused on oral health care education, including education on prevention of oral disease such as early childhood and other caries, periodontal disease, and oral cancer.

(c) *FOCUS.*—The Secretary shall design the campaign to communicate directly with specific populations, including children, pregnant women, parents, the elderly, individuals with disabilities, and ethnic and racial minority populations, including Indians, Alaska Natives, and Native Hawaiians, in a culturally and linguistically appropriate manner.

(d) *OUTCOMES.*—In carrying out the campaign, the Secretary shall include a process for measuring outcomes and effectiveness.

(e) *REPORT TO CONGRESS.*—Not later than 3 years after the date of enactment of this section, the Secretary shall submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate a report on the outcomes and effectiveness of the campaign.

(f) *AUTHORIZATION OF APPROPRIATIONS.*—To carry out this section, there is authorized to be appropriated \$750,000 for each of fiscal years 2022 through 2026.

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