

106TH CONGRESS
1ST SESSION

S. 901

To provide disadvantaged children with access to dental services.

IN THE SENATE OF THE UNITED STATES

APRIL 28, 1999

Mr. BINGAMAN introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To provide disadvantaged children with access to dental services.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Children’s Dental Health Improvement Act of 1999”.

6 (b) TABLE OF CONTENTS.—The table of contents for
7 this Act is as follows:

Sec. 1. Short title; table of contents.

Sec. 2. Findings.

TITLE I—EXPANDED OPPORTUNITIES FOR TRAINING PEDIATRIC
DENTAL HEALTH CARE PROVIDERS

Sec. 101. Children’s dental health training and demonstration programs.

Sec. 102. Increase in National Health Service Corps dental training positions.

- Sec. 103. Maternal and child health centers for leadership in pediatric dentistry education.
- Sec. 104. Dental officer multiyear retention bonus for the Indian Health Service.
- Sec. 105. Medicare payments to approved nonhospital dentistry residency training programs; permanent dental exemption from voluntary residency reduction programs.
- Sec. 106. Dental health professional shortage areas.

TITLE II—ENSURING DELIVERY OF PEDIATRIC DENTAL SERVICES UNDER THE MEDICAID AND SCHIP PROGRAMS

- Sec. 201. Increased FMAP and fee schedule for dental services provided to children under the medicaid program.
- Sec. 202. Required minimum medicaid expenditures for dental health services.
- Sec. 203. Requirement to verify sufficient numbers of participating dental health professionals under the medicaid program.
- Sec. 204. Inclusion of recommended age for first dental visit in definition of EPSDT services.
- Sec. 205. Approval of final regulations implementing changes to EPSDT services.
- Sec. 206. Use of SCHIP funds to treat children with special dental health needs.
- Sec. 207. Grants to supplement fees for the treatment of children with special dental health needs.
- Sec. 208. Demonstration projects to increase access to pediatric dental services in underserved areas.

TITLE III—PEDIATRIC DENTAL RESEARCH

- Sec. 301. Identification of interventions that reduce the burden and transmission of oral, dental, and craniofacial diseases in high risk populations; development of approaches for pediatric oral and craniofacial assessment.
- Sec. 302. Agency for Health Care Policy and Research.
- Sec. 303. Oral health professional research and training program.
- Sec. 304. Consensus development conference.

TITLE IV—SURVEILLANCE AND ACCOUNTABILITY

- Sec. 401. CDC reports.
- Sec. 402. Reporting requirements under the medicaid program.
- Sec. 403. Administration on Children, Youth, and Families.
- Sec. 404. Special supplemental food program for women, infants, and children.

TITLE V—ORAL HEALTH PROMOTION AND DISEASE PREVENTION

- Sec. 501. Grants to increase resources for community water fluoridation.
- Sec. 502. Community water fluoridation.
- Sec. 503. Community-based dental sealant program.

TITLE VI—MISCELLANEOUS

- Sec. 601. Effective date.

1 **SEC. 2. FINDINGS.**

2 Congress makes the following findings:

3 (1) The 1995 Institute of Medicine report on
4 dental education finds that oral health is an integral
5 part of total health, and is integral to comprehensive
6 health, including primary care.

7 (2) Tooth decay is the most prevalent prevent-
8 able chronic disease of childhood and only the com-
9 mon cold, the flu, and otitis media occur more often
10 among young children.

11 (3) Despite the design of the medicaid program
12 to reach children and ensure access to routine dental
13 care, in 1996, the Inspector General of the Depart-
14 ment of Health and Human Services reported that
15 only 18 percent of children eligible for medicaid re-
16 ceived even a single preventive dental service.

17 (4) The United States is facing a major dental
18 health care crisis that primarily affects the poor chil-
19 dren of our country, with 80 percent of all dental
20 caries in children found in 20 percent of the popu-
21 lation.

22 (5) Low income children eligible for the med-
23 icaid program and the State children's health insur-
24 ance program experience disproportionately high lev-
25 els of oral disease.

1 (6) The United States is not training enough
2 pediatric dental health care providers to meet the in-
3 creasing need for dental services for children.

4 (7) The United States needs to increase access
5 to health promotion and disease prevention activities
6 in the area of oral health for children by increasing
7 access to dental health providers for children.

8 **TITLE I—EXPANDED OPPORTU-**
9 **NITIES FOR TRAINING PEDI-**
10 **ATRIC DENTAL HEALTH CARE**
11 **PROVIDERS**

12 **SEC. 101. CHILDREN’S DENTAL HEALTH TRAINING AND**
13 **DEMONSTRATION PROGRAMS.**

14 (a) IN GENERAL.—Subpart 2 of part E of title VII
15 of the Public Health Service Act, as amended by the
16 Health Professions Education Partnerships Act of 1998
17 (Public Law 105–392) is amended by adding at the end
18 the following:

19 **“SEC. 771. CHILDREN’S DENTAL HEALTH PROGRAMS.**

20 “(a) TRAINING PROGRAM.—

21 “(1) IN GENERAL.—The Secretary, acting
22 through the Bureau of Health Professions, shall de-
23 velop training materials to be used by health profes-
24 sionals to promote oral health through health edu-
25 cation.

1 “(2) DESIGN.—The materials developed under
2 paragraph (1) shall be designed to enable health
3 care professionals to—

4 “(A) provide information to individuals
5 concerning the importance of oral health;

6 “(B) recognize oral disease in individuals;
7 and

8 “(C) make appropriate referrals of individ-
9 uals for dental treatment.

10 “(3) DISTRIBUTION.—The materials developed
11 under paragraph (1) shall be distributed to—

12 “(A) accredited schools of the health
13 sciences (including schools for physician assist-
14 ants, schools of medicine, osteopathic medicine,
15 dental hygiene, public health, nursing, phar-
16 macy, and dentistry), and public or private in-
17 stitutions accredited for the provision of grad-
18 uate or specialized training programs in all as-
19 pects of health; and

20 “(B) health professionals and community-
21 based health care workers.

22 “(b) DEMONSTRATION PROGRAM.—

23 “(1) IN GENERAL.—The Secretary shall make
24 grants to schools that train pediatric dental health
25 providers to meet the costs of projects—

1 “(A) to plan and develop new training pro-
2 grams and to maintain or improve existing
3 training programs in providing dental health
4 services to children; and

5 “(B) to assist dental health providers in
6 managing complex dental problems in children.

7 “(2) ADMINISTRATION.—

8 “(A) AMOUNT.—The amount of any grant
9 under paragraph (1) shall be determined by the
10 Secretary.

11 “(B) APPLICATION.—No grant may be
12 made under paragraph (1) unless an application
13 therefore is submitted to and approved by the
14 Secretary. Such an application shall be in such
15 form, submitted in such manner, and contain
16 such information, as the Secretary shall by reg-
17 ulation prescribe.

18 “(C) ELIGIBILITY.—To be eligible for a
19 grant under subsection (a), the applicant must
20 demonstrate to the Secretary that it has or will
21 have available full-time faculty and staff mem-
22 bers with training and experience in the field of
23 pediatric dentistry and support from other fac-
24 ulty and staff members trained in pediatric den-
25 tistry and other relevant specialties and dis-

1 ciplines such as dental public health and pediat-
 2 rics, as well as research.

3 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
 4 is authorized to be appropriated such sums as may be nec-
 5 essary to carry out this section.”.

6 (b) AUTHORIZATION OF APPROPRIATIONS FOR GEN-
 7 ERAL AND PEDIATRIC DENTISTRY.—Section 747(e)(2)(A)
 8 of the Public Health Service Act (42 U.S.C.
 9 293k(e)(2)(A), as amended by the Health Professions
 10 Education Partnerships Act of 1998 (Public Law 105–
 11 392) is amended in striking clause (iv) and inserting the
 12 following:

13 “(iv) not less than \$8,000,000 for
 14 awards of grants and contracts under sub-
 15 section (a) to programs of pediatric or gen-
 16 eral dentistry.”.

17 **SEC. 102. INCREASE IN NATIONAL HEALTH SERVICE CORPS**
 18 **DENTAL TRAINING POSITIONS.**

19 (a) IN GENERAL.—The Secretary of Health and
 20 Human Services (referred to in this section as the “Sec-
 21 retary”) shall increase the number of dental health pro-
 22 viders skilled in treating children who become members
 23 of the Commissioned Corps of the U.S. Public Health
 24 Service and who are assigned to duty for the National
 25 Health Service Corps (referred to in this section as the

1 “Corps”) under subpart II of part D of title III of the
2 Public Health Service Act (42 U.S.C. 254d et seq.) so that
3 there are at least 100 additional Commissioned Corps den-
4 tists and dental hygienists in the Corps by 2001, at least
5 150 additional dentists and dental hygienists in the Com-
6 missioned Corps by 2002, and at least 300 additional den-
7 tists and dental hygienists in the Commissioner Corps by
8 2003.

9 (b) DETERMINATION OF DENTAL SITE READI-
10 NESS.—By not later than January 1, 2001, the Secretary
11 shall collaborate with dental education institutions, State
12 and local public health dental officials and dental and den-
13 tal hygienist societies to determine dental site readiness,
14 specifically in inner city, rural, frontier and border areas.

15 (c) REPORT BY CORPS.—The Corps shall annually
16 report to Congress concerning how the Corps is meeting
17 the oral health needs of children in underserved areas, in-
18 cluding rural, frontier and border areas.

19 (d) LOAN REPAYMENT PROGRAM.—The Secretary
20 shall increase the number of Corps dentists selected for
21 loan repayments under the provisions referred to in sub-
22 section (a) in a sufficient number to address the demand
23 for such repayment by qualified dentists. The Secretary
24 shall increase the number of private practice dentists who

1 contract with the Corps and allow for such student loan
2 repayment.

3 (e) PEDIATRIC DENTISTS.—The Secretary shall en-
4 sure that at least 20 percent of the dentists in the Corps
5 are pediatric dentists and that another 20 percent of the
6 dentists in the Corps have general dentistry residency
7 training.

8 **SEC. 103. MATERNAL AND CHILD HEALTH CENTERS FOR**
9 **LEADERSHIP IN PEDIATRIC DENTISTRY EDU-**
10 **CATION.**

11 (a) EXPANSION OF TRAINING PROGRAMS.—The Sec-
12 retary of Health and Human Services shall, through the
13 Bureau of Health Professions, establish at least 10 Pedi-
14 atric Dental Centers of Excellence with not less than 36
15 additional training positions annually for pediatric den-
16 tists at such centers of excellence. The Secretary shall en-
17 sure that such training programs are established in geo-
18 graphically diverse areas.

19 (b) DEFINITION.—In this section, the term ‘centers
20 of excellence’ means a health professions school designated
21 under section 736 of the Public Health Service Act (42
22 U.S.C. 293).

23 (c) AUTHORIZATION OF APPROPRIATIONS.—There is
24 authorized to be appropriated, such sums as may be nec-
25 essary to carry out this section.

1 **SEC. 104. DENTAL OFFICER MULTIYEAR RETENTION BONUS**
 2 **FOR THE INDIAN HEALTH SERVICE.**

3 (a) **TERMS AND DEFINITIONS.**—In this section:

4 (1) **DENTAL OFFICER.**—The term “dental offi-
 5 cer” means an officer of the Indian Health Service
 6 designated as a dental officer.

7 (2) **DIRECTOR.**—The term “Director” means
 8 the Director of the Indian Health Service.

9 (3) **CREDITABLE SERVICE.**—The term “cred-
 10 itable service” includes all periods that a dental offi-
 11 cer spent in graduate dental educational (GDE)
 12 training programs while not on active duty in the In-
 13 dian Health Service and all periods of active duty in
 14 the Indian Health Service as a dental officer.

15 (4) **RESIDENCY.**—The term “residency” means
 16 a graduate dental educational (GDE) training pro-
 17 gram of at least 12 months leading to a speciality,
 18 including general practice residency (GPR) or a 12-
 19 month advanced education general dentistry
 20 (AEGD).

21 (5) **SPECIALTY.**—The term “specialty” means a
 22 dental specialty for which there is an Indian Health
 23 Service specialty code number.

24 (b) **REQUIREMENTS FOR BONUS.**—

25 (1) **IN GENERAL.**—An eligible dental officer of
 26 the Indian Health Service who executes a written

1 agreement to remain on active duty for 2, 3, or 4
 2 years after the completion of any other active duty
 3 service commitment to the Indian Health Service
 4 may, upon acceptance of the written agreement by
 5 the Director, be authorized to receive a dental officer
 6 multiyear retention bonus under this section. The
 7 Director may, based on requirements of the Indian
 8 Health Service, decline to offer such a retention
 9 bonus to any specialty that is otherwise eligible, or
 10 to restrict the length of such a retention bonus con-
 11 tract for a specialty to less than 4 years.

12 (2) LIMITATIONS.—Each annual dental officer
 13 multiyear retention bonus authorized under this sec-
 14 tion shall not exceed the following:

15 (A) \$14,000 for a 4-year written agree-
 16 ment.

17 (B) \$8,000 for a 3-year written agreement.

18 (C) \$4,000 for a 2-year written agreement.

19 (c) ELIGIBILITY.—

20 (1) IN GENERAL.—In order to be eligible to re-
 21 ceive a dental officer multiyear retention bonus
 22 under this section, a dental officer shall—

23 (A) be at or below such grade as the Di-
 24 rector shall determine;

1 (B) have at least 8 years of creditable
 2 service, or have completed any active duty serv-
 3 ice commitment of the Indian Health Service
 4 incurred for dental education and training;

5 (C) have completed initial residency train-
 6 ing, or be scheduled to complete initial resi-
 7 dency training before September 30 of the fiscal
 8 year in which the officer enters into a dental of-
 9 ficer multiyear retention bonus written service
 10 agreement under this section; and

11 (D) have a dental specialty in pediatric
 12 dentistry or oral and maxillofacial surgery, or
 13 be a dental hygienist with a minimum of a bac-
 14 calaureate degree.

15 (2) EXTENSION TO OTHER OFFICERS.—The Di-
 16 rector may extend the retention bonus to dental offi-
 17 cers other than officers with a dental specialty in pe-
 18 diatric dentistry based on demonstrated need. The
 19 criteria used as the basis for such an extension shall
 20 be equitably determined and consistently applied.

21 (d) TERMINATION OF ENTITLEMENT TO SPECIAL
 22 PAY.—The Director may terminate at any time a dental
 23 officer's multiyear retention bonus contract under this sec-
 24 tion. If such a contract is terminated, the unserved portion
 25 of the retention bonus contract shall be recouped on a pro

1 rata basis. The Director shall establish regulations that
2 specify the conditions and procedures under which termi-
3 nation may take place. The regulations and conditions for
4 termination shall be included in the written service con-
5 tract for a dental officer multiyear retention bonus under
6 this section.

7 (e) REFUNDS.—

8 (1) IN GENERAL.—Prorated refunds shall be re-
9 quired for sums paid under a retention bonus con-
10 tract under this section if a dental officer who has
11 received the retention bonus fails to complete the
12 total period of service specified in the contract, as
13 conditions and circumstances warrant.

14 (2) DEBT TO UNITED STATES.—An obligation
15 to reimburse the United States imposed under para-
16 graph (1) is a debt owed to the United States.

17 (3) NO DISCHARGE IN BANKRUPTCY.—Notwith-
18 standing any other provision of law, a discharge in
19 bankruptcy under title 11, United States Code, that
20 is entered less than 5 years after the termination of
21 a retention bonus contract under this section does
22 not discharge the dental officer who signed such a
23 contract from a debt arising under the contract or
24 paragraph (1).

1 **SEC. 105. MEDICARE PAYMENTS TO APPROVED NONHOS-**
 2 **PITAL DENTISTRY RESIDENCY TRAINING**
 3 **PROGRAMS; PERMANENT DENTAL EXEMP-**
 4 **TION FROM VOLUNTARY RESIDENCY REDUC-**
 5 **TION PROGRAMS.**

6 (a) MEDICARE PAYMENTS TO APPROVED NONHOS-
 7 PITAL DENTISTRY TRAINING PROGRAMS.—Section 1886
 8 of the Social Security Act (42 U.S.C. 1395ww) is amended
 9 by adding at the end the following:

10 “(1) PAYMENTS FOR NONHOSPITAL BASED DENTAL
 11 RESIDENCY TRAINING PROGRAMS.—

12 “(1) IN GENERAL.—Beginning January 1,
 13 2000, the Secretary shall make payments under this
 14 paragraph to approved nonhospital based dentistry
 15 residency training programs providing oral health
 16 care to children for the direct and indirect expenses
 17 associated with operating such training programs.

18 “(2) PAYMENT AMOUNT.—

19 “(A) METHODOLOGY.—The Secretary shall
 20 establish procedures for making payments
 21 under this subsection.

22 “(B) TOTAL AMOUNT OF PAYMENTS.—In
 23 making payments to approved non-hospital
 24 based dentistry residency training programs
 25 under this subsection, the Secretary shall en-
 26 sure that the total amount of such payments

will not result in a reduction of payments that would otherwise be made under subsection (h) or (k) to hospitals for dental residency training programs.

“(C) APPROVED PROGRAMS.—The Secretary shall establish procedures for the approval of nonhospital based dentistry residency training programs under this subsection.”.

(b) PERMANENT DENTAL EXEMPTION FROM VOLUNTARY RESIDENCY REDUCTION PROGRAMS.—

(1) IN GENERAL.—Section 1886(h)(6)(C) of the Social Security Act (42 U.S.C. 1395ww(h)(6)(C)) is amended—

(A) by redesignating clauses (i) through (iii) as subclauses (I) through (III), respectively, and indenting such subclauses (as so redesignated) appropriately;

(B) by striking “For purposes” and inserting the following:

“(i) IN GENERAL.—Subject to clause (ii), for purposes”; and

(C) by adding at the end the following:

“(ii) DEFINITION OF ‘APPROVED MEDICAL RESIDENCY TRAINING PROGRAM’.—In this subparagraph, the term ‘approved

1 medical residency training program’ means
 2 only such programs in allopathic or osteo-
 3 pathic medicine.”.

4 (2) APPLICATION TO DEMONSTRATION
 5 PROJECTS AND AUTHORITY.—Section 4626(b)(3) of
 6 the Balanced Budget Act of 1997 (42 U.S.C.
 7 1395ww note) is amended by inserting “in allopathic
 8 or osteopathic medicine” before the period.

9 (c) REMOVAL OF DENTISTS FROM FULL-TIME
 10 EQUIVALENT COUNT AVERAGING PROVISIONS.—

11 (1) MEDICARE IME.—Section 1886(d)(5)(B)(vi)
 12 of the Social Security Act (42 U.S.C.
 13 1395ww(d)(5)(B)(vi)) is amended by adding at the
 14 end the following: “The determination (based on the
 15 3-year average) described in subclause (II) shall
 16 apply only to residents in the fields of allopathic
 17 medicine and osteopathic medicine. All other resi-
 18 dents shall be counted based on the actual full-time
 19 equivalent resident count for the cost-reporting pe-
 20 riod involved.”.

21 (2) MEDICARE DIRECT GME.—Section
 22 1886(h)(4)(G)(i) of the Social Security Act (42
 23 U.S.C. 1395ww(h)(4)(G)(i)) is amended by adding
 24 at the end the following: “Such determination (based
 25 on the 3-year average) shall apply only to residents

1 in the fields of allopathic medicine and osteopathic
 2 medicine. All other residents shall be counted based
 3 on the actual full-time equivalent resident count for
 4 the cost-reporting period involved.”.

5 (d) DEFINITION OF PRIMARY CARE RESIDENT.—
 6 Section 1886(h)(5)(H) of the Social Security Act (42
 7 U.S.C. 1395ww(h)(5)(H)) is amended by striking “or os-
 8 teopathic general practice” and inserting “osteopathic
 9 general practice, general dentistry, advanced general den-
 10 tistry, pediatric dentistry, or dental public health”.

11 (e) EFFECTIVE DATE.—

12 (1) IN GENERAL.—Except as provided in para-
 13 graph (2), the amendments made by subsections (a),
 14 (c), and (d) take effect on the date of enactment of
 15 this Act.

16 (2) EXCEPTION.—The amendments made by
 17 subsection (b) shall take effect as if included in the
 18 enactment of the Balanced Budget Act of 1997.

19 **SEC. 106. DENTAL HEALTH PROFESSIONAL SHORTAGE**
 20 **AREAS.**

21 (a) DESIGNATION.—Section 332(a) of the Public
 22 Health Service Act (42 U.S.C. 254e(a)) is amended by
 23 adding at the end the following:

24 “(4)(A) In designating health professional shortage
 25 areas under this section, the Secretary may designate cer-

tain areas as dental health professional shortage areas if the Secretary determines that such areas have a severe shortage of dental health professionals. The Secretary shall develop, publish and periodically update criteria to be used in designating dental health professional shortage areas.

“(B) For purposes of this title a dental health professional shortage area shall be considered to be a health professional shortage area.”.

“(C) In subparagraph (A), the term ‘dental health professional’ includes general and pediatric dentists and dental hygienists.”.

(b) LOAN REPAYMENT PROGRAM.—Section 338B(b)(1)(A) of the Public Health Service Act (42 U.S.C. 254l–1(b)(1)(A)) is amended by inserting “(including dental hygienists)” after “profession”.

(c) TECHNICAL AMENDMENT.—Section 331(a)(2) of the Public Health Service Act (42 U.S.C. 254d(a)(2)) is amended by inserting “(including dental health services)” after “services”.

1 **TITLE II—ENSURING DELIVERY**
 2 **OF PEDIATRIC DENTAL SERV-**
 3 **ICES UNDER THE MEDICAID**
 4 **AND SCHIP PROGRAMS**

5 **SEC. 201. INCREASED FMAP AND FEE SCHEDULE FOR DEN-**
 6 **TAL SERVICES PROVIDED TO CHILDREN**
 7 **UNDER THE MEDICAID PROGRAM.**

8 (a) INCREASED FMAP.—Section 1903(a)(5) of the
 9 Social Security Act (42 U.S.C. 1396b(a)(5)) is amended—

10 (1) by striking “equal to 90 per centum” and
 11 inserting “equal to—

12 “(A) 90 per centum”;

13 (2) by inserting “and” after the semicolon; and

14 (3) by adding at the end the following:

15 “(B) the greater of the Federal medical as-
 16 sistance percentage or 75 per centum of the
 17 sums expended during such quarter which are
 18 attributable to dental services for children;”.

19 (b) FEE SCHEDULE.—Section 1902(a) of the Social
 20 Security Act (42 U.S.C. 1396a(a)) is amended—

21 (1) in paragraph (65), by striking the period
 22 and inserting “; and”; and

23 (2) by inserting after paragraph (65) the fol-
 24 lowing:

1 “(66) provide for payment under the State plan
 2 for dental services for children at a rate that is de-
 3 signed to create an incentive for providers of such
 4 services to treat children in need of dental services
 5 (but that does not result in a reduction or other ad-
 6 verse impact on the extent to which the State pro-
 7 vides dental services to adults).”.

8 **SEC. 202. REQUIRED MINIMUM MEDICAID EXPENDITURES**
 9 **FOR DENTAL HEALTH SERVICES.**

10 Section 1902(a) of the Social Security Act (42 U.S.C.
 11 1396a(a)), as amended by section 201(b), is amended—

12 (1) in paragraph (65), by striking “and” at the
 13 end;

14 (2) in paragraph (66), by striking the period
 15 and inserting “; and”; and

16 (3) by inserting after paragraph (66) the fol-
 17 lowing:

18 “(67) provide that, beginning with fiscal year
 19 2000—

20 “(A) not less than an amount equal to 7
 21 percent of the total annual expenditures under
 22 the State plan for medical assistance provided
 23 to children will be expended during each fiscal
 24 year for dental services for children (including

1 the prevention, screening, diagnosis, and treat-
 2 ment of dental conditions); and

3 “(B) the State will not reduce or otherwise
 4 adversely impact the extent to which the State
 5 provides dental services to adults in order to
 6 meet the requirement of subparagraph (A).”.

7 **SEC. 203. REQUIREMENT TO VERIFY SUFFICIENT NUMBERS**
 8 **OF PARTICIPATING DENTAL HEALTH PRO-**
 9 **FESSIONALS UNDER THE MEDICAID PRO-**
 10 **GRAM.**

11 Section 1902(a) of the Social Security Act (42 U.S.C.
 12 1396a(a)), as amended by section 202, is amended—

13 (1) in paragraph (66), by striking “and” at the
 14 end;

15 (2) in paragraph (67), by striking the period
 16 and inserting “; and”; and

17 (3) by inserting after paragraph (67) the fol-
 18 lowing:

19 “(68) provide that the State will—

20 “(A) annually verify that the number of
 21 dental health professionals (as defined in sec-
 22 tion 332(a)(4)(C) of the Public Health Service
 23 Act) participating under the State plan—

24 “(i) satisfies the minimum established
 25 degree of participation of dental health

professionals (as defined in section 332(a)(4)(C) of the Public Health Service Act) to the population of children in the State, as determined by the Secretary in accordance with the criteria used by the Secretary under section 332(a)(4) of such Act (42 U.S.C. 254e(a)(4)) to designate a dental health professional shortage area; and

“(ii) is sufficient to ensure that children enrolled in the State plan have the same level of access to dental services as the children residing in the State who are not eligible for medical assistance under the State plan; and

“(B) collect data on the number of children being served by dental health professionals as compared to the number of children eligible to be served, and the actual services provided.”.

SEC. 204. INCLUSION OF RECOMMENDED AGE FOR FIRST DENTAL VISIT IN DEFINITION OF EPSDT SERVICES.

Section 1905(r)(1)(A)(i) of the Social Security Act (42 U.S.C. 1396d(r)(1)(A)(i)) is amended by inserting “and, with respect to dental services under paragraph (3),

1 in accordance with guidelines for the age of a first dental
 2 visit that are consistent with guidelines of the American
 3 Dental Association, the American Dental Hygienist Asso-
 4 ciation, the American Academy of Pediatric Dentistry, and
 5 the Bright Futures program of the Health Resources and
 6 Services Administration of the Department of Health and
 7 Human Services,” after “vaccines,”.

8 **SEC. 205. APPROVAL OF FINAL REGULATIONS IMPLE-**
 9 **MENTING CHANGES TO EPSDT SERVICES.**

10 Not later than 30 days after the date of enactment
 11 of this Act, the Secretary of Health and Human Services
 12 shall issue final regulations implementing the proposed
 13 regulations based on section 6403 of the Omnibus Budget
 14 Reconciliation Act of 1989 (Public Law 101–239; 103
 15 Stat. 2262) that were contained in the Federal Register
 16 issued for October 1, 1993.

17 **SEC. 206. USE OF SCHIP FUNDS TO TREAT CHILDREN WITH**
 18 **SPECIAL DENTAL HEALTH NEEDS.**

19 (a) IN GENERAL.—Section 1905 of the Social Secu-
 20 rity Act (42 U.S.C. 1396d) is amended—

21 (1) in subsection (b), by striking “or subsection
 22 (u)(3)” and inserting “subsection (u)(3), or sub-
 23 section (u)(4)”; and

24 (2) in subsection (u)—

1 (A) by redesignating paragraph (4) as
 2 paragraph (5); and

3 (B) by inserting after paragraph (3) the
 4 following new paragraph:

5 “(4)(A) For purposes of subsection (b), the expendi-
 6 tures described in this paragraph are expenditures for
 7 medical assistance described in subparagraph (B) for a
 8 low-income child described in subparagraph (C), but only
 9 in the case of such a child who resides in a State described
 10 in subparagraph (D).

11 “(B) For purposes of subparagraph (A), the medical
 12 assistance described in this subparagraph consists of the
 13 following:

14 “(i) Dental services provided to children with
 15 special oral health needs, including advanced oral,
 16 dental, and craniofacial diseases and conditions.

17 “(ii) Outreach conducted to identify and treat
 18 children with such special dental health needs.

19 “(C) For purposes of subparagraph (A), a low-income
 20 child described in this subparagraph is a child whose fam-
 21 ily income does not exceed 50 percentage points above the
 22 medicaid applicable income level (as defined in section
 23 2110(b)(4)).

24 “(D) A State described in this subparagraph is a
 25 State that, as of August 5, 1997, has under a waiver au-

1 thORIZED by the Secretary or under section 1902(r)(2), es-
 2 tablished a medicaid applicable income level (as defined
 3 in section 2110(b)(4)) for children under 19 years of age
 4 residing in the State that is at or above 185 percent of
 5 the poverty line (as defined in section 673(2) of the Com-
 6 munity Services Block Grant Act (42 U.S.C. 9902(2), in-
 7 cluding any revision required by such section for a family
 8 of the size involved).”.

9 (b) EFFECTIVE DATE.—The amendments made by
 10 this section shall take effect as if included in the enact-
 11 ment of section 4911 of the Balanced Budget Act of 1997
 12 (Public Law 105–33; 111 Stat. 570).

13 **SEC. 207. GRANTS TO SUPPLEMENT FEES FOR THE TREAT-**
 14 **MENT OF CHILDREN WITH SPECIAL DENTAL**
 15 **HEALTH NEEDS.**

16 Title V of the Social Security Act (42 U.S.C. 701
 17 et seq.) is amended by adding at the end the following:

18 **“SEC. 511. GRANTS TO SUPPLEMENT FEES FOR THE TREAT-**
 19 **MENT OF CHILDREN WITH SPECIAL DENTAL**
 20 **HEALTH NEEDS.**

21 “(a) AUTHORITY TO MAKE GRANTS.—

22 “(1) IN GENERAL.—In addition to any other
 23 payments made under this title to a State, the Sec-
 24 retary shall award grants to States to supplement
 25 payments made under the State programs estab-

1 lished under titles XIX and XXI for the treatment
2 of children with special oral health care needs.

3 “(2) DEFINITION OF CHILDREN WITH SPECIAL
4 ORAL, DENTAL, AND CRANIOFACIAL HEALTH CARE
5 NEEDS.—In this section the term ‘children with spe-
6 cial oral health care needs’ means children with oral,
7 dental and craniofacial conditions or disorders, and
8 other acute or chronic medical, genetic, and behav-
9 ioral disorders with dental manifestations.

10 “(b) APPLICATION OF OTHER PROVISIONS OF
11 TITLE.—

12 “(1) IN GENERAL.—Except as provided in para-
13 graph (2), the other provisions of this title shall not
14 apply to a grant made, or activities of the Secretary,
15 under this section.

16 “(2) EXCEPTIONS.—The following provisions of
17 this title shall apply to a grant made under sub-
18 section (a) to the same extent and in the same man-
19 ner as such provisions apply to allotments made
20 under section 502(c):

21 “(A) Section 504(b)(4) (relating to ex-
22 penditures of funds as a condition of receipt of
23 Federal funds).

1 “(B) Section 504(b)(6) (relating to prohi-
 2 bition on payments to excluded individuals and
 3 entities).

4 “(C) Section 506 (relating to reports and
 5 audits, but only to the extent determined by the
 6 Secretary to be appropriate for grants made
 7 under this section).

8 “(D) Section 508 (relating to non-
 9 discrimination).

10 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
 11 is authorized to be appropriated such sums as may be nec-
 12 essary to carry out this section.”.

13 **SEC. 208. DEMONSTRATION PROJECTS TO INCREASE AC-**
 14 **CESS TO PEDIATRIC DENTAL SERVICES IN**
 15 **UNDERSERVED AREAS.**

16 (a) AUTHORITY TO CONDUCT PROJECTS.—The Sec-
 17 retary of Health and Human Services, through the Admin-
 18 istrator of the Health Care Financing Administration, the
 19 Administrator of the Health Resources and Services Ad-
 20 ministration, the Director of the Indian Health Service,
 21 and the Director of the Centers for Disease Control and
 22 Prevention shall establish demonstration projects that are
 23 designed to increase access to dental services for children
 24 in underserved areas, as determined by the Secretary.

1 (b) AUTHORIZATION OF APPROPRIATIONS.—There is
 2 authorized to be appropriated such sums as may be nec-
 3 essary to carry out this section.

4 **TITLE III—PEDIATRIC DENTAL** 5 **RESEARCH**

6 **SEC. 301. IDENTIFICATION OF INTERVENTIONS THAT RE-**
 7 **DUCE THE BURDEN AND TRANSMISSION OF**
 8 **ORAL, DENTAL, AND CRANIOFACIAL DIS-**
 9 **EASES IN HIGH RISK POPULATIONS; DEVEL-**
 10 **OPMENT OF APPROACHES FOR PEDIATRIC**
 11 **ORAL AND CRANIOFACIAL ASSESSMENT.**

12 (a) IN GENERAL.—The Secretary of Health and
 13 Human Services, through the Maternal and Child Health
 14 Bureau, the Indian Health Service, and in consultation
 15 with the Agency for Health Care Policy and Research and
 16 the National Institutes of Health, shall—

17 (1) support community based research that is
 18 designed to improve our understanding of the eti-
 19 ology, pathogenesis, diagnosis, prevention, and treat-
 20 ment of pediatric oral, dental, craniofacial diseases
 21 and conditions and their sequelae in high risk popu-
 22 lations;

23 (2) support demonstrations of preventive inter-
 24 ventions in high risk populations; and

1 (3) develop clinical approaches to assess indi-
2 vidual patients for pediatric dental disease.

3 (b) AUTHORIZATION OF APPROPRIATIONS.—There is
4 authorized to be appropriated, such sums as may be nec-
5 essary to carry out this section.

6 **SEC. 302. AGENCY FOR HEALTH CARE POLICY AND RE-**
7 **SEARCH.**

8 Section 902(a) of the Public Health Service Act (42
9 U.S.C. 299a(a)) is amended—

10 (1) in paragraph (7), by striking “and” at the
11 end;

12 (2) in paragraph (8), by striking the period and
13 inserting “; and”; and

14 (3) by adding at the end the following:

15 “(9) the barriers that exist, including access to
16 oral health care for children, and the establishment
17 of measures of oral health status and outcomes.”.

18 **SEC. 303. ORAL HEALTH PROFESSIONAL RESEARCH AND**
19 **TRAINING PROGRAM.**

20 Part G of title IV of the Public Health Service Act
21 is amended by inserting after section 487E (42 U.S.C.
22 288–5) the following:

1 **“SEC. 487F. ORAL HEALTH PROFESSIONAL RESEARCH AND**
 2 **TRAINING PROGRAM.**

3 “(a) IN GENERAL.—The Secretary, in consultation
 4 with the Director of the National Institute of Dental and
 5 Craniofacial Research, shall establish a program under
 6 which the Secretary will enter into contracts with qualified
 7 oral health professionals and such professionals will agree
 8 to conduct research or provide training with respect to pe-
 9 diatric oral, dental, and craniofacial diseases and condi-
 10 tions and in exchange the Secretary will agree to repay,
 11 for each year of service, not more than \$35,000 of the
 12 principal and interest of the educational loans of such pro-
 13 fessionals.

14 “(b) QUALIFIED ORAL HEALTH PROFESSIONAL.—

15 “(1) DEFINITION.—In this section, the term
 16 ‘qualified oral health professional’ includes dentists
 17 and allied dental personnel serving in faculty posi-
 18 tions.

19 “(2) SPECIAL PREFERENCE.—In entering into
 20 contacts under subsection (a), the Secretary shall
 21 give preference to qualified oral health
 22 professionals—

23 “(A) who are serving, or who have served
 24 in research or training programs of the Na-
 25 tional Institute of Dental and Craniofacial Re-
 26 search; or

1 “(B) who are providing services at institu-
 2 tions that provide oral health care to under-
 3 served pediatric populations in rural or border
 4 areas.

5 “(c) PRIORITIES.—The Secretary shall annually de-
 6 termine the clinical and basic research and training prior-
 7 ities for contracts under subsection (a), including dental
 8 caries, orofacial accidents or traumas, birth defects such
 9 as cleft lip and palate and severe malocclusions, and new
 10 techniques and approaches to treatment.

11 “(d) CONTRACTS, OBLIGATED SERVICE, AND
 12 BREACH OF CONTRACT.—The provisions of section 338B
 13 concerning contracts, obligated service, and breach of con-
 14 tract, except as inconsistent with this section, shall apply
 15 to contracts under this section to the same extent and in
 16 the same manner as such provisions apply to contracts
 17 under such section 338B.

18 “(e) AVAILABILITY OF FUNDS.—Amounts available
 19 for carrying out this section shall remain available until
 20 the expiration of the second fiscal year beginning after the
 21 fiscal year for which such amounts were made available.”.

22 **SEC. 304. CONSENSUS DEVELOPMENT CONFERENCE.**

23 (a) IN GENERAL.—Not later than April 1, 2000, the
 24 Secretary of Health and Human Services, acting through
 25 the National Institute of Child Health and Human Devel-

1 opment and the National Institute of Dental and
 2 Craniofacial Research, shall convene a conference (to be
 3 known as the “Consensus Development Conference”) to
 4 examine the management of early childhood caries and to
 5 support the design and conduct of research on the biology
 6 and physiologic dynamics of infectious transmission of
 7 dental caries. The Secretary shall ensure that representa-
 8 tives of interested consumers and other professional orga-
 9 nizations participate in the Consensus Development Con-
 10 ference.

11 (b) EXPERTS.—In administering the conference
 12 under subsection (a), the Secretary of Health and Human
 13 Services shall solicit the participation of experts in den-
 14 tistry, including pediatric dentistry, dental hygiene, public
 15 health, and other appropriate medical and child health
 16 professionals.

17 (c) AUTHORIZATION OF APPROPRIATIONS.—There is
 18 authorized to be appropriated such sums as may be nec-
 19 essary to carry out this section.

20 **TITLE IV—SURVEILLANCE AND** 21 **ACCOUNTABILITY**

22 **SEC. 401. CDC REPORTS.**

23 (a) COLLECTION OF DATA.—The Director of the
 24 Centers for Disease Control and Prevention in collabora-
 25 tion with other organizations and agencies shall annually

1 collect data describing the dental, craniofacial, and oral
 2 health of residents of at least 1 State from each region
 3 of the Department of Health and Human Services.

4 (b) REPORTS.—The Director shall compile and ana-
 5 lyze data collected under subsection (a) and annually pre-
 6 pare and submit to the appropriate committees of Con-
 7 gress a report concerning the oral health of certain States.

8 **SEC. 402. REPORTING REQUIREMENTS UNDER THE MED-**
 9 **ICAID PROGRAM.**

10 Section 1902(a)(43)(D) of the Social Security Act
 11 (42 U.S.C. 1396a(43)(D)) is amended—

12 (1) in clause (iii), by striking “and” and insert-
 13 ing “with the specific dental condition and treatment
 14 provided identified,”;

15 (2) in clause (iv), by striking the semicolon and
 16 inserting a comma; and

17 (3) by adding at the end the following:

18 “(v) the percentage of expenditures
 19 for such services that were for dental serv-
 20 ices,

21 “(vi) the percentage of dental health
 22 professionals (as defined in section
 23 332(a)(4)(C) of the Public Health Service
 24 Act) who are licensed in the State and pro-

1 vide services commensurate with eligibility
2 under the State plan, and
3 “(vii) collect and submit data on the
4 number of children being served as com-
5 pared to the number of children who are
6 eligible for services, and the actual services
7 provided;”.

8 **SEC. 403. ADMINISTRATION ON CHILDREN, YOUTH, AND**
9 **FAMILIES.**

10 The Administrator of the Administration on Chil-
11 dren, Youth, and Families shall annually prepare and sub-
12 mit to the appropriate committees of Congress a report
13 concerning the percentage of children enrolled in a Head
14 Start or Early Start program who have access to and who
15 obtain dental care, including children with special oral,
16 dental, and craniofacial health needs. The Administrator
17 of the Administration of Children, Youth and Families
18 shall seek methods to reestablish intraagency agreements
19 with the Administrator of the Health Resources and Serv-
20 ices Administration to address technical assistance for its
21 grantees in addressing access to preventive clinical serv-
22 ices.

1 **SEC. 404. SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR**
 2 **WOMEN, INFANTS, AND CHILDREN.**

3 Section 17(f) of the Child Nutrition Act of 1966 (42
 4 U.S.C. 1786(f)) is amended by adding at the end the fol-
 5 lowing:

6 “(25) The State shall collect and submit data on the
 7 number of children being served under this section as com-
 8 pared to the number of children who are eligible for serv-
 9 ices, and the actual services provided.”.

10 **TITLE V—ORAL HEALTH PRO-**
 11 **MOTION AND DISEASE PRE-**
 12 **VENTION**

13 **SEC. 501. GRANTS TO INCREASE RESOURCES FOR COMMU-**
 14 **NITY WATER FLUORIDATION.**

15 (a) IN GENERAL.—The Secretary of Health and
 16 Human Services, acting through the Director of the Divi-
 17 sion of Oral Health of the Centers for Disease Control
 18 and Prevention, may make grants to State or locality for
 19 the purpose of increasing the resources available for com-
 20 munity water fluoridation.

21 (b) USE OF FUNDS.—A State shall use amounts pro-
 22 vided under a grant under subsection (a)—

- 23 (1) to purchase fluoridation equipment;
- 24 (2) to train fluoridation engineers; or
- 25 (3) to develop educational materials on the ad-
 26 vantages of fluoridation.

1 (c) AUTHORIZATION OF APPROPRIATIONS.—There is
 2 authorized to be appropriated to carry out this section,
 3 \$25,000,000 for fiscal year 2000, and such sums as may
 4 be necessary for each subsequent fiscal year.

5 **SEC. 502. COMMUNITY WATER FLUORIDATION.**

6 (a) IN GENERAL.—The Secretary of Health and
 7 Human Services (referred to in this section as the “Sec-
 8 retary”), acting through the Director of the Indian Health
 9 Service and the Director of the Centers for Disease Con-
 10 trol and Prevention, shall establish a demonstration
 11 project that is designed to assist rural water systems in
 12 successfully implementing the Centers for Disease Control
 13 and Prevention water fluoridation guidelines entitled “En-
 14 gineering and Administrative Recommendations for Water
 15 Fluoridation” (referred to in this section as the
 16 “EARWF”).

17 (b) REQUIREMENTS.—

18 (1) COLLABORATION.—The Director of the In-
 19 dian Health Services shall collaborate with the Di-
 20 rector of the Centers for Disease Control and Pre-
 21 vention in developing the project under subsection
 22 (a). Through such collaboration the Directors shall
 23 ensure that technical assistance and training are
 24 provided to tribal programs located in each of the 12
 25 areas of the Indian Health Service. The Director of

1 the Indian Health Service shall provide coordination
2 and administrative support to tribes under this sec-
3 tion.

4 (2) GENERAL USE OF FUNDS.—Amounts made
5 available under this section shall be used to assist
6 small water systems in improving the effectiveness of
7 water fluoridation and to meet the recommendations
8 of the EARWF.

9 (3) FLUORIDATION SPECIALISTS.—

10 (A) IN GENERAL.—In carrying out this
11 section, the Secretary shall provide for the es-
12 tablishment of fluoridation specialist engineer-
13 ing positions in each of the Dental Clinical and
14 Preventive Support Centers through which tech-
15 nical assistance and training will be provided to
16 tribal water operators, tribal utility operators
17 and other Indian Health Service personnel
18 working directly with fluoridation projects.

19 (B) LIAISON.—A fluoridation specialist
20 shall serve as the principal technical liaison be-
21 tween the Indian Health Service and the Cen-
22 ters for Disease Control and Prevention with
23 respect to engineering and fluoridation issues.

24 (C) CDC.—The Director of the Centers
25 for Disease Control and Prevention shall ap-

1 point individuals to serve as the fluoridation
2 specialists.

3 (4) IMPLEMENTATION.—The project established
4 under this section shall be planned, implemented
5 and evaluated over the 5-year period beginning on
6 the date on which funds are appropriated under this
7 section and shall be designed to serve as a model for
8 improving the effectiveness of water fluoridation sys-
9 tems of small rural communities.

10 (c) EVALUATION.—In conducting the ongoing evalua-
11 tion as provided for in subsection (b)(4), the Secretary
12 shall ensure that such evaluation includes—

13 (1) the measurement of changes in water fluori-
14 dation compliance levels resulting from assistance
15 provided under this section;

16 (2) the identification of the administrative,
17 technical and operational challenges that are unique
18 to the fluoridation of small water systems;

19 (3) the development of a practical model that
20 may be easily utilized by other tribal, State, county
21 or local governments in improving the quality of
22 water fluoridation with emphasis on small water sys-
23 tems; and

1 (4) the measurement of any increased percent-
 2 age of Native Americans or Alaskan Natives who re-
 3 ceive the benefits of optimally fluoridated water.

4 (d) AUTHORIZATION OF APPROPRIATIONS.—There is
 5 authorized to be appropriated to carry out this section,
 6 \$25,000,000 for fiscal year 2000, and such sums as may
 7 be necessary for each subsequent fiscal year.

8 **SEC. 503. SCHOOL-BASED DENTAL SEALANT PROGRAM.**

9 (a) IN GENERAL.—The Secretary of Health and
 10 Human Services, acting through the Director of the Ma-
 11 ternal and Child Health Bureau of the Health Resources
 12 and Services Administration, may award grants to States
 13 or localities to provide for the development of school-based
 14 dental sealant programs to improve the access of children
 15 to sealants.

16 (b) USE OF FUNDS.—A State shall use amounts re-
 17 ceived under a grant under subsection (a) to provide funds
 18 to eligible school-based entities or to public elementary or
 19 secondary schools to enable such entities or schools to pro-
 20 vide children in second or sixth grade with access to dental
 21 care and dental sealant services. Such services shall be
 22 provided by licensed dental health professionals in accord-
 23 ance with State practice licensing laws.

24 (c) ELIGIBILITY.—To be eligible to receive funds
 25 under this section an entity shall—

1 (1) prepare and submit to the State an applica-
 2 tion at such time, in such manner and containing
 3 such information as the State may require; and

4 (2) be a public elementary or secondary
 5 school—

6 (A) that located in an urban area and in
 7 which and more than 50 percent of the student
 8 population is participating in Federal or State
 9 free or reduced meal programs; or

10 (B) that is located in a rural area and,
 11 with respect to the school district in which the
 12 school is located, the district involved has a me-
 13 dian income that is at or below 235 percent of
 14 the poverty line, as defined in section 673(2) of
 15 the Community Services Block Grant Act (42
 16 U.S.C. 9902(2)).

17 Preference in awarding grants shall be provided to eligible
 18 entities that use dental health care professionals in the
 19 most cost effective manner.

20 (d) COORDINATION WITH OTHER PROGRAMS.—

21 (1) IN GENERAL.—An entity that receives funds
 22 from a State under this section shall serve as an en-
 23 rollment site for purposes of enabling individuals to
 24 enroll in the State plan under title XIX of the Social
 25 Security Act (42 U.S.C. 1396 et seq.) or in the

1 State Children’s Health Insurance Program under
 2 title XXI of such Act (42 U.S.C. 1397aa et seq.).

3 (2) CONFORMING AMENDMENT.—Section
 4 1920A(b)(3)(A)(i) of the Social Security Act (42
 5 U.S.C. 1396r–1a(b)(3)(A)(i)) is amended—

6 (A) by striking “or (II)” and inserting “,
 7 (II)”; and

8 (B) by inserting “, or (III) is an eligible
 9 community-based entity or a public elementary
 10 or secondary school that participates in the
 11 school-based dental sealant program established
 12 under section 503 of the Children’s Dental
 13 Health Improvement Act of 1999” before the
 14 semicolon.

15 (e) AUTHORIZATION OF APPROPRIATIONS.—There is
 16 authorized to be appropriated to carry out this section,
 17 \$5,000,000 for fiscal year 2000, and such sums as may
 18 be necessary for each subsequent fiscal year.

19 **TITLE VI—MISCELLANEOUS**

20 **SEC. 601. EFFECTIVE DATE.**

21 (a) IN GENERAL.—Except as otherwise provided in
 22 this Act, this Act and the amendments made by this Act
 23 take effect on the date of enactment of this Act.

24 (b) EXTENSION OF EFFECTIVE DATE FOR STATE
 25 LAW AMENDMENT.—In the case of a State plan under

1 title XIX of the Social Security Act which the Secretary
2 of Health and Human Services determines requires State
3 legislation in order for the plan to meet the additional re-
4 quirements imposed by the amendments made by this Act,
5 the State plan shall not be regarded as failing to comply
6 with the requirements of such amendments solely on the
7 basis of its failure to meet the additional requirements be-
8 fore the first day of the first calendar quarter beginning
9 after the close of the first regular session of the State leg-
10 islature that begins after the date of the enactment of this
11 Act. For purposes of the previous sentence, in the case
12 of a State that has a 2-year legislative session, each year
13 of the session is considered to be a separate regular ses-
14 sion of the State legislature.

○