

107TH CONGRESS
2D SESSION

H. R. 4476

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

IN THE HOUSE OF REPRESENTATIVES

APRIL 17, 2002

Mr. SANDERS introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

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

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

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Dental Health Im-
5 provement Act”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

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

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

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

12 (4) This access problem is exacerbated by the
13 fact that our dental workforce is aging: more than
14 20 percent of dentists will retire in the next 10
15 years, and the number of dental graduates by 2015
16 may not be enough to replace these retirees. Al-
17 though dentists have significantly increased their
18 productivity, there are still distribution problems in
19 specific geographic areas.

20 (5) Our Nation's dental school faculty is also
21 aging. With retirement being the leading indicator,
22 faculty shortage issues face United States dental
23 schools with approximately 400 current vacancies for
24 unfilled, budgeted positions. United States dental

1 schools play an important role in improving access
2 to care to underserved populations.

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

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

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

22 Part D of title III of the Public Health Service Act
23 (42 U.S.C. 254b et seq.) is amended by adding at the end
24 the following:

1 “Subpart X—Primary Dental Programs

2 **“SEC. 340F. DESIGNATED DENTAL HEALTH PROFESSIONAL**
3 **SHORTAGE AREA.**

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

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

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

19 “(b) STATE ACTIVITIES.—A State receiving a grant
20 under subsection (a) may use funds received under the
21 grant for—

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

24 “(A) practice in designated dental health
25 professional shortage areas; and

1 “(B) agree to—

2 “(i) provide services to patients re-
3 gardless of such patients’ ability to pay;
4 and

5 “(ii) provide a sliding payment scale
6 for patients who are unable to pay the
7 total cost of services;

8 “(2) recruitment and retention efforts;

9 “(3) grants and low-interest or no-interest loans
10 to help practitioners who participate in the medicaid
11 program under title XIX of the Social Security Act
12 (42 U.S.C. 1396 et seq.) to establish or expand
13 practices in designated dental health professional
14 shortage areas by equipping dental offices or sharing
15 in the overhead costs of such operations;

16 “(4) the establishment or expansion of dental
17 residency programs in coordination with accredited
18 dental training facilities in States without dental
19 schools;

20 “(5) programs developed in consultation with
21 State and local dental societies to expand or estab-
22 lish oral health services in designated dental health
23 professional shortage areas, such as—

24 “(A) the expansion or establishment of a
25 community-based dental facility, free-standing

1 dental clinic, consolidated health center dental
2 facility, school-linked dental facility, or United
3 States dental school-based facility;

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

6 “(C) the establishment or expansion of pri-
7 vate dental services to enhance capacity through
8 additional equipment or additional hours of op-
9 eration;

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

12 “(7) continuing dental education, including dis-
13 tance-based education;

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

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

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

21 “(11) the establishment of faculty recruitment
22 programs at accredited dental training institutions
23 whose mission includes community outreach and
24 service and that have a demonstrated record of serv-
25 ing underserved States;

1 “(12) the development of a State dental officer
2 position or the augmentation of a current State den-
3 tal office to coordinate oral health and access issues
4 in the State; and

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

7 “(c) APPLICATION.—

8 “(1) IN GENERAL.—Each State desiring a
9 grant under this section shall submit an application
10 to the Secretary at such time, in such manner, and
11 containing such information as the Secretary may
12 reasonably require.

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

20 “(d) MATCHING REQUIREMENT.—An entity that re-
21 ceives a grant under this section shall contribute non-Fed-
22 eral funds to activities carried out under the grant in a
23 total amount equal to at least 40 percent of the amount
24 of the grant. Such matching funds may be a combination
25 of in-kind contributions, fairly valued, and any other fund-

1 ing from State or local sources or from community or
 2 other organizations.

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

10 “(f) AUTHORIZATION OF APPROPRIATIONS.—There
 11 is authorized to be appropriated to carry out this section,
 12 \$50,000,000 for the 5-fiscal year period beginning with
 13 fiscal year 2003.”.

14 **SEC. 4. NATIONAL HEALTH SERVICE CORPS.**

15 (a) SCHOLARSHIP AND LOAN REPAYMENT PRO-
 16 GRAMS.—The Secretary of Health and Human Services,
 17 in consultation with the American Dental Association, the
 18 American Dental Education Association, the American
 19 Dental Hygienists Association, the American Academy of
 20 Pediatric Dentistry, the Association of State and Terri-
 21 torial Dental Directors, and the National Association of
 22 Community Health Centers, shall develop and implement
 23 a plan for increasing the participation of dentists and den-
 24 tal hygienists in the National Health Service Corps’ schol-
 25 arship program under section 338A of the Public Health

1 Service Act (42 U.S.C. 254l) and the loan repayment pro-
2 gram under section 338B of such Act (42 U.S.C. 254l-
3 1).

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

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

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

13 “(2) the recipient’s total obligation is fulfilled.”.

14 (c) SCHOLARSHIP PROGRAMS.—Any scholarship pro-
15 gram for dental students administered through the Na-
16 tional Health Service Corps shall meet the following re-
17 quirements:

18 (1) AVAILABILITY.—The scholarship program
19 shall be open to students attending any accredited
20 dental school or dental hygiene program in the
21 United States.

22 (2) PLACEMENT.—The placement of an oral
23 health provider participating in the scholarship pro-
24 gram shall be solely based upon community need for
25 dental services.

1 (d) SITE DESIGNATION PROCESS.—

2 (1) IMPROVEMENT OF DESIGNATION PROC-
3 ESS.—The Administrator of the Health Resources
4 and Services Administration, in consultation with
5 the Association of State and Territorial Dental Di-
6 rectors, dental societies, and other interested parties,
7 shall—

8 (A) design and implement procedures to
9 simplify the process of designating areas, popu-
10 lation groups, and facilities as dental health
11 professional shortage areas under section 332
12 of the Public Health Service Act (42 U.S.C.
13 254e); and

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

18 (2) PUBLIC HEALTH SERVICE ACT.—Section
19 332 of the Public Health Service Act (42 U.S.C.
20 254e) is amended by adding at the end the fol-
21 lowing:

22 “(i) The Administrator of the Health Resources and
23 Services Administration shall disseminate information
24 concerning the designation criteria described in subsection
25 (b) to—

1 “(1) the Governor of each State;

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

5 “(3) the representative of any area, population
6 group, or facility that requests such information;
7 and

8 “(4) the representative of any area, population
9 group, or facility determined by the Administrator to
10 be likely to meet the criteria described in subsection
11 (b).

12 “(j) The Administrator of the Health Resources and
13 Services Administration shall provide technical assistance
14 to any area, population group, or facility that dem-
15 onstrates an interest in applying for dental health profes-
16 sional shortage area designation.”.

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