

107TH CONGRESS  
2D SESSION

# H. R. 5098

To provide disadvantaged children with access to dental services.

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## IN THE HOUSE OF REPRESENTATIVES

JULY 11, 2002

Mr. DINGELL (for himself, Mr. UPTON, and Mr. WAXMAN) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## 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 Access to Oral Health Act of 2002”.

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

Sec. 1. Short title; table of contents.

### TITLE I—IMPROVING DELIVERY OF PEDIATRIC DENTAL SERVICES UNDER MEDICAID AND SCHIP

Sec. 101. Grants to improve the provision of dental services under medicaid and SCHIP.

Sec. 102. Requiring coverage of substantially equivalent dental services under SCHIP.

Sec. 103. State option to provide wrap-around SCHIP coverage to children who have other health coverage.

**TITLE II—IMPROVING DELIVERY OF PEDIATRIC DENTAL SERVICES UNDER COMMUNITY HEALTH CENTERS, PUBLIC HEALTH DEPARTMENTS, AND THE INDIAN HEALTH SERVICE**

Sec. 201. Grants to improve the provision of dental health services through community health centers and public health departments.

Sec. 202. Dental officer multiyear retention bonus for the Indian Health Service.

Sec. 203. Streamline process for designating dental health professional shortage areas.

Sec. 204. Demonstration projects to increase access to pediatric dental services in underserved areas.

**TITLE III—IMPROVING ORAL HEALTH PROMOTION AND DISEASE PREVENTION PROGRAMS**

Sec. 301. Oral health initiative.

Sec. 302. CDC reports.

Sec. 303. Early childhood caries.

Sec. 304. School-based dental sealant program.

**1 TITLE I—IMPROVING DELIVERY  
2 OF PEDIATRIC DENTAL SERV-  
3 ICES UNDER MEDICAID AND  
4 SCHIP**

**5 SEC. 101. GRANTS TO IMPROVE THE PROVISION OF DENTAL  
6 SERVICES UNDER MEDICAID AND SCHIP.**

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

**9 “SEC. 511. GRANTS TO IMPROVE THE PROVISION OF DEN-  
10 TAL SERVICES UNDER MEDICAID AND SCHIP.**

11 “(a) **AUTHORITY TO MAKE GRANTS.**—In addition to  
12 any other payments made under this title to a State, the  
13 Secretary shall award grants to States that satisfy the re-  
14 quirements of subsection (b) to improve the provision of  
15 dental services to children who are enrolled in a State plan

1 under title XIX or a State child health plan under title  
2 XXI (in this section, collectively referred to as the ‘State  
3 plans’).

4 “(b) REQUIREMENTS.—In order to be eligible for a  
5 grant under this section, a State shall provide the Sec-  
6 retary with the following assurances:

7 “(1) IMPROVED SERVICE DELIVERY.—The  
8 State shall have a plan to improve the delivery of  
9 dental services to children who are enrolled in the  
10 State plans, including providing outreach and ad-  
11 ministrative case management, improving collection  
12 and reporting of claims data, and providing incen-  
13 tives, in addition to raising reimbursement rates, to  
14 increase provider participation.

15 “(2) ADEQUATE PAYMENT RATES.—The State  
16 has provided for payment under the State plans for  
17 dental services for children at levels consistent with  
18 the market-based rates and sufficient enough to en-  
19 list providers to treat children in need of dental serv-  
20 ices.

21 “(3) ENSURED ACCESS.—The State shall en-  
22 sure it will make dental services available to children  
23 enrolled in the State plans to the same extent as  
24 such services are available to the general population  
25 of the State.

1 “(c) USE OF FUNDS.—

2 “(1) IN GENERAL.—Funds provided under this  
3 section may be used to provide administrative re-  
4 sources (such as program development, provider  
5 training, data collection and analysis, and research-  
6 related tasks) to assist States in providing and as-  
7 sessing services which include preventive and thera-  
8 peutic dental care regimens.

9 “(2) LIMITATION.—Such funds may not be  
10 used for payment of direct dental, medical, or other  
11 services or to obtain Federal matching funds under  
12 any Federal program.

13 “(d) APPLICATION.—A State shall submit an applica-  
14 tion to the Secretary for a grant under this section in such  
15 form and manner and containing such information as the  
16 Secretary may require.

17 “(e) AUTHORIZATION OF APPROPRIATIONS.—There  
18 are authorized to be appropriated to make grants under  
19 this section \$50,000,000 for fiscal year 2003 and each fis-  
20 cal year thereafter.

21 “(f) APPLICATION OF OTHER PROVISIONS OF  
22 TITLE.—

23 “(1) IN GENERAL.—Except as provided in para-  
24 graph (2), the other provisions of this title shall not  
25 apply to a grant made under this section.

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

6           “(A) Section 504(b)(6) (relating to prohi-  
7       bition on payments to excluded individuals and  
8       entities).

9           “(B) Section 504(c) (relating to the use of  
10      funds for the purchase of technical assistance).

11          “(C) Section 504(d) (relating to a limita-  
12      tion on administrative expenditures).

13          “(D) Section 506 (relating to reports and  
14      audits), but only to the extent determined by  
15      the Secretary to be appropriate for grants made  
16      under this section.

17          “(E) Section 507 (relating to penalties for  
18      false statements).

19          “(F) Section 508 (relating to non-  
20      discrimination).

21          “(G) Section 509 (relating to the adminis-  
22      tration of the grant program).”.

1 **SEC. 102. REQUIRING COVERAGE OF SUBSTANTIALLY**  
 2 **EQUIVALENT DENTAL SERVICES UNDER**  
 3 **SCHIP.**

4 (a) IN GENERAL.—Section 2103(c)(2) of the Social  
 5 Security Act (42 U.S.C. 1397cc(c)(2)) is amended by add-  
 6 ing at the end the following new subparagraph:

7 “(E) Dental services.”.

8 (b) EFFECTIVE DATE.—The amendment made by  
 9 subsection (a) shall take effect on January 1, 2003.

10 **SEC. 103. STATE OPTION TO PROVIDE WRAP-AROUND**  
 11 **SCHIP COVERAGE TO CHILDREN WHO HAVE**  
 12 **OTHER HEALTH COVERAGE.**

13 (a) IN GENERAL.—

14 (1) SCHIP.—

15 (A) STATE OPTION TO PROVIDE WRAP-  
 16 AROUND COVERAGE.—Section 2110(b) of the  
 17 Social Security Act (42 U.S.C. 1397jj(b)) is  
 18 amended—

19 (i) in paragraph (1)(C), by inserting  
 20 “, subject to paragraph (5),” after “under  
 21 title XIX or”; and

22 (ii) by adding at the end the following  
 23 new paragraph:

24 “(5) STATE OPTION TO PROVIDE WRAP-AROUND  
 25 COVERAGE.—A State may waive the requirement of  
 26 paragraph (1)(C) that a targeted low-income child

1 may not be covered under a group health plan or  
 2 under health insurance coverage, if the State satis-  
 3 fies the conditions described in subsection (c)(8).  
 4 The State may waive such requirement in order to  
 5 provide—

6 “(A) dental services;

7 “(B) cost-sharing protection; or

8 “(C) all services.

9 In waiving such requirement, a State may limit the  
 10 application of the waiver to children whose family in-  
 11 come does not exceed a level specified by the State,  
 12 so long as the level so specified does not exceed the  
 13 maximum income level otherwise established for  
 14 other children under the State child health plan.”;  
 15 and

16 (B) CONDITIONS DESCRIBED.—Section  
 17 2105(c) of such Act (42 U.S.C. 1397ee(c)) is  
 18 amended by adding at the end the following  
 19 new paragraph:

20 “(8) CONDITIONS FOR PROVISION OF WRAP  
 21 AROUND COVERAGE.—For purposes of section  
 22 2110(b)(5), the conditions described in this para-  
 23 graph are the following:

1           “(A) INCOME ELIGIBILITY.—The State  
2 child health plan (whether implemented under  
3 title XIX or this XXI)—

4           “(i) has the highest income eligibility  
5 standard permitted under this title as of  
6 January 1, 2002;

7           “(ii) subject to subparagraph (B),  
8 does not limit the acceptance of applica-  
9 tions for children; and

10          “(iii) provides benefits to all children  
11 in the State who apply for and meet eligi-  
12 bility standards.

13          “(B) NO WAITING LIST IMPOSED.—With  
14 respect to children whose family income is at or  
15 below 200 percent of the poverty line, the State  
16 does not impose any numerical limitation, wait-  
17 ing list, or similar limitation on the eligibility of  
18 such children for child health assistance under  
19 such State plan.

20          “(C) NO MORE FAVORABLE TREATMENT.—  
21 The State child health plan may not provide  
22 more favorable coverage of dental services to  
23 the children covered under section 2110(b)(5)  
24 than to children otherwise covered under this  
25 title.”.

1 (C) STATE OPTION TO WAIVE WAITING PE-  
2 RIOD.—Section 2102(b)(1)(B) of such Act (42  
3 U.S.C. 1397bb(b)(1)(B)) is amended—

4 (i) in clause (i), by striking “and” at  
5 the end;

6 (ii) in clause (ii), by striking the pe-  
7 riod and inserting “; and”; and

8 (iii) by adding at the end the fol-  
9 lowing new clause:

10 “(iii) at State option, may not apply  
11 a waiting period in the case of child de-  
12 scribed in section 2110(b)(5), if the State  
13 satisfies the requirements of section  
14 2105(c)(8).”.

15 (2) APPLICATION OF ENHANCED MATCH UNDER  
16 MEDICAID.—Section 1905 of such Act (42 U.S.C.  
17 1396d) is amended—

18 (A) in subsection (b), in the fourth sen-  
19 tence, by striking “or subsection (u)(3)” and  
20 inserting “(u)(3), or (u)(4)”; and

21 (B) in subsection (u)—

22 (i) by redesignating paragraph (4) as  
23 paragraph (5); and

24 (ii) by inserting after paragraph (3)  
25 the following new paragraph:

1       “(4) For purposes of subsection (b), the expenditures  
 2 described in this paragraph are expenditures for items and  
 3 services for children described in section 2110(b)(5), but  
 4 only in the case of a State that satisfies the requirements  
 5 of section 2105(e)(8).”.

6           (3) APPLICATION OF SECONDARY PAYOR PROVI-  
 7 SIONS.—Section 2107(e)(1) of such Act (42 U.S.C.  
 8 1397gg(e)(1)) is amended—

9           (A) by redesignating subparagraphs (B)  
 10 through (D) as subparagraphs (C) through (E),  
 11 respectively; and

12           (B) by inserting after subparagraph (A)  
 13 the following new subparagraph:

14           “(B) Section 1902(a)(25) (relating to co-  
 15 ordination of benefits and secondary payor pro-  
 16 visions) with respect to children covered under  
 17 a waiver described in section 2110(b)(5).”.

18       (b) EFFECTIVE DATE.—The amendments made by  
 19 subsection (a) shall take effect on January 1, 2003, and  
 20 shall apply to child health assistance and medical assist-  
 21 ance provided on or after that date.

1 **TITLE II—IMPROVING DELIVERY**  
2 **OF PEDIATRIC DENTAL SERV-**  
3 **ICES UNDER COMMUNITY**  
4 **HEALTH CENTERS, PUBLIC**  
5 **HEALTH DEPARTMENTS, AND**  
6 **THE INDIAN HEALTH SERV-**  
7 **ICE**

8 **SEC. 201. GRANTS TO IMPROVE THE PROVISION OF DENTAL**  
9 **HEALTH SERVICES THROUGH COMMUNITY**  
10 **HEALTH CENTERS AND PUBLIC HEALTH DE-**  
11 **PARTMENTS.**

12 Part D of title III of the Public Health Service Act  
13 (42 U.S.C. 254b et seq.) is amended by insert before sec-  
14 tion 330, the following:

15 **“SEC. 329. GRANT PROGRAM TO EXPAND THE AVAIL-**  
16 **ABILITY OF SERVICES.**

17 “(a) IN GENERAL.—The Secretary, acting through  
18 the Health Resources and Services Administration, shall  
19 establish a program under which the Secretary may award  
20 grants to eligible entities and eligible individuals to expand  
21 the availability of primary dental care services in dental  
22 health professional shortage areas or medically under-  
23 served areas.

24 “(b) ELIGIBILITY.—

1           “(1) ENTITIES.—To be eligible to receive a  
2       grant under this section an entity—

3           “(A) shall be—

4           “(i) a health center receiving funds  
5           under section 330 or designated as a Fed-  
6           erally qualified health center;

7           “(ii) a county or local public health  
8           department, if located in a federally-des-  
9           ignated dental health professional shortage  
10          area;

11          “(iii) an Indian tribe or tribal organi-  
12          zation (as defined in section 4 of the In-  
13          dian Self-Determination and Education  
14          Assistance Act (25 U.S.C. 450b)); or

15          “(iv) a dental education program ac-  
16          credited by the Commission on Dental Ac-  
17          creditation; and

18          “(B) shall prepare and submit to the Sec-  
19          retary an application at such time, in such  
20          manner, and containing such information as the  
21          Secretary may require.

22          “(2) INDIVIDUALS.—To be eligible to receive a  
23       grant under this section an individual shall—

24          “(A) be a dental health professional li-  
25       censed or certified in accordance with the laws

1 of State in which such individual provides den-  
2 tal services;

3 “(B) prepare and submit to the Secretary  
4 an application at such time, in such manner,  
5 and containing such information as the Sec-  
6 retary may require; and

7 “(C) provide assurances that—

8 “(i) the individual will practice in a  
9 federally-designated dental health profes-  
10 sional shortage area; and

11 “(ii) not less than 33 percent of the  
12 patients of such individual are—

13 “(I) receiving assistance under a  
14 State plan under title XIX of the So-  
15 cial Security Act (42 U.S.C. 1396 et  
16 seq.);

17 “(II) receiving assistance under a  
18 State plan under title XXI of the So-  
19 cial Security Act (42 U.S.C. 1397aa  
20 et seq.); or

21 “(III) uninsured.

22 “(c) USE OF FUNDS.—

23 “(1) ENTITIES.—An entity shall use amounts  
24 received under a grant under this section to provide  
25 for the increased availability of primary dental serv-

1       ices in the areas described in subsection (a). Such  
2       amounts may be used to supplement the salaries of-  
3       fered for individuals accepting employment as den-  
4       tists in such areas.

5           “(2) INDIVIDUALS.—A grant to an individual  
6       under subsection (a) shall be in the form of a  
7       \$1,000 bonus payment for each month in which such  
8       individual is in compliance with the eligibility re-  
9       quirements of subsection (b)(2)(C).

10       “(d) AUTHORIZATION OF APPROPRIATIONS.—

11           “(1) IN GENERAL.—Notwithstanding any other  
12       amounts appropriated under section 330 for health  
13       centers, there is authorized to be appropriated  
14       \$40,000,000 for each of fiscal years 2003 through  
15       2007 to hire and retain dental health care providers  
16       under this section.

17           “(2) USE OF FUNDS.—Of the amount appro-  
18       priated for a fiscal year under paragraph (1), the  
19       Secretary shall use—

20           “(A) not less than 75 percent of such  
21       amount to make grants to eligible entities; and

22           “(B) not more than 25 percent of such  
23       amount to make grants to eligible individuals.”.

1 **SEC. 202. DENTAL OFFICER MULTIYEAR RETENTION BONUS**  
2 **FOR THE INDIAN HEALTH SERVICE.**

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

4 (1) **CREDITABLE SERVICE.**—The term “cred-  
5 itable service” includes all periods that a dental offi-  
6 cer spent in graduate dental educational (GDE)  
7 training programs while not on active duty in the In-  
8 dian Health Service and all periods of active duty in  
9 the Indian Health Service as a dental officer.

10 (2) **DENTAL OFFICER.**—The term “dental offi-  
11 cer” means an officer of the Indian Health Service  
12 designated as a dental officer.

13 (3) **DIRECTOR.**—The term “Director” means  
14 the Director of the Indian Health Service.

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 specialty,  
18 including general practice residency (GPR) or an ad-  
19 vanced education general dentistry (AEGD).

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

23 (b) **REQUIREMENTS FOR BONUS.**—

24 (1) **IN GENERAL.**—An eligible dental officer of  
25 the Indian Health Service who executes a written  
26 agreement to remain on active duty for 2, 3, or 4

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

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

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

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

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

18 (c) ELIGIBILITY.—

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

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

24 (B) have completed any active duty service  
25 commitment of the Indian Health Service in-

1           curred for dental education and training or  
2           have 8 years of creditable service;

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

9           (D) have a dental specialty in pediatric  
10          dentistry or oral and maxillofacial surgery.

11          (2) EXTENSION TO OTHER OFFICERS.—The Di-  
12          rector may extend the retention bonus to dental offi-  
13          cers other than officers with a dental specialty in pe-  
14          diatric dentistry, as well as to other dental hygien-  
15          ists with a minimum of a baccalaureate degree,  
16          based on demonstrated need.

17          (d) TERMINATION OF ENTITLEMENT TO SPECIAL  
18          PAY.—The Director may terminate, with cause, at any  
19          time a dental officer's multiyear retention bonus contract  
20          under this section. If such a contract is terminated, the  
21          unserved portion of the retention bonus contract shall be  
22          recouped on a pro rata basis. The Director shall establish  
23          regulations that specify the conditions and procedures  
24          under which termination may take place. The regulations  
25          and conditions for termination shall be included in the

1 written service contract for a dental officer multiyear re-  
2 tention bonus under this section.

3 (e) REFUNDS.—

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

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

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

1 **SEC. 203. STREAMLINE PROCESS FOR DESIGNATING DEN-**  
2 **TAL HEALTH PROFESSIONAL SHORTAGE**  
3 **AREAS.**

4 Section 332(a) of the Public Health Service Act (42  
5 U.S.C. 254e(a)) is amended by adding at the end the fol-  
6 lowing:

7 “(4) In designating health professional shortage  
8 areas under this section, the Secretary may designate cer-  
9 tain areas as dental health professional shortage areas if  
10 the Secretary determines that such areas have a severe  
11 shortage of dental health professionals. The Secretary  
12 shall, in consultation with State and local dental societies  
13 and tribal health organizations, streamline the process to  
14 develop, publish and periodically update criteria to be used  
15 in designating dental health professional shortage areas.”.

16 **SEC. 204. DEMONSTRATION PROJECTS TO INCREASE AC-**  
17 **CESS TO PEDIATRIC DENTAL SERVICES IN**  
18 **UNDERSERVED AREAS.**

19 (a) **AUTHORITY TO CONDUCT PROJECTS.**—The Sec-  
20 retary of Health and Human Services, through the Admin-  
21 istrator of the Health Resources and Services Administra-  
22 tion and the Director of the Indian Health Service, shall  
23 establish demonstration projects that are designed to in-  
24 crease access to dental services for children in underserved  
25 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—IMPROVING ORAL**  
5 **HEALTH PROMOTION AND**  
6 **DISEASE PREVENTION PRO-**  
7 **GRAMS**

8 **SEC. 301. ORAL HEALTH INITIATIVE.**

9 (a) ESTABLISHMENT.—The Secretary of Health and  
10 Human Services shall establish an oral health initiative  
11 to reduce the profound disparities in oral health by im-  
12 proving the health status of vulnerable populations, par-  
13 ticularly low-income children, to the level of health status  
14 that is enjoyed by the majority of Americans.

15 (b) ACTIVITIES.—The Secretary of Health and  
16 Human Services shall, through the oral health initiative—

17 (1) carry out activities to improve intra- and  
18 inter-agency collaborations, including activities to  
19 identify, engage, and encourage existing Federal and  
20 State programs to maximize their potential to ad-  
21 dress oral health;

22 (2) carry out activities to encourage public-pri-  
23 vate partnerships to engage private sector commu-  
24 nities of interest (including health professionals,  
25 educators, State policymakers, foundations, business,

1 and the public) in partnerships that promote oral  
2 health and dental care; and

3 (3) carry out activities to reduce the disease  
4 burden in high risk populations through the applica-  
5 tion of best-science in oral health, including pro-  
6 grams such as community water fluoridation and  
7 dental sealants.

8 (c) COORDINATION.—The Secretary of Health and  
9 Human Services shall—

10 (1) through the Administrator of the Centers  
11 for Medicare & Medicaid Services (formerly known  
12 as the Health Care Financing Administration) es-  
13 tablish a Chief Dental Officer for the medicaid and  
14 State children’s health insurance programs estab-  
15 lished under titles XIX and XXI, respectively, of the  
16 Social Security Act (42 U.S.C. 1396 et seq. 1397aa  
17 et seq.); and

18 (2) carry out this section in collaboration with  
19 such Administrator and Chief Dental Officer and  
20 the Administrator and Chief Dental Officer of the  
21 Health Resources and Services Administration.

22 (d) AUTHORIZATION OF APPROPRIATIONS.—There is  
23 authorized to be appropriated to carry out this section,  
24 \$25,000,000 for fiscal year 2003, and such sums as may  
25 be necessary for each subsequent fiscal year.

1 **SEC. 302. CDC REPORTS.**

2 (a) COLLECTION OF DATA.—The Director of the  
3 Centers for Disease Control and Prevention in collabora-  
4 tion with other organizations and agencies shall annually  
5 collect data describing the dental, craniofacial, and oral  
6 health of residents of at least 1 State and 1 Indian tribe  
7 from each region of the Department of Health and Human  
8 Services.

9 (b) REPORTS.—The Director of the Centers for Dis-  
10 ease Control and Prevention shall compile and analyze  
11 data collected under subsection (a) and annually prepare  
12 and submit to the appropriate committees of Congress a  
13 report concerning the oral health of certain States and  
14 tribes.

15 (c) AUTHORIZATION OF APPROPRIATIONS.—There is  
16 authorized to be appropriated to carry out this section  
17 such sums as may be necessary for each fiscal year 2003  
18 and each subsequent fiscal year.

19 **SEC. 303. EARLY CHILDHOOD CARIES.**

20 (a) IN GENERAL.—The Secretary of Health and  
21 Human Services, acting through the Director of the Cen-  
22 ters for Disease Control and Prevention, shall—

23 (1) expand existing surveillance activities to in-  
24 clude the identification of children at high risk of  
25 early childhood caries;

1           (2) assist State, local, and tribal health agen-  
 2           cies and departments in collecting, analyzing and  
 3           disseminating data on early childhood caries; and

4           (3) provide for the development of public health  
 5           nursing programs and public health education pro-  
 6           grams on early childhood caries prevention.

7           (b) APPROPRIATENESS OF ACTIVITIES.—The Sec-  
 8           retary of Health and Human Services shall carry out pro-  
 9           grams and activities under subsection (a) in a culturally  
 10          appropriate manner with respect to populations at risk of  
 11          early childhood caries.

12          (c) AUTHORIZATION OF APPROPRIATIONS.—There is  
 13          authorized to be appropriated to carry out this section,  
 14          such sums as may be necessary for each fiscal year.

15      **SEC. 304. SCHOOL-BASED DENTAL SEALANT PROGRAM.**

16          Section 317M(c) of the Public Health Service Act (as  
 17          added by section 1602 of Public Law 106–310)) is  
 18          amended—

19               (1) in paragraph (1), by inserting “and school-  
 20          linked” after “school-based”;

21               (2) in the first sentence of paragraph (2)—

22                       (A) by inserting “and school-linked” after  
 23                       “school-based”; and

24                       (B) by inserting “or Indian tribe” after  
 25                       “State”; and

1           (3) by striking paragraph (3) and inserting the  
2           following:

3           “(3) ELIGIBILITY.—To be eligible to receive  
4           funds under paragraph (1), an entity shall—

5                   “(A) prepare and submit to the State or  
6           Indian tribe an application at such time, in  
7           such manner and containing such information  
8           as the State or Indian tribe may require; and

9                   “(B) be a—

10                          “(i) public elementary or secondary  
11           school—

12                               “(I) that is located in an urban  
13           area in which and more than 50 per-  
14           cent of the student population is par-  
15           ticipating in Federal or State free or  
16           reduced meal programs; or

17                               “(II) that is located in a rural  
18           area and, with respect to the school  
19           district in which the school is located,  
20           the district involved has a median in-  
21           come that is at or below 235 percent  
22           of the poverty line, as defined in sec-  
23           tion 673(2) of the Community Serv-  
24           ices Block Grant Act (42 U.S.C.  
25           9902(2)); or

1                   “(ii) public or non-profit health orga-  
2                   nization, including a grantee under section  
3                   330, that is under contract with an ele-  
4                   mentary or secondary school described in  
5                   subparagraph (B) to provide dental serv-  
6                   ices to school-age children.”.

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