107TH CONGRESS 2D SESSION

H. R. 5191

To amend titles XIX and XXI of the Social Security Act to provide for expanded dental coverage under Medicaid and State children's health insurance programs and to provide for funding for expanded community oral health services.

IN THE HOUSE OF REPRESENTATIVES

July 23, 2002

Mr. Sanders (for himself, Ms. Lee, Mr. Hinchey, Mr. Larson of Connecticut, and Mr. Frank) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend titles XIX and XXI of the Social Security Act to provide for expanded dental coverage under Medicaid and State children's health insurance programs and to provide for funding for expanded community oral health 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.
- 4 This Act may be cited as the "Oral Health Promotion
- 5 Act of 2002".
- 6 SEC. 2. FINDINGS.
- 7 Congress finds the following:

- (1) Oral and general health are inseparable, and good dental care is critical to our overall physical health and well-being, yet 108 million Americans have no public or private dental insurance.
 - (2) Although oral health in America has improved dramatically over the last 50 years, dental caries (cavities) are presently the single most common chronic childhood disease, five times more likely than asthma and seven times more common than hay fever.
 - (3) According to the Surgeon General, low-income, minority children experience significant disparities in oral health status and access to basic dental care. In a year-long study, the Surgeon General found that fewer than one in five Medicaid-covered children received a single dental visit during that period and that 25 percent of poor and minority children never visit a dentist before entering kindergarten.
 - (4) Poor children are more than twice as likely than their more affluent peers to have dental caries, which cause a significant amount of pain to children and cause difficulty eating, playing and learning, as well as many missed days of school, and which are more likely to go untreated. Surveys have shown

I	that children miss nearly 52 million hours of school
2	each year because of dental problems.
3	(5) Low-income adults face similar problems
4	with pain and limitations on daily activities and are
5	more likely than those with higher incomes to lose
6	permanent teeth and have untreated dental disease.
7	Among adult workers, more than 164 million work
8	hours are lost annually because of dental problems.
9	SEC. 3. REQUIREMENT FOR DENTAL BENEFITS UNDER
10	SCHIP.
11	(a) In General.—Section 2103(c)(2) of the Social
12	Security Act (42 U.S.C. 1397cc(c)(2)) is amended by add-
13	ing at the end the following new subparagraph:
14	"(E) Dental services.".
15	(b) Effective Date.—The amendments made by
16	subsection (a) shall take effect on January 1, 2003.
17	SEC. 4. AUTHORITY TO PROVIDE DENTAL COVERAGE
18	UNDER SCHIP AS A SUPPLEMENT TO OTHER
19	HEALTH COVERAGE.
20	(a) Authority To Provide Coverage.—
21	(1) SCHIP.—
22	(A) In General.—Section 2105(a)(1)(C)
23	of the Social Security Act (42 U.S.C.
24	1397ee(a)(1)(C)) is amended—
25	(i) by inserting "(i)" after "(C)"; and

1	(ii) by adding at the end the fol-
2	lowing:
3	"(ii) notwithstanding clause (i), in the case
4	of a State that satisfies the conditions described
5	in subsection (c)(8) and at the option of a
6	State, for child health assistance that consists
7	only of coverage of dental services for a child
8	who would be considered a targeted low-income
9	child if—
10	"(I) that portion of subparagraph (C)
11	of section 2110(b)(1) relating to coverage
12	of the child under a group health plan or
13	under health insurance coverage did not
14	apply, and such child has such coverage
15	that does not include coverage of dental
16	services; or
17	"(II) such child meets the require-
18	ments (other than income-related require-
19	ments) to be a targeted low-income child;
20	and".
21	(B) Conditions described.—Section
22	2105(c) of such Act (42 U.S.C. 1397ee(c)) is
23	amended by adding at the end the following:
24	"(8) Conditions for provision of dental
25	SERVICES ONLY COVERAGE.—For purposes of sub-

1	section (a)(1)(C)(ii), the conditions described in this
2	paragraph are the following:
3	"(A) INCOME ELIGIBILITY.—The State
4	child health plan (whether implemented under
5	title XIX or this title)—
6	"(i) has the highest income eligibility
7	standard permitted under this title as of
8	January 1, 2002;
9	"(ii) subject to subparagraph (B),
10	does not limit the acceptance of applica-
11	tions for children; and
12	"(iii) provides benefits to all children
13	in the State who apply for and meet eligi-
14	bility standards.
15	"(B) No waiting list imposed.—With
16	respect to children whose family income is at or
17	below 200 percent of the poverty line, the State
18	does not impose any numerical limitation, wait-
19	ing list, or similar limitation on the eligibility of
20	such children for child health assistance under
21	such State plan.".
22	(C) AUTHORIZATION OF APPROPRIA-
23	TIONS.—In addition to any funds otherwise au-
24	thorized to be appropriated, there are author-
25	ized to be appropriated such additional funds as

1	may be necessary to carry out the amendments
2	made by subparagraphs (A) and (B).
3	(D) STATE OPTION TO WAIVE WAITING PE-
4	RIOD.—Section 2102(b)(1)(B) of such Act (42
5	U.S.C. 1397bb(b)(1)(B)) is amended—
6	(i) in clause (i), by striking "and" at
7	the end;
8	(ii) in clause (ii), by striking the pe-
9	riod and inserting "; and"; and
10	(iii) by adding at the end the fol-
11	lowing new clause:
12	"(iii) at State option, may choose not
13	to apply a waiting period in the case of a
14	child described in section
15	2105(a)(1)(C)(ii), if the State satisfies the
16	requirements of section $2105(c)(8)$ and
17	provides such child with child health assist-
18	ance that consists only of coverage of den-
19	tal services.".
20	(E) OPTIONAL APPLICATION TO ADULTS
21	COVERED UNDER WAIVERS.—The amendments
22	made by this paragraph shall also apply under
23	title XXI of the Social Security Act at a State's
24	option to adults receiving assistance under such
25	title in a manner comparable to the manner in

1	which such amendments apply to child health
2	assistance furnished to a child covered under
3	such title.
4	(2) Application of enhanced match under
5	MEDICAID.—Section 1905 of the Social Security Act
6	(42 U.S.C. 1396d) is amended—
7	(A) in subsection (b), in the fourth sen-
8	tence, by striking "or subsection (u)(3)" and
9	inserting " $(u)(3)$, or $(u)(4)$ "; and
10	(B) in subsection (u)—
11	(i) by redesignating paragraph (4) as
12	paragraph (5); and
13	(ii) by inserting after paragraph (3)
14	the following new paragraph:
15	"(4) For purposes of subsection (b), the expenditures
16	described in this paragraph are expenditures for dental
17	services for children described in section
18	2105(a)(1)(C)(ii), but only in the case of a State that sat-
19	isfies the requirements of section 2105(c)(8).".
20	(b) Effective Date.—The amendments made by
21	subsection (a) take effect on the date of the enactment
22	of this Act, and apply to child health assistance and med-
23	ical assistance provided on or after that date

1	SEC. 5. ENHANCED MATCHING RATE UNDER MEDICAID
2	FOR COVERAGE OF FULL ADULT DENTAL
3	BENEFITS.
4	(a) In General.—Section 1905(a)(4) of the Social
5	Security Act (42 U.S.C. 1396d(a)(4)) is amended—
6	(1) by inserting "(A)" after "with respect to";
7	and
8	(2) by inserting before the period at the end the
9	following: "and (B) with respect to medical assist-
10	ance provided for dental benefits for adults but only
11	if such benefits cover the full range of dental bene-
12	fits (including orthodontia and dentures)".
13	(b) Effective Date.—The amendments made by
14	subsection (a) shall apply to medical assistance for items
15	and services furnished on or after the date of the enact-
16	ment of this Act, regardless of whether the State medicaid
17	plan provided for full adult dental benefits before such
18	date.
19	SEC. 6. ESTABLISHMENT OF FUND FOR ORAL HEALTH
20	SERVICES THROUGH COMMUNITY-BASED
21	HEALTH CENTERS.
22	(a) In General.—There is established in the Treas-
23	ury of the United States a fund to be known as Commu-
24	nity Oral Health Expansion Fund (referred to in this sec-
25	tion as the "Fund"). The Fund shall consist of such
26	amounts as may be appropriated under subsection (b) to

the Fund. Amounts appropriated for the Fund shall remain available until expended. 3 (b) AUTHORIZATION OFAPPROPRIATIONS TO Fund.—For each fiscal year beginning with fiscal year 2003, there is authorized to be appropriated to the Fund \$140,000,000. 6 7 (c) Use of Fund.— (1) In General.—Amounts in the Fund and 8 9 available pursuant to appropriations Act shall be 10 used by the Secretary of Health and Human Serv-11 ices to make grants to the States for the purpose of 12 establishing or expanding the availability of oral 13 health services through Federally-qualified health 14 centers (as defined in section 1905(1)(2)(B) of the 15 Social Security Act) or through other nonprofit pri-16 vate or public community-based providers of health 17 services. 18 (2) CERTAIN USES.—The purposes for which a 19 grant under paragraph (1) may be expended include, 20 with respect to oral health services— 21 (A) recruiting and compensating staff; 22 (B) purchasing equipment; and 23 (C) constructing, modernizing, or ren-

24

ovating facilities.

(3) Use for demonstration projects.—In conjunction with any of the uses specified under paragraph (2), grants under paragraph (1) also may be used by health centers and other community-based providers described in paragraph (1) for dem-onstration projects and demonstration partnerships with Head Start programs for identifying children at risk of dental disease and providing early interven-tion and prevention of such disease.

(d) REQUIREMENT OF MATCHING FUNDS.—

- (1) In General.—With respect to the costs of the program to be carried out under subsection (c) by a State, a grant under such subsection may be made only if the State agrees to make available (directly or through donations from public or private entities) non-Federal contributions toward such costs in an amount that is not less than 10 percent of such costs (\$1 for each \$9 of Federal funds provided in the grant).
- (2) Determination of amount contributions.—Non-Federal contributions required in paragraph (1) may be in cash or in kind, fairly evaluated, including plant, equipment, or services. Amounts provided by the Federal Government, or services assisted or subsidized to any significant ex-

- 1 tent by the Federal Government, may not be in-
- 2 cluded in determining the amount of such non-Fed-
- 3 eral contributions.
- 4 (e) Priority for States Covering Medicaid
- 5 LEVEL OF DENTAL BENEFITS UNDER SCHIP AND
- 6 Preference for States With Market-Based Pay-
- 7 MENT RATES FOR DENTAL SERVICES UNDER MEDICAID
- 8 AND SCHIP.—In awarding grants to States under this
- 9 section, the Secretary of Health and Human Services
- 10 shall—
- 11 (1) give priority to those States that provide,
- under its State child health insurance plan under
- title XXI of the Social Security Act, for the coverage
- of dental benefits in an amount, duration, and scope
- equivalent to that provided under its State medicaid
- plan under title XIX of such Act; and
- 17 (2) give preference to States that provide for
- 18 reimbursement under its State medicaid plan and its
- 19 State child health insurance plan under titles XIX
- and XXI of such Act for dental services at levels
- 21 consistent with market-based rates.
- 22 (f) State Defined.—For purposes of this section,
- 23 the term "State" has the meaning given such term for
- 24 purposes of title XIX of the Social Security Act.