

110TH CONGRESS
1ST SESSION

H. R. 1781

To provide disadvantaged children with access to primary dental care services.

IN THE HOUSE OF REPRESENTATIVES

MARCH 29, 2007

Mr. DINGELL (for himself, Mr. SIMPSON, Mr. HOYER, Mr. PALLONE, Mr. WAXMAN, Mr. CUMMINGS, Mr. WYNN, Mrs. CAPPS, Mr. TOWNS, Mr. ROSS, Mr. ENGEL, Ms. ESHOO, Mr. ALLEN, Ms. DEGETTE, and Ms. SCHAKOWSKY) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To provide disadvantaged children with access to primary dental care 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 (a) SHORT TITLE.—This Act may be cited as the
5 “Children’s Dental Health Improvement Act of 2007”.

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

Sec. 1. Short title.

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. Guarantee of dental benefits under SCHIP.
- Sec. 103. State option to provide wrap-around SCHIP coverage to children who have other health coverage.

TITLE II—CORRECTING GME PAYMENTS FOR DENTAL
RESIDENCY TRAINING PROGRAMS

- Sec. 201. Limitation on the application of the 1-year lag in the Indirect Medical Education ratio (IME) changes and the 3-year rolling average for counting interns and residents for IME and Direct Graduate Medical Education (D-GME) payments under the Medicare program.

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

- Sec. 301. Grants to improve the provision of dental health services through community health centers and public health departments.
- Sec. 302. Dental officer multiyear retention bonus for the Indian health service.
- Sec. 303. Demonstration projects to increase access to pediatric dental services in underserved areas.
- Sec. 304. Technical correction.

TITLE IV—IMPROVING ORAL HEALTH PROMOTION AND DISEASE
PREVENTION PROGRAMS

- Sec. 401. Oral health initiative.
- Sec. 402. CDC reports.
- Sec. 403. Early childhood caries.
- Sec. 404. School-based dental sealant program.
- Sec. 405. Basic oral health promotion.

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:

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

3 “(a) **AUTHORITY TO MAKE GRANTS.**—In addition to
4 any other payments made under this title to a State, the
5 Secretary shall award grants to States that satisfy the re-
6 quirements of subsection (b) to improve the provision of
7 dental services to children who are enrolled in a State plan
8 under title XIX or a State child health plan under title
9 XXI (in this section, collectively referred to as the ‘State
10 plans’).

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

14 “(1) **IMPROVED SERVICE DELIVERY.**—The
15 State shall have a plan to improve the delivery of
16 dental services to children, including children with
17 special health care needs, who are enrolled in the
18 State plans, including providing outreach and ad-
19 ministrative case management, improving collection
20 and reporting of claims data, and providing incen-
21 tives, in addition to raising reimbursement rates, to
22 increase provider participation.

23 “(2) **ADEQUATE PAYMENT RATES.**—The State
24 has provided for payment under the State plans for
25 dental services for children at levels consistent with
26 the market-based rates and sufficient enough to en-

1 list providers to treat children in need of dental serv-
2 ices.

3 “(3) ENSURED ACCESS.—The State shall en-
4 sure it will make dental services available to children
5 enrolled in the State plans to the same extent as
6 such services are available to the pediatric popu-
7 lation of the State.

8 “(c) USE OF FUNDS.—

9 “(1) IN GENERAL.—Funds provided under this
10 section may be used to provide administrative re-
11 sources (such as program development, provider
12 training, data collection and analysis, research-re-
13 lated tasks, demonstration programs, and technical
14 assistance) to assist States in providing and assess-
15 ing services that include preventive and therapeutic
16 dental care regimens.

17 “(2) LIMITATION.—Funds provided under this
18 section may not be used for payment of direct den-
19 tal, medical, or other services or to obtain Federal
20 matching funds under any Federal program.

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

1 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
2 are authorized to be appropriated to make grants under
3 this section \$50,000,000 for fiscal year 2008 and each fis-
4 cal year thereafter.

5 “(f) APPLICATION OF OTHER PROVISIONS OF
6 TITLE.—

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

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

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

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

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

22 “(D) Section 506 (relating to reports and
23 audits), but only to the extent determined by
24 the Secretary to be appropriate for grants made
25 under this section.

1 “(E) Section 507 (relating to penalties for
2 false statements).

3 “(F) Section 508 (relating to non-
4 discrimination).

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

7 **SEC. 102. GUARANTEE OF DENTAL BENEFITS UNDER SCHIP.**

8 (a) IN GENERAL.—Section 2103(c)(1) of the Social
9 Security Act (42 U.S.C. 1397cc(c)(1)) is amended by add-
10 ing at the end the following new subparagraph:

11 “(E) Dental services described in section
12 1905(r)(3) and provided in accordance with
13 1902(a)(43).”.

14 (b) INFORMATION REPORTING.—Section 2108 of
15 such Act (42 U.S.C. 1397hh) is amended by adding at
16 the end the following new subsection:

17 “(e) INFORMATION ON DENTAL SERVICES.—

18 “(1) IN GENERAL.—Each State shall submit to
19 the Secretary, not less frequently than annually and
20 in a form and manner specified by the Secretary, the
21 following information with respect to the provision of
22 the care and services described in section 1905(r)(3)
23 under the State child health plan to targeted low-in-
24 come children enrolled in the plan at any time dur-
25 ing the fiscal year involved:

1 “(A) The number of such enrolled children
2 by age grouping.

3 “(B) For children within each such age
4 grouping, information of the type contained in
5 questions 12(a)–(c) of CMS Form 416 that
6 consists of the number of enrolled targeted low
7 income children who receive any, preventive, or
8 restorative care described in such section under
9 the State plan.

10 “(C) For the age grouping that includes
11 age 8, the number of enrolled targeted low-in-
12 come children who receive a protective sealant
13 on at least one permanent molar tooth.

14 “(2) PUBLIC DISCLOSURE OF REPORTS.—The
15 Secretary shall post on the public website of the Sec-
16 retary of Health and Human Services the results of
17 information most recently reported under paragraph
18 (1). The Secretary shall include in such posting in-
19 formation, by age grouping beginning with dental
20 visits occurring by age one, on the estimated na-
21 tional averages for all States with respect to such in-
22 formation.”.

23 (c) EFFECTIVE DATES.—

24 (1) INCLUSION OF DENTAL BENEFITS.—The
25 amendment made by subsection (a) shall take effect

1 on January 1, 2008, and shall apply to child health
2 assistance provided on or after that date.

3 (2) REPORTING.—The amendment made by
4 subsection (b) shall apply to reports for years after
5 the effective date described in paragraph (1).

6 **SEC. 103. STATE OPTION TO PROVIDE WRAP-AROUND**
7 **SCHIP COVERAGE TO CHILDREN WHO HAVE**
8 **OTHER HEALTH COVERAGE.**

9 (a) IN GENERAL.—

10 (1) SCHIP.—

11 (A) STATE OPTION TO PROVIDE WRAP-
12 AROUND COVERAGE.—Section 2110(b) of the
13 Social Security Act (42 U.S.C. 1397jj(b)) is
14 amended—

15 (i) in paragraph (1)(C), by inserting
16 “, subject to paragraph (5),” after “under
17 title XIX or”; and

18 (ii) by adding at the end the fol-
19 lowing:

20 “(5) STATE OPTION TO PROVIDE WRAP-AROUND
21 COVERAGE.—A State may waive the requirement of
22 paragraph (1)(C) that a targeted low-income child
23 may not be covered under a group health plan or
24 under health insurance coverage, if the State satis-
25 fies the conditions described in section 2105(c)(8).

1 The State may waive such requirement in order to
2 provide—

3 “(A) dental services described in section
4 2103(c)(1)(E); or

5 “(B)(i) benefits for items or services that
6 are not covered, or are only partially covered,
7 under such plan; and

8 “(ii) protection against incurring out of-
9 pocket costs (including premiums) in excess of
10 the limitations otherwise applicable to a tar-
11 geted low-income child with the same family in-
12 come.

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

19 (B) CONDITIONS DESCRIBED.—Section
20 2105(c) of the Social Security Act (42 U.S.C.
21 1397ee(c)) is amended by adding at the end the
22 following:

23 “(8) CONDITIONS FOR PROVISION OF WRAP-
24 AROUND COVERAGE.—For purposes of section

1 2110(b)(5), the conditions described in this para-
2 graph 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, 2008;

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 all targeted low-income children, the
17 State does not impose any numerical limitation,
18 waiting list, or similar limitation on the eligi-
19 bility of such children for child health assist-
20 ance under such State plan.

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

1 than to children otherwise covered under this
2 title.”.

3 (C) STATE OPTION TO WAIVE WAITING PE-
4 RIOD.—Section 2102(b)(1)(B) of the Social Se-
5 curity Act (42 U.S.C. 1397bb(b)(1)(B)) is
6 amended—

7 (i) in clause (i), by striking “and” at
8 the end;

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

11 (iii) by adding at the end the fol-
12 lowing:

13 “(iii) at State option, may not apply
14 a waiting period in the case of a child de-
15 scribed in section 2110(b)(5), if the State
16 satisfies the requirements of section
17 2105(c)(8).”.

18 (2) APPLICATION OF ENHANCED MATCH UNDER
19 MEDICAID.—Section 1905 of the Social Security Act
20 (42 U.S.C. 1396d) is amended—

21 (A) in subsection (b), in the fourth sen-
22 tence, by striking “or subsection (u)(3)” and
23 inserting “(u)(3), or (u)(4)”; and

24 (B) in subsection (u)—

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

3 (ii) by inserting after paragraph (3)
4 the following:

5 “(4) For purposes of subsection (b), the ex-
6 penditures described in this paragraph are expendi-
7 tures for items and services for children described in
8 section 2110(b)(5), but only in the case of a State
9 that satisfies the requirements of section
10 2105(c)(8).”.

11 (3) APPLICATION OF SECONDARY PAYER PROVI-
12 SIONS.—Section 2107(e)(1) of the Social Security
13 Act (42 U.S.C. 1397gg(e)(1)) is amended—

14 (A) by redesignating subparagraphs (B)
15 through (D) as subparagraphs (C) through (E),
16 respectively; and

17 (B) by inserting after subparagraph (A)
18 the following:

19 “(B) Section 1902(a)(25) (relating to co-
20 ordination of benefits and secondary payer pro-
21 visions) with respect to children covered under
22 a waiver described in section 2110(b)(5).”.

23 (b) EFFECTIVE DATE.—The amendments made by
24 subsection (a) shall take effect on January 1, 2008, and

1 shall apply to child health assistance and medical assist-
 2 ance provided on or after that date.

3 **TITLE II—CORRECTING GME**
 4 **PAYMENTS FOR DENTAL**
 5 **RESIDENCY TRAINING PRO-**
 6 **GRAMS**

7 **SEC. 201. LIMITATION ON THE APPLICATION OF THE 1-**
 8 **YEAR LAG IN THE INDIRECT MEDICAL EDU-**
 9 **CATION RATIO (IME) CHANGES AND THE 3-**
 10 **YEAR ROLLING AVERAGE FOR COUNTING IN-**
 11 **TERNS AND RESIDENTS FOR IME AND DI-**
 12 **RECT GRADUATE MEDICAL EDUCATION (D-**
 13 **GME) PAYMENTS UNDER THE MEDICARE**
 14 **PROGRAM.**

15 (a) IME RATIO AND ROLLING AVERAGE.—Section
 16 1886(d)(5)(B)(vi) of the Social Security Act (42 U.S.C.
 17 1395ww(d)(5)(B)(vi)) is amended by adding at the end
 18 the following new sentence: “For cost reporting periods
 19 beginning during fiscal years beginning on or after Octo-
 20 ber 1, 2007, subclauses (I) and (II) shall be applied only
 21 with respect to a hospital’s approved medical residency
 22 training program in the fields of allopathic medicine and
 23 osteopathic medicine.”.

24 (b) D-GME ROLLING AVERAGE.—Section
 25 1886(h)(4)(G) of the Social Security Act (42 U.S.C.

1 1395ww(h)(4)(G)) is amended by adding at the end the
 2 following new clause:

3 “(iv) APPLICATION FOR FY 2008 AND
 4 SUBSEQUENT YEARS.—For cost reporting
 5 periods beginning during fiscal years be-
 6 ginning on or after October 1, 2007,
 7 clauses (i) through (iii) shall be applied
 8 only with respect to a hospital’s approved
 9 medical residency training program in the
 10 fields of allopathic medicine and osteo-
 11 pathic medicine.”.

12 **TITLE III—IMPROVING DELIV-**
 13 **ERY OF PEDIATRIC DENTAL**
 14 **SERVICES UNDER COMMU-**
 15 **NITY HEALTH CENTERS, PUB-**
 16 **LIC HEALTH DEPARTMENTS,**
 17 **AND THE INDIAN HEALTH**
 18 **SERVICE**

19 **SEC. 301. GRANTS TO IMPROVE THE PROVISION OF DENTAL**
 20 **HEALTH SERVICES THROUGH COMMUNITY**
 21 **HEALTH CENTERS AND PUBLIC HEALTH DE-**
 22 **PARTMENTS.**

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

1 **“SEC. 330M. GRANT PROGRAM TO EXPAND THE AVAIL-**
2 **ABILITY OF SERVICES.**

3 “(a) IN GENERAL.—The Secretary, acting through
4 the Health Resources and Services Administration, shall
5 establish a program under which the Secretary may award
6 grants to eligible entities and eligible individuals to expand
7 the availability of primary dental care services in dental
8 health professional shortage areas and medically under-
9 served areas.

10 “(b) ELIGIBILITY.—

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

13 “(A) shall be—

14 “(i) a health center receiving funds
15 under section 330 or designated as a Fed-
16 erally qualified health center;

17 “(ii) a county or local public health
18 department, if located in a federally-des-
19 ignated dental health professional shortage
20 area;

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

1 “(iv) a dental education program ac-
2 credited by the Commission on Dental Ac-
3 creditation; or

4 “(v) a community-based program the
5 child service population of which is made
6 up of at least 33 percent of children who
7 are eligible children, including at least 25
8 percent of such children being children
9 with mental retardation or related develop-
10 mental disabilities, unless specific docu-
11 mentation of a lack of need for access by
12 this sub-population is established; and

13 “(B) shall prepare and submit to the Sec-
14 retary an application at such time, in such
15 manner, and containing such information as the
16 Secretary may require, including information
17 concerning dental provider capacity to serve in-
18 dividuals with developmental disabilities.

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

21 “(A) be a dental health professional li-
22 censed or certified in accordance with the laws
23 of State in which such individual provides den-
24 tal services;

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

5 “(C) provide assurances that—

6 “(i) the individual will practice in a
 7 federally-designated dental health profes-
 8 sional shortage area; or

9 “(ii) not less than 25 percent of the
 10 patients of such individual are—

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

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

19 “(III) uninsured.

20 “(c) USE OF FUNDS.—

21 “(1) ENTITIES.—An entity shall use amounts
 22 received under a grant under this section to provide
 23 for the increased availability of primary dental serv-
 24 ices in the areas described in subsection (a). Such
 25 amounts may be used to supplement the salaries of-

1 ferred for individuals accepting employment as den-
2 tists in such areas.

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

8 “(d) PRIMARY DENTAL CARE SERVICES DEFINED.—
9 For purposes of this section, the term ‘primary dental care
10 services’ means dental services necessary to prevent dis-
11 ease and promote oral health, restore oral structures to
12 health and function, and treat emergency conditions, and
13 includes dental services described in section 1905(r)(3) of
14 the Social Security Act (42 U.S.C. 1396d(r)(3)).

15 “(e) AUTHORIZATION OF APPROPRIATIONS.—

16 “(1) IN GENERAL.—Notwithstanding any other
17 amounts appropriated under section 330 for health
18 centers, there is authorized to be appropriated
19 \$40,000,000 for each of fiscal years 2008 through
20 2012 to hire and retain dental health care providers
21 under this section.

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

1 “(A) not less than 65 percent of such
2 amount to make grants to eligible entities; and
3 “(B) not more than 35 percent of such
4 amount to make grants to eligible individuals.”.

5 **SEC. 302. DENTAL OFFICER MULTIYEAR RETENTION BONUS**
6 **FOR THE INDIAN HEALTH SERVICE.**

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

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

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

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

19 (4) **RESIDENCY.**—The term “residency” means
20 a graduate dental educational (GDE) training pro-
21 gram of at least 12 months leading to a specialty,
22 including general practice residency (GPR) or an ad-
23 vanced education general dentistry (AEGD).

1 (5) SPECIALTY.—The term “specialty” means a
2 dental specialty for which there is an Indian Health
3 Service specialty code number.

4 (b) REQUIREMENTS FOR BONUS.—

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

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

21 (A) \$50,000 for a 4-year written agree-
22 ment.

23 (B) \$10,000 for a 3-year written agree-
24 ment.

25 (C) \$8,000 for a 2-year written agreement.

1 (c) ELIGIBILITY.—

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

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

7 (B) have completed any active duty service
 8 commitment of the Indian Health Service in-
 9 curred for dental education and training or
 10 have 8 years of creditable service;

11 (C) have completed initial residency train-
 12 ing, or be scheduled to complete initial resi-
 13 dency training before September 30 of the fiscal
 14 year in which the officer enters into a dental of-
 15 ficer multiyear retention bonus written service
 16 agreement under this section; and

17 (D) have a recognized dental specialty.

18 (2) EXTENSION TO OTHER OFFICERS.—The Di-
 19 rector may extend the retention bonus to dental offi-
 20 cers other than officers with a dental specialty in pe-
 21 diatric dentistry, as well as to other dental hygien-
 22 ists with a minimum of a baccalaureate degree,
 23 based on demonstrated need.

24 (d) TERMINATION OF ENTITLEMENT TO SPECIAL
 25 PAY.—The Director may terminate, with cause, at any

1 time a dental officer's multiyear retention bonus contract
2 under this section. If such a contract is terminated, the
3 unserved portion of the retention bonus contract shall be
4 recouped on a pro rata basis. The Director shall establish
5 regulations that specify the conditions and procedures
6 under which termination may take place. The regulations
7 and conditions for termination shall be included in the
8 written service contract for a dental officer multiyear re-
9 tention bonus under this section.

10 (e) REFUNDS.—

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

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

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

1 contract from a debt arising under the contract or
2 under paragraph (1).

3 **SEC. 303. DEMONSTRATION PROJECTS TO INCREASE AC-**
4 **CESS TO PEDIATRIC DENTAL SERVICES IN**
5 **UNDERSERVED AREAS.**

6 (a) **AUTHORITY TO CONDUCT PROJECTS.**—The Sec-
7 retary of Health and Human Services, through the Admin-
8 istrator of the Health Resources and Services Administra-
9 tion and the Director of the Indian Health Service, shall
10 establish demonstration projects that are designed to in-
11 crease access to dental services for children in underserved
12 areas, as determined by the Secretary.

13 (b) **AUTHORIZATION OF APPROPRIATIONS.**—There is
14 authorized to be appropriated such sums as may be nec-
15 essary to carry out this section.

16 **SEC. 304. TECHNICAL CORRECTION.**

17 Section 340G(b)(1)(B) of the Public Health Service
18 Act (42 U.S.C. 256g(b)(1)(B)) is amended by striking
19 “and” at the end and inserting “or”.

1 **TITLE IV—IMPROVING ORAL**
2 **HEALTH PROMOTION AND**
3 **DISEASE PREVENTION PRO-**
4 **GRAMS**

5 **SEC. 401. ORAL HEALTH INITIATIVE.**

6 (a) ESTABLISHMENT.—The Secretary of Health and
7 Human Services shall establish an oral health initiative
8 to reduce the profound disparities in oral health by im-
9 proving the health status of vulnerable populations, par-
10 ticularly low-income children, children with developmental
11 disabilities, and ethnic and racial minority populations
12 that experience a disproportionate level of dental disease,
13 to the level of health status that is enjoyed by the majority
14 of people in the United States.

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-agency
18 and inter-agency collaborations, including activities
19 to identify, engage, and encourage existing Federal
20 and State programs to maximize their potential to
21 address 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, in addition to allowing for
3 contractual relationships between federally qualified
4 health centers and private dental providers to in-
5 crease access to dental care for adults and children;

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

11 (4) carry out activities to improve the oral
12 health literacy of the public through school-based
13 education programs; and

14 (5) provide for the development, implementa-
15 tion, or integration of outreach and education pro-
16 grams to families of children enrolled in Medicaid or
17 SCHIP, particularly such children who are members
18 of populations that experience oral health disparities,
19 that increase awareness of dental coverage, when to
20 seek dental services, and how to obtain such serv-
21 ices.

22 (c) COORDINATION.—The Secretary of Health and
23 Human Services shall—

24 (1) through the Administrator of the Centers
25 for Medicare and Medicaid Services, establish the

1 Chief Dental Officer for the Medicaid and State chil-
2 dren's health insurance programs established under
3 titles XIX and XXI, respectively, of the Social Secu-
4 rity Act (42 U.S.C. 1396 et seq. 1397aa et seq.);

5 (2) through the Administrator of the Health
6 Resources and Services Administration, establish the
7 Chief Dental Office for all oral health programs
8 within the Health Resources and Services Adminis-
9 tration;

10 (3) through the Director of the Centers for Dis-
11 ease Control and Prevention, establish the Chief
12 Dental Officer for all oral health programs within
13 such Centers; and

14 (4) carry out this section in collaboration with
15 the Administrators and Chief Dental Officers de-
16 scribed in paragraphs (1), (2), and (3).

17 (d) AUTHORIZATION OF APPROPRIATIONS.—There is
18 authorized to be appropriated to carry out this section,
19 \$25,000,000 for fiscal year 2008, and such sums as may
20 be necessary for each subsequent fiscal year.

21 **SEC. 402. CDC REPORTS.**

22 (a) COLLECTION OF DATA.—The Director of the
23 Centers for Disease Control and Prevention, in collabora-
24 tion with other organizations and agencies, shall collect
25 data through State-based oral health surveillance systems

1 describing the dental, craniofacial, and oral health of resi-
2 dents of all 50 States and certain Indian tribes.

3 (b) REPORTS.—The Director of the Centers for Dis-
4 ease Control and Prevention shall compile and analyze
5 data collection under subsection (a) and annually prepare
6 and submit to the appropriate committees of Congress a
7 report concerning the oral health of States and Indian
8 tribes.

9 **SEC. 403. EARLY CHILDHOOD CARIES.**

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

13 (1) expand existing surveillance activities to in-
14 clude children at high risk of early childhood caries,
15 including sub-populations such as children with de-
16 velopmental disabilities;

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

20 (3) develop, implement, and evaluate programs
21 that promote comprehensive approaches and public
22 education programs to prevent early childhood car-
23 ies.

24 (b) APPROPRIATENESS OF ACTIVITIES.—The Sec-
25 retary of Health and Human Services shall carry out pro-

1 grams and activities under subsection (a) in a culturally
 2 competent manner with respect to populations at risk of
 3 early childhood caries.

4 (c) AUTHORIZATION OF APPROPRIATIONS.—There is
 5 authorized to be appropriated to carry out this section,
 6 such sums as may be necessary for fiscal year 2008 and
 7 each subsequent fiscal year.

8 **SEC. 404. SCHOOL-BASED DENTAL SEALANT PROGRAM.**

9 Section 317M(c) of the Public Health Service Act (42
 10 U.S.C. 247b–14(c)) is amended—

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

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

14 (A) by inserting “and school-linked” after
 15 “school-based”; and

16 (B) by inserting “or Indian tribe” after
 17 “State”; and

18 (3) by striking paragraph (3) and inserting the
 19 following:

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

22 “(A) prepare and submit to the State or
 23 Indian tribe an application at such time, in
 24 such manner and containing such information
 25 as the State or Indian tribe may require; and

1 “(B) be a—

2 “(i) public elementary or secondary
3 school—

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

9 “(II) that is located in a rural
10 area and, with respect to the school
11 district in which the school is located,
12 the district involved has a median in-
13 come that is at or below 235 percent
14 of the poverty line, as defined in sec-
15 tion 673(2) of the Community Serv-
16 ices Block Grant Act (42 U.S.C.
17 9902(2)); or

18 “(ii) public or non-profit organization,
19 including a grantee under section 330 and
20 urban Indian clinics under title V of the
21 Indian Health Care Improvement Act, that
22 is under contract with an elementary or
23 secondary school described in subpara-
24 graph (B) to provide dental services to
25 school-age children.”.

1 **SEC. 405. BASIC ORAL HEALTH PROMOTION.**

2 (a) IN GENERAL.—The Secretary of Health and
3 Human Services, acting through the Director of the Cen-
4 ters for Disease Control and Prevention and in consulta-
5 tion with dental organizations (including organizations
6 having expertise in the prevention and treatment of oral
7 disease in underserved pediatric populations), shall award
8 grants to States and Indian tribes to improve the basic
9 capacity of such States and tribes to improve the oral
10 health of children and their families.

11 (b) REQUIREMENTS.—A State or Indian tribe shall
12 use amounts received under a grant under this section to
13 conduct one or more of the following activities:

14 (1) Establish an oral health plan, oral health
15 policies, effective prevention programs, and account-
16 ability measures and systems.

17 (2) Establish and guide coalitions, partnerships,
18 and alliances to accomplish the establishment of the
19 plan, policies, programs, and systems under para-
20 graph (1).

21 (3) Monitor changes in oral disease burden, dis-
22 parities, and the utilization of preventive services by
23 high-risk populations.

24 (4) Identify, test, establish, support, and evalu-
25 ate prevention interventions to reduce oral health
26 disparities.

1 (5) Promote public awareness and education in
2 support of improvements of oral health.

3 (6) Support training programs for dental and
4 other health professions needed to strengthen oral
5 health prevention programs.

6 (7) Establish, enhance, or expand oral disease
7 prevention and disparity reduction programs.

8 (8) Evaluate the progress and effectiveness of
9 the State's oral disease prevention and disparity re-
10 duction program.

11 (c) AUTHORIZATION OF APPROPRIATIONS.—There is
12 authorized to be appropriated to carry out this section,
13 \$58,000,000 for fiscal year 2008 and such sums as may
14 be necessary for each subsequent fiscal year.

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