

110TH CONGRESS
2D SESSION

H. R. 5549

To expand the dental workforce and improve dental access, prevention, and data reporting, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MARCH 6, 2008

Mr. CUMMINGS 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 expand the dental workforce and improve dental access, prevention, and data reporting, and for other purposes.

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 “Deamonte Driver Den-
5 tal Care Access Improvement Act of 2008”.

6 **SEC. 2. FINDINGS.**

7 The Congress finds as follows:

8 (1) The Centers for Disease Control and Pre-
9 vention reports that between the periods 1988 to

1 1994 and 1994 and 2004, tooth decay increased 15
2 percent among toddlers and preschoolers 2 to 5
3 years old.

4 (2) During the period 1999 to 2004, 28 percent
5 of young children experienced cavities.

6 (3) Among 2 year olds in the United States, 1-
7 in-10 already have cavities, and by age 5 that figure
8 jumps to 2-in-5 children.

9 (4) Tooth decay is the single most common
10 childhood chronic disease, and it disproportionately
11 affects poor and minority children.

12 (5) Eighty percent of dental decay occurs in
13 just 25 percent of children.

14 (6) Parents are 3 times more likely to report
15 that their children's dental needs are unmet, when
16 compared with general medical care needs.

17 (7) While 9,000,000 of the children in this Na-
18 tion do not have medical insurance, more than twice
19 that number—23,000,000—do not have dental in-
20 surance.

21 (8) One out of 20 middle-aged adults in the
22 United States are missing all their teeth.

23 (9) More than 40 percent of low income adults
24 have at least 1 untreated decayed tooth compared to
25 16 percent of non-poor adults.

1 (10) Employed adults lose more than
2 164,000,000 hours of work each year due to oral
3 health problems or dental visits.

4 (11) For every adult 19 years or older without
5 medical insurance, there are 3 without dental insur-
6 ance.

7 (12) About 25 percent of adults 60 years old
8 and older no longer have any natural teeth. Having
9 missing teeth can affect nutrition, since people with-
10 out teeth often prefer soft, easily chewed foods.

11 **SEC. 3. DENTAL WORKFORCE IMPROVEMENT.**

12 (a) DENTISTRY WORKFORCE PILOT PROGRAM.—
13 Title VII of the Public Health Service Act (42 U.S.C. 292
14 et seq.) is amended by inserting after section 747 the fol-
15 lowing:

16 **“SEC. 747A. DENTISTRY WORKFORCE PILOT PROGRAM.**

17 “(a) GRANTS.—The Secretary shall make grants to
18 schools of dentistry and hospitals with accredited training
19 programs in pediatric dentistry to increase the number of
20 individuals who pursue academic programs in pediatric
21 dentistry or provide dental services to children.

22 “(b) USE OF FUNDS.—The Secretary may not make
23 a grant to a school of dentistry or a hospital under this
24 section unless the school or hospital agrees to use the

1 grant to increase the number of individuals who provide
2 dental care to children by—

3 “(1) establishing, maintaining, or improving
4 both pre- and post-doctoral academic programs in
5 pediatric dentistry;

6 “(2) recruiting and training dental students to
7 pursue training in pediatric dentistry;

8 “(3) strengthening training in pediatric den-
9 tistry within advanced education in general dentistry
10 and general practice dentistry residencies in den-
11 tistry programs;

12 “(4) recruiting and training practicing dentists
13 through continuing education programs in pediatric
14 dentistry;

15 “(5) training pediatricians to examine chil-
16 dren’s mouths to conduct risk assessments and
17 apply fluoride varnish; or

18 “(6) training dental students, dentists, dental
19 hygienists, and other dental professionals in dental
20 health disparities and community-based dental
21 health care.

22 “(c) REPORTS TO CONGRESS.—Not later than 2
23 years after the date of the enactment of this section, and
24 biennially thereafter, the Secretary shall conduct an eval-
25 uation of the activities funded through grants under this

1 section and submit a report to the Congress on the results
2 of such evaluation.

3 “(d) AUTHORIZATION OF APPROPRIATIONS.—To
4 carry out this section, there are authorized to be appro-
5 priated such sums as may be necessary for each of fiscal
6 years 2009 through 2014.”.

7 (b) GRANTS TO DEVELOP AND IMPLEMENT PILOT
8 PROGRAM TO TRAIN ALLIED DENTAL HEALTH PROFES-
9 SIONALS.—Title V of the Social Security Act (42 U.S.C.
10 701, et seq.) is amended by adding at the end the fol-
11 lowing new sections:

12 **“SEC. 511. GRANTS TO DEVELOP AND IMPLEMENT PILOT**
13 **PROGRAM TO TRAIN ALLIED DENTAL**
14 **HEALTH PROFESSIONALS.**

15 “(a) IN GENERAL.—Not later than 1 year after the
16 date of enactment of this section, the Secretary shall
17 award a grant to establish a pilot program to increase ac-
18 cess to dental care for underserved populations through
19 the use of new allied dental health professionals. In award-
20 ing the grant, the Secretary shall consider pilot program
21 applications that meet the following criteria:

22 “(1) The applicant plans to evaluate one or
23 more distinct allied dental professional models.

1 “(2) The model is structured such that the al-
2 lied dental professionals work under the supervision
3 of a licensed dentist or dentists.

4 “(3) The application must include benchmarks
5 reflecting the goal of increasing access to dental care
6 for underserved populations.

7 “(4) The models tested by the applicant must
8 be structured to be replicable in other areas of the
9 country. The models tested must include strategies
10 to maximize cost-efficiency.

11 “(b) ADJUSTMENT OF FUNDING.—The Secretary
12 shall adjust funding for the pilot program according to
13 the training needs of the allied dental professionals and
14 the number of sites used for the pilot program.

15 “(c) EVALUATION.—Not later than 2 years after the
16 date of enactment of this section, and biennially there-
17 after, the Secretary shall conduct an evaluation of the ac-
18 tivities funded through grants under this section and sub-
19 mit a report to Congress on the results of such evaluation.

20 “(d) AUTHORIZATION OF APPROPRIATIONS.—There
21 are authorized to be appropriated to carry out this section
22 such sums as may be necessary for each of fiscal years
23 2009 through 2014.”.

1 **SEC. 4. ACCESS TO DENTAL CARE.**

2 (a) ACCESS TO DENTAL CARE PILOT PROGRAM.—

3 Subpart I of part D of title III of the Public Health Serv-
4 ice Act (42 U.S.C. 254b et seq.) is amended by adding
5 at the end the following:

6 **“SEC. 330M. ACCESS TO DENTAL CARE PILOT PROGRAM.**

7 “(a) GRANTS.—The Secretary shall award grants to
8 Federally qualified health centers to expand and improve
9 the provision of dental services to medically underserved
10 populations.

11 “(b) USE OF FUNDS.—The Secretary may not make
12 a grant to a Federally qualified health center under this
13 section unless the center agrees to use the grant to expand
14 and improve the provision of dental services to medically
15 underserved populations by—

16 “(1) recruiting dentists, dental hygienists, or
17 pediatric dentists;

18 “(2) purchasing or renting equipment for the
19 provision of dental services;

20 “(3) constructing and expanding physical space
21 for the provision of dental services;

22 “(4) allowing contractual relationships between
23 Federally qualified health centers and private dental
24 providers to increase access to dental care for adults
25 and children; or

1 “(5) establishing or maintaining mobile den-
2 tistry and teledentistry activities.

3 “(c) REPORTS TO CONGRESS.—Not later than 1 year
4 after the date of the enactment of this section, and bienni-
5 ally thereafter, the Secretary shall conduct an evaluation
6 of the activities funded through grants under this section
7 and submit a report to the Congress on the results of such
8 evaluation.

9 “(d) DEFINITIONS.—In this section:

10 “(1) The term ‘Federally qualified health cen-
11 ter’ has the meaning given to such term in section
12 1905(l)(2)(B) of the Social Security Act (42 U.S.C.
13 1396d(l)(2)(B)).

14 “(2) The term ‘pediatric dentist’ means an indi-
15 vidual who has successfully completed residency
16 training from a pediatric dentistry program accred-
17 ited by the Commission on Dental Accreditation.

18 “(e) AUTHORIZATION OF APPROPRIATIONS.—To
19 carry out this section, there are authorized to be appro-
20 priated such sums as may be necessary for each of fiscal
21 years 2009 through 2014.

22 **“SEC. 330N. EARLY CHILDHOOD CARIES PREVENTION AND**
23 **MANAGEMENT DEMONSTRATION GRANTS.**

24 “(a) GRANTS.—The Secretary is authorized to award
25 grants to public or private entities to develop, implement,

1 and evaluate public health and clinical strategies to pre-
2 vent and manage early childhood caries.

3 “(b) USE OF FUNDS.—The Secretary shall make
4 grants to eligible entities to demonstrate the effectiveness
5 of preventing and managing early childhood caries by—

6 “(1) developing materials and methods for early
7 detection, anticipatory guidance, primary prevention,
8 and disease suppression of early childhood caries;

9 “(2) developing and testing models of care de-
10 livery that engage nutritional, behavioral, edu-
11 cational, and pharmacologic approaches in early
12 childhood caries prevention and control;

13 “(3) training dentists, physicians, and nurse
14 practitioners in the medical and behavioral manage-
15 ment of early childhood caries;

16 “(4) partnering with Head Start, the Special
17 Supplemental Nutrition Program for Women, In-
18 fants, and Children (WIC) established under section
19 17 of the Child Nutrition Act of 1966, or other early
20 childhood programs to engage families in positive
21 oral health behaviors and practices to reduce or
22 eliminate early childhood caries; or

23 “(5) developing public health strategies includ-
24 ing public education, public policy, and public pro-

1 grams targeting children under the age of 6 years at
2 risk for early childhood caries.

3 “(c) AUTHORIZATION OF APPROPRIATIONS.—To
4 carry out this section, there are authorized to be appro-
5 priated such sums as may be necessary for each of fiscal
6 years 2009 through 2014.”.

7 (b) DENTAL SERVICES CREDIT.—

8 (1) IN GENERAL.—Subpart D of part IV of
9 subchapter A of chapter 1 of the Internal Revenue
10 Code of 1986 (relating to business related credits) is
11 amended by inserting after section 45N the following
12 new section:

13 **“SEC. 45O. DENTAL SERVICES.**

14 “(a) IN GENERAL.—For purposes of section 38, the
15 qualified dental services credit determined under this sub-
16 section for any taxable year is an amount equal the 15
17 percent of the qualified dental receipts of the taxpayer for
18 such taxable year.

19 “(b) LIMITATION.—The credit determined under sub-
20 section (a) with respect to any taxpayer for any taxable
21 year shall not exceed \$5,000.

22 “(c) QUALIFIED DENTAL RECEIPTS.—For purposes
23 of this section, the term ‘qualified dental receipts’ means
24 any amount received as compensation for providing dental
25 services—

1 “(1) under a State plan under title XIX of the
 2 Social Security Act or under a State child health
 3 plan under title XXI of such Act; or

4 “(2) from an individual who is not covered by
 5 a health insurance plan at the time such services are
 6 provided.”.

7 (2) CONFORMING AMENDMENTS.—

8 (A) Section 38(b) of such Code is amended
 9 by striking “plus” at the end of paragraph
 10 (30), by striking the period at the end of para-
 11 graph (31) and inserting “, plus”, and by add-
 12 ing at the end the following:

13 “(32) the qualified dental services credit deter-
 14 mined under section 45O(a).”.

15 (B) The table of sections of such subpart
 16 is amended by inserting after the item relating
 17 to section 45N the following new item:

“Sec. 45O. Dental services.”.

18 **SEC. 5. PUBLIC EDUCATION AND AWARENESS CAMPAIGN.**

19 Subpart I of part D of title III of the Public Health
 20 Service Act (42 U.S.C. 254b et seq.) as amended by sec-
 21 tion 4, is amended by adding at the end the following:

22 **“SEC. 330O. PUBLIC EDUCATION AND AWARENESS CAM-**
 23 **PAIGN.**

24 “(a) IN GENERAL.—The Secretary, acting through
 25 the Director of the Centers for Disease Control and Pre-

1 vention, shall directly or through grants, cooperative
 2 agreements, or contracts to eligible entities conduct, sup-
 3 port, and promote a comprehensive public education and
 4 awareness campaign on preventing, controlling, and ulti-
 5 mately eliminating early childhood caries. The campaign
 6 shall target pregnant women, and parents and caregivers
 7 of children under the age of 6 years.

8 “(b) AUTHORIZATION OF APPROPRIATIONS.—There
 9 is authorized to be appropriated to carry out this section
 10 \$2,000,000 for each of fiscal years 2009 through 2013.”.

11 **SEC. 6. ACCESS TO DENTAL CARE UNDER MEDICAID AND**
 12 **SCHIP.**

13 (a) REPORTING INFORMATION ON DENTAL CARE
 14 FOR CHILDREN.—

15 (1) MEDICAID.—Section 1902(a)(43)(D)(iii) of
 16 the Social Security Act (42 U.S.C.
 17 1396a(a)(43)(D)(iii)) is amended by inserting “and
 18 other information relating to the provision of dental
 19 services to such children described in section
 20 2108(e)” after “receiving dental services,”.

21 (2) CHIP.—Section 2108 of the Social Security
 22 Act (42 U.S.C. 1397hh) is amended by adding at
 23 the end the following new subsection:

24 “(e) INFORMATION ON DENTAL CARE FOR CHIL-
 25 DREN.—

1 “(1) IN GENERAL.—Each annual report under
2 subsection (a) shall include the following information
3 with respect to care and services described in section
4 1905(r)(3) provided to targeted low-income children
5 enrolled in the State child health plan under this
6 title at any time during the year involved:

7 “(A) The number of enrolled children by
8 age grouping used for reporting purposes under
9 section 1902(a)(43).

10 “(B) For children within each such age
11 grouping, information of the type contained in
12 questions 12(a)–(c) of CMS Form 416 (that
13 consists of the number of enrolled targeted low
14 income children who receive any, preventive, or
15 restorative dental care under the State plan).

16 “(C) For the age grouping that includes
17 children 8 years of age, the number of such
18 children who have received a protective sealant
19 on at least one permanent molar tooth.

20 “(2) INCLUSION OF INFORMATION ON ENROLL-
21 EES IN MANAGED CARE PLANS.—The information
22 under paragraph (1) shall include information on
23 children who are enrolled in managed care plans and
24 other private health plans and contracts with such

1 plans under this title shall provide for the reporting
2 of such information by such plans to the State.”.

3 (b) ASSESSMENT OF ADEQUACY OF DENTAL REIM-
4 BURSEMENT RATES FOR ALL ELIGIBLE BENE-
5 FICIARIES.—Not later than 1 year after the date of enact-
6 ment of this Act, the Comptroller General of the United
7 States shall study and report to Congress on the extent
8 to which payment rates for dental services provided to in-
9 dividuals who are eligible for medical assistance under
10 State Medicaid plans under title XIX of the Social Secu-
11 rity Act (42 U.S.C. 1396 et seq.) or child health assistance
12 or other health benefits coverage under State child health
13 plans under title XXI of such Act (42 U.S.C. 1397aa et
14 seq.)—

15 (1) are comparable to the payment rates for
16 such services established by private health insurance
17 issuers;

18 (2) are adequate to compensate providers for
19 the actual cost of providing such services; and

20 (3) in the case of such services provided under
21 State Medicaid plans, satisfy the requirement of sec-
22 tion 1902(a)(30)(A) of such Act (42 U.S.C.
23 1396a(a)(30)(A)) to assure that payments are con-
24 sistent with efficiency, economy, and quality of care
25 and are sufficient to enlist enough providers so that

1 care and services are available under the plan at
2 least to the extent that such care and services are
3 available to the general population in the geographic
4 area.

5 **SEC. 7. COORDINATION AND REPORT BY THE SECRETARY**
6 **OF HEALTH AND HUMAN SERVICES.**

7 The Secretary of Health and Human Services shall
8 coordinate with relevant government agencies to ensure
9 the inclusion of dental health prevention and promotion
10 activities within existing prenatal and maternal child
11 health programs, and shall, not later than 2 years after
12 the date of enactment of this Act, submit to Congress a
13 report on the status of such programs.

○