110TH CONGRESS
2D SESSION

S. 3064

To establish a multi-faceted approach to improve access and eliminate disparities in oral health care.

IN THE SENATE OF THE UNITED STATES

MAY 22, 2008

Mr. CARDIN (for himself and Ms. COLLINS) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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A BILL

To establish a multi-faceted approach to improve access and eliminate disparities in oral health care.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Oral Health Initiative Act of 2008''.

SEC. 2. FINDINGS.

Congress makes the following findings:

(1) The first-ever Surgeon General's report on oral health, released in May 2000, identified a ''silent epidemic'' of dental and oral diseases that bur-

dens some population groups, and calls for a national partnership to provide opportunities for individuals, communities, and the health professions to work together to maintain and improve the nation's oral health.

(2) The Government Accountability Office has determined that dental disease is a chronic problem among many low-income and other vulnerable populations.

(3) The National Institutes of Health 2001 Consensus Development Conference on Diagnosis and Management of Dental Caries Throughout Life found that dental decay is the most common chronic childhood disease among children in the United States.

(4) Research in the American Journal of Preventive Medicine determined that dental disease affects 1 in 5 children aged 2 to 4, half of those aged 6 to 8, and nearly three-fifths of 15 year olds.

(5) ''Oral Health in America: A Report of the Surgeon General'' published in April 2002 found that tooth decay is 5 times more common than asthma among school age children.

(6) In 2005, the Centers for Disease Control and Prevention estimated that 43 percent of black

children have untreated tooth decay in permanent teeth, and that children living in poverty suffer twice as much tooth decay as middle and upper income children.

(7) The American Academy of Pediatric Dentistry has reported that 80 percent of all dental problems are found in 25 percent of children, primarily those from lower-income families.

(8) Researchers have determined that preventive dental interventions, including early and routine preventive care, fluoridation, and sealants are cost effective in reducing disease and associated expenditures.

(9) A broad array of programs exists, totaling more than $45,000,000 annually, excluding National Institutes of Health research of $300,000,000 a year and Medicaid and SCHIP funding of $4,700,000,000 a year, within several agencies of the Department of Health and Human Services to address oral health needs, yet serious access problems remain for underserved populations.

(10) The 110th Congress has recognized the importance of dental care by adding a guaranteed dental benefit to the Children's Health Insurance Program Reauthorization Act of 2007.

(11) The Senate Budget Resolution for fiscal year 2009 supports funding for improved access to oral health care in the United States.

SEC. 3. PURPOSE.

It is the purpose of this Act to establish a multi-faceted approach to improve access and eliminate disparities in oral health care.

SEC. 4. ORAL HEALTH WORKING GROUP.

(a) ESTABLISHMENT.—Not later than 60 days after the effective date of this Act, the Secretary of Health and Human Services (referred to in this Act as the ''Secretary'') shall establish within the Office of the Secretary an Oral Health Working Group (referred to in this Act as the ''Group'') to review the effectiveness of, and recommend improvements to, existing Federal oral health programs, and develop programs to improve the oral health of, and prevent dental disease in, children, Medicaid-eligible adults, medically-compromised adults, and other vulnerable populations who are among those Americans at highest risk of dental disease.

(b) COMPOSITION.—The Group shall be composed of a representative from each of the following:

(1) The Agency for Healthcare Research and Quality.

(2) The Bureau of Primary Health Care.

(3) The Bureau of Health Professions.

(4) The Centers for Disease Control and Prevention.

(5) The Centers for Medicare & Medicaid Services.

(6) The HIV–AIDS Bureau.

(7) The Indian Health Service.

(8) The Maternal and Child Health Bureau.

(9) The National Institute of Dental and Craniofacial Research.

(10) The Office of Minority Health and Health Disparities.

(11) The Office of Disability.

(12) The Office of Head Start.

(13) Any other offices or divisions as determined appropriate by the Secretary.

(c) DUTIES.—The group shall—

(1) review existing oral health programs and policies within the Department of Health and Human Services, including—

(A) oral health provider training programs;

(B) the availability of access to oral health care under such programs (such as community health center access);

(C) oral health disease tracking trends; and

(D) oral health research programs;

(2) identify duplicative or overlapping oral health programs;

(3) identify opportunities for new oral health programs;

(4) make recommendations for the improved coordination of oral health programs;

(5) make recommendations on spending for oral health care programs in each of the agencies of the Department of Health and Human Services;

(6) evaluate the adequacy of Federal support for State oral health programs;

(7) make recommendations for improvements to the financing of oral health care;

(8) make recommendations for monitoring and evaluating the quality of dental care financed with Federal funds;

(9) identify efforts to cost-effectively prevent and manage dental disease in low-income and high-risk populations; and

(10) carry out any other activities determined appropriate by the Secretary.

(d) ADVISORY PANEL.—

(1) ESTABLISHMENT.—The Secretary shall establish an advisory panel to provide advice and recommendations to the Group in carrying out subsection (d).

(2) COMPOSITION.—The advisory panel shall be composed of an appropriate number of individuals to be appointed by the Secretary, and shall include—

(A) a dentist;

(B) a pediatric dentist;

(C) a dental educator;

(D) a State Medicaid or State Children's Health Insurance Program dental director;

(E) a dentist who serves as a State dental director;

(F) a dentist who practices in a federally qualified health center;

(G) an allied dental practitioner;

(H) a dental insurer; and

(I) any other entity determined appropriate by the Secretary.

(3) REQUIREMENTS.—In making appointments to the advisory panel under paragraph (2), the Secretary shall ensure—

(A) a broad geographic representation of members and a balance between urban and rural members;

(B) that members are appointed based on their competence, interest, and knowledge of the mission of dentistry; and

(C) an adequate representation of minorities.

(4) TERMS.—A member of the advisory panel shall be appointed for a term of 2 years.

(5) VACANCIES.—A vacancy on the advisory panel shall be filled in the manner in which the original appointment was made and shall be subject to any conditions which applied with respect to the original appointment. An individual appointed to fill a vacancy shall be appointed for the unexpired term of the member being replaced.

(6) MEETINGS.—The advisory panel shall meet not less than 2 times each year. Such meetings shall be held jointly with other meetings related to the oral health initiative under this Act when appropriate.

(7) COMPENSATION.—Each member of the advisory panel shall be compensated at a rate equal to the daily equivalent of the annual rate of basic pay

prescribed for level IV of the Executive Schedule under section 5315 of title 5, United States Code, for each day (including travel time) during which such member is engaged in the performance of the duties of the panel.

(8) EXPENSES.—Members of the advisory panel shall be allowed travel expenses, including per diem in lieu of subsistence, at rates authorized for employees of agencies under subchapter I of chapter 57 of title 5, United States Code, while away from their homes or regular places of business in the performance of services for the panel.

(9) PACA.—The Federal Advisory Committee Act shall apply to the advisory panel under this subsection only to the extent that the provisions of such Act do not conflict with the requirements of this subsection.

(e) REPORTS.—Not later than December 31, 2010, and each December 31 thereafter, the Group shall submit to the Secretary and the appropriate committees of Congress, a report concerning the findings and recommendations of the Group under subsection (c).

(f) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated, such sums as may be necessary in each fiscal year to carry out this Act.

SEC. 5. EFFECTIVE DATE.

This Act shall take effect on February 1, 2009.

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