

110TH CONGRESS
1ST SESSION

S. 739

To provide disadvantaged children with access to dental services.

IN THE SENATE OF THE UNITED STATES

MARCH 1, 2007

Mr. BINGAMAN (for himself, Mr. COCHRAN, Mr. CARDIN, Mr. KERRY, Ms. CANTWELL, and Mrs. LINCOLN) introduced the following bill; which was read twice and referred to the Committee on Finance

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 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; 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. 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 general population
7 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, and research-
13 related tasks) to assist States in providing and as-
14 sessing services that include preventive and thera-
15 peutic dental care regimens.

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

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

24 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
25 are authorized to be appropriated to make grants under

1 this section \$50,000,000 for fiscal year 2008 and each fis-
2 cal year thereafter.

3 “(f) APPLICATION OF OTHER PROVISIONS OF
4 TITLE.—

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

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

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

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

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

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

24 “(E) Section 507 (relating to penalties for
25 false statements).

1 “(F) Section 508 (relating to non-
2 discrimination).

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

5 **SEC. 102. STATE OPTION TO PROVIDE WRAP-AROUND**
6 **SCHIP COVERAGE TO CHILDREN WHO HAVE**
7 **OTHER HEALTH COVERAGE.**

8 (a) IN GENERAL.—

9 (1) SCHIP.—

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

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

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

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

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

3 “(A) dental services;

4 “(B) cost-sharing protection; or

5 “(C) all services.

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

12 (B) CONDITIONS DESCRIBED.—Section
 13 2105(c) of the Social Security Act (42 U.S.C.
 14 1397ee(c)) is amended by adding at the end the
 15 following:

16 “(8) CONDITIONS FOR PROVISION OF WRAP-
 17 AROUND COVERAGE.—For purposes of section
 18 2110(b)(5), the conditions described in this para-
 19 graph are the following:

20 “(A) INCOME ELIGIBILITY.—The State
 21 child health plan (whether implemented under
 22 title XIX or this XXI)—

23 “(i) has the highest income eligibility
 24 standard permitted under this title as of
 25 January 1, 2008;

1 “(ii) subject to subparagraph (B),
 2 does not limit the acceptance of applica-
 3 tions for children; and

4 “(iii) provides benefits to all children
 5 in the State who apply for and meet eligi-
 6 bility standards.

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

14 “(C) NO MORE FAVORABLE TREATMENT.—
 15 The State child health plan may not provide
 16 more favorable coverage of dental services to
 17 the children covered under section 2110(b)(5)
 18 than to children otherwise covered under this
 19 title.”.

20 (C) STATE OPTION TO WAIVE WAITING PE-
 21 RIOD.—Section 2102(b)(1)(B) of the Social Se-
 22 curity Act (42 U.S.C. 1397bb(b)(1)(B)) is
 23 amended—

24 (i) in clause (i), by striking “and” at
 25 the end;

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

3 (iii) by adding at the end the fol-
 4 lowing:

5 “(iii) at State option, may not apply
 6 a waiting period in the case of a child de-
 7 scribed in section 2110(b)(5), if the State
 8 satisfies the requirements of section
 9 2105(c)(8).”.

10 (2) APPLICATION OF ENHANCED MATCH UNDER
 11 MEDICAID.—Section 1905 of the Social Security Act
 12 (42 U.S.C. 1396d) is amended—

13 (A) in subsection (b), in the fourth sen-
 14 tence, by striking “or subsection (u)(3)” and
 15 inserting “(u)(3), or (u)(4)”; and

16 (B) in subsection (u)—

17 (i) by redesignating paragraph (4) as
 18 paragraph (5); and

19 (ii) by inserting after paragraph (3)
 20 the following:

21 “(4) For purposes of subsection (b), the ex-
 22 penditures described in this paragraph are expendi-
 23 tures for items and services for children described in
 24 section 2110(b)(5), but only in the case of a State

1 that satisfies the requirements of section
2 2105(e)(8).”.

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

6 (A) by redesignating subparagraphs (B)
7 through (D) as subparagraphs (C) through (E),
8 respectively; and

9 (B) by inserting after subparagraph (A)
10 the following:

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

15 (b) EFFECTIVE DATE.—The amendments made by
16 subsection (a) shall take effect on January 1, 2008, and
17 shall apply to child health assistance and medical assist-
18 ance provided on or after that date.

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

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

13 (a) IME RATIO AND ROLLING AVERAGE.—Section
 14 1886(d)(5)(B)(vi) of the Social Security Act (42 U.S.C.
 15 1395ww(d)(5)(B)(vi)) is amended by adding at the end
 16 the following new sentence: “For cost reporting periods
 17 beginning during fiscal years beginning on or after Octo-
 18 ber 1, 2007, subclauses (I) and (II) shall be applied only
 19 with respect to a hospital’s approved medical residency
 20 training program in the fields of allopathic medicine and
 21 osteopathic medicine.”.

22 (b) D–GME ROLLING AVERAGE.—Section
 23 1886(h)(4)(G) of the Social Security Act (42 U.S.C.
 24 1395ww(h)(4)(G)) is amended by adding at the end the
 25 following new clause:

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

**TITLE III—IMPROVING DELIV-
 ERY OF PEDIATRIC DENTAL
 SERVICES UNDER COMMU-
 NITY HEALTH CENTERS, PUB-
 LIC 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 DE-
 PARTMENTS.**

Subpart I of part D of title III of the Public Health
 Service Act (42 U.S.C. 254b et seq.) is amended by insert
 before section 330, the following:

1 **“SEC. 329. 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 or 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
5 whose child service population is made up
6 of at least 33 percent of children who are
7 eligible children, including at least 25 per-
8 cent of such children being children with
9 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) AUTHORIZATION OF APPROPRIATIONS.—

9 “(1) IN GENERAL.—Notwithstanding any other
10 amounts appropriated under section 330 for health
11 centers, there is authorized to be appropriated
12 \$40,000,000 for each of fiscal years 2008 through
13 2012 to hire and retain dental health care providers
14 under this section.

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

18 “(A) not less than 65 percent of such
19 amount to make grants to eligible entities; and

20 “(B) not more than 35 percent of such
21 amount to make grants to eligible individuals.”.

22 **SEC. 302. DENTAL OFFICER MULTIYEAR RETENTION BONUS**
23 **FOR THE INDIAN HEALTH SERVICE.**

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

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

7 (2) DENTAL OFFICER.—The term “dental offi-
8 cer” means an officer of the Indian Health Service
9 designated as a dental officer.

10 (3) DIRECTOR.—The term “Director” means
11 the Director of the Indian Health Service.

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

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

20 (b) REQUIREMENTS FOR BONUS.—

21 (1) IN GENERAL.—An eligible dental officer of
22 the Indian Health Service who executes a written
23 agreement to remain on active duty for 2, 3, or 4
24 years after the completion of any other active duty
25 service commitment to the Indian Health Service

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

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

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

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

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

16 (c) ELIGIBILITY.—

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

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

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

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

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

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

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

1 (e) REFUNDS.—

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

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

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

19 **SEC. 303. DEMONSTRATION PROJECTS TO INCREASE AC-**
 20 **CESS TO PEDIATRIC DENTAL SERVICES IN**
 21 **UNDERSERVED AREAS.**

22 (a) AUTHORITY TO CONDUCT PROJECTS.—The Sec-
 23 retary of Health and Human Services, through the Admin-
 24 istrator of the Health Resources and Services Administra-
 25 tion and the Director of the Indian Health Service, shall

1 establish demonstration projects that are designed to in-
 2 crease access to dental services for children in underserved
 3 areas, as determined by the Secretary.

4 (b) AUTHORIZATION OF APPROPRIATIONS.—There is
 5 authorized to be appropriated such sums as may be nec-
 6 essary to carry out this section.

7 **SEC. 304. TECHNICAL CORRECTION.**

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

11 **TITLE IV—IMPROVING ORAL**
 12 **HEALTH PROMOTION AND**
 13 **DISEASE PREVENTION PRO-**
 14 **GRAMS**

15 **SEC. 401. ORAL HEALTH INITIATIVE.**

16 (a) ESTABLISHMENT.—The Secretary of Health and
 17 Human Services shall establish an oral health initiative
 18 to reduce the profound disparities in oral health by im-
 19 proving the health status of vulnerable populations, par-
 20 ticularly low-income children and children with develop-
 21 mental disabilities, to the level of health status that is en-
 22 joyed by the majority of Americans.

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

1 (1) carry out activities to improve intra- and
2 inter-agency collaborations, including activities to
3 identify, engage, and encourage existing Federal and
4 State programs to maximize their potential to ad-
5 dress oral health;

6 (2) carry out activities to encourage public-pri-
7 vate partnerships to engage private sector commu-
8 nities of interest (including health professionals,
9 educators, State policymakers, foundations, business,
10 and the public) in partnerships that promote oral
11 health and dental care;

12 (3) carry out activities to reduce the disease
13 burden in high risk populations through the applica-
14 tion of best-science in oral health, including pro-
15 grams such as community water fluoridation and
16 dental sealants; and

17 (4) carry out activities to improve the oral
18 health literacy of the public through school-based
19 education programs.

20 (c) COORDINATION.—The Secretary of Health and
21 Human Services shall—

22 (1) through the Administrator of the Centers
23 for Medicare & Medicaid Services, establish the
24 Chief Dental Officer for the medicaid and State chil-
25 dren’s health insurance programs established under

1 titles XIX and XXI, respectively, of the Social Secu-
2 rity Act (42 U.S.C. 1396 et seq. 1397aa et seq.);

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

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

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

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

19 **SEC. 402. CDC REPORTS.**

20 (a) COLLECTION OF DATA.—The Director of the
21 Centers for Disease Control and Prevention, in collabora-
22 tion with other organizations and agencies, shall collect
23 data through State-based oral health surveillance systems
24 describing the dental, craniofacial, and oral health of resi-
25 dents of all 50 States and certain Indian tribes.

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

7 **SEC. 403. EARLY CHILDHOOD CARIES.**

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

11 (1) expand existing surveillance activities to in-
12 clude the identification of children at high risk of
13 early childhood caries, including sub-populations
14 such as children with developmental disabilities;

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

18 (3) provide for the development of public health
19 nursing programs and public health education pro-
20 grams on early childhood caries prevention.

21 (b) APPROPRIATENESS OF ACTIVITIES.—The Sec-
22 retary of Health and Human Services shall carry out pro-
23 grams and activities under subsection (a) in a culturally
24 appropriate manner with respect to populations at risk of
25 early childhood caries.

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

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

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

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

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

10 (A) by inserting “and school-linked” after
 11 “school-based”; and

12 (B) by inserting “or Indian tribe” after
 13 “State”; and

14 (3) by striking paragraph (3) and inserting the
 15 following:

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

18 “(A) prepare and submit to the State or
 19 Indian tribe an application at such time, in
 20 such manner and containing such information
 21 as the State or Indian tribe may require; and

22 “(B) be a—

23 “(i) public elementary or secondary
 24 school—

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

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

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

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

24 (a) IN GENERAL.—The Secretary of Health and
 25 Human Services, acting through the Director of the Cen-

1 ters for Disease Control and Prevention and in consulta-
2 tion with dental organizations (including organizations
3 having expertise in the prevention and treatment of oral
4 disease in underserved pediatric populations), shall award
5 grants to States and Indian tribes to improve the basic
6 capacity of such States and tribes to improve the oral
7 health of children and their families.

8 (b) REQUIREMENTS.—A State or Indian tribes shall
9 use amounts received under a grant under this section to
10 conduct one or more of the following activities:

11 (1) Establish an oral health plan, policies, effec-
12 tive prevention programs, and accountability meas-
13 ures and systems.

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

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

21 (4) Identify, test, establish, support, and evalu-
22 ate prevention interventions to reduce oral health
23 disparities.

24 (5) Promote public awareness and education in
25 support of improvements of oral health.

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

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

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

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

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