

114TH CONGRESS
1ST SESSION

H. R. 539

To amend part B of title III of the Public Health Service Act to improve essential oral health care for lower income individuals by breaking down barriers to care, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JANUARY 27, 2015

Ms. KELLY of Illinois (for herself and Mr. SIMPSON) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend part B of title III of the Public Health Service Act to improve essential oral health care for lower income individuals by breaking down barriers to care, 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 “Action for Dental
5 Health Act of 2015”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

1 (1) More than 181 million Americans will not
2 visit a dentist even though nearly half of people over
3 30 suffer from some form of gum disease and nearly
4 one in four children under the age of five already
5 have cavities.

6 (2) Many volunteer dental projects sponsored
7 by national, State, and local dental societies provide
8 free care now to those most in need. Annually, den-
9 tists deliver an estimated \$2.6 billion in free and dis-
10 counted care according to the America's Dentists
11 Care Foundation.

12 (3) It is estimated that emergency department
13 (ED) charges for dental complaints totaled up to
14 \$2.1 billion in 2010. Nearly 80 percent of the dental
15 emergency room visits were nonurgent and could
16 have been seen in a dental office. Shifting those ED
17 visits to a dental office translates into potential cost
18 savings of up to \$1.7 billion a year and offers the
19 possibility of establishing a "dental home" for these
20 individuals.

21 (4) Seniors, especially those in nursing homes
22 and long-term care facilities, often have special den-
23 tal needs and complicated medical histories that re-
24 quire consultation between dentists and fellow med-

1 ical professionals in providing an interdisciplinary
 2 approach to their overall health needs.

3 **SEC. 3. VOLUNTEER DENTAL PROJECTS AND ACTION FOR**
 4 **DENTAL HEALTH PROGRAM.**

5 Part B of title III of the Public Health Service Act
 6 is revised by amending section 317M (42 U.S.C. 247b–
 7 14) as follows:

8 (1) by redesignating subsections (e) and (f) as
 9 (g) and (h), respectively;

10 (2) by inserting after subsection (d), the fol-
 11 lowing:

12 “(e) GRANTS TO SUPPORT VOLUNTEER DENTAL
 13 PROJECTS.—

14 “(1) IN GENERAL.—The Secretary, acting
 15 through the Director of the Centers for Disease
 16 Control and Prevention, may award grants to or
 17 enter into contracts with eligible entities to obtain
 18 portable or mobile dental equipment, and pay for ap-
 19 propriate operational costs, for the provision of free
 20 dental services to underserved populations that are
 21 delivered in a manner consistent with State licensing
 22 laws.

23 “(2) ELIGIBLE ENTITY.—In this subsection, the
 24 term ‘eligible entity’ includes a State or local dental
 25 association, a State oral health program, a dental

1 education, dental hygiene education, or postdoctoral
2 dental education program accredited by the Commis-
3 sion on Dental Accreditation, and a community-
4 based organization that partners with an academic
5 institution, that—

6 “(A) is exempt from tax under section
7 501(c) of the Internal Revenue Code of 1986;
8 and

9 “(B) offers a free dental services program
10 for underserved populations.

11 “(f) ACTION FOR DENTAL HEALTH PROGRAM.—

12 “(1) IN GENERAL.—The Secretary, acting
13 through the Director of the Centers for Disease
14 Control and Prevention, may award grants to or
15 enter into contracts with eligible entities to collabo-
16 rate with State, county, or local public officials and
17 other stakeholders to develop and implement initia-
18 tives to accomplish any of the following goals:

19 “(A) To improve oral health education and
20 dental disease prevention, including community-
21 wide prevention programs, use of dental
22 sealants and fluoride varnish, and increasing
23 oral health literacy.

24 “(B) To make the health care delivery sys-
25 tem providing dental services more accessible

1 and efficient through the development and ex-
2 pansion of outreach programs that will facili-
3 tate the establishment of dental homes for chil-
4 dren and adults, including the aged, blind, and
5 disabled populations.

6 “(C) To reduce geographic, language, cul-
7 tural, and similar barriers in the provision of
8 dental services.

9 “(D) To help reduce the use of emergency
10 departments by those who seek dental services
11 more appropriately delivered in a dental pri-
12 mary care setting.

13 “(E) To facilitate the provision of dental
14 care to nursing home residents who are dis-
15 proportionately affected by lack of care.

16 “(2) ELIGIBLE ENTITY.—In this subsection, the
17 term ‘eligible entity’ includes a State or local dental
18 association, a State oral health program, or a dental
19 education, dental hygiene, or postdoctoral dental
20 education program accredited by the Commission on
21 Dental Accreditation, and a community-based orga-
22 nization that partners with an academic institution,
23 that—

1 “(A) is exempt from tax under section
2 501(c) of the Internal Revenue Code of 1986;
3 and

4 “(B) partners with public and private
5 stakeholders to facilitate the provision of dental
6 services for underserved populations.”; and

7 (3) in subsection (h), as redesignated by para-
8 graph (1), by striking “fiscal years 2001 through
9 2005” and inserting “fiscal years 2016 through
10 2020”.

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