

114TH CONGRESS
1ST SESSION

H. R. 1055

To improve access to oral health care for vulnerable and underserved populations.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 25, 2015

Mr. CUMMINGS (for himself, Mr. THOMPSON of Mississippi, Mr. RANGEL, and Ms. NORTON) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, the Judiciary, Natural Resources, Veterans' Affairs, and Armed Services, 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 improve access to oral health care for vulnerable and underserved populations.

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 “Comprehensive Dental
5 Reform Act of 2015”.

6 **SEC. 2. TABLE OF CONTENTS.**

7 The table of contents of this Act is as follows:

Sec. 1. Short title.

Sec. 2. Table of contents.

Sec. 3. Findings.

TITLE I—MEDICARE AND MEDICAID

Subtitle A—Medicare

Sec. 101. Coverage of dental services under the Medicare program.

Subtitle B—Medicaid

Sec. 111. Coverage of dental services under the Medicaid program.

TITLE II—PUBLIC HEALTH PROGRAMS

Subtitle A—National Health Service Corps

Sec. 201. National Health Service Corps.

Sec. 202. Community based dental residencies.

Subtitle B—Oral Health Education

Sec. 211. Authorization of appropriations for oral health education for medical providers.

Sec. 212. Oral health education for other non-health professionals.

Sec. 213. Dental education.

Sec. 214. Oral health professional student loans.

Subtitle C—Other Oral Health Programs

Sec. 221. Access points.

Sec. 222. Dental clinics in schools.

Sec. 223. Emergency room care coordination.

Sec. 224. Research funding.

Sec. 225. Mobile and portable dental services.

Subtitle D—Oral Health Services as an Essential Health Benefit

Sec. 231. Oral health services as an essential health benefit.

TITLE III—DEPARTMENT OF VETERANS AFFAIRS AND
DEPARTMENT OF DEFENSE MATTERS

Subtitle A—Department of Veterans Affairs Matters

Sec. 301. Requirement that Secretary of Veterans Affairs furnish dental care in the same manner as any other medical service.

Sec. 302. Demonstration program on training and employment of alternative dental health care providers for dental health care services for veterans in rural and other underserved communities.

Subtitle B—Department of Defense Matters

Sec. 311. Demonstration program on training and employment of alternative dental health care providers for dental health care services for members of the Armed Forces and dependents lacking ready access to such services.

TITLE IV—FEDERAL BUREAU OF PRISONS

Sec. 401. Demonstration program on training and employment of alternative dental health care providers for dental health care services for prisoners within the custody of the Bureau of Prisons.

TITLE V—INDIAN HEALTH SERVICE

Sec. 501. Demonstration program on training and employment of alternative dental health care providers for dental health care services under the Indian Health Service.

TITLE VI—REPORTS TO CONGRESS

Sec. 601. Reports on enrollment in coverage for oral health services.

1 **SEC. 3. FINDINGS.**

2 Congress makes the following findings:

3 (1) The United States must establish a nation-
4 wide and comprehensive approach to address the
5 lack of access to needed dental care and reduce oral
6 health disparities.

7 (2) Since 2000, when the Surgeon General of
8 the United States called dental disease a “silent epi-
9 demic”, there has been increasing but still insuffi-
10 cient attention given to addressing oral health
11 issues.

12 (3) Dental caries, commonly known as cavities,
13 are the most common chronic disease for children in
14 the United States. Additionally, 25 percent of Amer-
15 ican adults who have attained 65 years of age have
16 lost all of their teeth.

17 (4) Untreated oral health problems contribute
18 to an increased risk for serious medical conditions
19 such as diabetes, hospital-acquired pneumonia, and
20 poor birth outcomes.

1 (5) According to a report by the Surgeon Gen-
2 eral of the United States, students miss more than
3 51,000,000 hours of school and employed adults lose
4 more than 164,000,000 hours of work each year due
5 to dental disease and dental visits.

6 (6) More than 47,000,000 people live in a den-
7 tal Health Professional Shortage Area where the
8 number of dentists for the population size is inad-
9 equate and people may face significant challenges in
10 accessing oral health care.

11 (7) While the lack of access to oral health serv-
12 ices is a national problem, those who are most likely
13 to remain underserved are individuals with low in-
14 comes, racial and ethnic minorities, pregnant
15 women, older adults, individuals with special needs,
16 and individuals living in rural communities.

17 (8) More than 1 in 4 Americans do not have
18 dental health insurance which is far greater than the
19 number of individuals who lack general health insur-
20 ance.

21 (9) The Medicare program and the Department
22 of Veterans Affairs do not provide dental coverage to
23 the majority of their beneficiaries, and States can
24 elect whether to provide dental coverage to adults
25 under the Medicaid program.

1 (10) A minority of practicing dentists in the
2 United States provide care to individuals enrolled in
3 Medicaid, and a very small percentage of dentists
4 devote a substantial part of their practice towards
5 caring for individuals who are underserved.

6 (11) The United States spends more than
7 \$111,000,000,000 on dental care every year.

8 (12) Between 2008 and 2010, more than
9 4,000,000 patients visited hospital emergency de-
10 partments for assistance with dental conditions, ac-
11 counting for 1 percent of all emergency room visits
12 during such period and at a cost of \$2,700,000,000.

13 **TITLE I—MEDICARE AND** 14 **MEDICAID**

15 **Subtitle A—Medicare**

16 **SEC. 101. COVERAGE OF DENTAL SERVICES UNDER THE** 17 **MEDICARE PROGRAM.**

18 (a) **COVERAGE.**—Section 1861(s)(2) of the Social Se-
19 curity Act (42 U.S.C. 1395x(s)(2)) is amended—

20 (1) in subparagraph (EE), by striking “and”
21 after the semicolon at the end;

22 (2) in subparagraph (FF), by adding “and”
23 after the semicolon at the end; and

24 (3) by adding at the end the following new sub-
25 paragraph:

1 (2) by inserting before the semicolon at the end
2 the following: “, and (AA) with respect to oral
3 health services (as defined in section 1861(iii)), the
4 amount paid shall be (i) in the case of such services
5 that are preventive, 100 percent of the lesser of the
6 actual charge for the services or the amount deter-
7 mined under the payment basis determined under
8 section 1848, and (ii) in the case of all other such
9 services, 80 percent of the lesser of the actual
10 charge for the services or the amount determined
11 under the payment basis determined under section
12 1848”.

13 (d) PAYMENT UNDER PHYSICIAN FEE SCHEDULE.—
14 Section 1848(j)(3) of the Social Security Act (42 U.S.C.
15 1395w-4(j)(3)) is amended by inserting “(2)(GG),” after
16 “risk assessment),”.

17 (e) DENTURES.—Section 1861(s)(8) of the Social Se-
18 curity Act (42 U.S.C. 1395x(s)(8)) is amended—

19 (1) by striking “(other than dental)” and in-
20 serting “(including dentures)”; and

21 (2) by striking “internal body”.

22 (f) REPEAL OF GROUND FOR EXCLUSION.—Section
23 1862(a) of the Social Security Act (42 U.S.C. 1395y) is
24 amended by striking paragraph (12).

1 (g) EFFECTIVE DATE.—The amendments made by
2 this section shall apply to services furnished on or after
3 January 1, 2016.

4 **Subtitle B—Medicaid**

5 **SEC. 111. COVERAGE OF DENTAL SERVICES UNDER THE** 6 **MEDICAID PROGRAM.**

7 (a) IN GENERAL.—Section 1905 of the Social Secu-
8 rity Act (42 U.S.C. 1396d) is amended—

9 (1) in subsection (a)(10), by striking “dental
10 services” and inserting “oral health services (as de-
11 fined in subsection (ee)(1))”; and

12 (2) by adding at the end the following:

13 “(ee)(1) Subject to paragraphs (2) and (3), for pur-
14 poses of this title, the term ‘oral health services’ means
15 services (as defined by the Secretary) that are necessary
16 to prevent disease and promote oral health, restore oral
17 structures to health and function, and treat emergency
18 conditions. These services shall include, in the case of
19 pregnant or postpartum women, such services as are nec-
20 essary to address oral health conditions that exist or are
21 exacerbated by pregnancy or childbirth or which, if left
22 untreated, could adversely affect fetal or child develop-
23 ment.

24 “(2) For purposes of paragraph (1), such term shall
25 include—

1 “(A) dentures; and

2 “(B) mobile and portable oral health services
3 (as defined by the Secretary) that—

4 “(i) are provided for the purpose of over-
5 coming mobility, transportation, and access bar-
6 riers for individuals; and

7 “(ii) satisfy the standards and certification
8 requirements established under section
9 1902(a)(82)(C) for the State in which the serv-
10 ices are provided.

11 “(3) For purposes of paragraph (1), such term shall
12 not apply to dental care or services provided to individuals
13 under the age of 21 under subsection (r)(3).”.

14 (b) CONFORMING AMENDMENTS.—

15 (1) STATE PLAN REQUIREMENTS.—Section
16 1902(a) of such Act (42 U.S.C. 1396a(a)) is amend-
17 ed—

18 (A) in paragraph (10)(A), in the matter
19 preceding clause (i), by inserting “(10),” after
20 “(5),”;

21 (B) in paragraph (80), by striking “and”
22 at the end;

23 (C) in paragraph (81), by striking the pe-
24 riod at the end and inserting “; and”; and

1 (D) by inserting after paragraph (81) the
2 following:

3 “(82) provide for—

4 “(A) informing, in writing, all individuals
5 who have been determined to be eligible for
6 medical assistance of the availability of oral
7 health services (as defined in section 1905(ee));

8 “(B) conducting targeted outreach to preg-
9 nant women who have been determined to be el-
10 ible for medical assistance about the avail-
11 ability of medical assistance for such dental
12 services and the importance of receiving dental
13 care while pregnant; and

14 “(C) establishing and maintaining stand-
15 ards for and certification of mobile and portable
16 oral health services (as described in subsections
17 (r)(3)(C) and (ee)(2)(B) of section 1905).”.

18 (2) DEFINITION OF MEDICAL ASSISTANCE.—

19 Section 1905(a)(12) of such Act (42 U.S.C.
20 1396d(a)(12)) is amended by striking “, dentures,”.

21 (c) MOBILE AND PORTABLE ORAL HEALTH SERV-
22 ICES UNDER EPSDT.—Section 1905(r)(3) of the Social
23 Security Act (42 U.S.C. 1396d(r)(3)) is amended—

24 (1) in subparagraph (A)(ii), by striking “; and”
25 and inserting a semicolon;

1 (2) in subparagraph (B), by striking the period
2 at the end and inserting “; and”; and

3 (3) by adding at the end the following new sub-
4 paragraph:

5 “(C) which shall include mobile and portable
6 oral health services (as defined by the Secretary)
7 that—

8 “(i) are provided for the purpose of over-
9 coming mobility, transportation, or access bar-
10 riers for children; and

11 “(ii) satisfy the standards and certification
12 requirements established under section
13 1902(a)(82)(C) for the State in which the serv-
14 ices are provided.”.

15 (d) INCREASED FEDERAL FUNDING FOR DENTAL
16 SERVICES.—

17 (1) IN GENERAL.—Section 1905 of the Social
18 Security Act (42 U.S.C. 1396d), as amended by sub-
19 section (a), is further amended—

20 (A) in subsection (b), in the first sentence,
21 by striking “and (aa)” and inserting “(aa), and
22 (ff)”; and

23 (B) by adding at the end the following new
24 subsection:

1 “(ff) INCREASED FMAP FOR ORAL HEALTH SERV-
2 ICES.—

3 “(1) IN GENERAL.—Notwithstanding subsection
4 (b) and section 1903(a)(7) and subject to the re-
5 quirements described in paragraphs (3) and (4),
6 with respect to amounts expended on or after Janu-
7 ary 1, 2016, for covered oral health expenses (as de-
8 scribed in paragraph (2)), the Federal medical as-
9 sistance percentage for a State that is one of the 50
10 States or the District of Columbia for such expenses
11 shall be equal to the Federal medical assistance per-
12 centage that would otherwise apply to the State for
13 the fiscal year, as determined under subsection (b)
14 or section 1903(a)(7), increased by 15 percentage
15 points.

16 “(2) COVERED ORAL HEALTH EXPENSES.—For
17 purposes of paragraph (1), the term ‘covered oral
18 health expenses’ means the amounts expended for
19 medical assistance for oral health services (as de-
20 fined in subsection (ee)) and amounts expended for
21 the proper and efficient administration of the provi-
22 sion of such oral health services under the State
23 plan.

24 “(3) REQUIREMENTS.—For purposes of para-
25 graph (1), the Federal medical assistance percentage

1 applicable to covered oral health expenses under this
2 subsection shall not apply to a State unless—

3 “(A) the State plan for medical assistance
4 provides payment for oral health services (as so
5 defined) furnished by a health care provider at
6 a rate that is not less than 70 percent of the
7 usual and customary fee for such services in the
8 State; and

9 “(B) the State satisfies such additional re-
10 quirements as are established by the Secretary,
11 which shall include—

12 “(i) streamlining of administrative
13 procedures for purposes of ensuring ade-
14 quate provider participation and increasing
15 patient utilization of oral health services;
16 and

17 “(ii) the provision of technical assist-
18 ance to health care providers designed to
19 reduce the number of missed patient ap-
20 pointments and reduce other barriers to
21 the delivery of oral health services.

22 “(4) LIMITATION.—For purposes of amounts
23 expended for covered oral health services, in no case
24 shall any increase under this subsection result in a

1 Federal medical assistance percentage that exceeds
2 100 percent.”.

3 (2) CONFORMING AMENDMENT.—Section
4 1903(a)(7) of the Social Security Act (42 U.S.C.
5 1396b(a)(7)) is amended by striking “section
6 1919(g)(3)(B)” and inserting “sections 1905(ff) and
7 1919(g)(3)(B)”.

8 (e) SECRETARIAL RESPONSIBILITIES.—

9 (1) TECHNICAL ASSISTANCE AND OUTREACH.—
10 The Secretary of Health and Human Services, act-
11 ing through the Administrator of the Centers for
12 Medicare & Medicaid Services, shall provide tech-
13 nical assistance to States and conduct outreach to
14 States for purposes of educating and encouraging
15 States to utilize and provide payment under each
16 State Medicaid program for telehealth-enabled den-
17 tal services in order to provide dental services to tra-
18 ditionally underserved populations in need of such
19 services.

20 (2) DATABASE AND ANNUAL REPORT ON DEN-
21 TAL BENEFITS FOR ADULT MEDICAID ENROLLEES.—

22 (A) MEDICAID DENTAL BENEFITS DATA-
23 BASE.—The Secretary of Health and Human
24 Services, acting through the Administrator of
25 the Centers for Medicare & Medicaid Services,

1 shall maintain, as accurately and up-to-date as
2 possible, a database that contains with respect
3 to the each State (as defined for purposes of
4 title XIX of the Social Security Act (42 U.S.C.
5 1396 et seq.)) information regarding the dental
6 benefits available for adults enrolled in the
7 State Medicaid program, including any limits
8 on such benefits and the amount of reimburse-
9 ment provided under the State Medicaid pro-
10 gram for such benefits. The database also shall
11 include a separate description of the dental ben-
12 efits, benefit limits, and amount of reimburse-
13 ment provided under each State Medicaid pro-
14 gram for pregnant women, if such benefits are
15 not provided to the woman as part of early and
16 periodic screening, diagnostic, and treatment
17 services (as defined in section 1905(r) of the
18 Social Security Act (42 U.S.C. 1396d(r))), and
19 a description of the use of dental services by
20 children and adults enrolled in the State Med-
21 icaid program.

22 (B) ANNUAL REPORT.—The Secretary of
23 Health and Human Services shall make avail-
24 able to the public an annual report regarding
25 the information collected in the database re-

1 required under subparagraph (A). Each annual
2 report under this subparagraph shall include for
3 each State Medicaid program and with respect
4 to the most recent year for which data are
5 available the yearly dental service utilization
6 rates for children and adults enrolled in the
7 State Medicaid program.

8 (f) EFFECTIVE DATE.—

9 (1) IN GENERAL.—Except as provided in para-
10 graph (2), the amendments made by this section
11 shall apply to calendar quarters beginning on or
12 after January 1, 2016, without regard to whether or
13 not final regulations to carry out such amendments
14 have been promulgated by such date.

15 (2) DELAY PERMITTED FOR STATE PLAN
16 AMENDMENT.—In the case of a State plan for med-
17 ical assistance under title XIX of the Social Security
18 Act which the Secretary of Health and Human Serv-
19 ices determines requires State legislation (other than
20 legislation appropriating funds) in order for the plan
21 to meet the additional requirements imposed by the
22 amendments made by this section, the State plan
23 shall not be regarded as failing to comply with the
24 requirements of such title solely on the basis of its
25 failure to meet these additional requirements before

1 the first day of the first calendar quarter beginning
2 after the close of the first regular session of the
3 State legislature that begins after the date of enact-
4 ment of this Act. For purposes of the previous sen-
5 tence, in the case of a State that has a 2-year legis-
6 lative session, each year of such session shall be
7 deemed to be a separate regular session of the State
8 legislature.

9 **TITLE II—PUBLIC HEALTH**
10 **PROGRAMS**
11 **Subtitle A—National Health**
12 **Service Corps**

13 **SEC. 201. NATIONAL HEALTH SERVICE CORPS.**

14 (a) IN GENERAL.—Section 331 of the Public Health
15 Service Act (42 U.S.C. 254d) is amended—

16 (1) in subsection (a)(3), by adding at the end
17 the following:

18 “(F) The term ‘dental therapist’ means,
19 with respect to a State that licenses such dental
20 therapists, a mid-level dental practitioner who is
21 licensed to practice under the law of the State
22 and who provides preventive and restorative
23 services directly to the public, commensurate
24 with the scope of the practice.”; and

25 (2) in subsection (b)—

1 (A) in paragraph (1), by inserting “dental
2 therapy programs and” after “schools at
3 which”; and

4 (B) in paragraph (2), by inserting “dental
5 therapists,” after “dentists,”.

6 (b) FACILITATION OF EFFECTIVE PROVISION OF
7 CORPS SERVICES.—Section 336(f)(3) of the Public Health
8 Service Act (42 U.S.C. 254h–1(f)(3)) is amended by in-
9 serting “dental therapists,” after “midwives,”.

10 (c) SCHOLARSHIP PROGRAM AND LOAN REPAYMENT
11 PROGRAM.—

12 (1) SCHOLARSHIP PROGRAM.—Section 338A of
13 the Public Health Service Act (42 U.S.C. 254l) is
14 amended—

15 (A) in subsection (a)(1), by inserting “den-
16 tal therapists,” after “dentists,”; and

17 (B) in subsection (b)(1), by inserting “in-
18 cluding dental therapy,” after “or other health
19 profession,”.

20 (2) LOAN REPAYMENT PROGRAM.—Section
21 338B of the Public Health Service Act (42 U.S.C.
22 254l–1) is amended—

23 (A) in subsection (a)(1), by inserting “den-
24 tal therapists,” after “dentists,”; and

25 (B) in subsection (b)(1)—

1 (i) in subparagraph (A), by inserting
2 “dental therapist,” after “nurse practi-
3 tioner,”;

4 (ii) in subparagraph (B), by inserting
5 “dental therapy,” after “mental health,”;
6 and

7 (iii) in subparagraph (C)(ii), by in-
8 serting “, including dental therapy” after
9 “health profession”.

10 (3) AUTHORIZATION OF APPROPRIATIONS.—

11 Section 338H of the Public Health Service Act (42
12 U.S.C. 254q) is amended—

13 (A) in subsection (a), by striking “this sec-
14 tion” and inserting “this subpart”; and

15 (B) by adding at the end the following:

16 “(d) AUTHORIZATION OF APPROPRIATIONS WITH
17 RESPECT TO ORAL HEALTH PROFESSIONALS.—To carry
18 out this subpart with respect to dentists, dental therapists,
19 and dental hygienists, in addition to the amounts author-
20 ized under subsection (a), there is authorized to be appro-
21 priated such sums as may be necessary for fiscal years
22 2016 through 2019, which shall be used to provide an
23 emergency expansion for scholarships to, and loan repay-
24 ments on behalf of, such oral health professionals.”.

1 **SEC. 202. COMMUNITY BASED DENTAL RESIDENCIES.**

2 Section 340H of the Public Health Service Act (42
3 U.S.C. 256h) is amended by adding at the ending the fol-
4 lowing:

5 “(k) **ADDITIONAL FUNDING.**—For the purpose of ex-
6 panding the program under this section, there is author-
7 ized to be appropriated such sums as may be necessary
8 for the 5-year period beginning with the fiscal year that
9 begins not less than 1 year and not more than 2 years
10 after the date of enactment of the Comprehensive Dental
11 Reform Act of 2015”.

12 **Subtitle B—Oral Health Education**

13 **SEC. 211. AUTHORIZATION OF APPROPRIATIONS FOR ORAL**
14 **HEALTH EDUCATION FOR MEDICAL PRO-**
15 **VIDERS.**

16 Section 747(c) of the Public Health Service Act (42
17 U.S.C. 293k(c)) is amended by adding at the end the fol-
18 lowing:

19 “(4) **ORAL HEALTH EDUCATION.**—In addition
20 to other amounts authorized under this subsection
21 for purposes of carrying out this section, there is au-
22 thorized to be appropriated such sums as may be
23 necessary for fiscal years 2016 through 2019 for the
24 purpose of educating nondental medical professionals
25 (including physicians, nurses, nurse practitioners,
26 physician assistants, and pharmacists and particu-

1 larly such professionals who provide care to children
2 and pregnant and postpartum women) about oral
3 health, including issues such as oral hygiene instruc-
4 tion, topical application of fluoride, and oral health
5 screenings, with the goal of integrating oral health
6 care into overall health care.”.

7 **SEC. 212. ORAL HEALTH EDUCATION FOR OTHER NON-**
8 **HEALTH PROFESSIONALS.**

9 Subpart I of part C of title VII of the Public Health
10 Service Act (42 U.S.C. 293k et seq.) is amended by insert-
11 ing after section 748 the following:

12 **“SEC. 748A. ORAL HEALTH EDUCATION FOR OTHER NON-**
13 **ORAL HEALTH PROFESSIONALS.**

14 “(a) IN GENERAL.—The Secretary may make grants
15 to, or enter into contracts with, an accredited public or
16 nonprofit private hospital, educational institutions, or pub-
17 lic or private nonprofit entities that the Secretary has de-
18 termined to be capable of carrying out such grant or con-
19 tract to educate individuals, such as community health
20 workers, social workers, nutritionists, health educators,
21 occupational therapists, and psychologists, to promote oral
22 health education and literacy and to provide support for
23 behavior change and assistance with care coordination
24 with respect to oral health.

1 “(b) AUTHORIZATION OF APPROPRIATIONS.—To
2 carry out this section, there is authorized to be appro-
3 priated such sums as may be necessary for fiscal years
4 2016 through 2019.”.

5 **SEC. 213. DENTAL EDUCATION.**

6 Section 748 of the Public Health Service Act (42
7 U.S.C. 293k-2) is amended—

8 (1) in subsection (a)(1)(H), by striking “pedi-
9 atric training programs” and inserting “pediatric
10 dental training programs”; and

11 (2) in subsection (c)—

12 (A) by striking the subsection heading and
13 inserting “REQUIREMENTS FOR AWARD.—”;

14 (B) by amending the matter preceding
15 paragraph (1) to read as follows: “With respect
16 to training provided for under this section, the
17 Secretary shall award grants or contracts only
18 to eligible entities that meet at least 7 of the
19 following criteria:”;

20 (C) in paragraph (2), by striking “have a
21 record of training the greatest percentage of
22 providers, or that have demonstrated significant
23 improvements in the percentage of providers,
24 who enter and” and inserting “train significant
25 numbers of providers who”;

1 (D) in paragraph (3)—

2 (i) by striking “have a record of train-
3 ing” and inserting “intend to train”; and

4 (ii) by striking the period at the end
5 and inserting “and have faculty with expe-
6 rience in treating underserved popu-
7 lations.”;

8 (E) in paragraph (8), by inserting “or
9 have established” after “establish”; and

10 (F) by adding at the end the following:

11 “(9) Qualified applicants that require not less
12 than 200 hours of community-based education rota-
13 tions.”.

14 **SEC. 214. ORAL HEALTH PROFESSIONAL STUDENT LOANS.**

15 Part F of title VII of the Public Health Service Act
16 (42 U.S.C. 295j et seq.) is amended by adding at the end
17 the following:

18 **“SEC. 799C. ORAL HEALTH PROFESSIONAL STUDENT
19 LOANS.**

20 “(a) IN GENERAL.—The Secretary shall establish
21 and operate a student loan fund for oral health profes-
22 sional students, including dental hygienists, dental thera-
23 pists, and dentists.

24 “(b) CONTENT.—The Secretary shall establish and
25 operate the student loan fund program under subsection

1 (a) in the same manner and subject to the same terms
2 as the loan fund program established with schools of nurs-
3 ing under section 835.

4 “(c) AUTHORIZATION OF APPROPRIATIONS.—To
5 carry out this section, there are authorized to be appro-
6 priated such sums as may be necessary for fiscal years
7 2016 through 2019.”.

8 **Subtitle C—Other Oral Health** 9 **Programs**

10 **SEC. 221. ACCESS POINTS.**

11 Subpart X of part D of title III of the Public Health
12 Service Act (42 U.S.C. 256f et seq.) is amended by adding
13 at the end the following:

14 **“SEC. 340G–2. FUNDING FOR ORAL HEALTH SERVICES.**

15 “(a) IN GENERAL.—The Secretary, acting through
16 the Administrator of the Health Resources and Services
17 Administration, shall establish a program to award grants
18 to eligible entities to provide oral health services, or to con-
19 tract with private dental practices to provide comprehen-
20 sive oral health services, to low income individuals and in-
21 dividuals who are underserved with respect to oral health
22 care.

23 “(b) TECHNICAL ASSISTANCE.—The Secretary shall
24 provide technical assistance to entities receiving grants

1 under subsection (a) to provide technical assistance to
2 such entities in order to—

3 “(1) with respect to oral health care services,
4 increase utilization and efficiency and minimize
5 missed appointments, contract with offsite providers,
6 recruit providers (including oral health specialists),
7 and operate programs outside the physical facilities
8 to take advantage of new systems to improve access
9 to oral health services;

10 “(2) address barriers to access to such services
11 and conduct targeted outreach to special populations
12 such as pregnant women, individuals with disabili-
13 ties, individuals with chronic conditions such as dia-
14 betes, and individuals residing in long-term care fa-
15 cilities; or

16 “(3) contract with private dental practices that
17 will provide oral health services other than preven-
18 tive oral health care, including restoration and main-
19 tenance of oral health, in order to meet the need for
20 oral health services in the community.

21 “(c) ELIGIBLE ENTITIES.—To be eligible to receive
22 a grant under subsection (a), an entity shall—

23 “(1) be—

1 “(A) a Federally qualified health center
2 (as defined in section 1861(aa) of the Social
3 Security Act);

4 “(B) a safety net clinic or a free clinic (as
5 defined by the Secretary);

6 “(C) a health care clinic that provides
7 services to tribal organizations or urban Indian
8 organizations (as such terms are defined in sec-
9 tion 4 of the Indian Health Care Improvement
10 Act); or

11 “(D) any other interested public or private
12 sector health care provider or organization that
13 the Secretary determines has a demonstrated
14 history of serving a high number of uninsured
15 and or low-income individuals or those who lack
16 ready access to oral health services; and

17 “(2) demonstrate a clear need to expand oral
18 health care services beyond preventive oral health
19 care.

20 “(d) ALLOCATION FOR HIRING ORAL HEALTH CARE
21 SPECIALISTS.—A portion of the funds available under this
22 section shall be allocated toward hiring oral health care
23 specialists, such as oral surgeons and endodontists, at en-
24 tities receiving grants under this section.

1 “(e) AUTHORIZATION OF APPROPRIATIONS.—To
2 carry out this section, there is authorized to be appro-
3 priated such sums as may be necessary for each of fiscal
4 years 2016 through 2019.”.

5 **SEC. 222. DENTAL CLINICS IN SCHOOLS.**

6 Part Q of title III of the Public Health Service Act
7 (42 U.S.C. 280h et seq.) is amended by adding at the end
8 the following:

9 **“SEC. 399Z-2. DENTAL CLINICS IN SCHOOLS.**

10 “(a) IN GENERAL.—The Secretary shall award
11 grants to qualified entities for the purpose of funding the
12 building, operation, or expansion of dental clinics in
13 schools.

14 “(b) QUALIFIED ENTITIES.—To receive a grant
15 under this section, a qualified entity shall submit an appli-
16 cation to the Secretary at such time, in such manner, and
17 containing such information as the Secretary may require.

18 “(c) REQUIREMENTS.—An entity receiving a grant
19 under this section shall—

20 “(1) provide comprehensive oral health services
21 at a dental clinic based at a school, including oral
22 health education, oral screening, fluoride application,
23 prophylaxis, sealants, and basic restorative services;

24 “(2) develop a coordinated system of care by re-
25 ferring patients to an available qualified oral health

1 provider in the community for any required oral
2 health services not provided in the dental clinic in
3 the school, including restorative services, to ensure
4 that all the oral health needs of students are met;
5 and

6 “(3) maintain clinic hours that extend beyond
7 school hours.

8 “(d) AUTHORIZATION OF APPROPRIATIONS.—For
9 purposes of carrying out this section, there is authorized
10 to be appropriated such sums as may be necessary for fis-
11 cal years 2016 through 2019.”.

12 **SEC. 223. EMERGENCY ROOM CARE COORDINATION.**

13 Part B of title III of the Public Health Service Act
14 (42 U.S.C. 243 et seq.) is amended by adding at the end
15 the following:

16 **“SEC. 320B. EMERGENCY ROOM CARE COORDINATION WITH**
17 **RESPECT TO DENTAL CARE.**

18 “(a) IN GENERAL.—The Secretary, acting through
19 the Administrator of the Health Resources and Services
20 Administration, shall establish a grant program to enable
21 individuals to receive dental care at a facility operated by
22 a grant recipient rather than at a hospital emergency
23 room.

24 “(b) ELIGIBLE ENTITIES.—To be eligible to receive
25 a grant under this section an entity shall—

1 “(1) be—

2 “(A) a Federally qualified health center
3 (as defined in paragraph (4) of section
4 1861(aa) of the Social Security Act) or rural
5 health clinic (as defined in paragraph (2) of
6 such section);

7 “(B) a private dental practice; or

8 “(C) any other interested public or private
9 sector health care provider or organization,
10 such as a dental school, that the Secretary de-
11 termines has the capacity to serve in a coordi-
12 nated, cost-effective manner, a high number of
13 individuals who lack access to oral health serv-
14 ices; and

15 “(2) partner with a hospital or urgent care cen-
16 ter.

17 “(c) ORAL HEALTH EDUCATION FOR PRIMARY CARE
18 AND ER HEALTH CARE PROVIDERS.—The Secretary shall
19 allocate a portion of the amounts appropriated under sub-
20 section (e) toward medical education for primary care and
21 emergency room physicians, nurses, nurse practitioners,
22 and physician assistants to be trained in oral health.

23 “(d) REPORT.—Not later than January 1, 2019, the
24 Secretary shall submit to Congress a report on the best
25 practices determined by the program established under

1 this section to address oral health needs of individuals who
2 go to emergency rooms in need of oral health care.

3 “(e) AUTHORIZATION OF APPROPRIATIONS.—To
4 carry out this section, there is authorized to be appro-
5 priated such sums as may be necessary for fiscal years
6 2016 through 2019.”.

7 **SEC. 224. RESEARCH FUNDING.**

8 For fiscal years 2016 through 2019, there is author-
9 ized to be appropriated such sums as may be necessary
10 to each of—

11 (1) the Centers for Disease Control and Preven-
12 tion, for the purpose of conducting research on—

13 (A) the prevention of oral disease;

14 (B) oral disease management; and

15 (C) evidence-based strategies to prevent
16 tooth decay;

17 (2) the Agency for Healthcare Research and
18 Quality, for the purpose of conducting—

19 (A) research on access, quality, and out-
20 comes with respect to oral health services; and

21 (B) evaluations of oral health service deliv-
22 ery to underserved and vulnerable populations,
23 including an evaluation of workforce models to
24 enhance oral health service delivery;

1 (3) the National Institute of Dental and
2 Craniofacial Research for the purpose of conducting
3 research on oral health disease prevention and man-
4 agement, and applying rigorous, multidisciplinary re-
5 search-based approaches to overcome disparities in
6 oral health; and

7 (4) the Maternal and Child Health Bureau for
8 the purpose of conducting research on perinatal,
9 postnatal, and childhood oral health issues, including
10 the integration of dental providers in settings where
11 pediatricians practice.

12 **SEC. 225. MOBILE AND PORTABLE DENTAL SERVICES.**

13 Subpart X of part D of title III of the Public Health
14 Service Act (42 U.S.C. 256f et seq.), as amended by sec-
15 tion 221, is further amended by adding at the end the
16 following:

17 **“SEC. 340G–3. MOBILE AND PORTABLE DENTAL SERVICES.**

18 “(a) IN GENERAL.—The Secretary shall award
19 grants to Federally qualified health centers (as defined in
20 paragraph (4) of section 1861(aa) of the Social Security
21 Act), rural health clinics (as defined in paragraph (2) of
22 such section), nonprofit dental clinics, and dental schools
23 to provide mobile and portable, comprehensive dental serv-
24 ices that provide for the restoration or maintenance of oral
25 health and function (including dental services provided by

1 licensed providers through telehealth-enabled collaboration
2 and supervision) and outreach for dental services to un-
3 derserved populations. Eligible entities shall deliver such
4 services at locations such as senior centers, nursing
5 homes, assisted living facilities, schools, licensed day care
6 centers that serve eligible individuals who receive benefits
7 under the State Children’s Health Insurance Program
8 under title XXI of the Social Security Act (42 U.S.C.
9 1397aa et seq.) or the Medicaid program under title XIX
10 of the Social Security Act (42 U.S.C. 1396 et seq.), and
11 facilities that provide services under the Special Supple-
12 mental Nutrition Program for Women, Infants, and Chil-
13 dren (the WIC program) or the Head Start Act (42 U.S.C.
14 9831 et seq.). The Secretary shall award the grants to
15 entities that can provide coordinated care and continuity
16 of care.

17 “(b) AUTHORIZATION OF APPROPRIATIONS.—To
18 carry out this section, there are authorized to be appro-
19 priated such sums as may be necessary.”.

20 **Subtitle D—Oral Health Services as**
21 **an Essential Health Benefit**

22 **SEC. 231. ORAL HEALTH SERVICES AS AN ESSENTIAL**
23 **HEALTH BENEFIT.**

24 Section 1302(b) of the Patient Protection and Af-
25 fordable Care Act (42 U.S.C. 18022(b)) is amended—

1 (1) in paragraph (1)—

2 (A) in subparagraph (J), by striking “oral
3 and”; and

4 (B) by adding at the end the following:

5 “(K) Oral health services for children and
6 adults.”; and

7 (2) by adding at the end the following:

8 “(6) ORAL HEALTH SERVICES.—For purposes
9 of paragraph (1)(K), the term ‘oral health services’
10 means services (as defined by the Secretary), that
11 are necessary to prevent disease and promote oral
12 health, restore oral structures to health and func-
13 tion, and treat emergency conditions.”.

14 **TITLE III—DEPARTMENT OF**
15 **VETERANS AFFAIRS AND DE-**
16 **PARTMENT OF DEFENSE MAT-**
17 **TERS**

18 **Subtitle A—Department of**
19 **Veterans Affairs Matters**

20 **SEC. 301. REQUIREMENT THAT SECRETARY OF VETERANS**
21 **AFFAIRS FURNISH DENTAL CARE IN THE**
22 **SAME MANNER AS ANY OTHER MEDICAL**
23 **SERVICE.**

24 (a) IN GENERAL.—Title 38, United States Code, is
25 amended—

1 (1) in section 1701(6), by striking “as de-
2 scribed in sections 1710 and 1712 of this title”;

3 (2) in section 1710(c), by striking the second
4 sentence;

5 (3) in section 1712—

6 (A) by striking subsections (a) and (b);

7 (B) by redesignating subsections (c), (d),
8 and (e) as subsections (a), (b), and (c), respec-
9 tively; and

10 (C) in subsection (a), as redesignated by
11 subparagraph (B)—

12 (i) by striking “Dental appliances”
13 and inserting “The Secretary may furnish
14 dentures, dental appliances”; and

15 (ii) by striking “to be furnished by the
16 Secretary under this section may be pro-
17 cured by the Secretary” and inserting
18 “under this section and may procure such
19 appliances”; and

20 (4) by striking section 2062.

21 (b) CONFORMING AMENDMENTS.—Such title is fur-
22 ther amended—

23 (1) in section 1525(a), by striking “medicines
24 under section 1712(d)” and inserting “medicines
25 under section 1712(b)”;

1 (2) in section 1703(a)(7), by striking “, for a
2 veteran described in section 1712(a)(1)(F) of this
3 title”.

4 (c) CLERICAL AMENDMENTS.—Such title is further
5 amended—

6 (1) in section 1712, in the heading for such sec-
7 tion, by striking “**Dental care**” and inserting
8 “**Appliances**”;

9 (2) in the table of sections at the beginning of
10 chapter 17, by striking the item relating to section
11 1712 and inserting the following new item:

“1712. Appliances; drugs and medicines for certain disabled veterans; vac-
cines.”;

12 and

13 (3) in the table of sections at the beginning of
14 chapter 20, by striking the item relating to section
15 2062.

16 **SEC. 302. DEMONSTRATION PROGRAM ON TRAINING AND**
17 **EMPLOYMENT OF ALTERNATIVE DENTAL**
18 **HEALTH CARE PROVIDERS FOR DENTAL**
19 **HEALTH CARE SERVICES FOR VETERANS IN**
20 **RURAL AND OTHER UNDERSERVED COMMU-**
21 **NITIES.**

22 (a) DEMONSTRATION PROGRAM AUTHORIZED.—The
23 Secretary of Veterans Affairs may carry out a demonstra-
24 tion program to establish programs to train and employ

1 alternative dental health care providers in order to in-
2 crease access to dental health care services for veterans
3 who are entitled to such services from the Department of
4 Veterans Affairs and reside in rural and other underserved
5 communities.

6 (b) TELEHEALTH.—For purposes of alternative den-
7 tal health care providers and other dental care providers
8 who are licensed to provide clinical care, dental services
9 provided under the demonstration program under this sec-
10 tion may be administered by such providers through tele-
11 health-enabled collaboration and supervision when appro-
12 priate and feasible.

13 (c) ALTERNATIVE DENTAL HEALTH CARE PRO-
14 VIDERS DEFINED.—In this section, the term “alternative
15 dental health care providers” has the meaning given that
16 term in section 340G–1(a)(2) of the Public Health Service
17 Act (42 U.S.C. 256g–1(a)(2)).

18 (d) AUTHORIZATION OF APPROPRIATIONS.—There
19 are authorized to be appropriated such sums as are nec-
20 essary to carry out the demonstration program under this
21 section.

1 **Subtitle B—Department of Defense**
2 **Matters**

3 **SEC. 311. DEMONSTRATION PROGRAM ON TRAINING AND**
4 **EMPLOYMENT OF ALTERNATIVE DENTAL**
5 **HEALTH CARE PROVIDERS FOR DENTAL**
6 **HEALTH CARE SERVICES FOR MEMBERS OF**
7 **THE ARMED FORCES AND DEPENDENTS**
8 **LACKING READY ACCESS TO SUCH SERVICES.**

9 (a) DEMONSTRATION PROGRAM AUTHORIZED.—The
10 Secretary of Defense may carry out a demonstration pro-
11 gram to establish programs to train and employ alter-
12 native dental health care providers in order to increase ac-
13 cess to dental health care services for members of the
14 Armed Forces and their dependents who lack ready access
15 to such services, including the following:

16 (1) Members and dependents who reside in
17 rural areas or areas otherwise underserved by dental
18 health care providers.

19 (2) Members of the National Guard and Re-
20 serves in active status who are potentially
21 deployable.

22 (b) TELEHEALTH.—For purposes of alternative den-
23 tal health care providers and other dental care providers
24 who are licensed to provide clinical care, dental services
25 provided under the demonstration program under this sec-

1 tion may be administered by such providers through tele-
2 health-enabled collaboration and supervision when appro-
3 priate and feasible.

4 (c) ALTERNATIVE DENTAL HEALTH CARE PRO-
5 VIDERS DEFINED.—In this section, the term “alternative
6 dental health care providers” has the meaning given that
7 term in section 340G–1(a)(2) of the Public Health Service
8 Act (42 U.S.C. 256g–1(a)(2)).

9 (d) AUTHORIZATION OF APPROPRIATIONS.—There
10 are authorized to be appropriated such sums as are nec-
11 essary to carry out the demonstration program under this
12 section.

13 **TITLE IV—FEDERAL BUREAU OF** 14 **PRISONS**

15 **SEC. 401. DEMONSTRATION PROGRAM ON TRAINING AND** 16 **EMPLOYMENT OF ALTERNATIVE DENTAL** 17 **HEALTH CARE PROVIDERS FOR DENTAL** 18 **HEALTH CARE SERVICES FOR PRISONERS** 19 **WITHIN THE CUSTODY OF THE BUREAU OF** 20 **PRISONS.**

21 (a) DEMONSTRATION PROGRAM AUTHORIZED.—The
22 Attorney General, acting through the Director of the Bu-
23 reau of Prisons, may carry out a demonstration program
24 to establish programs to train and employ alternative den-
25 tal health care providers in order to increase access to den-

1 tal health services for prisoners within the custody of the
2 Bureau of Prisons.

3 (b) TELEHEALTH.—For purposes of alternative den-
4 tal health care providers and any other dental care pro-
5 viders who are licensed to provide clinical care, dental
6 services provided under the demonstration program under
7 this section may be administered by such providers
8 through telehealth-enabled collaboration and supervision
9 when deemed appropriate and feasible.

10 (c) ALTERNATIVE DENTAL HEALTH CARE PRO-
11 VIDERS DEFINED.—In this section, the term “alternative
12 dental health care providers” has the meaning given that
13 term in section 340G–1(a)(2) of the Public Health Service
14 Act (42 U.S.C. 256g–1(a)(2)).

15 (d) AUTHORIZATION OF APPROPRIATIONS.—There
16 are authorized to be appropriated such sums as are nec-
17 essary to carry out the demonstration program under this
18 section.

1 **TITLE V—INDIAN HEALTH**
2 **SERVICE**

3 **SEC. 501. DEMONSTRATION PROGRAM ON TRAINING AND**
4 **EMPLOYMENT OF ALTERNATIVE DENTAL**
5 **HEALTH CARE PROVIDERS FOR DENTAL**
6 **HEALTH CARE SERVICES UNDER THE INDIAN**
7 **HEALTH SERVICE.**

8 (a) DEMONSTRATION PROGRAM AUTHORIZED.—The
9 Secretary of Health and Human Services, acting through
10 the Indian Health Service, may carry out a demonstration
11 program to establish programs to train and employ alter-
12 native dental health care providers in order to help elimi-
13 nate oral health disparities and increase access to dental
14 services through health programs operated by the Indian
15 Health Service, Indian tribes, tribal organizations, and
16 urban Indian organizations (as those terms are defined in
17 section 4 of the Indian Health Care Improvement Act (25
18 U.S.C. 1603)).

19 (b) TELEHEALTH.—For purposes of alternative den-
20 tal health care providers and any other dental care pro-
21 viders who are licensed to provide clinical care, dental
22 services provided under the demonstration program under
23 this section may be administered by such providers
24 through telehealth-enabled collaboration and supervision
25 when deemed appropriate and feasible.

1 (c) ALTERNATIVE DENTAL HEALTH CARE PRO-
2 VIDERS DEFINED.—In this section, the term “alternative
3 dental health care providers” has the meaning given that
4 term in section 340G–1(a)(2) of the Public Health Service
5 Act (42 U.S.C. 256g–1(a)(2)).

6 (d) AUTHORIZATION OF APPROPRIATIONS.—There
7 are authorized to be appropriated such sums as are nec-
8 essary to carry out the demonstration program under this
9 section.

10 **TITLE VI—REPORTS TO** 11 **CONGRESS**

12 **SEC. 601. REPORTS ON ENROLLMENT IN COVERAGE FOR** 13 **ORAL HEALTH SERVICES.**

14 (a) SECRETARY OF HEALTH AND HUMAN SERV-
15 ICES.—The Secretary of Health and Human Services shall
16 submit to Congress the following reports:

17 (1) COST-BENEFIT ANALYSIS.—Not later than
18 October 1, 2019, a report that provides a com-
19 prehensive cost-benefit analysis regarding the expan-
20 sion of coverage for dental services pursuant to this
21 Act, including whether the provision of such services
22 resulted in a reduction in total health care costs for
23 individuals under the Medicare and Medicaid pro-
24 grams.

1 (2) ANNUAL REPORT ON ENROLLMENT, UTILI-
2 ZATION, AND EXPENDITURES IN DENTAL INSURANCE
3 PLANS.—Not later than 1 year after the date of the
4 enactment of this Act, and annually thereafter, an
5 annual report containing detailed information on—

6 (A) enrollment in private insurance plans
7 providing pediatric and adult dental coverage,
8 whether such coverage is provided through a
9 qualified health plan (as defined in section
10 1301(a) of Public Law 111–148) or a stand-
11 alone dental plan;

12 (B) the utilization of oral health services
13 by children and adults who receive dental cov-
14 erage under a qualified health plan or a stand-
15 alone dental plan; and

16 (C) expenditures related to oral health
17 services by individuals and families who receive
18 dental coverage in a qualified health plan or
19 stand-alone dental plan.

20 (b) COMPTROLLER GENERAL.—

21 (1) MEDICAID AND MEDICARE.—Not later than
22 January 1, 2019, the Comptroller General of the
23 United States shall submit to Congress a report that
24 provides a comprehensive analysis and evaluation of
25 the implementation and utilization of the expanded

1 coverage for dental services pursuant to this Act for
2 individuals enrolled in the Medicare and Medicaid
3 programs.

4 (2) DEMONSTRATION PROGRAMS.—Not later
5 than January 1, 2019, the Comptroller General of
6 the United States shall submit to Congress a report
7 that provides a comprehensive analysis and evalua-
8 tion of the demonstration programs described in sec-
9 tions 302, 311, 401, and 501, including—

10 (A) the extent to which the programs im-
11 proved access to oral health care and increased
12 utilization of oral health services; and

13 (B) an examination of the training pro-
14 vided under the programs to alternative dental
15 health care providers and the quality of care
16 provided by such providers.

○