

105TH CONGRESS
2^D SESSION

S. 2583

To provide disadvantaged children with access to dental services.

IN THE SENATE OF THE UNITED STATES

OCTOBER 8 (legislative day, OCTOBER 2), 1998

Mr. BINGAMAN (for himself and Mr. COCHRAN) introduced the following bill;
which was read twice and referred to the Committee on Labor and
Human Resources

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 1998”.

6 (b) **TABLE OF CONTENTS.**—The table of contents for
7 this Act is as follows:

Sec. 1. Short title; table of contents.
Sec. 2. Findings.

**TITLE I—EXPANDED OPPORTUNITIES FOR TRAINING PEDIATRIC
DENTAL HEALTH CARE PROVIDERS**

Sec. 101. Children’s dental health training and demonstration programs.

- Sec. 102. Increase in National Health Service Corps dental training positions.
- Sec. 103. Maternal and child health centers for leadership in pediatric dentistry education.
- Sec. 104. Dental officer multiyear retention bonus for the Indian Health Service.
- Sec. 105. Medicare payments to approved nonhospital dentistry residency training programs; permanent dental exemption from voluntary residency reduction programs.
- Sec. 106. Dental health professional shortage areas.

TITLE II—ENSURING DELIVERY OF PEDIATRIC DENTAL SERVICES UNDER THE MEDICAID AND SCHIP PROGRAMS

- Sec. 201. Increased FMAP and fee schedule for dental services provided to children under the medicaid program.
- Sec. 202. Required minimum medicaid expenditures for dental health services.
- Sec. 203. Requirement to verify sufficient numbers of participating dentists under the medicaid program.
- Sec. 204. Inclusion of recommended age for first dental visit in definition of EPSDT services.
- Sec. 205. Approval of final regulations implementing changes to EPSDT services.
- Sec. 206. Use of SCHIP funds to treat children with special dental health needs.
- Sec. 207. Grants to supplement fees for the treatment of children with special dental health needs.
- Sec. 208. Demonstration projects to increase access to pediatric dental services in underserved areas.

TITLE III—PEDIATRIC DENTAL RESEARCH

- Sec. 301. Identification of interventions that reduce transmission of dental diseases in high risk populations; development of approaches for pediatric dental assessment.
- Sec. 302. Agency for Health Care Policy and Research.
- Sec. 303. Consensus development conference.

TITLE IV—SURVEILLANCE AND ACCOUNTABILITY

- Sec. 401. CDC reports.
- Sec. 402. Reporting requirements under the medicaid program.
- Sec. 403. Administration on Children, Youth, and Families.

TITLE V—MISCELLANEOUS

- Sec. 501. Effective date.

1 SEC. 2. FINDINGS.

2 Congress makes the following findings:

- 3** (1) Children’s oral health impacts upon and re-
- 4** flects children’s general health.

1 (2) Tooth decay is the most prevalent prevent-
2 able chronic disease of childhood and only the com-
3 mon cold, the flu, and otitis media occur more often
4 among young children.

5 (3) Despite the design of the medicaid program
6 to reach children and ensure access to routine dental
7 care, in 1996, the Inspector General of the Depart-
8 ment of Health and Human Services reported that
9 only 18 percent of children eligible for medicaid re-
10 ceived even a single preventive dental service.

11 (4) The United States is facing a major dental
12 health care crisis that primarily affects the poor chil-
13 dren of our country, with 80 percent of all dental
14 caries in children found in the 20 percent of the
15 population.

16 (5) Low income children eligible for the medic-
17 aid program and the State children's health insur-
18 ance program experience disproportionately high lev-
19 els of oral disease.

20 (6) The United States is not training enough
21 pediatric dental health care providers to meet the in-
22 creasing need for pediatric dental services.

23 (7) The United States needs to increase access
24 to health promotion and disease prevention activities

1 in the area of oral health for children by increasing
 2 access to pediatric dental health providers.

3 **TITLE I—EXPANDED OPPORTU-**
 4 **NITIES FOR TRAINING PEDI-**
 5 **ATRIC DENTAL HEALTH CARE**
 6 **PROVIDERS**

7 **SEC. 101. CHILDREN’S DENTAL HEALTH TRAINING AND**
 8 **DEMONSTRATION PROGRAMS.**

9 Part E of title VII of the Public Health Service Act
 10 (42 U.S.C. 294o et seq.) is amended by adding at the end
 11 the following:

12 **“SEC. 779. CHILDREN’S DENTAL HEALTH PROGRAMS.**

13 “(a) TRAINING PROGRAM.—

14 “(1) IN GENERAL.—The Secretary, acting
 15 through the Bureau of Health Professions, shall de-
 16 velop training materials to be used by health profes-
 17 sionals to promote oral health through health edu-
 18 cation.

19 “(2) DESIGN.—The materials developed under
 20 paragraph (1) shall be designed to enable health
 21 care professionals to—

22 “(A) provide information to individuals
 23 concerning the importance of oral health;

24 “(B) recognize oral disease in individuals;

25 and

1 “(C) make appropriate referrals of individ-
2 uals for dental treatment.

3 “(3) DISTRIBUTION.—The materials developed
4 under paragraph (1) shall be distributed to—

5 “(A) accredited schools of the health
6 sciences (including schools for physician assist-
7 ants, schools of medicine, osteopathic medicine,
8 dental hygiene, public health, nursing, phar-
9 macy, and dentistry), and public or private in-
10 stitutions accredited for the provision of grad-
11 uate or specialized training programs in all as-
12 pects of health; and

13 “(B) health professionals and community-
14 based health care workers.

15 “(b) DEMONSTRATION PROGRAM.—

16 “(1) IN GENERAL.—The Secretary shall make
17 grants to schools that train pediatric dental health
18 providers to meet the costs of projects—

19 “(A) to plan and develop new training pro-
20 grams and to maintain or improve existing
21 training programs in providing dental health
22 services to children; and

23 “(B) to assist dental health providers in
24 managing complex dental problems in children.

25 “(2) ADMINISTRATION.—

1 “(A) AMOUNT.—The amount of any grant
2 under paragraph (1) shall be determined by the
3 Secretary.

4 “(B) APPLICATION.—No grant may be
5 made under paragraph (1) unless an application
6 therefore is submitted to and approved by the
7 Secretary. Such an application shall be in such
8 form, submitted in such manner, and contain
9 such information, as the Secretary shall by reg-
10 ulation prescribe.

11 “(C) ELIGIBILITY.—To be eligible for a
12 grant under subsection (a), the applicant must
13 demonstrate to the Secretary that it has or will
14 have available full-time faculty and staff mem-
15 bers with training and experience in the field of
16 pediatric dentistry and support from other fac-
17 ulty and staff members trained in pediatric den-
18 tistry and other relevant specialties and dis-
19 ciplines such as dental public health and pediat-
20 rics, as well as research.

21 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
22 is authorized to be appropriated such sums as may be nec-
23 essary to carry out this section.”.

1 **SEC. 102. INCREASE IN NATIONAL HEALTH SERVICE CORPS**
2 **DENTAL TRAINING POSITIONS.**

3 The Secretary of Health and Human Services shall
4 increase the number of dental health providers skilled in
5 treating children who become members of the National
6 Health Service Corps under subpart II of part D of title
7 III of the Public Health Service Act (42 U.S.C. 254d et
8 seq.) so that there are at least 100 additional dentists and
9 dental hygienists in the Corps by 2000, at least 150 addi-
10 tional dentists and dental hygienists in the Corps by 2001,
11 and at least 300 additional dentists and dental hygienists
12 in the Corps by 2002. The Secretary shall ensure that at
13 least 20 percent of the dentists in the Corps are pediatric
14 dentists and that another 20 percent of the dentists in
15 the Corps have general practice residency training.

16 **SEC. 103. MATERNAL AND CHILD HEALTH CENTERS FOR**
17 **LEADERSHIP IN PEDIATRIC DENTISTRY EDU-**
18 **CATION.**

19 (a) EXPANSION OF TRAINING PROGRAMS.—The Sec-
20 retary of Health and Human Services shall, through the
21 Maternal and Child Health Bureau, establish not less than
22 36 additional training positions annually for pediatric den-
23 tists at centers of excellence. The Secretary shall ensure
24 that such training programs are established in geographi-
25 cally diverse areas.

1 (b) AUTHORIZATION OF APPROPRIATIONS.—There is
2 authorized to be appropriated, such sums as may be nec-
3 essary to carry out this section.

4 **SEC. 104. DENTAL OFFICER MULTIYEAR RETENTION BONUS**
5 **FOR THE INDIAN HEALTH SERVICE.**

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

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

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

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

18 (4) RESIDENCY.—The term “residency” means
19 a graduate dental educational (GDE) training pro-
20 gram of at least 12 months, excluding general prac-
21 tice residency (GPR) or a 12-month advanced edu-
22 cation general dentistry (AEGD).

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

1 (b) REQUIREMENTS FOR BONUS.—

2 (1) IN GENERAL.—An eligible dental officer of
3 the Indian Health Service who executes a written
4 agreement to remain on active duty for 2, 3, or 4
5 years after the completion of any other active duty
6 service commitment to the Indian Health Service
7 may, upon acceptance of the written agreement by
8 the Director, be authorized to receive a dental officer
9 multiyear retention bonus under this section. The
10 Director may, based on requirements of the Indian
11 Health Service, decline to offer such a retention
12 bonus to any specialty that is otherwise eligible, or
13 to restrict the length of such a retention bonus con-
14 tract for a specialty to less than 4 years.

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

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

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

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

22 (c) ELIGIBILITY.—

23 (1) IN GENERAL.—In order to be eligible to re-
24 ceive a dental officer multiyear retention bonus
25 under the section, a dental officer shall—

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

3 (B) have at least 8 years of creditable
4 service, or have completed any active duty serv-
5 ice commitment of the Indian Health Service
6 incurred for dental education and training;

7 (C) have completed initial residency train-
8 ing, or be scheduled to complete initial resi-
9 dency training before September 30 of the fiscal
10 year in which the officer enters into a dental of-
11 ficer multiyear retention bonus written service
12 agreement under this section; and

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

15 (2) EXTENSION TO OTHER OFFICERS.—The Di-
16 rector may extend the retention bonus to dental offi-
17 cers other than officers with a dental specialty in pe-
18 diatric dentistry based on demonstrated need. The
19 criteria used as the basis for such an extension shall
20 be equitably determined and consistently applied.

21 (d) TERMINATION OF ENTITLEMENT TO SPECIAL
22 PAY.—The Director may terminate at any time a dental
23 officer's multiyear retention bonus contract under this sec-
24 tion. If such a contract is terminated, the unserved portion
25 of the retention bonus contract shall be recouped on a pro

1 rata basis. The Director shall establish regulations that
2 specify the conditions and procedures under which termi-
3 nation may take place. The regulations and conditions for
4 termination shall be included in the written service con-
5 tract for a dental officer multiyear retention bonus under
6 this section.

7 (e) REFUNDS.—

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

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

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

1 **SEC. 105. MEDICARE PAYMENTS TO APPROVED NONHOS-**
2 **PITAL DENTISTRY RESIDENCY TRAINING**
3 **PROGRAMS; PERMANENT DENTAL EXEMP-**
4 **TION FROM VOLUNTARY RESIDENCY REDUC-**
5 **TION PROGRAMS.**

6 (a) MEDICARE PAYMENTS TO APPROVED NONHOS-
7 PITAL DENTISTRY TRAINING PROGRAMS.—Section 1886
8 of the Social Security Act (42 U.S.C. 1395ww) is amended
9 by adding at the end the following:

10 “(1) PAYMENTS FOR NONHOSPITAL BASED DENTAL
11 RESIDENCY TRAINING PROGRAMS.—

12 “(1) IN GENERAL.—Beginning January 1,
13 1999, the Secretary shall make payments under this
14 paragraph to approved nonhospital based dentistry
15 residency training programs providing oral health
16 care to children for the direct and indirect expenses
17 associated with operating such training programs.

18 “(2) PAYMENT AMOUNT.—

19 “(A) METHODOLOGY.—The Secretary shall
20 establish procedures for making payments
21 under this subsection.

22 “(B) TOTAL AMOUNT OF PAYMENTS.—In
23 making payments to approved non-hospital
24 based dentistry residency training programs
25 under this subsection, the Secretary shall en-
26 sure that the total amount of such payments

1 will not result in a reduction of payments that
 2 would otherwise be made under subsection (h)
 3 or (k) to hospitals for dental residency training
 4 programs.

5 “(C) APPROVED PROGRAMS.—The Sec-
 6 retary shall establish procedures for the ap-
 7 proval of nonhospital based dentistry residency
 8 training programs under this subsection.”.

9 (b) PERMANENT DENTAL EXEMPTION FROM VOL-
 10 UNTARY RESIDENCY REDUCTION PROGRAMS.—

11 (1) IN GENERAL.—Section 1886(h)(6)(C) of the
 12 Social Security Act (42 U.S.C. 1395ww(h)(6)(C)) is
 13 amended—

14 (A) by redesignating clauses (i) through
 15 (iii) as subclauses (I) through (III), respec-
 16 tively, and indenting such subclauses (as so re-
 17 designated) appropriately;

18 (B) by striking “For purposes” and insert-
 19 ing the following:

20 “(i) IN GENERAL.—Subject to clause
 21 (ii), for purposes”; and

22 (C) by adding at the end the following:

23 “(ii) DEFINITION OF ‘APPROVED MED-
 24 ICAL RESIDENCY TRAINING PROGRAM’.—In
 25 this subparagraph, the term ‘approved

1 medical residency training program’ means
 2 only such programs in allopathic or osteo-
 3 pathic medicine.”.

4 (2) APPLICATION TO DEMONSTRATION
 5 PROJECTS AND AUTHORITY.—Section 4626(b)(3) of
 6 the Balanced Budget Act of 1997 (42 U.S.C.
 7 1395ww note) is amended by inserting “in allopathic
 8 or osteopathic medicine” before the period.

9 (c) EFFECTIVE DATE.—

10 (1) SUBSECTION (A).—The amendment made by
 11 subsection (a) takes effect on the date of enactment
 12 of this Act.

13 (2) SUBSECTION (B).—The amendments made
 14 by subsection (b) shall take effect as if included in
 15 the enactment of the Balanced Budget Act of 1997.

16 **SEC. 106. DENTAL HEALTH PROFESSIONAL SHORTAGE**
 17 **AREAS.**

18 (a) DESIGNATION.—Section 332(a) of the Public
 19 Health Service Act (42 U.S.C. 254e(a)) is amended by
 20 adding at the end the following:

21 “(4)(A) In designating health professional shortage
 22 areas under this section, the Secretary may designate cer-
 23 tain areas as dental health professional shortage areas if
 24 the Secretary determines that such areas have a severe
 25 shortage of dental health professionals. The Secretary

1 shall develop, publish and periodically update criteria to
 2 be used in designating dental health professional shortage
 3 areas.

4 “(B) For purposes of this title, a dental health pro-
 5 fessional shortage area shall be considered to be a health
 6 professional shortage area.”.

7 (b) LOAN REPAYMENT PROGRAM.—Section
 8 338B(b)(1)(A) of the Public Health Service Act (42
 9 U.S.C. 254l–1(b)(1)(A)) is amended by inserting “(includ-
 10 ing dental hygienists)” after “profession”.

11 (c) TECHNICAL AMENDMENT.—Section 331(a)(2) of
 12 the Public Health Service Act (42 U.S.C. 254d(a)(2)) is
 13 amended by inserting “(including dental health services)”
 14 after “services”.

15 **TITLE II—ENSURING DELIVERY**
 16 **OF PEDIATRIC DENTAL SERV-**
 17 **ICES UNDER THE MEDICAID**
 18 **AND SCHIP PROGRAMS**

19 **SEC. 201. INCREASED FMAP AND FEE SCHEDULE FOR DEN-**
 20 **TAL SERVICES PROVIDED TO CHILDREN**
 21 **UNDER THE MEDICAID PROGRAM.**

22 (a) INCREASED FMAP.—Section 1903(a)(5) of the
 23 Social Security Act (42 U.S.C. 1396b(a)(5)) is amended—

24 (1) by striking “equal to 90 per centum” and
 25 inserting “equal to—

1 “(A) 90 per centum”;

2 (2) by inserting “and” after the semicolon; and

3 (3) by adding at the end the following:

4 “(B) the greater of the Federal medical as-
5 sistance percentage or 75 per centum of the
6 sums expended during such quarter which are
7 attributable to dental services for children;”.

8 (b) FEE SCHEDULE.—Section 1902(a) of the Social
9 Security Act (42 U.S.C. 1396a(a)) is amended—

10 (1) in paragraph (65), by striking the period
11 and inserting “; and”; and

12 (2) by inserting after paragraph (65) the fol-
13 lowing:

14 “(66) provide for payment under the State plan
15 for dental services for children at a rate that is de-
16 signed to create an incentive for providers of such
17 services to treat children in need of dental services
18 (but that does not result in a reduction or other ad-
19 verse impact on the extent to which the State pro-
20 vides dental services to adults).”.

21 **SEC. 202. REQUIRED MINIMUM MEDICAID EXPENDITURES**

22 **FOR DENTAL HEALTH SERVICES.**

23 Section 1902(a) of the Social Security Act (42 U.S.C.
24 1396a(a)), as amended by section 201(b), is amended—

1 (1) in paragraph (65), by striking “and” at the
2 end;

3 (2) in paragraph (66), by striking the period
4 and inserting “; and”; and

5 (3) by inserting after paragraph (66) the fol-
6 lowing:

7 “(67) provide that, beginning with fiscal year
8 1999—

9 “(A) not less than an amount equal to 7
10 percent of the total annual expenditures under
11 the State plan for medical assistance provided
12 to children will be expended during each fiscal
13 year for dental services for children (including
14 the prevention, screening, diagnosis, and treat-
15 ment of dental conditions); and

16 “(B) the State will not reduce or otherwise
17 adversely impact the extent to which the State
18 provides dental services to adults in order to
19 meet the requirement of subparagraph (A).”.

20 **SEC. 203. REQUIREMENT TO VERIFY SUFFICIENT NUMBERS**
21 **OF PARTICIPATING DENTISTS UNDER THE**
22 **MEDICAID PROGRAM.**

23 Section 1902(a) of the Social Security Act (42 U.S.C.
24 1396a(a)), as amended by section 202, is amended—

1 (1) in paragraph (66), by striking “and” at the
2 end;

3 (2) in paragraph (67), by striking the period
4 and inserting “; and”; and

5 (3) by inserting after paragraph (67) the fol-
6 lowing:

7 “(68) provide that the State will annually verify
8 that the number of dentists participating under the
9 State plan—

10 “(A) satisfies the minimum established de-
11 gree of participation of dentists to the popu-
12 lation of children in the State, as determined by
13 the Secretary in accordance with the criteria
14 used by the Secretary under section 332(a)(4)
15 of the Public Health Service Act (42 U.S.C.
16 254e(a)(4)) to designate a dental health profes-
17 sional shortage area; and

18 “(B) is sufficient to ensure that children
19 enrolled in the State plan have the same level
20 of access to dental services as the children re-
21 siding in the State who are not eligible for med-
22 ical assistance under the State plan.”.

1 **SEC. 204. INCLUSION OF RECOMMENDED AGE FOR FIRST**
2 **DENTAL VISIT IN DEFINITION OF EPSDT**
3 **SERVICES.**

4 Section 1905(r)(1)(A)(i) of the Social Security Act
5 (42 U.S.C. 1396d(r)(1)(A)(i)) is amended by inserting
6 “and, with respect to dental services under paragraph (3),
7 in accordance with guidelines for the age of a first dental
8 visit that are consistent with guidelines of the American
9 Dental Association, the American Academy of Pediatric
10 Dentistry, and the Bright Futures program of the Health
11 Resources and Services Administration of the Department
12 of Health and Human Services,” after “vaccines,”.

13 **SEC. 205. APPROVAL OF FINAL REGULATIONS IMPLEMENT-**
14 **ING CHANGES TO EPSDT SERVICES.**

15 Not later than 30 days after the date of enactment
16 of this Act, the Secretary of Health and Human Services
17 shall issue final regulations implementing the proposed
18 regulations based on section 6403 of the Omnibus Budget
19 Reconciliation Act of 1989 (Public Law 101–239; 103
20 Stat. 2262) that were contained in the Federal Register
21 issued for October 1, 1993.

22 **SEC. 206. USE OF SCHIP FUNDS TO TREAT CHILDREN WITH**
23 **SPECIAL DENTAL HEALTH NEEDS.**

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

1 (1) in subsection (b), by striking “or subsection
2 (u)(3)” and inserting “subsection (u)(3), or sub-
3 section (u)(4)”; and

4 (2) in subsection (u)—

5 (A) by redesignating paragraph (4) as
6 paragraph (5); and

7 (B) by inserting after paragraph (3) the
8 following new paragraph:

9 “(4)(A) For purposes of subsection (b), the expendi-
10 tures described in this paragraph are expenditures for
11 medical assistance described in subparagraph (B) for a
12 low-income child described in subparagraph (C), but only
13 in the case of such a child who resides in a State described
14 in subparagraph (D).

15 “(B) For purposes of subparagraph (A), the medical
16 assistance described in this subparagraph consists of the
17 following:

18 “(i) Dental services provided to children with
19 special oral health needs, including advanced oral,
20 dental, and craniofacial diseases and conditions.

21 “(ii) Outreach conducted to identify and treat
22 children with such special dental health needs.

23 “(C) For purposes of subparagraph (A), a low-income
24 child described in this subparagraph is a child whose fam-
25 ily income does not exceed 50 percentage points above the

1 medicaid applicable income level (as defined in section
2 2110(b)(4)).

3 “(D) A State described in this subparagraph is a
4 State that, as of August 5, 1997, has under a waiver au-
5 thorized by the Secretary or under section 1902(r)(2), es-
6 tablished a medicaid applicable income level (as defined
7 in section 2110(b)(4)) for children under 19 years of age
8 residing in the State that is at or above 185 percent of
9 the poverty line (as defined in section 673(2) of the Com-
10 munity Services Block Grant Act (42 U.S.C. 9902(2), in-
11 cluding any revision required by such section for a family
12 of the size involved).”.

13 (b) EFFECTIVE DATE.—The amendments made by
14 this section shall take effect as if included in the enact-
15 ment of section 4911 of the Balanced Budget Act of 1997
16 (Public Law 105–33; 111 Stat. 570).

17 **SEC. 207. GRANTS TO SUPPLEMENT FEES FOR THE TREAT-**
18 **MENT OF CHILDREN WITH SPECIAL DENTAL**
19 **HEALTH NEEDS.**

20 Title V of the Social Security Act (42 U.S.C. 701
21 et seq.) is amended by adding at the end the following:

22 **“SEC. 511. GRANTS TO SUPPLEMENT FEES FOR THE TREAT-**
23 **MENT OF CHILDREN WITH SPECIAL DENTAL**
24 **HEALTH NEEDS.**

25 “(a) AUTHORITY TO MAKE GRANTS.—

1 “(1) IN GENERAL.—In addition to any other
2 payments made under this title to a State, the Sec-
3 retary shall award grants to States to supplement
4 payments made under the State programs estab-
5 lished under titles XIX and XXI for the treatment
6 of children with special oral health care needs.

7 “(2) DEFINITION OF CHILDREN WITH SPECIAL
8 ORAL, DENTAL, AND CRANIOFACIAL HEALTH CARE
9 NEEDS.—In this section the term ‘children with spe-
10 cial oral health care needs’ means children with ad-
11 vanced oral, dental and craniofacial conditions or
12 disorders, and other chronic medical, genetic, and
13 behavioral disorders with dental manifestations.

14 “(b) APPLICATION OF OTHER PROVISIONS OF
15 TITLE.—

16 “(1) IN GENERAL.—Except as provided in para-
17 graph (2), the other provisions of this title shall not
18 apply to a grant made, or activities of the Secretary,
19 under this section.

20 “(2) EXCEPTIONS.—The following provisions of
21 this title shall apply to a grant made under sub-
22 section (a) to the same extent and in the same man-
23 ner as such provisions apply to allotments made
24 under section 502(c):

1 designed to increase access to dental services for children
 2 in underserved areas, as determined by the Secretary.

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

6 **TITLE III—PEDIATRIC DENTAL**
 7 **RESEARCH**

8 **SEC. 301. IDENTIFICATION OF INTERVENTIONS THAT RE-**
 9 **DUCE THE BURDEN AND TRANSMISSION OF**
 10 **ORAL, DENTAL, AND CRANIOFACIAL DIS-**
 11 **EASES IN HIGH RISK POPULATIONS; DEVEL-**
 12 **OPMENT OF APPROACHES FOR PEDIATRIC**
 13 **ORAL AND CRANIOFACIAL ASSESSMENT.**

14 (a) IN GENERAL.—The Secretary of Health and
 15 Human Services, through the Maternal and Child Health
 16 Bureau, the Indian Health Service, and in consultation
 17 with the Agency for Health Care Policy and Research and
 18 the National Institutes of Health, shall—

19 (1) support community based research that is
 20 designed to improve our understanding of the etiol-
 21 ogy, pathogenesis, diagnosis, prevention, and treat-
 22 ment of pediatric oral, dental, craniofacial diseases
 23 and conditions and their sequelae in high risk popu-
 24 lations; and

1 (2) develop clinical approaches for pediatric
2 dental disease risk assessment.

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

6 **SEC. 302. AGENCY FOR HEALTH CARE POLICY AND RE-**
7 **SEARCH.**

8 Section 902(a) of the Public Health Service Act (42
9 U.S.C. 299a(a)) is amended—

10 (1) in paragraph (7), by striking “and” at the
11 end;

12 (2) in paragraph (8), by striking the period and
13 inserting “; and”; and

14 (3) by adding at the end the following:

15 “(9) the barriers that exist to dental care for
16 children and the establishment of measures of oral
17 health quality, including access to oral health care
18 for children.”.

19 **SEC. 303. CONSENSUS DEVELOPMENT CONFERENCE.**

20 (a) IN GENERAL.—Not later than January 1, 2000,
21 the Secretary of Health and Human Services, acting
22 through the National Institute of Child Health and
23 Human Development and the National Institute of Dental
24 Research, shall convene a conference (to be known as the
25 “Consensus Development Conference”) to examine the

1 management of early childhood caries and to support the
 2 design and conduct of research on the biology and physio-
 3 logic dynamics of infectious transmission of dental caries.
 4 The Secretary shall ensure that representatives of inter-
 5 ested consumers and other professional organizations par-
 6 ticipate in the Consensus Development Conference.

7 (b) EXPERTS.—In administering the conference
 8 under subsection (a), the Secretary of Health and Human
 9 Services shall solicit the participation of experts in den-
 10 tistry, including pediatric dentistry, public health, and
 11 other appropriate medical and child health professionals.

12 (c) AUTHORIZATION OF APPROPRIATIONS.—There is
 13 authorized to be appropriated such sums as may be nec-
 14 essary to carry out this section.

15 **TITLE IV—SURVEILLANCE AND** 16 **ACCOUNTABILITY**

17 **SEC. 401. CDC REPORTS.**

18 (a) COLLECTION OF DATA.—The Director of the
 19 Centers for Disease Control and Prevention in collabora-
 20 tion with other organizations and agencies shall annually
 21 collect data describing the dental, craniofacial, and oral
 22 health of residents of at least 1 State from each region
 23 of the Department of Health and Human Services.

24 (b) REPORTS.—The Director shall compile and ana-
 25 lyze data collected under subsection (a) and annually pre-

1 pare and submit to the appropriate committees of Con-
2 gress a report concerning the oral health of certain States.

3 **SEC. 402. REPORTING REQUIREMENTS UNDER THE MEDIC-**
4 **AID PROGRAM.**

5 Section 1902(a)(43)(D) of the Social Security Act
6 (42 U.S.C. 1396a(43)(D)) is amended—

7 (1) in clause (iii), by striking “and” and insert-
8 ing “with the specific dental condition and treatment
9 provided identified,”;

10 (2) in clause (iv), by striking the semicolon and
11 inserting a comma; and

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

13 “(v) the percentage of expenditures
14 for such services that were for dental serv-
15 ices, and

16 “(vi) the percentage of general and
17 pediatric dentists who are licensed in the
18 State and provide services commensurate
19 with eligibility under the State plan;”.

20 **SEC. 403. ADMINISTRATION ON CHILDREN, YOUTH, AND**
21 **FAMILIES.**

22 The Administrator of the Administration on Chil-
23 dren, Youth, and Families shall annually prepare and sub-
24 mit to the appropriate committees of Congress a report
25 concerning the percentage of children enrolled in a Head

1 Start or Early Start program who have access to and who
2 obtain dental care, including children with special oral,
3 dental, and craniofacial health needs.

4 **TITLE V—MISCELLANEOUS**

5 **SEC. 501. EFFECTIVE DATE.**

6 (a) IN GENERAL.—Except as otherwise provided in
7 this Act, this Act and the amendments made by this Act
8 take effect on the date of enactment of this Act.

9 (b) EXTENSION OF EFFECTIVE DATE FOR STATE LAW
10 AMENDMENT.—In the case of a State plan under title XIX
11 of the Social Security Act which the Secretary of Health
12 and Human Services determines requires State legislation
13 in order for the plan to meet the additional requirements
14 imposed by the amendments made by this Act, the State
15 plan shall not be regarded as failing to comply with the
16 requirements of such amendments solely on the basis of
17 its failure to meet the additional requirements before the
18 first day of the first calendar quarter beginning after the
19 close of the first regular session of the State legislature
20 that begins after the date of the enactment of this Act.
21 For purposes of the previous sentence, in the case of a
22 State that has a 2-year legislative session, each year of
23 the session is considered to be a separate regular session
24 of the State legislature.

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