

107TH CONGRESS
2D SESSION

S. 2502

To improve the provision of health care in all areas of the United States.

IN THE SENATE OF THE UNITED STATES

MAY 9, 2002

Mr. GRASSLEY introduced the following bill; which was read twice and referred to the Committee on Finance

A BILL

To improve the provision of health care in all areas of the United States.

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 “Improving Our Well-Being Act of 2002”.

6 (b) TABLE OF CONTENTS.—The Table of Contents
7 of this Act is as follows:

Sec. 1. Short title; table of contents.

TITLE I—HOSPITAL PROVISIONS

Subtitle A—Acute Care Hospital Provisions

Sec. 101. Full market basket increase in 2003 for medicare hospitals in rural and small urban areas.

- Sec. 102. Equalizing urban and rural standardized payment amounts under the medicare inpatient hospital prospective payment system.
- Sec. 103. Two-year extension of hold harmless provisions for small rural hospitals under medicare prospective payment system for hospital outpatient department services.
- Sec. 104. Adjustment in determination of pre-BBA amount for small rural hospitals under medicare prospective payment system for hospital outpatient department services.
- Sec. 105. Increase in payments for certain services furnished by small rural hospitals under medicare prospective payment system for hospital outpatient department services.
- Sec. 106. Medicare wage index improvements.
- Sec. 107. Medicare inpatient payment adjustment for low-volume hospitals.
- Sec. 108. Increase in floor under medicaid for treatment as an extremely low DSH State to 3 percent in fiscal year 2003.

Subtitle B—Critical Access Hospital Provisions

- Sec. 111. Reinstatement of medicare periodic interim payment (PIP) for critical access hospitals.
- Sec. 112. Elimination of 35-mile requirement for cost reimbursement of ambulance services furnished by critical access hospitals under the medicare program.
- Sec. 113. Treatment of home health services furnished by subdivisions of critical access hospitals under the medicare program.

TITLE II—OTHER HEALTH CARE PROVISIONS

- Sec. 201. Improvement in rural health clinic reimbursement under medicare.
- Sec. 202. Exclusion of certain rural health clinic and Federally qualified health center services from the medicare prospective payment system for skilled nursing facilities.
- Sec. 203. Two-year extension of increase for medicare home health services furnished in rural areas.
- Sec. 204. Five-year extension of availability of medicare cost contracts for medicare beneficiaries.

TITLE III—PEDIATRIC DENTAL PROVISIONS

Subtitle A—Medicaid and SCHIP

- Sec. 301. Grants to improve the provision of dental services under medicaid and SCHIP.
- Sec. 302. Authority to provide dental coverage under SCHIP as a supplement to other health coverage.

Subtitle B—Community Health Centers, Public Health Departments, and the Indian Health Service

- Sec. 311. Grants to improve the provision of dental health services.
- Sec. 312. Streamline process for designating dental health professional shortage areas.
- Sec. 313. Demonstration projects to increase access to pediatric dental services in underserved areas.

1 **TITLE I—HOSPITAL PROVISIONS**
 2 **Subtitle A—Acute Care Hospital**
 3 **Provisions**

4 **SEC. 101. FULL MARKET BASKET INCREASE IN 2003 FOR**
 5 **MEDICARE HOSPITALS IN RURAL AND SMALL**
 6 **URBAN AREAS.**

7 Section 1886(b)(3)(B)(i)(XVIII) of the Social Secu-
 8 rity Act (42 U.S.C. 1395ww(b)(3)(B)(i)(XVIII)) is
 9 amended to read as follows:

10 “(XVIII) for fiscal year 2003, the market bas-
 11 ket percentage increase minus 0.55 percentage
 12 points for hospitals located in a large urban area
 13 and the market basket percentage increase for hos-
 14 pitals located in an area other than a large urban
 15 area, and”.

16 **SEC. 102. EQUALIZING URBAN AND RURAL STANDARDIZED**
 17 **PAYMENT AMOUNTS UNDER THE MEDICARE**
 18 **INPATIENT HOSPITAL PROSPECTIVE PAY-**
 19 **MENT SYSTEM.**

20 (a) IN GENERAL.—Section 1886(d)(3)(A) of the So-
 21 cial Security Act (42 U.S.C. 1395ww(d)(3)(A)) is
 22 amended—

23 (1) in clause (iv)—

1 (A) by inserting “and ending on or before
2 September 30, 2003,” after “October 1,
3 1995,”; and

4 (B) by striking “and for hospitals” and in-
5 serting “and, subject to clause (v), for hos-
6 pitals”; and

7 (2) by redesignating clauses (v) and (vi) as
8 clauses (vii) and (viii), respectively, and inserting
9 after clause (iv) the following new clauses:

10 “(v) For discharges occurring in the fiscal year
11 beginning on October 1, 2002, the operating stand-
12 ardized amount for hospitals located in areas other
13 than a large urban area shall be equal to the oper-
14 ating standardized amount, as determined under
15 clause (iv), applicable to such discharges for hos-
16 pitals located in a large urban area.

17 “(vi) For discharges occurring in a fiscal year
18 beginning on or after October 1, 2003, the Secretary
19 shall compute an operating standardized amount for
20 hospitals located in all areas within the United
21 States equal to the operating standardized amount
22 computed under clause (v) or this clause for the pre-
23 vious fiscal year increased by the applicable percent-
24 age increase under subsection (b)(3)(B)(i) for the
25 fiscal year involved.”.

1 (b) CONFORMING AMENDMENTS.—

2 (1) COMPUTING DRG-SPECIFIC RATES.—Section
3 1886(d)(3)(D) of the Social Security Act (42 U.S.C.
4 1395ww(d)(3)(D)) is amended—

5 (A) in the heading, by striking “IN DIF-
6 FERENT AREAS”;

7 (B) in the matter preceding clause (i), by
8 striking “each of which is”;

9 (C) in clause (i)—

10 (i) in the matter preceding subclause
11 (I), by inserting “for fiscal years before fis-
12 cal year 2003,” before “for hospitals”; and

13 (ii) in subclause (II), by striking
14 “and” after the semicolon at the end;

15 (D) in clause (ii)—

16 (i) in the matter preceding subclause
17 (I), by inserting “for fiscal years before fis-
18 cal year 2003,” before “for hospitals”; and

19 (ii) in subclause (II), by striking the
20 period at the end and inserting “; and”;
21 and

22 (E) by adding at the end the following new
23 clause:

1 “(iii) for a fiscal year beginning after fiscal
2 year 2002, for hospitals located in all areas, to
3 the product of—

4 “(I) the applicable operating stand-
5 ardized amount (computed under subpara-
6 graph (A)), reduced under subparagraph
7 (B), and adjusted or reduced under sub-
8 paragraph (C) for the fiscal year; and

9 “(II) the weighting factor (determined
10 under paragraph (4)(B)) for that diag-
11 nosis-related group.”.

12 (2) TECHNICAL CONFORMING SUNSET.—Section
13 1886(d)(3) of the Social Security Act (42 U.S.C.
14 1395ww(d)(3)) is amended—

15 (A) in the matter preceding subparagraph
16 (A), by inserting “, for fiscal years before fiscal
17 year 1997,” before “a regional adjusted DRG
18 prospective payment rate”; and

19 (B) in subparagraph (D), in the matter
20 preceding clause (i), by inserting “, for fiscal
21 years before fiscal year 1997,” before “a re-
22 gional DRG prospective payment rate for each
23 region,”.

1 **SEC. 103. TWO-YEAR EXTENSION OF HOLD HARMLESS PRO-**
2 **VISIONS FOR SMALL RURAL HOSPITALS**
3 **UNDER MEDICARE PROSPECTIVE PAYMENT**
4 **SYSTEM FOR HOSPITAL OUTPATIENT DE-**
5 **PARTMENT SERVICES.**

6 Section 1833(t)(7)(D)(i) of the Social Security Act
7 (42 U.S.C. 1395l(t)(7)(D)(i)) is amended by striking
8 “2004” and inserting “2006”.

9 **SEC. 104. ADJUSTMENT IN DETERMINATION OF PRE-BBA**
10 **AMOUNT FOR SMALL RURAL HOSPITALS**
11 **UNDER MEDICARE PROSPECTIVE PAYMENT**
12 **SYSTEM FOR HOSPITAL OUTPATIENT DE-**
13 **PARTMENT SERVICES.**

14 Section 1833(t)(7)(F)(ii) of the Social Security Act
15 (42 U.S.C. 1395l(t)(7)(F)(ii)) is amended by adding at
16 the end the following new sentence: “The preceding sen-
17 tence shall not apply with respect to the determination of
18 the amount of payment under this subsection for covered
19 OPD services furnished on or after January 1, 2003, and
20 before January 1, 2006, by a hospital described in sub-
21 paragraph (D)(i).”.

1 **SEC. 105. INCREASE IN PAYMENTS FOR CERTAIN SERVICES**
2 **FURNISHED BY SMALL RURAL HOSPITALS**
3 **UNDER MEDICARE PROSPECTIVE PAYMENT**
4 **SYSTEM FOR HOSPITAL OUTPATIENT DE-**
5 **PARTMENT SERVICES.**

6 (a) INCREASE.—

7 (1) IN GENERAL.—In the case of an applicable
8 covered OPD service (as defined in paragraph (2))
9 that is furnished by a hospital described in para-
10 graph (7)(D)(i) of section 1833(t) of the Social Se-
11 curity Act (42 U.S.C. 1395l(t)) on or after January
12 1, 2003, and before January 1, 2006, the Secretary
13 of Health and Human Services shall increase the
14 medicare OPD fee schedule amount (as determined
15 under paragraph (4)(A) of such section) that is ap-
16 plicable for such service by 10 percent.

17 (2) APPLICABLE COVERED OPD SERVICES DE-
18 FINED.—For purposes of this section, the term “ap-
19 plicable covered OPD service” means a covered clinic
20 or emergency room visit that is classified within the
21 groups of covered OPD services (as defined in para-
22 graph (1)(B) of section 1833(t) of the Social Secu-
23 rity Act (42 U.S.C. 1395l(t))) established under
24 paragraph (2)(B) of such section.

25 (b) NO EFFECT ON COPAYMENT AMOUNT.—The Sec-
26 retary of Health and Human Services shall compute the

1 copayment amount for applicable covered OPD services
2 under section 1833(t)(8)(A) of the Social Security Act (42
3 U.S.C. 1395l(t)(8)(A)) as if this section had not been en-
4 acted.

5 (c) NO EFFECT ON INCREASE UNDER HOLD HARM-
6 LESS PROVISIONS.—The Secretary of Health and Human
7 Services shall apply the temporary hold harmless provision
8 under section 1833(t)(7)(D)(i) of the Social Security Act
9 (42 U.S.C. 1395l(t)(7)(D)(i)) as if this section had not
10 been enacted.

11 (d) WAIVING BUDGET NEUTRALITY AND NO REVI-
12 SION OR ADJUSTMENTS.—The Secretary of Health and
13 Human Services shall not make any revision or adjust-
14 ment under subparagraph (A), (B), or (C) of section
15 1833(t)(9) of the Social Security Act (42 U.S.C.
16 1395l(t)(9)) because of the application of subsection
17 (a)(1).

18 (e) NO EFFECT ON PAYMENTS AFTER INCREASE PE-
19 RIOD ENDS.—The Secretary of Health and Human Serv-
20 ices shall not take into account any payment increase pro-
21 vided under subsection (a)(1) in determining payments for
22 covered OPD services (as defined in paragraph (1)(B) of
23 section 1833(t) of the Social Security Act (42 U.S.C.
24 1395l(t))) under such section that are furnished after
25 January 1, 2006.

1 (f) TECHNICAL AMENDMENT.—Section
 2 1833(t)(2)(B) of the Social Security Act (42 U.S.C.
 3 1395l(t)(2)(B)) is amended by inserting “(and periodically
 4 revise such groups pursuant to paragraph (9)(A))” after
 5 “establish groups”.

6 **SEC. 106. MEDICARE WAGE INDEX IMPROVEMENTS.**

7 (a) ACCELERATION OF PHASE-OUT OF CERTAIN
 8 COSTS IN COMPUTING AREA WAGE INDEX.—For pur-
 9 poses of computing the area wage index under section
 10 1886(d)(3)(E) of the Social Security Act (42 U.S.C.
 11 1395ww(d)(3)(E)) for services provided in fiscal year
 12 2003 and any subsequent year, the Secretary shall exclude
 13 from such calculation employee compensation and paid
 14 hours of employment attributable to teaching physicians,
 15 residents in approved medical residency training programs
 16 (as defined in section 1886(h)(5)(A) of such Act (42
 17 U.S.C. 1395ww(h)(5)(A))), and certified registered nurse
 18 anesthetists (as defined in section 1861(bb)(2) of the So-
 19 cial Security Act (42 U.S.C. 1395x(bb)(2))).

20 (b) MEDPAC REVIEW AND REPORT.—

21 (1) REVIEW.—The Medicare Payment Advisory
 22 Commission shall conduct a review of the method-
 23 ology used by the Secretary of Health and Human
 24 Services to determine the proportion of hospitals’
 25 costs attributable to wages and wage-related costs

1 which are adjusted under section 1886(d)(3)(E) of
2 the Social Security Act (42 U.S.C.
3 1395ww(d)(3)(E)).

4 (2) REPORT.—Not later than 1 year after the
5 date of enactment of this Act, the Commission shall
6 submit to Congress a report on the review conducted
7 under paragraph (1) together with recommendations
8 on how to alter the methodology described in such
9 paragraph in order to improve the accuracy of the
10 determination of the proportion described in such
11 paragraph.

12 **SEC. 107. MEDICARE INPATIENT PAYMENT ADJUSTMENT**
13 **FOR LOW-VOLUME HOSPITALS.**

14 (a) IN GENERAL.—Section 1886(d) of the Social Se-
15 curity Act (42 U.S.C. 1395ww(d)) is amended by adding
16 at the end the following new paragraph:

17 “(12) PAYMENT ADJUSTMENT FOR LOW-VOLUME
18 HOSPITALS.—

19 “(A) PAYMENT ADJUSTMENT.—

20 “(i) IN GENERAL.—Notwithstanding any
21 other provision of this section, for each cost re-
22 porting period (beginning with the cost report-
23 ing period that begins in fiscal year 2003), the
24 Secretary shall provide for an additional pay-
25 ment amount to each low-volume hospital (as

1 defined in clause (iii)) for discharges occurring
2 during that cost reporting period to increase
3 the amount paid to such hospital under this
4 section for such discharges by the applicable
5 percentage increase determined under clause
6 (ii).

7 “(ii) APPLICABLE PERCENTAGE IN-
8 CREASE.—The Secretary shall determine a per-
9 centage increase applicable under this para-
10 graph that ensures that—

11 “(I) no percentage increase in pay-
12 ments under this paragraph exceeds 25
13 percent of the amount of payment that
14 would otherwise be made to a low-volume
15 hospital under this section for each dis-
16 charge (but for this paragraph);

17 “(II) low-volume hospitals that have
18 the lowest number of discharges during a
19 cost reporting period receive the highest
20 percentage increase in payments due to the
21 application of this paragraph; and

22 “(III) the percentage increase in pay-
23 ments due to the application of this para-
24 graph is reduced as the number of dis-
25 charges per cost reporting period increases.

1 “(iii) LOW-VOLUME HOSPITAL DEFINED.—
2 For purposes of this paragraph, the term ‘low-
3 volume hospital’ means, for a cost reporting pe-
4 riod, a subsection (d) hospital (as defined in
5 paragraph (1)(B)) other than a critical access
6 hospital (as defined in section 1861(mm)(1))
7 that—

8 “(I) the Secretary determines had an
9 average of less than 800 discharges (deter-
10 mined with respect to all patients and not
11 just individuals receiving benefits under
12 this title) during the 3 most recent cost re-
13 porting periods for which data are avail-
14 able that precede the cost reporting period
15 to which this paragraph applies; and

16 “(II) is located at least 15 miles from
17 a similar hospital (or is deemed by the
18 Secretary to be so located by reason of
19 such factors as the Secretary determines
20 appropriate, including the time required
21 for an individual to travel to the nearest
22 alternative source of appropriate inpatient
23 care (taking into account the location of
24 such alternative source of inpatient care

1 (4) by striking “fiscal year 2001” and inserting
2 “fiscal year 2003”.

3 (b) EFFECTIVE DATE.—The amendments made by
4 subsection (a) take effect on October 1, 2002, and apply
5 to DSH allotments under title XIX of the Social Security
6 Act for fiscal year 2003 and each fiscal year thereafter.

7 **Subtitle B—Critical Access**
8 **Hospital Provisions**

9 **SEC. 111. REINSTATEMENT OF MEDICARE PERIODIC IN-**
10 **TERIM PAYMENT (PIP) FOR CRITICAL ACCESS**
11 **HOSPITALS.**

12 (a) IN GENERAL.—Section 1815(e)(2) of the Social
13 Security Act (42 U.S.C. 1395g(e)(2)) is amended—

14 (1) by striking “and” at the end of subpara-
15 graph (C);

16 (2) by adding “and” at the end of subpara-
17 graph (D); and

18 (3) by inserting after subparagraph (D) the fol-
19 lowing new subparagraph:

20 “(E) inpatient critical access hospital services
21 (as defined in section 1861(mm)(2));”.

22 (b) EFFECTIVE DATES.—The amendments made by
23 subsection (a) shall apply to payments made on or after
24 January 1, 2003.

1 **SEC. 112. ELIMINATION OF 35-MILE REQUIREMENT FOR**
2 **COST REIMBURSEMENT OF AMBULANCE**
3 **SERVICES FURNISHED BY CRITICAL ACCESS**
4 **HOSPITALS UNDER THE MEDICARE PRO-**
5 **GRAM.**

6 (a) **ELIMINATION.**—

7 (1) **IN GENERAL.**—Paragraph (8) of section
8 1834(l) of the Social Security Act (42 U.S.C.
9 1395m(l)), as added by section 205(a) of the Medi-
10 care, Medicaid, and SCHIP Benefits Improvement
11 and Protection Act of 2000 (114 Stat. 2763A–482),
12 as enacted into law by section 1(a)(6) of Public Law
13 106–554, is amended—

14 (A) in subparagraph (B), by striking the
15 comma at the end and inserting a period; and

16 (B) by striking “but only if” and all that
17 follows.

18 (2) **EFFECTIVE DATE.**—The amendments made
19 by paragraph (1) shall apply to services furnished on
20 or after January 1, 2003.

21 (b) **TECHNICAL AMENDMENT.**—

22 (1) **IN GENERAL.**—Paragraph (8) of section
23 1834(l) of the Social Security Act (42 U.S.C.
24 1395m(l)), as added by section 221(a) of the Medi-
25 care, Medicaid, and SCHIP Benefits Improvement
26 and Protection Act of 2000 (114 Stat. 2763A–486),

1 as enacted into law by section 1(a)(6) of Public Law
2 106–554, is redesignated as paragraph (9).

3 (2) EFFECTIVE DATE.—The amendment made
4 by paragraph (1) shall take effect as if included in
5 the enactment of such section 221(a).

6 **SEC. 113. TREATMENT OF HOME HEALTH SERVICES FUR-**
7 **NISHED BY SUBDIVISIONS OF CRITICAL AC-**
8 **CESS HOSPITALS UNDER THE MEDICARE**
9 **PROGRAM.**

10 (a) HOME HEALTH SERVICES.—

11 (1) IN GENERAL.—Section 1895 of the Social
12 Security Act (42 U.S.C. 1395fff) is amended by
13 adding at the end the following new subsection:

14 “(f) SERVICES FURNISHED BY CRITICAL ACCESS
15 HOSPITALS.—Notwithstanding any other provision of this
16 section, the Secretary shall pay the reasonable costs in-
17 curred in furnishing home health services if such services
18 are furnished by a home health agency that is a subdivi-
19 sion of a critical access hospital (as defined in section
20 1861(mm)(1)).”.

21 (2) CONFORMING AMENDMENT.—Section
22 1833(a)(2)(A) of the Social Security Act (42 U.S.C.
23 1395l(a)(2)(A)) is amended—

24 (A) by striking “1861(kk),” and inserting
25 “1861(kk), (i)”; and

1 (B) by inserting before the semicolon at
 2 the end the following: “, and (ii) with respect
 3 to home health services described in subsection
 4 (f) of such section, the amounts paid shall be
 5 the amounts described in such subsection”.

6 (3) TECHNICAL AMENDMENT.—Section
 7 1833(a)(2)(A) of the Social Security Act (42 U.S.C.
 8 1395l(a)(2)(A)) is amended by striking “drug) (as
 9 defined in section 1861(kk))” and inserting “drug
 10 (as defined in section 1861(kk))”.

11 (4) EFFECTIVE DATE.—The amendments made
 12 by this subsection shall apply to services furnished
 13 on or after January 1, 2004.

14 **TITLE II—OTHER HEALTH CARE** 15 **PROVISIONS**

16 **SEC. 201. IMPROVEMENT IN RURAL HEALTH CLINIC REIM-** 17 **BURSEMENT UNDER MEDICARE.**

18 Section 1833(f) of the Social Security Act (42 U.S.C.
 19 1395l(f)) is amended—

20 (1) in paragraph (1), by striking “, and” at the
 21 end and inserting a semicolon;

22 (2) in paragraph (2)—

23 (A) by striking “in a subsequent year” and
 24 inserting “in 1989 through 2002”; and

1 (B) by striking the period at the end and
 2 inserting a semicolon; and

3 (3) by adding at the end the following new
 4 paragraphs:

5 “(3) in 2003, at \$80 per visit; and

6 “(4) in a subsequent year, at the limit estab-
 7 lished under this subsection for the previous year in-
 8 creased by the percentage increase in the MEI (as
 9 so defined) applicable to primary care services (as so
 10 defined) furnished as of the first day of that year.”.

11 **SEC. 202. EXCLUSION OF CERTAIN RURAL HEALTH CLINIC**
 12 **AND FEDERALLY QUALIFIED HEALTH CEN-**
 13 **TER SERVICES FROM THE MEDICARE PRO-**
 14 **SPECTIVE PAYMENT SYSTEM FOR SKILLED**
 15 **NURSING FACILITIES.**

16 (a) IN GENERAL.—Section 1888(e) of the Social Se-
 17 curity Act (42 U.S.C. 1395yy(e)) is amended—

18 (1) in paragraph (2)(A)(i)(II), by striking
 19 “clauses (ii) and (iii)” and inserting “clauses (ii),
 20 (iii), and (iv)”; and

21 (2) by adding at the end of paragraph (2)(A)
 22 the following new clause:

23 “(iv) EXCLUSION OF CERTAIN RURAL
 24 HEALTH CLINIC AND FEDERALLY QUALI-

1 FIED HEALTH CENTER SERVICES.—Serv-
 2 ices described in this clause are—

3 “(I) rural health clinic services
 4 (as defined in paragraph (1) of sec-
 5 tion 1861(aa)); and

6 “(II) Federally qualified health
 7 center services (as defined in para-
 8 graph (3) of such section);

9 that would be described in clause (ii) if
 10 such services were not furnished by an in-
 11 dividual affiliated with a rural health clinic
 12 or a Federally qualified health center.”.

13 (b) EFFECTIVE DATE.—The amendments made by
 14 subsection (a) shall apply to services furnished on or after
 15 January 1, 2003.

16 **SEC. 203. TWO-YEAR EXTENSION OF INCREASE FOR MEDI-**
 17 **CARE HOME HEALTH SERVICES FURNISHED**
 18 **IN RURAL AREAS.**

19 (a) IN GENERAL.—Section 508(a) of the Medicare,
 20 Medicaid, and SCHIP Benefits Improvement and Protec-
 21 tion Act of 2000 (114 Stat. 2763A–533), as enacted into
 22 law by section 1(a)(6) of Public Law 106–554, is amended
 23 by striking “April 1, 2003” and inserting “April 1, 2005”.

24 (b) TECHNICAL AMENDMENT.—Section 547(c)(2) of
 25 the Medicare, Medicaid, and SCHIP Benefits Improve-

1 ment and Protection Act of 2000 (114 Stat. 2763A–553),
 2 as enacted into law by section 1(a)(6) of Public Law 106–
 3 554, is amended by striking “September 30, 2002” and
 4 inserting “April 1, 2005”.

5 **SEC. 204. FIVE-YEAR EXTENSION OF AVAILABILITY OF**
 6 **MEDICARE COST CONTRACTS FOR MEDICARE**
 7 **BENEFICIARIES.**

8 Section 1876(h)(5)(C) of the Social Security Act (42
 9 U.S.C. 1395mm(h)(5)(C)) is amended by striking “2004”
 10 and inserting “2009”.

11 **TITLE III—PEDIATRIC DENTAL**
 12 **PROVISIONS**

13 **Subtitle A—Medicaid and SCHIP**

14 **SEC. 301. GRANTS TO IMPROVE THE PROVISION OF DENTAL**
 15 **SERVICES UNDER MEDICAID AND SCHIP.**

16 Title V of the Social Security Act (42 U.S.C. 701
 17 et seq.) is amended by adding at the end the following
 18 new section:

19 **“SEC. 511. GRANTS TO IMPROVE THE PROVISION OF DEN-**
 20 **TAL SERVICES UNDER MEDICAID AND SCHIP.**

21 “(a) **AUTHORITY TO MAKE GRANTS.**—In addition to
 22 any other payments made under this title to a State, the
 23 Secretary shall award grants to States that satisfy the re-
 24 quirements of subsection (b) to improve the provision of
 25 dental services to children who are enrolled in a State plan

1 under title XIX or a State child health plan under title
2 XXI (in this section, collectively referred to as the ‘State
3 plans’).

4 “(b) REQUIREMENTS.—In order to be eligible for a
5 grant under this section, a State shall provide the Sec-
6 retary with the following assurances:

7 “(1) IMPROVED SERVICE DELIVERY.—The
8 State shall have a plan to improve the delivery of
9 dental services to children who are enrolled in the
10 State plans, including providing outreach and ad-
11 ministrative case management, improving collection
12 and reporting of claims data, and providing incen-
13 tives, in addition to raising reimbursement rates, to
14 increase provider participation.

15 “(2) ADEQUATE PAYMENT RATES.—The State
16 has provided for payment under the State plans for
17 dental services for children at levels consistent with
18 the market-based rates and sufficient enough to en-
19 list providers to treat children in need of dental serv-
20 ices.

21 “(3) ENSURED ACCESS.—The State shall en-
22 sure it will make dental services available to children
23 enrolled in the State plans to the same extent as
24 such services are available to the general population
25 of the State.

1 “(c) APPLICATION.—A State shall submit an applica-
2 tion to the Secretary for a grant under this section in such
3 form and manner and containing such information as the
4 Secretary may require.

5 “(d) AUTHORIZATION OF APPROPRIATIONS.—There
6 are authorized to be appropriated to make grants under
7 this section \$50,000,000 for fiscal year 2003 and each fis-
8 cal year thereafter.

9 “(e) APPLICATION OF OTHER PROVISIONS OF
10 TITLE.—

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

14 “(2) EXCEPTIONS.—The following provisions of
15 this title shall apply to a grant made under sub-
16 section (a) to the same extent and in the same man-
17 ner as such provisions apply to allotments made
18 under section 502(c):

19 “(A) Section 504(b)(6) (relating to prohi-
20 bition on payments to excluded individuals and
21 entities).

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

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

1 “(D) Section 506 (relating to reports and
2 audits), but only to the extent determined by
3 the Secretary to be appropriate for grants made
4 under this section.

5 “(E) Section 507 (relating to penalties for
6 false statements).

7 “(F) Section 508 (relating to non-
8 discrimination).

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

11 **SEC. 302. AUTHORITY TO PROVIDE DENTAL COVERAGE**
12 **UNDER SCHIP AS A SUPPLEMENT TO OTHER**
13 **HEALTH COVERAGE.**

14 (a) **AUTHORITY TO PROVIDE COVERAGE.—**

15 (1) **SCHIP.—**

16 (A) **IN GENERAL.—**Section 2105(a)(1)(C)
17 of the Social Security Act (42 U.S.C.
18 1397ee(a)(1)(C)) is amended—

19 (i) by inserting “(i)” after “(C)”; and

20 (ii) by adding at the end the following
21 new clause:

22 “(ii) notwithstanding clause (i), in the case
23 of a State that satisfies the conditions described
24 in subsection (c)(8), for child health assistance
25 that consists only of coverage of dental services

1 for a child who would be considered a targeted
2 low-income child if that portion of subpara-
3 graph (C) of section 2110(b)(1) relating to cov-
4 erage of the child under a group health plan or
5 under health insurance coverage did not apply,
6 and such child has such coverage that does not
7 include dental services; and”.

8 (B) CONDITIONS DESCRIBED.—Section
9 2105(c) of the Social Security Act (42 U.S.C.
10 1397ee(c)) is amended by adding at the end the
11 following new paragraph:

12 “(8) CONDITIONS FOR PROVISION OF DENTAL
13 SERVICES ONLY COVERAGE.—For purposes of sub-
14 section (a)(1)(C)(ii), the conditions described in this
15 paragraph are the following:

16 “(A) INCOME ELIGIBILITY.—The State
17 child health plan (whether implemented under
18 title XIX or this title)—

19 “(i) has the highest income eligibility
20 standard permitted under this title as of
21 January 1, 2002;

22 “(ii) subject to subparagraph (B),
23 does not limit the acceptance of applica-
24 tions for children; and

1 “(iii) provides benefits to all children
2 in the State who apply for and meet eligi-
3 bility standards.

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

11 (C) STATE OPTION TO WAIVE WAITING PE-
12 RIOD.—Section 2102(b)(1)(B) of the Social Se-
13 curity Act (42 U.S.C. 1397bb(b)(1)(B)) is
14 amended—

15 (i) in clause (i), by striking “and” at
16 the end;

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

19 (iii) by adding at the end the fol-
20 lowing new clause:

21 “(iii) at State option, may not apply
22 a waiting period in the case of a child de-
23 scribed in section 2105(a)(1)(C)(ii), if the
24 State satisfies the requirements of section
25 2105(c)(8) and provides such child with

1 child health assistance that consists only of
2 coverage of dental services.”.

3 (2) APPLICATION OF ENHANCED MATCH UNDER
4 MEDICAID.—Section 1905 of the Social Security Act
5 (42 U.S.C. 1396d) is amended—

6 (A) in subsection (b), in the fourth sen-
7 tence, by striking “or subsection (u)(3)” and
8 inserting “(u)(3), or (u)(4)”; and

9 (B) in subsection (u)—

10 (i) by redesignating paragraph (4) as
11 paragraph (5); and

12 (ii) by inserting after paragraph (3)
13 the following new paragraph:

14 “(4) For purposes of subsection (b), the expenditures
15 described in this paragraph are expenditures for dental
16 services for children described in section
17 2105(a)(1)(C)(ii), but only in the case of a State that sat-
18 isfies the requirements of section 2105(c)(8).”.

19 (b) EFFECTIVE DATE.—The amendments made by
20 subsection (a) take effect on October 1, 2002, and apply
21 to child health assistance and medical assistance provided
22 on or after that date.

1 **Subtitle B—Community Health**
 2 **Centers, Public Health Depart-**
 3 **ments, and the Indian Health**
 4 **Service**

5 **SEC. 311. GRANTS TO IMPROVE THE PROVISION OF DENTAL**
 6 **HEALTH SERVICES.**

7 Part D of title III of the Public Health Service Act
 8 (42 U.S.C. 254b et seq.) is amended by inserting before
 9 section 330, the following:

10 **“SEC. 329. GRANT PROGRAM TO EXPAND THE AVAIL-**
 11 **ABILITY OF SERVICES.**

12 “(a) IN GENERAL.—The Secretary, acting through
 13 the Health Resources and Services Administration, shall
 14 establish a program under which the Secretary may award
 15 grants to eligible entities and eligible individuals to expand
 16 the availability of primary dental care services in dental
 17 health professional shortage areas or medically under-
 18 served areas.

19 “(b) ELIGIBILITY.—

20 “(1) ENTITIES.—To be eligible to receive a
 21 grant under this section an entity—

22 “(A) shall be—

23 “(i) a health center receiving funds
 24 under section 330 or designated as a Fed-
 25 erally qualified health center;

1 “(ii) a county or local public health
2 department, if located in a federally-des-
3 ignated dental health professional shortage
4 area;

5 “(iii) an Indian tribe or tribal organi-
6 zation (as defined in section 4 of the In-
7 dian Self-Determination and Education
8 Assistance Act (25 U.S.C. 450b)); or

9 “(iv) a dental education program ac-
10 credited by the Commission on Dental Ac-
11 creditation; and

12 “(B) shall prepare and submit to the Sec-
13 retary an application at such time, in such
14 manner, and containing such information as the
15 Secretary may require.

16 “(2) INDIVIDUALS.—To be eligible to receive a
17 grant under this section an individual shall—

18 “(A) be a dental health professional li-
19 censed or certified in accordance with the laws
20 of the State in which such individual provides
21 dental services;

22 “(B) prepare and submit to the Secretary
23 an application at such time, in such manner,
24 and containing such information as the Sec-
25 retary may require; and

1 “(C) provide assurances that—

2 “(i) the individual will practice in a
3 federally-designated dental health profes-
4 sional shortage area; and

5 “(ii) not less than 33 percent of the
6 patients of such individual are—

7 “(I) receiving assistance under a
8 State plan under title XIX of the So-
9 cial Security Act (42 U.S.C. 1396 et
10 seq.);

11 “(II) receiving assistance under a
12 State plan under title XXI of the So-
13 cial Security Act (42 U.S.C. 1397aa
14 et seq.); or

15 “(III) uninsured.

16 “(c) USE OF FUNDS.—

17 “(1) ENTITIES.—An entity shall use amounts
18 received under a grant under this section to provide
19 for the increased availability of primary dental serv-
20 ices in the areas described in subsection (a). Such
21 amounts may be used to supplement the salaries of-
22 fered for individuals accepting employment as den-
23 tists in such areas.

24 “(2) INDIVIDUALS.—A grant to an individual
25 under subsection (a) shall be in the form of a

1 \$1,000 bonus payment for each month in which such
 2 individual is in compliance with the eligibility re-
 3 quirements of subsection (b)(2)(C).

4 “(d) AUTHORIZATION OF APPROPRIATIONS.—

5 “(1) IN GENERAL.—Notwithstanding any other
 6 amounts appropriated under section 330 for health
 7 centers, there is authorized to be appropriated
 8 \$40,000,000 for each of fiscal years 2003 through
 9 2007 to hire and retain dental health care providers
 10 under this section.

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

14 “(A) not less than 75 percent of such
 15 amount to make grants to eligible entities; and

16 “(B) not more than 25 percent of such
 17 amount to make grants to eligible individuals.”.

18 **SEC. 312. STREAMLINE PROCESS FOR DESIGNATING DEN-**
 19 **TAL HEALTH PROFESSIONAL SHORTAGE**
 20 **AREAS.**

21 Section 332(a) of the Public Health Service Act (42
 22 U.S.C. 254e(a)) is amended by adding at the end the fol-
 23 lowing:

24 “(4) In designating health professional shortage
 25 areas under this section, the Secretary may designate cer-

tain areas as dental health professional shortage areas if the Secretary determines that such areas have a severe shortage of dental health professionals. The Secretary shall, in consultation with State and local dental societies and tribal health organizations, streamline the process to develop, publish, and periodically update criteria to be used in designating dental health professional shortage areas.”.

SEC. 313. DEMONSTRATION PROJECTS TO INCREASE ACCESS TO PEDIATRIC DENTAL SERVICES IN UNDERSERVED AREAS.

(a) **AUTHORITY TO CONDUCT PROJECTS.**—The Secretary of Health and Human Services, through the Administrator of the Health Resources and Services Administration and the Director of the Indian Health Service, shall establish demonstration projects that are designed to increase access to dental services for children in underserved areas, as determined by the Secretary.

(b) **AUTHORIZATION OF APPROPRIATIONS.**—There is authorized to be appropriated such sums as may be necessary to carry out this section.

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