115TH CONGRESS
1st Session
HOUSE OF REPRESENTATIVES
REPORT
115–328

ACTION FOR DENTAL HEALTH ACT OF 2017

SEPTEMBER 25, 2017.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. WALDEN, from the Committee on Energy and Commerce, submitted the following

R E P O R T

[To accompany H.R. 2422]

[Including cost estimate of the Congressional Budget Office]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 2422) to amend the Public Health Service Act to improve essential oral health care for low-income and other underserved individuals by breaking down barriers to care, and for other purposes, having considered the same, report favorably thereon with an amendment and recommend that the bill as amended do pass.

CONTENTS

The amendment is as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the "Action for Dental Health Act of 2017".

SEC. 2. VOLUNTEER DENTAL PROJECTS AND ACTION FOR DENTAL HEALTH PROGRAM.

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

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

(2) by inserting after subsection (d) the following new subsection:

"(e) ACTION FOR DENTAL HEALTH PROGRAM.—

"(1) IN GENERAL.—The Secretary, in consultation with the Director of the Centers for Disease Control and Prevention and the Administrator of the Health Resources and Service Administration, may award grants to or enter into contracts with eligible entities to collaborate with State, county, or local public officials and other stakeholders to develop and implement initiatives to accomplish any of the following goals:

"(A) To improve oral health education and dental disease prevention, including through community-wide prevention programs, through the use of dental sealants and fluoride varnish, and by increasing oral health literacy.

"(B) To reduce geographic barriers, language barriers, cultural barriers, and other similar barriers to the provision of dental services.

"(2) ELIGIBLE ENTITY.—In this subsection, the term 'eligible entity' means an entity that is—

"(A) a State or local dental association;

"(B) a State oral health program;

"(C) a dental education, dental hygiene, or postdoctoral dental education program accredited by the Commission on Dental Accreditation; or

"(D) a community-based organization that—

"(i) partners with an academic institution;

"(ii) is exempt from tax under section 501(c) of the Internal Revenue Code of 1986; and

"(iii) partners with public and private stakeholders to facilitate the provision of dental services for underserved populations."; and

(3) in subsection (g), as redesignated by paragraph (1), by striking "such sums as may be necessary for each of the fiscal years 2001 through 2005" and inserting "$18,000,000 for each of the fiscal years 2018 through 2022".

SEC. 3. GRANTS FOR INNOVATIVE PROGRAMS.

Section 340G of the Public Health Service Act (42 U.S.C. 256g) is amended—

(1) in subsection (b)(5)—

(A) in subparagraph (B), by striking "and" at the end; and

(B) by adding at the end the following:

"(D) the establishment of dental homes for children and adults, including for the aged, blind, and disabled populations;

"(E) the establishment of initiatives to reduce the use of emergency departments by individuals who seek dental services more appropriately delivered in a dental primary care setting; and

"(F) the provision of dental care to nursing home residents;"; and

(2) in subsection (f), by striking "$25,000,000 for the 5-fiscal year period beginning with fiscal year 2008" and inserting "$13,903,000 for each of fiscal years 2018 through 2022".

PURPOSE AND SUMMARY

H.R. 2422 was introduced on May 15, 2017, by Rep. Robin Kelly (D–IL). The bill reauthorizes the oral health promotion and disease prevention activities at the Centers for Disease Control and Prevention (CDC), expanding initiatives to enhance oral health education and community-wide dental disease prevention. The bill also reauthorizes the Health Resources and Services Administration's (HRSA) Grants to States to Support Oral Health Workforce Activities, increasing access to dental care in underserved communities.

BACKGROUND AND NEED FOR LEGISLATION

Many oral conditions, such as tooth decay and gum disease, can be avoided by straightforward preventive measures, such as regular cleaning and water fluoridation. Yet good oral health remains

an unmet medical need for many Americans. According to the CDC, on average, the nation spends more than $113 billion a year on costs related to dental care.

Targeting resources to facilitate the provision of dental services to those in need, in addition to improving oral health education will help prevent dental diseases before they start. This will ultimately reduce medical complications, emergency room visits, and poor dental health outcomes in underserved communities.

COMMITTEE ACTION

On May 17, 2017, the Subcommittee on Health held a hearing on H.R. 2422. The hearing was entitled "Examining Initiatives to Advance Public Health." The Subcommittee received testimony from:

- Kevin O'Connor, Assistant to the General President, International Association of Fire Fighters;
- Cheryl D. Watson-Lowry, DDS; General Dentist, American Dental Association;
- Martin S. Levine, DO, MPH, FACOFP, dist; Interim Clinical Dean, Professor of Family and Community Medicine, Touro College of Osteopathic Medicine; and
- Jordan Greenbaum, MD; Medical Director, Institute for Healthcare and Human Trafficking at Children's Healthcare of Atlanta; Medical Director, Global Initiative for Child Health and Well Being at the International Centre for Missing and Exploited Children.

On June 29, 2017, the Subcommittee on Health met in open markup session and forwarded H.R. 2422, as amended, to the full Committee by a voice vote. On July 27, 2017, the full Committee on Energy and Commerce met in open markup session and ordered H.R. 2422, as amended, favorably reported to the House by a voice vote.

COMMITTEE VOTES

Clause 3(b) of rule XIII requires the Committee to list the record votes on the motion to report legislation and amendments thereto. There were no record votes taken in connection with ordering H.R. 2422 reported.

OVERSIGHT FINDINGS AND RECOMMENDATIONS

Pursuant to clause 2(b)(1) of rule X and clause 3(c)(1) of rule XIII, the Committee held a hearing and made findings that are reflected in this report.

NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

Pursuant to clause 3(c)(2) of rule XIII, the Committee finds that H.R. 2422 would result in no new or increased budget authority, entitlement authority, or tax expenditures or revenues.

CONGRESSIONAL BUDGET OFFICE ESTIMATE

Pursuant to clause 3(c)(3) of rule XIII, the following is the cost estimate provided by the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, September 11, 2017.

Hon. GREG WALDEN,
Chairman, Committee on Energy and Commerce,
House of Representatives, Washington, DC.

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for H.R. 2422, the Action for Dental Health Act of 2017.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Lisa Ramirez-Branum.

Sincerely,

KEITH HALL,
Director.

Enclosure.

H.R. 2422—Action for Dental Health Act of 2017

Summary: H.R. 2422 would amend the Public Health Service Act to reauthorize and amend grant programs conducted by the Health Resources and Services Administration (HRSA) and the Centers for Disease Control and Prevention (CDC). Those programs provide assistance to states and tribal governments to increase access to oral health care services.

CBO estimates that implementing H.R. 2422 would cost $133 million over the 2018–2022 period, assuming appropriation of the specified amounts.

Pay-as-you-go procedures do not apply to this legislation because it would not affect direct spending or revenues.

CBO estimates that enacting H.R. 2422 would not increase net direct spending or on-budget deficits in any of the four consecutive 10-year periods beginning in 2028.

H.R. 2422 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act (UMRA).

Estimated cost to the Federal Government: The estimated budgetary effect of H.R. 2422 is shown in the following table. The costs of this legislation fall within budget function 550 (health).

	By Fiscal Year, in Millions of Dollars						
	2017	2018	2019	2020	2021	2022	2017–2022
INCREASES IN SPENDING SUBJECT TO APPROPRIATION							
HRSA:							
Authorization Level	0	14	14	14	14	14	70
Estimated Outlays	0	7	11	13	14	14	59
CDC:							
Authorization Level	0	18	18	18	18	18	90
Estimated Outlays	0	7	15	17	18	18	75
Total Changes:							
Authorization Level	0	32	32	32	32	32	160

	By Fiscal Year, in Millions of Dollars						
	2017	2018	2019	2020	2021	2022	2017–2022
Estimated Outlays	0	13	27	31	31	31	133

Notes: Components may not acid to totals because of rounding; HRSA = Health Resources and Services Administration; CDC = Centers for Disease Control and Prevention.

Basis of estimate: For this estimate, CBO assumes that the legislation will be enacted near the beginning of fiscal year 2018, that the authorized amounts will be appropriated in each year, and that spending will follow historical patterns for the authorized programs. CBO estimates that implementing H.R. 2422 would cost $133 million over the 2018–2022 period, assuming appropriation of the specified amounts.

HRSA: The bill would authorize the appropriation of $13.9 million in each of the fiscal years 2018 through 2022 for HRSA to provide grants to states for dentistry and dental hygiene programs that support the needs of rural and other underserved communities. About $37 million was appropriated for this program in 2017. The bill also would expand activities that can be carried out under the program such as providing dental care to residents of nursing homes. CBO estimates implementing those provisions would cost $59 million over the 2018–2022 period; the remaining amount would be spent in years after 2022.

CDC: The bill would authorize the appropriation of $18 million in each of the fiscal years 2018 through 2022 for CDC to provide grants to community based organizations and dental education programs to improve oral health education, promote disease prevention, and reduce disparities in oral healthcare. About $18 million was appropriated for this program in 2017. CBO estimates implementing those provisions would cost $75 million over the 2018–2022 period; the remaining amounts would be spent in years after 2022.

Pay-as-You-Go considerations: None.

Increase in long-term direct spending and deficits: CBO estimates that enacting H.R. 2422 would not increase net direct spending or on-budget deficits in any of the four consecutive 10-year periods beginning in 2028.

Intergovernmental and private-sector impact: H.R. 2422 contains no intergovernmental or private-sector mandates as defined in UMRA and would impose no costs on state, local, or tribal governments.

Estimate prepared by: Federal Costs: Lisa Ramirez-Branum and Rebecca Yip; Impact on State, Local, and Tribal Governments: Zach Byrum; Impact on the Private Sector: Amy Petz.

Estimate approved by: Holly Harvey, Deputy Assistant Director for Budget Analysis.

FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

Pursuant to clause 3(c)(4) of rule XIII, the general performance goal or objective of this legislation is to reduce disparities in oral health in underserved communities by fostering local preventive collaborative agreements, improving the provision of dental care, and enhancing Federal grants to States to support innovative dental health workforce activities.

DUPLICATION OF FEDERAL PROGRAMS

Pursuant to clause 3(c)(5) of rule XIII, no provision of H.R. 2422 is known to be duplicative of another Federal program, including any program that was included in a report to Congress pursuant to section 21 of Public Law 111–139 or the most recent Catalog of Federal Domestic Assistance.

COMMITTEE COST ESTIMATE

Pursuant to clause 3(d)(1) of rule XIII, the Committee adopts as its own the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

EARMARK, LIMITED TAX BENEFITS, AND LIMITED TARIFF BENEFITS

Pursuant to clause 9(e), 9(f), and 9(g) of rule XXI, the Committee finds that H.R. 2422 contains no earmarks, limited tax benefits, or limited tariff benefits.

DISCLOSURE OF DIRECTED RULE MAKINGS

Pursuant to section 3(i) of H. Res. 5, the Committee finds that H.R. 2422 contains no directed rule makings.

ADVISORY COMMITTEE STATEMENT

No advisory committees within the meaning of section 5(b) of the Federal Advisory Committee Act were created by this legislation.

APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that the legislation does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act.

SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

Section 1. Short title

Section 1 provides that the Act may be cited as the "Action for Dental Health Act of 2017."

Section 2. Volunteer dental projects and Action for Dental Health Program

Section 2 authorizes the appropriation of $18 million for each of fiscal years 2018 to 2022 for oral health promotion and disease prevention programs at the CDC and establishes a grant program for State and local organizations to develop initiatives to improve oral

health education, enhance dental disease prevention, and reduce barriers to the provision of dental services.

Section 3. Grants for innovative programs

Section 3 authorizes the appropriation of $13.309 million for each of fiscal years 2018 to 2022 for HRSA's Grants to States to Support Oral Health Workforce Activities and permits States to establish dental homes, mobile or portable dental clinics, initiatives to reduce emergency department visits, and initiatives to provide dental care to nursing home residents.

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italic, and existing law in which no change is proposed is shown in roman):

PUBLIC HEALTH SERVICE ACT

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TITLE III—GENERAL POWERS AND DUTIES OF PUBLIC HEALTH SERVICE

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PART B—FEDERAL-STATE COOPERATION

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ORAL HEALTH PROMOTION AND DISEASE PREVENTION

SEC. 317M. (a) GRANTS TO INCREASE RESOURCES FOR COMMUNITY WATER FLUORIDATION.—

(1) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, may make grants to States and Indian tribes for the purpose of increasing the resources available for community water fluoridation.

(2) USE OF FUNDS.—A State shall use amounts provided under a grant under paragraph (1)—

(A) to purchase fluoridation equipment;

(B) to train fluoridation engineers;

(C) to develop educational materials on the benefits of fluoridation; or

(D) to support the infrastructure necessary to monitor and maintain the quality of water fluoridation.

(b) COMMUNITY WATER FLUORIDATION.—

(1) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention and in collaboration with the Director of the Indian Health Service, shall establish a demonstration project that is designed to assist rural water systems in successfully implementing the water fluoridation guidelines of the Centers for Disease Control and Prevention that are entitled "Engineering and Administrative

Recommendations for Water Fluoridation, 1995" (referred to in this subsection as the "EARWF").

(2) REQUIREMENTS.—

(A) COLLABORATION.—In collaborating under paragraph (1), the Directors referred to in such paragraph shall ensure that technical assistance and training are provided to tribal programs located in each of the 12 areas of the Indian Health Service. The Director of the Indian Health Service shall provide coordination and administrative support to tribes under this section.

(B) GENERAL USE OF FUNDS.—Amounts made available under paragraph (1) shall be used to assist small water systems in improving the effectiveness of water fluoridation and to meet the recommendations of the EARWF.

(C) FLUORIDATION SPECIALISTS.—

(i) IN GENERAL.—In carrying out this subsection, the Secretary shall provide for the establishment of fluoridation specialist engineering positions in each of the Dental Clinical and Preventive Support Centers through which technical assistance and training will be provided to tribal water operators, tribal utility operators and other Indian Health Service personnel working directly with fluoridation projects.

(ii) LIAISON.—A fluoridation specialist shall serve as the principal technical liaison between the Indian Health Service and the Centers for Disease Control and Prevention with respect to engineering and fluoridation issues.

(iii) CDC.—The Director of the Centers for Disease Control and Prevention shall appoint individuals to serve as the fluoridation specialists.

(D) IMPLEMENTATION.—The project established under this subsection shall be planned, implemented and evaluated over the 5-year period beginning on the date on which funds are appropriated under this section and shall be designed to serve as a model for improving the effectiveness of water fluoridation systems of small rural communities.

(3) EVALUATION.—In conducting the ongoing evaluation as provided for in paragraph (2)(D), the Secretary shall ensure that such evaluation includes—

(A) the measurement of changes in water fluoridation compliance levels resulting from assistance provided under this section;

(B) the identification of the administrative, technical and operational challenges that are unique to the fluoridation of small water systems;

(C) the development of a practical model that may be easily utilized by other tribal, State, county or local governments in improving the quality of water fluoridation with emphasis on small water systems; and

(D) the measurement of any increased percentage of Native Americans or Alaskan Natives who receive the benefits of optimally fluoridated water.

(c) SCHOOL-BASED DENTAL SEALANT PROGRAM.—

(1) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention and in collaboration with the Administrator of the Health Resources and Services Administration, shall award a grant to each of the 50 States and territories and to Indians, Indian tribes, tribal organizations and urban Indian organizations (as such terms are defined in section 4 of the Indian Health Care Improvement Act) to provide for the development of school-based dental sealant programs to improve the access of children to sealants.

(2) USE OF FUNDS.—A State shall use amounts received under a grant under paragraph (1) to provide funds to eligible school-based entities or to public elementary or secondary schools to enable such entities or schools to provide children with access to dental care and dental sealant services. Such services shall be provided by licensed dental health professionals in accordance with State practice licensing laws.

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

(A) prepare and submit to the State an application at such time, in such manner and containing such information as the State may require; and

(B) be a public elementary or secondary school—

(i) that is located in an urban area in which and more than 50 percent of the student population is participating in Federal or State free or reduced meal programs; or

(ii) that is located in a rural area and, with respect to the school district in which the school is located, the district involved has a median income that is at or below 235 percent of the poverty line, as defined in section 673(2) of the Community Services Block Grant Act (42 U.S.C. 9902(2)).

(d) ORAL HEALTH INFRASTRUCTURE.—

(1) COOPERATIVE AGREEMENTS.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall enter into cooperative agreements with State, territorial, and Indian tribes or tribal organizations (as those terms are defined in section 4 of the Indian Health Care Improvement Act) to establish oral health leadership and program guidance, oral health data collection and interpretation, (including determinants of poor oral health among vulnerable populations), a multi-dimensional delivery system for oral health, and to implement science-based programs (including dental sealants and community water fluoridation) to improve oral health.

(2) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated such sums as necessary to carry out this subsection for fiscal years 2010 through 2014.

(e) ACTION FOR DENTAL HEALTH PROGRAM.—

(1) IN GENERAL.—The Secretary, in consultation with the Director of the Centers for Disease Control and Prevention and the Administrator of the Health Resources and Service Administration, may award grants to or enter into contracts with eligible entities to collaborate with State, county, or local public offi-

cials and other stakeholders to develop and implement initiatives to accomplish any of the following goals:

(A) To improve oral health education and dental disease prevention, including through community-wide prevention programs, through the use of dental sealants and fluoride varnish, and by increasing oral health literacy.

(B) To reduce geographic barriers, language barriers, cultural barriers, and other similar barriers to the provision of dental services.

(2) ELIGIBLE ENTITY.—In this subsection, the term "eligible entity" means an entity that is—

(A) a State or local dental association;

(B) a State oral health program;

(C) a dental education, dental hygiene, or postdoctoral dental education program accredited by the Commission on Dental Accreditation; or

(D) a community-based organization that—

(i) partners with an academic institution;

(ii) is exempt from tax under section 501(c) of the Internal Revenue Code of 1986; and

(iii) partners with public and private stakeholders to facilitate the provision of dental services for underserved populations.

[(e)**]** *(f)* DEFINITIONS.—For purposes of this section, the term "Indian tribe" means an Indian tribe or tribal organization as defined in section 4(b) and section 4(c) of the Indian Self-Determination and Education Assistance Act.

[(f)**]** *(g)* AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated **[**such sums as may be necessary for each of the fiscal years 2001 through 2005**]** *$18,000,000 for each of the fiscal years 2018 through 2022*.

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PART D—PRIMARY HEALTH CARE

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Subpart X—Primary Dental Programs

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SEC. 340G. GRANTS FOR INNOVATIVE PROGRAMS.

(a) GRANT PROGRAM AUTHORIZED.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, is authorized to award grants to States for the purpose of helping States develop and implement innovative programs to address the dental workforce needs of designated dental health professional shortage areas in a manner that is appropriate to the States' individual needs.

(b) STATE ACTIVITIES.—A State receiving a grant under subsection (a) may use funds received under the grant for—

(1) loan forgiveness and repayment programs for dentists who—

(A) agree to practice in designated dental health professional shortage areas;

(B) are dental school graduates who agree to serve as public health dentists for the Federal, State, or local government; and

(C) agree to—

(i) provide services to patients regardless of such patients' ability to pay; and

(ii) use a sliding payment scale for patients who are unable to pay the total cost of services;

(2) dental recruitment and retention efforts;

(3) grants and low-interest or no-interest loans to help dentists who participate in the medicaid program under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) to establish or expand practices in designated dental health professional shortage areas by equipping dental offices or sharing in the overhead costs of such practices;

(4) the establishment or expansion of dental residency programs in coordination with accredited dental training institutions in States without dental schools;

(5) programs developed in consultation with State and local dental societies to expand or establish oral health services and facilities in designated dental health professional shortage areas, including services and facilities for children with special needs, such as—

(A) the expansion or establishment of a community-based dental facility, free-standing dental clinic, consolidated health center dental facility, school-linked dental facility, or United States dental school-based facility;

(B) the establishment of a mobile or portable dental clinic; [and]

(C) the establishment or expansion of private dental services to enhance capacity through additional equipment or additional hours of operation;

(D) the establishment of dental homes for children and adults, including for the aged, blind, and disabled populations;

(E) the establishment of initiatives to reduce the use of emergency departments by individuals who seek dental services more appropriately delivered in a dental primary care setting; and

(F) the provision of dental care to nursing home residents;

(6) placement and support of dental students, dental residents, and advanced dentistry trainees;

(7) continuing dental education, including distance-based education;

(8) practice support through teledentistry conducted in accordance with State laws;

(9) community-based prevention services such as water fluoridation and dental sealant programs;

(10) coordination with local educational agencies within the State to foster programs that promote children going into oral health or science professions;

(11) the establishment of faculty recruitment programs at accredited dental training institutions whose mission includes

community outreach and service and that have a demonstrated record of serving underserved States;

(12) the development of a State dental officer position or the augmentation of a State dental office to coordinate oral health and access issues in the State; and

(13) any other activities determined to be appropriate by the Secretary.

(c) APPLICATION.—

(1) IN GENERAL.—Each State desiring a grant under this section shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may reasonably require.

(2) ASSURANCES.—The application shall include assurances that the State will meet the requirements of subsection (d) and that the State possesses sufficient infrastructure to manage the activities to be funded through the grant and to evaluate and report on the outcomes resulting from such activities.

(d) MATCHING REQUIREMENT.—The Secretary may not make a grant to a State under this section unless that State agrees that, with respect to the costs to be incurred by the State in carrying out the activities for which the grant was awarded, the State will provide non-Federal contributions in an amount equal to not less than 40 percent of Federal funds provided under the grant. The State may provide the contributions in cash or in kind, fairly evaluated, including plant, equipment, and services and may provide the contributions from State, local, or private sources.

(e) REPORT.—Not later than 5 years after the date of enactment of the Health Care Safety Net Amendments of 2002, the Secretary shall prepare and submit to the appropriate committees of Congress a report containing data relating to whether grants provided under this section have increased access to dental services in designated dental health professional shortage areas.

(f) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, **[**$25,000,000 for the 5-fiscal year period beginning with fiscal year 2008**]** *$13,903,000 for each of fiscal years 2018 through 2022*.

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