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.

IN THE HOUSE OF REPRESENTATIVES
MAY 15, 2017

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

A BILL
To amend 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.

Be it enacted by the Senate and House of Representa-
tives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

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

SECTION 2. FINDINGS.

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

(2) Many volunteer dental projects sponsored by national, State, and local dental societies provide free care now to those most in need. Annually, dentists deliver an estimated $2.6 billion in free and discounted care according to the America’s Dentists Care Foundation.

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

(4) Seniors, especially those in nursing homes and long-term care facilities, often have special dental needs and complicated medical histories that require consultation between dentists and fellow med-
ical professionals in providing an interdisciplinary approach to their overall health needs.

### SEC. 3. 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 (g) and (h), respectively;

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

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

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

“(2) ELIGIBLE ENTITY.—In this subsection, the term ‘eligible entity’ includes a State or local dental association, a State oral health program, a dental education, dental hygiene education, or postdoctoral
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dental education program accredited by the Commission on Dental Accreditation, or a community-based organization that partners with an academic institution, that—

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

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

“(f) ACTION FOR DENTAL HEALTH PROGRAM.—

“(1) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, 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 make the health care delivery system providing dental services more accessible and efficient through the development and ex-
pansion of outreach programs that will facili-
tate the establishment of dental homes for chil-
dren and adults, including for the aged, blind, 
and disabled populations.

“(C) To reduce geographic barriers, lan-
guage barriers, cultural barriers, and other 
similar barriers to the provision of dental serv-
ices.

“(D) To help reduce the use of emergency 
departments by individuals who seek dental 
services more appropriately delivered in a den-
tal primary care setting.

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

“(2) ELIGIBLE ENTITY.—In this subsection, the 
term ‘eligible entity’ includes a State or local dental 
association; a State oral health program; or a dental 
education, dental hygiene, or postdoctoral dental 
education program accredited by the Commission on 
Dental Accreditation, or a community-based organi-
ization that partners with an academic institution, 
that—
“(A) is exempt from tax under section 501(c) of the Internal Revenue Code of 1986; and

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

(3) in subsection (h), as redesignated by paragraph (1), by inserting “and $18,000,000 for each of the fiscal years 2018 through 2022” after “fiscal years 2001 through 2005”.

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