

115TH CONGRESS
1ST SESSION

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.

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

3 **SECTION 1. SHORT TITLE.**

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

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

1 (1) More than 181 million Americans will not
2 visit a dentist even though nearly half of people over
3 30 suffer from some form of gum disease and nearly
4 one in four children under the age of five already
5 have cavities.

6 (2) Many volunteer dental projects sponsored
7 by national, State, and local dental societies provide
8 free care now to those most in need. Annually, den-
9 tists deliver an estimated \$2.6 billion in free and dis-
10 counted care according to the America’s Dentists
11 Care Foundation.

12 (3) It is estimated that emergency department
13 (ED) charges for dental complaints totaled up to
14 \$2.1 billion in 2010. Nearly 80 percent of the dental
15 emergency room visits were nonurgent and could
16 have been seen in a dental office. Shifting those ED
17 visits to a dental office translates into potential cost
18 savings of up to \$1.7 billion a year and offers the
19 possibility of establishing a “dental home” for these
20 individuals.

21 (4) Seniors, especially those in nursing homes
22 and long-term care facilities, often have special den-
23 tal needs and complicated medical histories that re-
24 quire consultation between dentists and fellow med-

1 ical professionals in providing an interdisciplinary
2 approach to their overall health needs.

3 **SEC. 3. VOLUNTEER DENTAL PROJECTS AND ACTION FOR**
4 **DENTAL HEALTH PROGRAM.**

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

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

9 (2) by inserting after subsection (d), the fol-
10 lowing new subsection:

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

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

22 “(2) ELIGIBLE ENTITY.—In this subsection, the
23 term ‘eligible entity’ includes a State or local dental
24 association, a State oral health program, a dental
25 education, dental hygiene education, or postdoctoral

1 dental education program accredited by the Commis-
2 sion on Dental Accreditation, or a community-based
3 organization that partners with an academic institu-
4 tion, that—

5 “(A) is exempt from tax under section
6 501(c) of the Internal Revenue Code of 1986;
7 and

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

10 “(f) ACTION FOR DENTAL HEALTH PROGRAM.—

11 “(1) IN GENERAL.—The Secretary, acting
12 through the Director of the Centers for Disease
13 Control and Prevention, may award grants to or
14 enter into contracts with eligible entities to collabo-
15 rate with State, county, or local public officials and
16 other stakeholders to develop and implement initia-
17 tives to accomplish any of the following goals:

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

23 “(B) To make the health care delivery sys-
24 tem providing dental services more accessible
25 and efficient through the development and ex-

1 pansion of outreach programs that will facili-
2 tate the establishment of dental homes for chil-
3 dren and adults, including for the aged, blind,
4 and disabled populations.

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

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

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

17 “(2) ELIGIBLE ENTITY.—In this subsection, the
18 term ‘eligible entity’ includes a State or local dental
19 association; a State oral health program; or a dental
20 education, dental hygiene, or postdoctoral dental
21 education program accredited by the Commission on
22 Dental Accreditation, or a community-based organi-
23 zation that partners with an academic institution,
24 that—

1 “(A) is exempt from tax under section
2 501(c) of the Internal Revenue Code of 1986;
3 and

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

7 (3) in subsection (h), as redesignated by para-
8 graph (1), by inserting “and \$18,000,000 for each
9 of the fiscal years 2018 through 2022” after “fiscal
10 years 2001 through 2005”.

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