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(Original Signature of Member)

117TH CONGRESS
1ST SESSION

H. R. _____

To amend title XIX of the Social Security Act to improve coverage of adult oral health care under the Medicaid program, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

Ms. BARRAGÁN introduced the following bill; which was referred to the Committee on _____

A BILL

To amend title XIX of the Social Security Act to improve coverage of adult oral health care under the Medicaid program, 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 “Medicaid Dental Ben-
5 efit Act”.

1 **SEC. 2. REQUIRING COVERAGE OF ORAL HEALTH SERVICES**
2 **FOR ADULTS UNDER THE MEDICAID PRO-**
3 **GRAM.**

4 (a) IN GENERAL.—

5 (1) MANDATORY COVERAGE.—

6 (A) IN GENERAL.—

7 (i) REQUIREMENT.—Section
8 1902(a)(10)(A) of the Social Security Act
9 (42 U.S.C. 1396a(a)(10)(A)) is amended
10 by inserting “(10),” after “(5),”.

11 (ii) EFFECTIVE DATE.—The amend-
12 ment made by clause (i) shall apply with
13 respect to medical assistance furnished in
14 calendar quarters beginning on or after the
15 date that is 1 year after the date of the en-
16 actment of this Act.

17 (B) BENCHMARK COVERAGE.—Section
18 1937(b)(5) of the Social Security Act (42
19 U.S.C. 1396u–7(b)(5)) is amended by striking
20 the period and inserting “, and, beginning with
21 the first quarter beginning on or after the date
22 that is 1 year after the date of the enactment
23 of the Medicaid Dental Benefit Act, coverage of
24 dental and oral health services (as defined in
25 section 1905(jj)).”.

1 (2) DEFINITION OF SERVICES.—Section 1905
2 of the Social Security Act (42 U.S.C. 1396d) is
3 amended—

4 (A) in subsection (a)(10), by striking “den-
5 tal services” and inserting “dental and oral
6 health services (as defined in subsection (jj))”;
7 and

8 (B) by adding at the end the following new
9 subsection:

10 “(jj) DEFINITION OF DENTAL AND ORAL HEALTH
11 SERVICES.—

12 “(1) IN GENERAL.—For purposes of this title,
13 the term ‘dental and oral health services’ means
14 services necessary to prevent disease and promote
15 oral health, restore oral structures to health and
16 function, reduce oral pain, and treat emergency oral
17 conditions. Such term includes the services specified
18 in paragraph (2).

19 “(2) SPECIFIED SERVICES.—For purposes of
20 paragraph (1), the services specified in this para-
21 graph are the following:

22 “(A) Routine diagnostic and preventive
23 care (such as dental cleanings, exams, and x-
24 rays).

1 “(B) Basic dental services (such as fillings
2 and extractions) and major dental services
3 (such as root canals, crowns, and dentures).

4 “(C) Emergency dental care.

5 “(D) Temporomandibular (TMD) and
6 orofacial pain disorder treatment.

7 “(E) Other necessary services related to
8 dental and oral health (as specified by the Sec-
9 retary).”.

10 (b) ENHANCED FMAP; MAINTENANCE OF EF-
11 FORT.—

12 (1) MEDICAID.—Section 1905 of the Social Se-
13 curity Act (42 U.S.C. 1396d), as amended by sub-
14 section (a), is further amended—

15 (A) in subsection (b), by striking “and
16 (ii)” and inserting “(ii), and (kk)”;

17 (B) by adding at the end the following new
18 subsection:

19 “(kk) INCREASED FMAP FOR EXPENDITURES FOR
20 DENTAL AND ORAL HEALTH SERVICES.—

21 “(1) IN GENERAL.—The Federal medical assist-
22 ance percentage with respect to amounts expended
23 by such State for medical assistance consisting of
24 dental and oral health services (as defined in sub-
25 section (jj)) furnished during the first calendar

1 quarter beginning on or after the date that is 1 year
2 after the date of the enactment of this subsection (or
3 during any subsequent quarter) to individuals 21
4 years of age or older shall be equal to, in the case
5 of such services furnished—

6 “(A) during the 3-year period beginning on
7 the first day of such first calendar quarter, 100
8 percent;

9 “(B) during the 1-year period immediately
10 following the period described in subparagraph
11 (A), 95 percent;

12 “(C) during each subsequent 1-year period
13 (through the third such subsequent period), the
14 percentage specified under this paragraph for
15 the preceding 1-year period, reduced by 5 per-
16 centage points; and

17 “(D) during any quarter beginning after
18 the 7-year period beginning on the first day de-
19 scribed in subparagraph (A), 80 percent.

20 “(2) NO REDUCTION IN FMAP.—Paragraph (1)
21 shall not apply with respect to amounts expended by
22 a State if the Federal medical assistance percentage
23 otherwise applicable to such amounts without appli-
24 cation of such paragraph would be higher than such

1 percentage applicable to such amounts with applica-
2 tion of such paragraph.”.

3 (2) EXCLUSION OF AMOUNTS ATTRIBUTABLE
4 TO INCREASED FMAP FROM TERRITORIAL CAPS.—
5 Section 1108 of the Social Security Act (42 U.S.C.
6 1308) is amended—

7 (A) in subsection (f), in the matter pre-
8 ceeding paragraph (1), by striking “subsections
9 (g) and (h)” and inserting “subsections (g),
10 (h), and (i)”; and

11 (B) by adding at the end the following:

12 “(i) EXCLUSION FROM CAPS OF AMOUNTS ATTRIB-
13 UTABLE TO INCREASED FMAP FOR COVERAGE OF DEN-
14 TAL AND ORAL HEALTH SERVICES.—Any payment made
15 to a territory for expenditures for medical assistance that
16 are subject to an increase the Federal medical assistance
17 percentage applicable to such expenditures under section
18 1905(kk) shall not be taken into account for purposes of
19 applying payment limits under subsections (f) and (g) to
20 the extent that such payment exceeds the amount of the
21 payment that would have been made to the territory for
22 such expenditures without regard to such section.”.

1 **SEC. 3. ADULT ORAL HEALTH QUALITY AND EQUITY MEAS-**
2 **URES.**

3 (a) IN GENERAL.—Title XI of the Social Security Act
4 (42 U.S.C. 1301 et seq.) is amended by inserting after
5 section 1139B the following new section:

6 **“SEC. 1139C. ADULT ORAL HEALTH QUALITY AND EQUITY**
7 **MEASURES.**

8 “(a) DEVELOPMENT OF CORE SET OF ADULT ORAL
9 HEALTH CARE QUALITY AND EQUITY MEASURES.—

10 “(1) IN GENERAL.—The Secretary shall iden-
11 tify and publish a recommended core set of health
12 quality and equity measures for individuals enrolled
13 in a State plan (or waiver of such plan) under title
14 XIX who are over the age of 21 in the same manner
15 as the Secretary identifies and publishes a core set
16 of child health quality measures under section
17 1139A, including with respect to identifying and
18 publishing existing oral health quality measures for
19 such individuals that are in use under public and
20 privately sponsored health care coverage arrange-
21 ments, or that are part of reporting systems that
22 measure both the presence and duration of health
23 insurance coverage over time, that may be applicable
24 to enrolled adults.

25 “(2) ALIGNMENT WITH EXISTING CORE SET.—
26 In identifying and publishing the recommended core

1 set of adult oral health quality and equity measures
2 required under paragraph (1), the Secretary shall
3 ensure that, to the extent possible, such measures
4 align with and do not duplicate the core set of adult
5 health quality and equity measures identified, pub-
6 lished, and revised under section 1139B.

7 “(3) PROCESS FOR ADULT ORAL HEALTH QUAL-
8 ITY AND EQUITY MEASURES PROGRAM.—In identi-
9 fying gaps in existing adult oral health quality and
10 equity measures and establishing priorities for the
11 development and advancement of such measures, the
12 Secretary shall consult with—

13 “(A) States;

14 “(B) health care providers;

15 “(C) patient representatives;

16 “(D) dental professionals; and

17 “(E) national organizations with expertise
18 in oral health quality or equity measurement.

19 “(b) DEADLINES.—

20 “(1) RECOMMENDED MEASURES.—Not later
21 than 1 year after enactment of this Act, the Sec-
22 retary shall identify and publish for comment a rec-
23 ommended core set of adult oral health quality and
24 equity measures that includes the following:

1 “(A) Measures of utilization of oral health
2 and dental services across health care settings.

3 “(B) Measures that address the availability
4 of oral evaluations during or following medical
5 visits for enrolled adults.

6 “(C) Measures that address the incidence
7 of emergency department visits for non-trau-
8 matic dental conditions.

9 “(D) Measures that address the avail-
10 ability and receipt of follow-up dental care after
11 emergency department visits for non-traumatic
12 dental conditions during pregnancy.

13 “(E) Measures that address the availability
14 of counseling of enrolled adults aimed at im-
15 proving oral health outcomes.

16 “(F) Measures that address the availability
17 and receipt of care for beneficiaries who meet
18 the medical necessity criteria for general anes-
19 thesia and intravenous sedation.

20 “(G) Measures that address screening and
21 evaluation for caries risk and periodontitis and
22 treatment for caries risk and periodontitis, in-
23 cluding the following:

1 “(i) The percentage of enrolled adults
2 who have caries risk documented in the re-
3 porting year involved.

4 “(ii) The percentage of enrolled adults
5 who received a topical fluoride application
6 or sealants based on an oral health risk as-
7 sessment demonstrating the need for such
8 application or sealants during the report-
9 ing year involved.

10 “(iii) The percentage of enrolled
11 adults who received a comprehensive or
12 periodic oral evaluation or a comprehensive
13 periodontal evaluation during the reporting
14 year involved.

15 “(iv) The percentage of enrolled
16 adults with a history of periodontitis who
17 received an oral prophylaxis, scaling or
18 root planing, or periodontal maintenance
19 visit at least 2 times during the reporting
20 year involved.

21 “(v) The percentage of enrolled adults
22 with diabetes who receive a comprehensive
23 or periodic evaluation or a comprehensive
24 periodontal evaluation during the reporting
25 year involved.

1 “(vi) The percentage of enrolled
2 adults who require tooth extraction during
3 the reporting year involved.

4 “(vii) The percentage of enrolled
5 adults who require partial or full dentures
6 during the reporting year involved.

7 “(2) DISSEMINATION.—Not later than 1 year
8 after enactment of this Act, the Secretary shall pub-
9 lish an initial core set of oral health quality and eq-
10 uity measures that are applicable to enrolled adults.

11 “(3) STANDARDIZED REPORTING.—Not later
12 than 2 years after the date of the enactment of this
13 Act, the Secretary, in consultation with States, shall
14 develop a standardized format for the collection and
15 reporting of information based on the initial core set
16 of adult oral health quality and equity measures
17 (stratified by race, ethnicity, primary language, dis-
18 ability status, sexual orientation and gender iden-
19 tity) and create guidelines, procedures, and incen-
20 tives to States to use such measures and to collect
21 and report information regarding the quality and eq-
22 uity of oral health care for enrolled adults.

23 “(4) REPORTS TO CONGRESS.—Not later than
24 3 years after enactment of this act, and every 3
25 years thereafter, the Secretary shall include in the

1 report to Congress required under section
2 1139A(a)(6) information similar to the information
3 required under that section with respect to the
4 measures established under this section.

5 “(c) ANNUAL STATE REPORTS REGARDING STATE-
6 SPECIFIC ORAL HEALTH QUALITY AND EQUITY MEAS-
7 URES APPLIED UNDER MEDICAID.—

8 “(1) IN GENERAL.—Each State with a plan ap-
9 proved under title XIX (or with a waiver of such
10 plan in effect) shall annually report (separately or as
11 part of the annual report required under section
12 1139A(c)) to the Secretary on—

13 “(A) the State-specific adult oral health
14 quality and equity measures applied by the
15 State under such a plan or waiver, including
16 measures described in subsection (b)(1);

17 “(B) the State-specific information on the
18 quality and equity of oral health care furnished
19 to enrolled adults under such a plan or waiver,
20 including information collected through external
21 quality reviews of managed care organizations
22 under section 1932 and benchmark plans under
23 section 1937, disaggregated by race, ethnicity,
24 primary language, disability status, sexual ori-
25 entation, and gender identity;

1 “(C) the State-specific information regard-
2 ing the dental benefits available to enrolled
3 adults under such a plan or waiver, including
4 any limits on such benefits and the amount of
5 reimbursement provided under such plan or
6 waiver for such benefits; and

7 “(D) the State-specific plan to identify,
8 evaluate, and reduce in meaningful and measur-
9 able ways, to the extent practicable, health dis-
10 parities based on age, sex, race, ethnicity, pri-
11 mary language, sexual orientation and gender
12 identity, and disability status.

13 “(2) PUBLICATION.—Not later than 2 years
14 after the date of enactment of this Act, and annually
15 thereafter, the Secretary shall collect, analyze, and
16 make publicly available the information reported by
17 States under paragraph (1).

18 “(d) AUTHORIZATION OF APPROPRIATIONS.—There
19 are authorized to be appropriated \$10,000,000 to carry
20 out this section. Funds appropriated under this subsection
21 shall remain available until expended.”.

22 (b) REQUIRED REPORTING.—

23 (1) MEDICAID.—Section 1902(a) of the Social
24 Security Act (42 U.S.C. 1396a(a)) is amended—

1 (A) in paragraph (86), by striking “and”
2 at the end;

3 (B) in paragraph (87)(D), by striking the
4 period and inserting “; and”; and

5 (C) by inserting after paragraph (87) the
6 following new paragraph:

7 “(88) provide for the reporting required under
8 section 1139C(e).”.

9 (2) CHIP.—Section 2102 of the Social Security
10 Act (42 U.S.C. 1397bb) is amended by adding at
11 the end the following new subsection:

12 “(d) REPORTING REQUIREMENTS.—A State child
13 health plan shall provide for the reporting required under
14 section 1139C(e).”.

15 **SEC. 4. ADULT ORAL HEALTH CARE REPORT.**

16 Not later than 2 years after the date of enactment
17 of this Act, the Medicaid and CHIP Payment and Access
18 Commission shall submit to Congress a report on issues
19 related to adult oral health across the 50 States, tribes,
20 and the territories, including—

21 (1) the availability of adult oral health cov-
22 erage, and enrollment in such coverage;

23 (2) a survey of adult oral health status among
24 low-income women of childbearing age;

1 (3) barriers to accessing adult oral health care,
2 including for racially diverse, ethnically diverse, and
3 limited English proficient communities;

4 (4) innovations and potential solutions to prob-
5 lems of access (including disparities in access) to
6 adult oral health care, including innovations that
7 would expand access to such care beyond dental of-
8 fices; and

9 (5) the impact of the amendments made by sec-
10 tion 2 and recommendations for improving reim-
11 bursement rates for such provider of dental and oral
12 health services under the Medicaid program.

13 **SEC. 5. ORAL HEALTH OUTREACH AND EDUCATION.**

14 Not later than 1 year after the date of enactment
15 of this Act, the Secretary shall develop a program, to be
16 implemented through contracts with entities that fund or
17 provide oral health care, to provide—

18 (1) culturally competent and linguistically ap-
19 propriate information on the availability and scope
20 of oral health and dental coverage for adults who are
21 eligible for or enrolled under a State plan (or waiver
22 of such plan) under title XIX of the Social Security
23 Act (42 U.S.C. 1396 et seq.);

1 (2) assistance in connecting adults and under-
2 served populations enrolled in such a plan (or waiv-
3 er) to oral health care;

4 (3) education to dental, oral health, and med-
5 ical professionals to strengthen core competencies in
6 delivering culturally competent oral health care to
7 adults enrolled in such a plan (or waiver), including:
8 individuals with physical and intellectual disabilities,
9 pregnant and postpartum individuals, Alaskan Na-
10 tive and American Indian populations, and people
11 living in urban, rural and, other underserved com-
12 munities; and

13 (4) culturally competent and linguistically ap-
14 propriate interactive oral health education aimed at
15 promoting good oral health practices for adults, in-
16 cluding racially and ethnically diverse Medicaid
17 beneficiaries.