118TH CONGRESS
1st Session
HOUSE OF REPRESENTATIVES
REPORT
118–243

ACTION FOR DENTAL HEALTH ACT OF 2023

OCTOBER 3, 2023.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mrs. RODGERS of Washington, from the Committee on Energy and Commerce, submitted the following

R E P O R T

[To accompany H.R. 3843]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 3843) to amend title III of the Public Health Service Act to reauthorize grants to address dental workforce needs, having considered the same, reports favorably thereon without amendment and recommends that the bill do pass.

CONTENTS

PURPOSE AND SUMMARY

H.R. 3843 reauthorizes section 340G of the Public Health Service Act for fiscal years 2024 through 2028 to address dental workforce needs.

BACKGROUND AND NEED FOR LEGISLATION

The Action for Dental Health Act of 2023 reauthorizes a program to help states increase access to oral health treatment and prevention services and address dental workforce needs. The program aims to reduce dental disease through oral health education, grow the oral health workforce, particularly in underserved communities, and reduce emergency department visits by establishing dental homes. According to the Centers for Disease Control and Prevention (CDC), more than 1 in 4 adults have untreated tooth decay and almost half of adults 30 years may be suffering from gum disease.[1] By 2030, there is estimated to be a 9 percent increase in total number of dentists and a 9 percent increase in demand for dentists.[2] Additionally, there is projected to be a 20 percent increase in dental hygienists and a 7 percent increase in demand for dental hygienists by 2030.[3] This legislation will continue funding for the dental health workforce to help keep up with demand.

COMMITTEE ACTION

On June 14, 2023, the Subcommittee on Health held a hearing on H.R. 3843. The hearing was titled "Examining Proposals that Provide Access to Care for Patients and Support Research for Rare Diseases." The Subcommittee received testimony from:

- Dr. Elizabeth Cherot, MD, MBA, Senior Vice President and Chief Medical Health Officer, March of Dimes;
- Dr. Alexis A. Thompson, MD, MPH, Chief of Division of Hematology, Elias Schwartz MD Endowed Chair in Hematology, Children's Hospital of Philadelphia, Professor of Pediatrics, University of Pennsylvania Perelman School of Medicine;
- Dr. Meredithe McNamara, MD, MS, FAAP, Assistant Professor, Yale School of Medicine;
- Dr. Miriam Grossman, MD, Child, Adolescent, and Adult Psychiatrist;
- Mr. George Manahan, Parkinson's Advocate and Patient; and
- Mr. Kevin O'Connor, Assistant to the General President for Government Affairs and Political Action, International Association of Fire Fighters.

On July 13, 2023, the Subcommittee on Health met in open markup session and forwarded H.R. 3843 without amendment, to the full Committee by a record vote of 27 yeas and 0 nays. On July 19, 2023, the full Committee on Energy and Commerce met in open markup session and ordered H.R. 3843, without amendment, favorably reported to the House by a record vote of 50 yeas and 0 nays.

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. The following reflects the record votes taken during the Committee consideration:

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[1] Centers for Disease Control and Prevention, Adult Oral Health, December 22, 2020.
[2] Health Resources and Service Administration, Oral Health Workforce Projections, August 2022.
[3] Ibid.

COMMITTEE ON ENERGY AND COMMERCE
118TH CONGRESS
ROLL CALL VOTE # 4

BILL: H.R. 3843, the Action for Dental Health Act of 2023

AMENDMENT: A motion by Mrs. Rodgers to order H.R. 3843 favorably reported to the House, without amendment (Final Passage).

DISPOSITION: **AGREED TO,** by a roll call vote of 50 yeas to 0 nays.

REPRESENTATIVE	YEAS	NAYS	PRESENT	REPRESENTATIVE	YEAS	NAYS	PRESENT
Rep. Rodgers	X			Rep. Pallone	X		
Rep. Burgess	X			Rep. Eshoo	X		
Rep. Latta	X			Rep. DeGette	X		
Rep. Guthrie	X			Rep. Schakowsky	X		
Rep. Griffith	X			Rep. Matsui	X		
Rep. Bilirakis	X			Rep. Castor	X		
Rep. Johnson	X			Rep. Sarbanes	X		
Rep. Bucshon	X			Rep. Tonko	X		
Rep. Hudson	X			Rep. Clarke	X		
Rep. Walberg	X			Rep. Cárdenas	X		
Rep. Carter	X			Rep. Ruiz	X		
Rep. Duncan	X			Rep. Peters	X		
Rep. Palmer	X			Rep. Dingell	X		
Rep. Dunn	X			Rep. Veasey	X		
Rep. Curtis	X			Rep. Kuster	X		
Rep. Lesko	X			Rep. Kelly	X		
Rep. Pence	X			Rep. Barragán	X		
Rep. Crenshaw	X			Rep. Blunt Rochester			
Rep. Joyce	X			Rep. Soto	X		
Rep. Armstrong	X			Rep. Craig	X		
Rep. Weber	X			Rep. Schrier	X		
Rep. Allen	X			Rep. Trahan	X		
Rep. Balderson	X			Rep. Fletcher	X		
Rep. Fulcher	X						
Rep. Pfluger							
Rep. Harshbarger	X						
Rep. Miller-Meeks	X						
Rep. Cammack	X						
Rep. Obernolte	X						

07/19/2023

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. 3843 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, at the time this report was filed, the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974 was not available.

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 reauthorize grants to address dental workforce needs.

DUPLICATION OF FEDERAL PROGRAMS

Pursuant to clause 3(c)(5) of rule XIII, no provision of H.R. 3843 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.

RELATED COMMITTEE AND SUBCOMMITTEE HEARINGS

Pursuant to clause 3(c)(6) of rule XIII, the following related hearing was used to develop or consider H.R. 3843:

- On June 14, 2023, the Subcommittee on Health held a hearing titled "Examining Proposals that Provide Access to Care for Patients and Support Research for Rare Diseases." The Subcommittee received testimony from:
  - Dr. Elizabeth Cherot, MD, MBA, Senior Vice President and Chief Medical Health Officer, March of Dimes;
  - Dr. Alexis A. Thompson, MD, MPH, Chief of Division of Hematology, Elias Schwartz MD Endowed Chair in Hematology, Children's Hospital of Philadelphia, Professor of Pediatrics, University of Pennsylvania Perelman School of Medicine;
  - Dr. Meredithe McNamara, MD, MS, FAAP, Assistant Professor, Yale School of Medicine;
  - Dr. Miriam Grossman, MD, Child, Adolescent, and Adult Psychiatrist;

- Mr. George Manahan, Parkinson's Advocate and Patient; and
- Mr. Kevin O'Connor, Assistant to the General President for Government Affairs and Political Action, International Association of Fire Fighters.

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. At the time this report was filed, the estimate was not available.

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. 3843 contains no earmarks, limited tax benefits, or limited tariff benefits.

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 a short title of "Action for Dental Health Act of 2023".

Section 2. Reauthorization of grants to address dental workforce needs

Section 2 amends Section 340G of the Public Health Service act to reauthorize grants to address dental workforce needs for fiscal years 2024–2028.

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 italics, 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 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;

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

(D) the establishment or development of models for the provision of dental services to children and adults, such as dental homes, including for the elderly, blind, individuals with disabilities, and individuals living in long-term care facilities; and

(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;

(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, $13,903,000 for each of fiscal years [2019 through 2023] *2024 through 2028*.

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