

118TH CONGRESS  
1ST SESSION

# H. R. 1342

To amend title XIX of the Social Security Act to improve coverage of dental and oral health services for adults under Medicaid, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

MARCH 3, 2023

Ms. BARRAGÁN (for herself, Mr. DOGGETT, and Mr. GRIJALVA) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

To amend title XIX of the Social Security Act to improve coverage of dental and oral health services for adults under Medicaid, 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 of 2023”.

6 **SEC. 2. REQUIRING MEDICAID COVERAGE OF DENTAL AND**  
7 **ORAL HEALTH SERVICES FOR ADULTS.**

8 (a) IN GENERAL.—

9 (1) MANDATORY COVERAGE.—

1 (A) IN GENERAL.—

2 (i) REQUIREMENT.—Section  
3 1902(a)(10)(A) of the Social Security Act  
4 (42 U.S.C. 1396a(a)(10)(A)), as amended  
5 by section 11405(a)(1)(A) of Public Law  
6 117–169, is amended by inserting “(10),”  
7 before “(13)(B),”.

8 (ii) MEDICALLY NEEDY.—

9 (I) IN GENERAL.—Section  
10 1902(a)(10)(C)(iv) of such Act (42  
11 U.S.C. 1396a(a)(10)(C)(iv)), as  
12 amended by section 11405(a)(1)(B) of  
13 Public Law 117–169, is amended by  
14 inserting “(10),” before “(13)(B)”.

15 (II) RULE OF CONSTRUCTION.—  
16 Nothing in this section or the amend-  
17 ments made by this section shall be  
18 construed to limit the access of an in-  
19 dividual residing in an institutional  
20 setting to dental and oral health serv-  
21 ices (as such term is defined in sec-  
22 tion 1905(jj) of the Social Security  
23 Act, as added by paragraph (2)(B)).

24 (iii) EFFECTIVE DATE.—The amend-  
25 ments made by clauses (i) and (ii) shall

1           apply with respect to expenditures for med-  
2           ical assistance in calendar quarters begin-  
3           ning on or after January 1, 2025.

4           (B) BENCHMARK COVERAGE.—Section  
5           1937(b)(5) of the Social Security Act (42  
6           U.S.C. 1396u–7(b)(5)) is amended by striking  
7           the period and inserting “, and, beginning Jan-  
8           uary 1, 2025, coverage of dental and oral  
9           health services (as such term is defined in sec-  
10          tion 1905(jj)).”.

11          (C) OPTIONAL APPLICATION TO TERRI-  
12          TORIES.—Section 1902(j) of the Social Security  
13          Act (42 U.S.C. 1396a(j)) is amended—

14                 (i) by striking “this title, the Sec-  
15                 retary” and inserting “this title—

16                 “(1) in the case of a State other than the 50  
17                 States and the District of Columbia the requirement  
18                 under subsection (a)(10)(A) to provide the care and  
19                 services listed in paragraph (10) of section 1905(a)  
20                 shall be optional; and

21                 “(2) the Secretary”; and

22                 (ii) by striking the second comma  
23                 after “section 1108(f)”.

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

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

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

9           “(jj) DENTAL AND ORAL HEALTH SERVICES.—For  
10 purposes of subsection (a)(10), the term ‘dental and oral  
11 health services’ means dentures and denture services, im-  
12 plants and implant services, and services necessary to pre-  
13 vent oral disease and promote oral health, restore oral  
14 structures to health and function, reduce oral pain, and  
15 treat emergency oral conditions, that are furnished by a  
16 provider who is legally authorized to furnish such items  
17 and services under State law (or the State regulatory  
18 mechanism provided by State law).”.

19           (3) CONFORMING AMENDMENT.—

20           (A) IN GENERAL.—Section 1905(a)(10) of  
21 the Social Security Act (42 U.S.C.  
22 1396d(a)(10)), as amended by paragraph (2), is  
23 amended by striking “dental services and”.

1 (B) EFFECTIVE DATE.—The amendment  
2 made by subparagraph (A) shall take effect on  
3 January 1, 2025.

4 (b) STATE OPTION FOR ADDITIONAL DENTAL AND  
5 ORAL HEALTH BENEFITS.—Section 1905(a)(13) of the  
6 Social Security Act (42 U.S.C. 1396d(a)(13)) is amended  
7 by inserting the following new subparagraph after sub-  
8 paragraph (C):

9 “(D) at State option, such items and serv-  
10 ices related to dental and oral health services  
11 (as defined in subsection (jj)) that are in addi-  
12 tion to those identified in such subsection (jj)  
13 as the State may specify;”.

14 (c) INCREASED FMAP.—

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

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

20 (B) in subsection (ff), by striking “and  
21 (ii)” and inserting “, (ii), and (kk)”;

22 (C) by adding at the end the following new  
23 subsection:

24 “(kk) INCREASED FMAP FOR EXPENDITURES RE-  
25 LATED TO DENTAL AND ORAL HEALTH SERVICES.—

1 “(1) IN GENERAL.—

2 “(A) 50 STATES AND DC.—Notwith-  
3 standing subsection (b), in the case of a State  
4 that is 1 of the 50 States or the District of Co-  
5 lumbia, during the 12-quarter period that be-  
6 gins on January 1, 2025, the Federal medical  
7 assistance percentage shall be equal to 100 per-  
8 cent with respect to amounts expended by the  
9 State for medical assistance for dental and oral  
10 health services authorized under paragraph (10)  
11 of subsection (a). In no case may the applica-  
12 tion of this subparagraph result in the Federal  
13 medical assistance percentage determined for a  
14 State with respect to expenditures described in  
15 this subparagraph exceeding 100 percent.

16 “(B) TERRITORIES.—

17 “(i) IN GENERAL.—Notwithstanding  
18 subsection (b), in the case of a State that  
19 is Puerto Rico, the Virgin Islands, Guam,  
20 the Northern Mariana Islands, or Amer-  
21 ican Samoa, during a period described in  
22 clause (ii), the Federal medical assistance  
23 percentage shall be equal to 100 percent  
24 with respect to amounts expended by the  
25 State for medical assistance for any item

1 or service that is included in dental and  
2 oral health services authorized under para-  
3 graph (10) of subsection (a). In no case  
4 may the application of this clause result in  
5 the Federal medical assistance percentage  
6 determined for a State with respect to ex-  
7 penditures described in this clause exceed-  
8 ing 100 percent.

9 “(ii) PERIOD DESCRIBED.—A period  
10 described in this clause is, with respect to  
11 an item or service described in clause (i)  
12 and a State described in such clause, the  
13 12-quarter period that begins with the first  
14 quarter beginning on or after January 1,  
15 2025, in which such item or service is first  
16 covered under the State plan or under a  
17 waiver of such plan.

18 “(2) EXCLUSIONS.—The Federal medical as-  
19 sistance percentage specified in paragraph (1) shall  
20 not apply to amounts expended for medical assist-  
21 ance during any period for—

22 “(A) additional items and services author-  
23 ized under paragraph (13)(D) of subsection (a);  
24 or

1           “(B) items and services furnished to an in-  
2           dividual if, as of the date of enactment of this  
3           subsection, medical assistance was available to  
4           such individual for such items and services or  
5           medicare cost-sharing under the State plan or  
6           a waiver of such plan.”.

7           (2) EXCLUSION OF AMOUNTS ATTRIBUTABLE  
8           TO INCREASED FMAP FROM TERRITORIAL CAPS.—  
9           Section 1108 of the Social Security Act (42 U.S.C.  
10          1308) is amended—

11           (A) in subsection (f), in the matter pre-  
12           ceding paragraph (1), by striking “subsections  
13           (g) and (h)” and inserting “subsections (g),  
14           (h), and (j)”; and

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

16          “(j) EXCLUSION FROM CAPS OF AMOUNTS ATTRIB-  
17          UTABLE TO INCREASED FMAP FOR COVERAGE OF DEN-  
18          TAL AND ORAL HEALTH SERVICES.—Any additional  
19          amount paid to Puerto Rico, the Virgin Islands, Guam,  
20          the Northern Mariana Islands, and American Samoa for  
21          expenditures for medical assistance that is attributable to  
22          an increase in the Federal medical assistance percentage  
23          applicable to such expenditures under section 1905(kk)  
24          shall not be taken into account for purposes of applying  
25          payment limits under subsections (f) and (g).”.



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.

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