

117TH CONGRESS
1ST SESSION

S. 560

To improve coverage of maternal oral health care, and for other purposes.

IN THE SENATE OF THE UNITED STATES

MARCH 3, 2021

Ms. STABENOW introduced the following bill; which was read twice and referred to the Committee on Finance

A BILL

To improve coverage of maternal oral health 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 “Oral Health for Moms
5 Act”.

6 **SEC. 2. REQUIRING COVERAGE OF ORAL HEALTH SERVICES**

7 **FOR PREGNANT AND POSTPARTUM INDIVID-**
8 **UALS.**

9 (a) IN GENERAL.—

10 (1) MEDICAID.—Section 1905 of the Social Se-
11 curity Act (42 U.S.C. 1396d) is amended—

1 (A) in subsection (a)(4)—

2 (i) by striking “; and (D)” and insert-
3 ing “; (D)”;

4 (ii) by inserting “; and (E) beginning
5 January 1, 2022, oral health services for
6 pregnant and postpartum individuals (as
7 defined in subsection (hh))” after “sub-
8 section (hh)”;

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

11 “(hh) ORAL HEALTH SERVICES FOR PREGNANT AND
12 POSTPARTUM INDIVIDUALS.—

13 “(1) IN GENERAL.—For purposes of this title,
14 the term ‘oral health services for pregnant and
15 postpartum individuals’ means dental services nec-
16 essary to prevent disease and promote oral health,
17 restore oral structures to health and function, and
18 treat emergency conditions that are furnished to an
19 individual during pregnancy (or during the 60-day
20 period beginning on the last day of the pregnancy or
21 such longer period beginning on the last day of the
22 pregnancy as the State shall elect).

23 “(2) COVERAGE REQUIREMENTS.—To satisfy
24 the requirement to provide oral health services for
25 pregnant and postpartum individuals, a State shall,

1 at a minimum, provide coverage to prevent disease
 2 and promote oral health, restore oral structures to
 3 health and function, and treat emergency conditions,
 4 consistent with recommendations for perinatal oral
 5 health care and dental care during pregnancy from
 6 the American Academy of Pediatric Dentistry and
 7 the American College of Obstetricians and Gyne-
 8 cologists. Such coverage shall include—

9 “(A) routine diagnostic and preventive care
 10 such as dental cleanings, exams, and X-rays;

11 “(B) basic dental services such as fillings
 12 and extractions;

13 “(C) major dental services such as root ca-
 14 nals, crowns, and dentures;

15 “(D) emergency dental care; and

16 “(E) other necessary services related to
 17 dental and oral health (as defined by the Sec-
 18 retary).”.

19 (2) COVERAGE OF ORAL HEALTH SERVICES FOR
 20 PREGNANT AND POSTPARTUM INDIVIDUALS REGARD-
 21 LESS OF ELIGIBILITY PATHWAY.—Section
 22 1902(a)(10) of the Social Security Act (42 U.S.C.
 23 1396a(a)(10)) is amended in the matter following
 24 subparagraph (G)—

1 (A) by striking “and (XVIII)” and insert-
2 ing “(XVIII)”; and

3 (B) by striking the semicolon at the end
4 and inserting “, and (XIX) beginning January
5 1, 2022, medical assistance shall be made avail-
6 able for oral health services for pregnant and
7 postpartum individuals for any individual who
8 is eligible for and receiving medical assistance
9 under the State plan or under a waiver of such
10 plan during such individual’s pregnancy and
11 during the 60-day period beginning on the last
12 day of the pregnancy (or such longer period be-
13 ginning on the last day of the pregnancy as the
14 State shall elect), notwithstanding any other
15 provision of law (including another provision of
16 this paragraph) limiting such individual’s eligi-
17 bility for medical assistance under such plan or
18 waiver to coverage for a limited type of benefits
19 and services that would not otherwise include
20 coverage of oral health services for pregnant
21 and postpartum individuals;”.

22 (3) CHIP.—

23 (A) IN GENERAL.—Section 2103(c)(6)(A)
24 of the Social Security Act (42 U.S.C.
25 1397cc(c)(6)(A)) is amended by inserting “and,

1 in the case that the State elects to provide
 2 pregnancy-related assistance pursuant to sec-
 3 tion 2112, the pregnancy-related assistance pro-
 4 vided to a targeted low-income pregnant
 5 woman” after “targeted low-income child”.

6 (B) EFFECTIVE DATE.—The amendment
 7 made by this section shall take effect on Janu-
 8 ary 1, 2022.

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

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

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

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

17 “(ii) INCREASED FMAP FOR ADDITIONAL EXPENDI-
 18 TURES FOR LOW-INCOME PREGNANT PEOPLE.—

19 “(1) IN GENERAL.—Subject to paragraph (2),
 20 for calendar quarters beginning on or after January
 21 1, 2022, notwithstanding subsection (b), the Federal
 22 medical assistance percentage for a State, with re-
 23 spect to the additional amounts expended by such
 24 State for medical assistance under the State plan
 25 under this title or a waiver of such plan that are at-

1 tributable to requirements imposed by the amend-
2 ments made by the Oral Health for Moms Act (as
3 determined by the Secretary), shall be equal to 100
4 percent.

5 “(2) MAINTENANCE OF EFFORT.—Paragraph
6 (1) shall not apply with respect to a State if, for any
7 calendar quarter during the period beginning with
8 the date of enactment of this subsection and ending
9 with January 1, 2025, the State—

10 “(A) has in effect under such plan eligi-
11 bility standards, methodologies, or procedures
12 (including any enrollment cap or other numer-
13 ical limitation on enrollment, any waiting list,
14 any procedures designed to delay the consider-
15 ation of applications for enrollment, or similar
16 limitation with respect to enrollment) for indi-
17 viduals described in subsection (l)(1) who are
18 eligible for medical assistance under the State
19 plan or waiver under subsection
20 (a)(10)(A)(ii)(IX) that are more restrictive than
21 the eligibility standards, methodologies, or pro-
22 cedures, respectively, for such individuals under
23 such plan or waiver that are in effect on the
24 date of the enactment of this subsection; or

1 “(B) provides pregnancy-related assistance
 2 to targeted low-income pregnant women under
 3 the State plan under title XXI (or a waiver of
 4 such a plan) at a level that is less than the level
 5 at which the State provides such assistance to
 6 such women under such plan on the date of the
 7 enactment of this subsection.”.

8 (2) CHIP.—Section 2105 of the Social Security
 9 Act (42 U.S.C. 1397ee) is amended—

10 (A) in subsection (b), by adding at the end
 11 the following: “For calendar quarters beginning
 12 on or after January 1, 2022, the enhanced
 13 FMAP for a State shall, subject to paragraph
 14 (2) of subsection (h), be 100 percent with re-
 15 spect to amounts described in paragraph (1) of
 16 such subsection.”; and

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

19 “(h) INCREASED eFMAP FOR ADDITIONAL EXPEND-
 20 ITURES FOR TARGETED LOW-INCOME PREGNANT
 21 WOMEN.—

22 “(1) AMOUNTS DESCRIBED.—For purposes of
 23 subsection (b), the amounts described in this para-
 24 graph are additional amounts expended by a State
 25 for pregnancy-related assistance that is provided

1 under the State plan under this title or a waiver of
2 such plan during a calendar quarter beginning on or
3 after January 1, 2022, that are attributable to the
4 provision of dental coverage to targeted low-income
5 pregnant women (as determined by the Secretary).

6 “(2) MAINTENANCE OF EFFORT.—The fourth
7 sentence of subsection (b) shall not apply with re-
8 spect to a State if, for any calendar quarter during
9 the period beginning with the date of enactment of
10 this subsection and ending with January 1, 2025,
11 the State—

12 “(A) has in effect under the State plan
13 under title XIX (or a waiver of such a plan) eli-
14 gibility standards, methodologies, or procedures
15 (including any enrollment cap or other numer-
16 ical limitation on enrollment, any waiting list,
17 any procedures designed to delay the consider-
18 ation of applications for enrollment, or similar
19 limitation with respect to enrollment) for indi-
20 viduals described in subsection (l)(1) of section
21 1902 who are eligible for medical assistance
22 under such State plan or waiver under sub-
23 section (a)(10)(A)(ii)(IX) of such section that
24 are more restrictive than the eligibility stand-
25 ards, methodologies, or procedures, respectively,

1 for such individuals under such plan or waiver
 2 that are in effect on the date of the enactment
 3 of this subsection; or

4 “(B) provides pregnancy-related assistance
 5 to targeted low-income pregnant women under
 6 the State plan under this title (or a waiver of
 7 such a plan) at a level that is less than the level
 8 at which the State provides such assistance to
 9 such women under such plan or waiver on the
 10 date of the enactment of this subsection.”.

11 (3) EXCLUSION OF AMOUNTS ATTRIBUTABLE
 12 TO INCREASED FMAP FROM TERRITORIAL CAPS.—
 13 Section 1108 of the Social Security Act (42 U.S.C.
 14 1308) is amended—

15 (A) in subsection (f), in the matter pre-
 16 ceding paragraph (1), by striking “subsections
 17 (g) and (h)” and inserting “subsections (g),
 18 (h), and (i)”; and

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

20 “(i) EXCLUSION FROM CAPS OF AMOUNTS ATTRIB-
 21 UTABLE TO INCREASED FMAP FOR COVERAGE OF ORAL
 22 HEALTH SERVICES FOR PREGNANT AND POSTPARTUM
 23 INDIVIDUALS.—Any payment made to a territory for ex-
 24 penditures on medical assistance that are subject to the
 25 Federal medical assistance percentage specified under sec-

1 tion 1905(ii) shall not be taken into account for purposes
 2 of applying payment limits under subsections (f) and (g)
 3 to the extent that such payment exceeds the amount of
 4 the payment that would have been made to the territory
 5 for such expenditures without regard to such section.”.

6 (4) ADJUSTMENT OF CHIP ALLOTMENTS TO AC-
 7 COUNT FOR INCREASED EFMAP.—Section 2104 of
 8 the Social Security Act (42 U.S.C. 1397dd) is
 9 amended—

10 (A) in subsection (c)—

11 (i) in paragraph (1), by inserting
 12 “paragraph (5) and” before “subsections
 13 (d) and (m)(5)”; and

14 (ii) by adding at the end the following
 15 new paragraph:

16 “(5) ADJUSTING ALLOTMENTS TO ACCOUNT
 17 FOR INCREASED FEDERAL PAYMENTS FOR COV-
 18 ERAGE OF DENTAL SERVICES FOR PREGNANT PEO-
 19 PLE.—If a commonwealth or territory described in
 20 paragraph (3) receives payment for a fiscal year
 21 under subsection (a) of section 2105 for expendi-
 22 tures that are subject to the enhanced FMAP speci-
 23 fied under subsection (h) of such section, the
 24 amount of the allotment determined for such com-

1 monwealth or territory under this subsection shall be
 2 increased by the amount by which—

3 “(A) the amount of the payment received
 4 by the commonwealth or territory for such ex-
 5 penditures for the fiscal year; exceeds

6 “(B) the amount of the payment that the
 7 commonwealth or territory would have received
 8 for such expenditures for the fiscal year without
 9 regard to such subsection (h).”; and

10 (B) in subsection (m)—

11 (i) in paragraph (2)(B), in the matter
 12 preceding clause (i), by striking “para-
 13 graphs (5) and (7)” and inserting “para-
 14 graphs (5), (7), and (12)”; and

15 (ii) by adding at the end the following
 16 new paragraph:

17 “(12) ADJUSTING ALLOTMENTS TO ACCOUNT
 18 FOR INCREASED FEDERAL PAYMENTS FOR COV-
 19 ERAGE OF DENTAL SERVICES FOR PREGNANT PEO-
 20 PLE.—If a State receives payment for a fiscal year
 21 under subsection (a) of section 2105 for expendi-
 22 tures that are subject to the enhanced FMAP speci-
 23 fied under subsection (h) of such section, the
 24 amount of the allotment determined for the State

1 and fiscal year under this subsection shall be in-
 2 creased by the amount by which—

3 “(A) the amount of the payment received
 4 by the State for such expenditures for the fiscal
 5 year; exceeds

6 “(B) the amount of the payment that the
 7 State would have received for such expenditures
 8 for the fiscal year without regard to such sub-
 9 section (h).”.

10 **SEC. 3. MATERNAL ORAL HEALTH QUALITY MEASURES.**

11 Title XI of the Social Security Act (42 U.S.C. 1301
 12 et seq.) is amended by inserting after section 1139B the
 13 following new section:

14 **“SEC. 1139C. MATERNAL ORAL HEALTH QUALITY MEAS-**
 15 **URES.**

16 “(a) DEVELOPMENT OF CORE SET OF MATERNAL
 17 ORAL HEALTH CARE QUALITY MEASURES.—

18 “(1) IN GENERAL.—The Secretary shall iden-
 19 tify and publish a recommended core set of health
 20 quality measures for enrolled pregnant individuals in
 21 the same manner as the Secretary identifies and
 22 publishes a core set of child health quality measures
 23 under section 1139A, including with respect to iden-
 24 tifying and publishing existing maternal oral health
 25 quality measures for such individuals that are in use

1 under public and privately sponsored health care
2 coverage arrangements, or that are part of reporting
3 systems that measure both the presence and dura-
4 tion of health insurance coverage over time, that
5 may be applicable to enrolled pregnant individuals.

6 “(2) ALIGNMENT WITH EXISTING CORE SET.—
7 In identifying and publishing the recommended core
8 set of maternal oral health quality measures re-
9 quired under paragraph (1), the Secretary shall en-
10 sure that, to the extent possible, such measures
11 align with and do not duplicate the core set of adult
12 health quality measures identified, published, and re-
13 vised under section 1139B.

14 “(3) PROCESS FOR MATERNAL ORAL HEALTH
15 QUALITY MEASURES PROGRAM.—In identifying gaps
16 in existing maternal oral health quality measures
17 and establishing priorities for the development and
18 advancement of such measures, the Secretary shall
19 consult with—

20 “(A) States;

21 “(B) health care providers, including phy-
22 sicians in the fields of general obstetrics, mater-
23 nal-fetal medicine, family medicine,
24 neonatology, and pediatrics;

25 “(C) dental professionals; and

1 “(D) national organizations with expertise
2 in maternal oral health quality measurement.

3 “(4) DEFINITION OF ENROLLED PREGNANT IN-
4 DIVIDUAL.—The term ‘enrolled pregnant individual’
5 means an individual who—

6 “(A) is pregnant or is in the 60-day period
7 beginning on the last day of the individual’s
8 pregnancy; and

9 “(B) is enrolled for medical assistance,
10 child health assistance, or pregnancy-related as-
11 sistance (as applicable) under a State plan
12 under title XIX or XXI (or a waiver of such a
13 plan).

14 “(b) DEADLINES.—

15 “(1) RECOMMENDED MEASURES.—Not later
16 than January 1, 2023, the Secretary shall identify
17 and publish for comment a recommended core set of
18 maternal oral health quality measures that includes
19 the following:

20 “(A) Measures of utilization of oral health
21 and dental services during pregnancy across
22 health care settings.

23 “(B) Measures that address the availability
24 of oral evaluations during or following medical
25 visits for enrolled pregnant individuals.

1 “(C) Measures that address the incidence
2 of emergency department visits for non-trau-
3 matic dental conditions during pregnancy.

4 “(D) Measures that address the avail-
5 ability of follow-up dental care after emergency
6 department visits for non-traumatic dental con-
7 ditions during pregnancy.

8 “(E) Measures that address the availability
9 of counseling of enrolled pregnant individuals
10 and postpartum individuals aimed at improving
11 the oral health of enrolled pregnant individuals
12 and infants.

13 “(F) Measures that address screening and
14 evaluation for caries risk and periodontitis and
15 treatment for caries risk and periodontitis, in-
16 cluding the following:

17 “(i) The percentage of enrolled preg-
18 nant individuals who have caries risk docu-
19 mented in the reporting year involved.

20 “(ii) The percentage of enrolled preg-
21 nant individuals who received a topical flu-
22 oride application or sealants based on an
23 oral health risk assessment demonstrating
24 the need for such application or sealants
25 during the reporting year involved.

1 “(iii) The percentage of enrolled preg-
2 nant individuals who received a com-
3 prehensive or periodic oral evaluation or a
4 comprehensive periodontal evaluation dur-
5 ing the reporting year involved.

6 “(iv) The percentage of enrolled preg-
7 nant individuals with a history of
8 periodontitis who received an oral prophylaxis,
9 scaling or root planing, or peri-
10 odontal maintenance visit at least 2 times
11 during the reporting year involved.

12 “(2) DISSEMINATION.—Not later than January
13 1, 2024, the Secretary shall publish an initial core
14 set of maternal oral health quality measures that are
15 applicable to enrolled pregnant individuals.

16 “(3) STANDARDIZED REPORTING.—Not later
17 than January 1, 2025, the Secretary, in consultation
18 with States, shall develop a standardized format for
19 reporting information based on the initial core set of
20 maternal oral health quality measures (stratified by
21 race, ethnicity, primary language, and disability sta-
22 tus) and create procedures to encourage States to
23 use such measures to voluntarily report information
24 regarding the quality of oral health care for enrolled
25 pregnant individuals.

1 “(4) REPORTS TO CONGRESS.—Not later than
2 January 1, 2026, and every 3 years thereafter, the
3 Secretary shall include in the report to Congress re-
4 quired under section 1139A(a)(6) information simi-
5 lar to the information required under that section
6 with respect to the measures established under this
7 section.

8 “(c) ANNUAL STATE REPORTS REGARDING STATE-
9 SPECIFIC MATERNAL ORAL HEALTH QUALITY MEASURES
10 APPLIED UNDER MEDICAID OR CHIP.—

11 “(1) IN GENERAL.—Each State with a plan or
12 waiver approved under title XIX or XXI shall annu-
13 ally report (separately or as part of the annual re-
14 port required under section 1139A(c)) to the Sec-
15 retary on—

16 “(A) the State-specific maternal oral
17 health quality measures applied by the State
18 under such a plan or waiver, including meas-
19 ures described in subsection (b)(1);

20 “(B) the State-specific information on the
21 quality of oral health care furnished to enrolled
22 pregnant individuals under such a plan or waiv-
23 er, including information collected through ex-
24 ternal quality reviews of managed care organi-

1 zations under section 1932 and benchmark
2 plans under section 1937; and

3 “(C) the State-specific information regard-
4 ing the dental benefits available to enrolled
5 pregnant individuals under such a plan or waiv-
6 er, including any limits on such benefits and
7 the amount of reimbursement provided under
8 such plan or waiver for such benefits.

9 “(2) PUBLICATION.—Not later than September
10 30, 2026, and annually thereafter, the Secretary
11 shall collect, analyze, and make publicly available the
12 information reported by States under paragraph (1).

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

17 **SEC. 4. INCLUSION OF ORAL HEALTH SERVICES FOR PREG-**
18 **NANT AND POSTPARTUM INDIVIDUALS AS AN**
19 **ESSENTIAL HEALTH BENEFIT.**

20 (a) IN GENERAL.—Section 1302(b) of the Patient
21 Protection and Affordable Care Act (42 U.S.C. 18022(b))
22 is amended—

23 (1) in paragraph (1), by adding at the end the
24 following:

1 “(K) Oral health services for pregnant and
2 postpartum individuals.”; and

3 (2) in paragraph (4)(F)—

4 (A) by striking “section 1311(b)(2)(B)(ii)”
5 and inserting “section 1311(d)(2)(B)(ii)”;

6 (B) by inserting “or (1)(K)” after “para-
7 graph (1)(J)”.

8 (b) STATE EXCHANGE REQUIREMENTS.—Section
9 1311(d)(2)(B)(ii) of the Patient Protection and Affordable
10 Care Act (42 U.S.C. 18031(d)(2)(B)(ii)) is amended by
11 inserting “or oral health benefits meeting the require-
12 ments of section 1302(d)(1)(K)” before the period.

13 (c) PREMIUM ASSISTANCE CREDIT AMOUNT.—Sec-
14 tion 36B(b)(3)(E) of the Internal Revenue Code of 1986
15 is amended—

16 (1) by striking “section 1311(d)(2)(B)(ii)(I)”
17 and inserting “section 1311(d)(2)(B)(ii)”;

18 (2) by striking “section 1302(b)(1)(J)” and in-
19 serting “subparagraph (J) or (K) of section
20 1302(b)(1)”.

21 (d) CONFORMING AMENDMENT.—Section
22 2715(b)(3)(B)(i) of the Public Health Service Act (42
23 U.S.C. 300gg–15(b)(3)(B)(i)) is amended by striking
24 “through (J)” and inserting “through (K)”.

1 **SEC. 5. FEDERALLY QUALIFIED HEALTH CENTER GRANT**
2 **PROGRAM.**

3 (a) IN GENERAL.—Not later than 1 year after the
4 date of enactment of this Act, the Secretary of Health and
5 Human Services (in this Act referred to as the “Sec-
6 retary”) shall establish a grant program under which the
7 Secretary shall award grants to Federally qualified health
8 centers (as defined in section 1861(aa)(4) of the Social
9 Security Act (42 U.S.C. 1395x(aa)(4))) to enter into ar-
10 rangements with private dental providers to provide dental
11 services to eligible individuals.

12 (b) AUTHORIZATION OF APPROPRIATIONS.—There
13 are authorized to be appropriated to the Secretary such
14 sums as are necessary to carry out this section.

15 **SEC. 6. MATERNAL 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 issue a report on issues related to ma-
19 ternal oral health across the 50 States and the territories,
20 including—

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

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

25 (3) barriers to accessing maternal oral health
26 care;

1 (1) reduce the prevalence and severity of oral
2 disease among pregnant individuals, postpartum in-
3 dividuals, and their infants;

4 (2) improve access to oral health care during
5 pregnancy and the postpartum period;

6 (3) establish a data collection system to monitor
7 prevalence of oral disease and access to care;

8 (4) educate health and dental providers on the
9 importance of oral health care during pregnancy and
10 the postpartum period and build competencies in the
11 delivery of such care;

12 (5) increase rates of patient referral to oral
13 health care by non-dental providers; and

14 (6) establish mechanisms for outreach and edu-
15 cation of pregnant individuals and postpartum indi-
16 viduals for the purposes of improving oral health
17 practices and access to care.

18 (b) AUTHORIZATION OF APPROPRIATIONS.—There
19 are authorized to be appropriated to the Secretary such
20 sums as are necessary to carry out this section.

21 **SEC. 8. PERINATAL ORAL HEALTH OUTREACH AND EDU-**
22 **CATION.**

23 Not later than 1 year after the date of enactment
24 of this Act, the Secretary shall develop a program, to be
25 implemented by entities that fund or provide maternal

1 health care, oral health care, and maternal and infant sup-
2 port services, to provide—

3 (1) interactive oral health education aimed at
4 promoting good oral health practices for pregnant
5 individuals and postpartum individuals who are eligi-
6 ble for or enrolled in the Medicaid program under
7 title XIX of the Social Security Act or the Children’s
8 Health Insurance Program under title XXI of the
9 Social Security Act (42 U.S.C. 1396 et seq., 1397aa
10 et seq.);

11 (2) information on oral health and dental cov-
12 erage for pregnant individuals, postpartum individ-
13 uals, and children; and

14 (3) assistance in connecting pregnant individ-
15 uals, postpartum individuals, and children to oral
16 health care.

17 **SEC. 9. MATERNAL ORAL HEALTH TRAINING.**

18 (a) IN GENERAL.—Not later than 1 year after the
19 date of enactment of this Act, the Secretary, acting
20 through the Associate Administrator of the Maternal and
21 Child Health Bureau of the Health Resources and Serv-
22 ices Administration, shall establish a grant program under
23 which the Secretary shall award grants to eligible entities
24 for the purpose of—

1 (1) integrating oral health care into maternal
2 health care settings;

3 (2) improving oral health outcomes during
4 pregnancy and the postpartum period;

5 (3) developing core competencies in oral health
6 among maternal health providers, including obstetri-
7 cian-gynecologists and certified nurse-midwives, and
8 non-clinical perinatal health workers, including com-
9 munity health workers and doulas; and

10 (4) improving access to oral health care during
11 pregnancy and closing referral gaps.

12 (b) ELIGIBLE ENTITIES.—The Secretary may make
13 grants under this section to, or enter into contracts with
14 State health departments or other State health agencies,
15 academic institutions, schools of medicine or dentistry,
16 nonprofit hospitals, nonprofit accredited birth centers, or
17 public or private nonprofit entities which the Secretary
18 has determined are capable of carrying out such a grant
19 or contract to—

20 (1) plan, develop, and provide training of ma-
21 ternal health providers to establish core com-
22 petencies in oral health during pregnancy and the
23 postpartum period;

24 (2) provide information to maternal health pro-
25 viders, including information on periodontal disease,

1 dental caries, oral health screening and risk assess-
2 ment, beneficial oral health practices for pregnant
3 individuals and infants; and

4 (3) provide tools and resources aimed at facili-
5 tating the integration of oral health care and refer-
6 ral to dental care into maternity care settings.

7 (c) AUTHORIZATION OF APPROPRIATIONS.—There
8 are authorized to be appropriated to the Secretary such
9 sums as are necessary to carry out this section.

○