119TH CONGRESS
2D SESSION

S. _____

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.

IN THE SENATE OF THE UNITED STATES

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

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.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Medicaid Dental Benefit Act of 2026''.

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

(a) IN GENERAL.—

(1) MANDATORY COVERAGE.—

(A) IN GENERAL.—

(i) REQUIREMENT.—Section 1902(a)(10)(A) of the Social Security Act (42 U.S.C. 1396a(a)(10)(A)) is amended by inserting ''(10),'' before ''(13)(B),''.

(ii) MEDICALLY NEEDY.—

(I) IN GENERAL.—Section 1902(a)(10)(C)(iv) of such Act (42 U.S.C. 1396a(a)(10)(C)(iv)) is amended by inserting ''(10),'' before ''(13)(B)''.

(II) RULE OF CONSTRUCTION.—Nothing in this section or the amendments made by this section shall be construed to limit the access of an individual residing in an institutional setting to dental and oral health services (as such term is defined in section 1905(ll) of the Social Security Act, as added by paragraph (2)(B)).

(iii) EFFECTIVE DATE.—The amendments made by clauses (i) and (ii) shall apply with respect to expenditures for medical assistance in calendar quarters begin-

ning on or after January 1, [2028] [*SLC Note: Confirm year.*].

(B) BENCHMARK COVERAGE.—Section 1937(b)(5) of the Social Security Act (42 U.S.C. 1396u–7(b)(5)) is amended by striking the period and inserting ", and, beginning January 1, [2028][*SLC Note: Confirm year.*], coverage of dental and oral health services (as such term is defined in section 1905(ll))."

(C) OPTIONAL APPLICATION TO TERRITORIES.—Section 1902(j) of the Social Security Act (42 U.S.C. 1396a(j)) is amended—

(i) by striking "this title, the Secretary" and inserting "this title—

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

"(2) the Secretary"; and

(ii) by striking the second comma after "section 1108(f)".

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

(A) in subsection (a)(10), by inserting ''and dental and oral health services (as defined in subsection (ll))'' after ''dental services''; and

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

''(ll) DENTAL AND ORAL HEALTH SERVICES.—For purposes of subsection (a)(10), the term 'dental and oral health services' means dentures and denture services, implants and implant services, and services necessary to prevent oral disease and promote oral health, restore oral structures to health and function, reduce oral pain, and treat emergency oral conditions, that are furnished by a provider who is legally authorized to furnish such items and services under State law (or the State regulatory mechanism provided by State law).''.

(3) CONFORMING AMENDMENT.—

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

(B) EFFECTIVE DATE.—The amendment made by subparagraph (A) shall take effect on January 1, [2028] [*SLC Note: Confirm year.*].

(b) STATE OPTION FOR ADDITIONAL DENTAL AND ORAL HEALTH BENEFITS.—Section 1905(a)(13) of the

Social Security Act (42 U.S.C. 1396d(a)(13)) is amended—

(1) in subparagraph (B), by striking ''; and'' and inserting a semicolon;

(2) in subparagraph (C), by striking the semicolon at the end and inserting ''; and''; and

(3) by inserting after subparagraph (C) the following new subparagraph:

''(D) at State option, such items and services related to dental and oral health services (as defined in subsection (ll)) that are in addition to those identified in such subsection (ll) as the State may specify;''.

(c) INCREASED FMAP.—

(1) MEDICAID.—Section 1905 of the Social Security Act (42 U.S.C. 1396d), as amended by subsections (a) and (b), is further amended—

(A) in subsection (b), by striking ''and (ii)'' and inserting ''(ii), and (mm)'';

(B) in subsection (ff), by striking ''and (ii)'' and inserting '', (ii), and (mm)''; and

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

''(mm) INCREASED FMAP FOR EXPENDITURES RELATED TO DENTAL AND ORAL HEALTH SERVICES.—

"(1) IN GENERAL.—

"(A) 50 STATES AND DC.—Notwithstanding subsection (b), in the case of a State that is 1 of the 50 States or the District of Columbia, during the 12-quarter period that begins on January 1, [2028] [*SLC Note: Confirm year.*], the Federal medical assistance percentage shall be equal to 100 percent with respect to amounts expended by the State for medical assistance for dental and oral health services authorized under paragraph (10) of subsection (a). In no case may the application of this subparagraph result in the Federal medical assistance percentage determined for a State with respect to expenditures described in this subparagraph exceeding 100 percent.

"(B) TERRITORIES.—

"(i) IN GENERAL.—Notwithstanding subsection (b), in the case of a State that is Puerto Rico, the Virgin Islands, Guam, the Northern Mariana Islands, or American Samoa, during a period described in clause (ii), the Federal medical assistance percentage shall be equal to 100 percent with respect to amounts expended by the

State for medical assistance for any item or service that is included in dental and oral health services authorized under paragraph (10) of subsection (a). In no case may the application of this clause result in the Federal medical assistance percentage determined for a State with respect to expenditures described in this clause exceeding 100 percent.

''(ii) PERIOD DESCRIBED.—A period described in this clause is, with respect to an item or service described in clause (i) and a State described in such clause, the 12-quarter period that begins with the first quarter beginning on or after January 1, **[**2028**]** **[***SLC Note: Confirm year.***]**, in which such item or service is first covered under the State plan or under a waiver of such plan.

''(2) EXCLUSIONS.—The Federal medical assistance percentage specified in paragraph (1) shall not apply to amounts expended for medical assistance during any period for—

"(A) additional items and services authorized under paragraph (13)(D) of subsection (a); or

"(B) items and services furnished to an individual if, as of the date of enactment of this subsection, medical assistance was available to such individual for such items and services or medicare cost-sharing under the State plan or a waiver of such plan.".

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

(A) in subsection (f), in the matter preceding paragraph (1), by striking "subsections (g) and (h)" and inserting "subsections (g), (h), and (j)"; and

(B) by adding at the end the following:

"(j) EXCLUSION FROM CAPS OF AMOUNTS ATTRIBUTABLE TO INCREASED FMAP FOR COVERAGE OF DENTAL AND ORAL HEALTH SERVICES.—Any additional amount paid to Puerto Rico, the Virgin Islands, Guam, the Northern Mariana Islands, and American Samoa for expenditures for medical assistance that is attributable to an increase in the Federal medical assistance percentage

applicable to such expenditures under section 1905(mm) shall not be taken into account for purposes of applying payment limits under subsections (f) and (g).''.

SEC. 3. ADULT ORAL HEALTH QUALITY AND EQUITY MEASURES.

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

''SEC. 1139C. ADULT ORAL HEALTH QUALITY AND EQUITY MEASURES.

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

''(1) IN GENERAL.—The Secretary shall identify and publish a recommended core set of health quality and equity measures for individuals enrolled in a State plan (or waiver of such plan) under title XIX who are over the age of 21 in the same manner as the Secretary identifies and publishes a core set of child health quality measures under section 1139A, including with respect to identifying and publishing existing oral health quality measures for such individuals that are in use under public and privately sponsored health care coverage arrangements, or that are part of reporting systems that measure both the presence and duration of health

insurance coverage over time, that may be applicable to enrolled adults.

''(2) ALIGNMENT WITH EXISTING CORE SET.—In identifying and publishing the recommended core set of adult oral health quality and equity measures required under paragraph (1), the Secretary shall ensure that, to the extent possible, such measures align with and do not duplicate the core set of adult health quality measures identified, published, and revised under section 1139B.

''(3) PROCESS FOR ADULT ORAL HEALTH QUALITY AND EQUITY MEASURES PROGRAM.—In identifying gaps in existing adult oral health quality and equity measures and establishing priorities for the development and advancement of such measures, the Secretary shall consult with—

''(A) States;

''(B) health care providers;

''(C) patient representatives;

''(D) dental professionals; and

''(E) national organizations with expertise in oral health quality or equity measurement.

''(b) DEADLINES.—

''(1) RECOMMENDED MEASURES.—Not later than 1 year after the date of enactment of this sec-

tion, the Secretary shall identify and publish for comment a recommended core set of adult oral health quality and equity measures that includes the following:

"(A) Measures of utilization of oral health and dental services across health care settings.

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

"(C) Measures that address the incidence of emergency department visits for non-traumatic dental conditions.

"(D) Measures that address the availability and receipt of follow-up dental care after emergency department visits for non-traumatic dental conditions during pregnancy.

"(E) Measures that address the availability of counseling of enrolled adults aimed at improving oral health outcomes.

"(F) Measures that address the availability and receipt of care for beneficiaries who meet the medical necessity criteria for general anesthesia and intravenous sedation.

"(G) Measures that address screening and evaluation for caries risk and periodontitis and

treatment for caries risk and periodontitis, including the following:

''(i) The percentage of enrolled adults who have caries risk documented in the reporting year involved.

''(ii) The percentage of enrolled adults who received a topical fluoride application or sealants based on an oral health risk assessment demonstrating the need for such application or sealants during the reporting year involved.

''(iii) The percentage of enrolled adults who received a comprehensive or periodic oral evaluation or a comprehensive periodontal evaluation during the reporting year involved.

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

''(v) The percentage of enrolled adults with diabetes who receive a comprehensive or periodic evaluation or a comprehensive

periodontal evaluation during the reporting year involved.

''(vi) The percentage of enrolled adults who require tooth extraction during the reporting year involved.

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

''(2) DISSEMINATION.—Not later than 1 year after the date of enactment of this section, the Secretary shall publish an initial core set of oral health quality and equity measures that are applicable to enrolled adults.

''(3) STANDARDIZED REPORTING.—Not later than 2 years after the date of the enactment of this section the Secretary, in consultation with States, shall develop a standardized format for the collection and reporting of information based on the initial core set of adult oral health quality and equity measures (stratified by race, ethnicity, primary language, disability status, sexual orientation, and gender identity) and create guidelines, procedures, and incentives to States to use such measures and to collect and report information regarding the quality and equity of oral health care for enrolled adults.

''(4) REPORTS TO CONGRESS.—Not later than 3 years after the date of enactment of this section, and every 3 years thereafter, the Secretary shall include in the report to Congress required under section 1139A(a)(6) information similar to the information required under that section with respect to the measures established under this section.

''(c) ANNUAL STATE REPORTS REGARDING STATE-SPECIFIC ORAL HEALTH QUALITY AND EQUITY MEASURES APPLIED UNDER MEDICAID.—

''(1) IN GENERAL.—Each State with a plan approved under title XIX (or with a waiver of such plan in effect) shall annually report (separately or as part of the annual report required under section 1139A(c)) to the Secretary on—

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

''(B) the State-specific information on the quality and equity of oral health care furnished to enrolled adults under such a plan or waiver, including information collected through external quality reviews of managed care organizations under section 1932 and benchmark plans under

section 1937, disaggregated by race, ethnicity, primary language, disability status, sexual orientation, and gender identity;

''(C) the State-specific information regarding the dental benefits available to enrolled adults under such a plan or waiver, including any limits on such benefits and the amount of reimbursement provided under such plan or waiver for such benefits; and

''(D) the State-specific plan to identify, evaluate, and reduce in meaningful and measurable ways, to the extent practicable, health disparities based on age, sex, race, ethnicity, primary language, sexual orientation, gender identity, and disability status.

''(2) PUBLICATION.—Not later than 2 years after the date of enactment of this section, and annually thereafter, the Secretary shall collect, analyze, and make publicly available the information reported by States under paragraph (1).

''(d) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated $10,000,000 to carry out this section. Funds appropriated under this subsection shall remain available until expended.''.

(b) REQUIRED REPORTING.—

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

(A) in paragraph (89), by striking ''and'' at the end;

(B) in paragraph (90)(C), by striking the period at the end and inserting ''; and''; and

(C) by inserting after paragraph (90) the following new paragraph:

''(91) provide for the reporting required under section 1139C(c).''.

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

''(e) REPORTING REQUIREMENTS.—A State child health plan shall provide for the reporting required under section 1139C(c).''.

SEC. 4. ADULT ORAL HEALTH CARE REPORT.

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

(1) the availability of adult oral health coverage, and enrollment in such coverage;

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

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

(4) innovations and potential solutions to problems of access (including disparities in access) to adult oral health care, including innovations that would expand access to such care beyond dental offices; and

(5) the impact of the amendments made by section 2 of this Act and recommendations for improving reimbursement rates for providers of dental and oral health services under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.).

SEC. 5. ORAL HEALTH OUTREACH AND EDUCATION.

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

(1) culturally competent and linguistically appropriate information on the availability and scope of oral health and dental coverage for adults who are eligible for or enrolled under a State plan (or waiver

of such plan) under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.);

(2) assistance in connecting adults and underserved populations enrolled in such a plan (or such a waiver) to oral health care;

(3) education to dental, oral health, and medical professionals to strengthen core competencies in delivering culturally competent oral health care to adults enrolled in such a plan (or such a waiver), including individuals with physical and intellectual disabilities, pregnant and postpartum individuals, Alaskan Native and American Indian populations, and individuals living in urban, rural and, other underserved communities; and

(4) culturally competent and linguistically appropriate interactive oral health education aimed at promoting good oral health practices for adults, including racially and ethnically diverse individuals enrolled under such a plan (or such a waiver).