

(1) ensure that activities are targeted towards specific populations such as children, pregnant women, parents, the elderly, individuals with disabilities, and ethnic and racial minority populations, including Indians, Alaska Natives and Native Hawaiians (as defined in section 1603(c)<sup>1</sup> of title 25) in a culturally and linguistically appropriate manner; and

(2) utilize science-based strategies to convey oral health prevention messages that include, but are not limited to, community water fluoridation and dental sealants.

**(c) Planning and implementation**

Not later than 2 years after March 23, 2010, the Secretary shall begin implementing the 5-year campaign. During the 2-year period referred to in the previous sentence, the Secretary shall conduct planning activities with respect to the campaign.

(July 1, 1944, ch. 373, title III, §399LL, as added Pub. L. 111-148, title IV, §4102(a), Mar. 23, 2010, 124 Stat. 550.)

REFERENCES IN TEXT

Section 1603(c) of title 25, referred to in subsec. (b)(1), which defines “Indians”, was redesignated section 1603(13) of title 25 by Pub. L. 111-148, title X, §10221(a), Mar. 23, 2010, 124 Stat. 935.

**§ 280k-1. Research-based dental caries disease management**

**(a) In general**

The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall award demonstration grants to eligible entities to demonstrate the effectiveness of research-based dental caries disease management activities.

**(b) Eligibility**

To be eligible for a grant under this section, an entity shall—

(1) be a community-based provider of dental services (as defined by the Secretary), including a Federally-qualified health center, a clinic of a hospital owned or operated by a State (or by an instrumentality or a unit of government within a State), a State or local department of health, a dental program of the Indian Health Service, an Indian tribe or tribal organization, or an urban Indian organization (as such terms are defined in section 1603 of title 25), a health system provider, a private provider of dental services, medical, dental, public health, nursing, nutrition educational institutions, or national organizations involved in improving children’s oral health; and

(2) submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

**(c) Use of funds**

A grantee shall use amounts received under a grant under this section to demonstrate the effectiveness of research-based dental caries disease management activities.

**(d) Use of information**

The Secretary shall utilize information generated from grantees under this section in plan-

ning and implementing the public education campaign under section 280k of this title.

(July 1, 1944, ch. 373, title III, §399LL-1, as added Pub. L. 111-148, title IV, §4102(a), Mar. 23, 2010, 124 Stat. 551.)

**§ 280k-2. Authorization of appropriations**

There is authorized to be appropriated to carry out this part, such sums as may be necessary.

(July 1, 1944, ch. 373, title III, §399LL-2, as added Pub. L. 111-148, title IV, §4102(a), Mar. 23, 2010, 124 Stat. 551.)

**§ 280k-3. Updating national oral healthcare surveillance activities**

**(1) PRAMS**

**(A) In general**

The Secretary of Health and Human Services (referred to in this section as the “Secretary”) shall carry out activities to update and improve the Pregnancy Risk Assessment Monitoring System (referred to in this section as “PRAMS”) as it relates to oral healthcare.

**(B) State reports and mandatory measurements**

**(i) In general**

Not later than 5 years after March 23, 2010, and every 5 years thereafter, a State shall submit to the Secretary a report concerning activities conducted within the State under PRAMS.

**(ii) Measurements**

The oral healthcare measurements developed by the Secretary for use under PRAMS shall be mandatory with respect to States for purposes of the State reports under clause (i).

**(C) Funding**

There is authorized to be appropriated to carry out this paragraph, such sums as may be necessary.

**(2) National Health and Nutrition Examination Survey**

The Secretary shall develop oral healthcare components that shall include tooth-level surveillance for inclusion in the National Health and Nutrition Examination Survey. Such components shall be updated by the Secretary at least every 6 years. For purposes of this paragraph, the term “tooth-level surveillance” means a clinical examination where an examiner looks at each dental surface, on each tooth in the mouth and as expanded by the Division of Oral Health of the Centers for Disease Control and Prevention.

**(3) Medical Expenditures Panel Survey**

The Secretary shall ensure that the Medical Expenditures Panel Survey by the Agency for Healthcare Research and Quality includes the verification of dental utilization, expenditure, and coverage findings through conduct of a look-back analysis.

**(4) National Oral Health Surveillance System**

**(A) Appropriations**

There is authorized to be appropriated, such sums as may be necessary for each of fiscal

<sup>1</sup> See References in Text note below.