

To the office of U.S. Representative Sydney Kamlager-Dove

Re: HR 10676 (119th Congress), Foster Youth Dental Act of 2026 • Latest action (2026-10-01): Referred to the House Committee on Energy and Commerce.

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Office of record (Congress.gov): 144 Cannon House Office Building, Washington, DC • (202) 225-7084

Foster Youth Dental Stability and State Choice Act

The measure, as described from the official record: Help current and former foster youth under age 26 get consistent health screenings and dental care through Medicaid.

THE PROPOSAL

Congress may pay for foster youth dental care under its power to spend for the general welfare, but the Tenth Amendment leaves states free to accept or refuse the funds, so this plan must be voluntary and clear. The strongest objection is that Washington uses Medicaid money to force states to obey; this proposal answers that objection by giving each state a real choice to join, plain terms in writing, and added funds only for the added work.

The VFA proposal would keep the core goal of the Foster Youth Dental Act of 2026. It would add a clear Medicaid state plan option to cover early and periodic screening, diagnostic, and treatment services, including dental services, for current and former foster youth under age 26. The official summary states the original would require this coverage with an 80-day start date. The VFA proposal would change the mandate into a voluntary, federally funded option to respect state choice.

The VFA proposal would extend the start to 180 days after enactment so states and dental providers have fair notice and time to file plan changes. Payment rates would be tied to a published statewide survey of private dental rates, capped at 110 percent of the average. The enhanced federal match would apply only to documented excess costs above base rates and within a five-year national cap.

The proposal would add cost control and accountability. The Centers for Medicare and Medicaid Services would approve state plans, publish rate methods, and report each year on use, access, and spending. The Office of Inspector General would audit payments and recover improper claims. If a state falls short, federal funds tied to this option would pause only after written notice and time to fix the problem.

The proposal would add plain notices for youth and families. Eligible youth would receive simple written notice of the new proposed dental benefit and how to seek review if care is denied. This protection would be new and separate from any existing Medicaid appeal rights, which should be confirmed in current law. All added funds and rate authority would end after five years unless Congress reviews results and votes to continue.

OPERATIVE PROVISIONS (VFA PROPOSAL)

Effective Date	Requirements would take effect 180 days after enactment, with state plan amendments due within 120 days.
Enforcement Mechanism	Centers for Medicare and Medicaid Services would enforce through state plan approval and deferred federal funds after written notice and time to fix the problem; providers would face payment recovery for improper claims; youth would receive written notice of the new proposed coverage and review information.
Funding Amount	Federal enhanced match capped at \$450 million total over five years; per-state enhanced payments capped at 110 percent of the statewide average private dental rate survey.
Funding Source	Federal Medicaid appropriation for medical assistance, with enhanced Federal Medical Assistance Percentage only for documented excess dental costs above the base state rate.
Oversight Body	Centers for Medicare and Medicaid Services with annual reports to Congress and audits by the Department of Health and Human Services Office of Inspector General.
Sunset Years	5 years

CONSTITUTIONAL BASIS

- Article I, Section 8, Clause 1
- Tenth Amendment

Concerns with the measure as written:

- Medicaid conditions on states must be clear, voluntary, and related to federal funds under Article I, Section 8, Clause 1 and the Tenth Amendment; a flat mandate without a clear choice risks coercion.
- A requirement to set private-sector-based dental rates plus an enhanced match needs a defined federal spending purpose and a firm cost limit to stay within the Spending Clause.
- An 80-day start date raises fair-notice and feasibility concerns under clear-statement principles for states and providers if compliance rules and rate methods are not yet published.

WHY BOTH SIDES CAN BACK IT (VFA'S ASSESSMENT)

VFA assesses this draft honors Democratic priorities by securing continuous screening and dental coverage for current and former foster youth under age 26, a group with high health needs and unstable coverage. VFA assesses it honors Republican priorities by capping federal cost exposure at a fixed five-year total, sunsetting the added match for review, protecting state choice through a voluntary option, and requiring published rate methods and audits rather than open-ended payments.

Strongest objection, and the answer: The strongest objection is that Washington uses Medicaid money to force states to obey; this proposal answers that objection by giving each state a real choice to join, plain terms in writing, and added funds only for the added work.

CHECK BEFORE RELYING ON THIS

Basis: The Congress.gov summary of H.R. 10676 in the 119th Congress states the bill would expand Medicaid to cover early and periodic screening, diagnostic, and treatment services including dental services for current and former foster youth under 26, require a special private-sector-based dental rate, provide an enhanced federal matching rate for excess costs, take effect 80 days after enactment, and was referred to the House Committee on Energy and Commerce.

The full bill text and current law were not reviewed, so current Medicaid eligibility, existing appeal rights, exact rate methods, total cost effects, and statutory conflicts remain unverified and should be checked at the official Congress.gov bill page and current Medicaid statute before action.

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