

110TH CONGRESS
1ST SESSION

S. 1907

To amend title I of the Omnibus Crime Control and Safe Streets Act of 1968 to understand and comprehensively address the inmate oral health problems associated with methamphetamine use, and for other purposes.

IN THE SENATE OF THE UNITED STATES

JULY 31, 2007

Mr. BAUCUS (for himself and Mr. COLEMAN) introduced the following bill;
which was read twice and referred to the Committee on the Judiciary

A BILL

To amend title I of the Omnibus Crime Control and Safe Streets Act of 1968 to understand and comprehensively address the inmate oral health problems associated with methamphetamine use, 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 “Meth Mouth Correc-
5 tional Costs and Reentry Support Act”.

6 **SEC. 2. TABLE OF CONTENTS.**

7 The table of contents for this Act is as follows:

Sec. 1. Short title.

Sec. 2. Table of contents.

Sec. 3. Findings; purpose; definitions.

Sec. 4. Inclusion of oral health and dental care inmate and probationer statistics.

Sec. 5. Study of methamphetamine-related oral health costs in jails and prisons.

Sec. 6. Interim assistance for correctional dental programs.

Sec. 7. Grants for dental care offender reentry projects.

1 SEC. 3. FINDINGS; PURPOSE; DEFINITIONS.

2 (a) FINDINGS.—The Congress finds as follows:

3 (1) One of the unexpected results of the meth-
 4 amphetamine epidemic has been prisoners' need for
 5 costly dental care. By some accounts, more than 30
 6 percent of prison inmates suffer from meth mouth
 7 and about 40 percent of correctional dental spending
 8 goes toward repairing or removing teeth ravaged by
 9 methamphetamine use.

10 (2) Every year some 600,000 inmates are re-
 11 leased from Federal and State prisons and return to
 12 their communities and families.

13 (3) Released prisoners suffer disproportionately
 14 from oral diseases and other health-related prob-
 15 lems, which can hinder their ability to secure hous-
 16 ing, employment, and otherwise successfully inte-
 17 grate into the community.

18 (4) Ex-offenders who are healthy have greater
 19 success in reintegrating into the community and
 20 avoiding incarceration.

21 (5) There have been few published studies (and
 22 virtually no routine data collections) that adequately

1 characterize the oral health of inmates and the pro-
2 vision of dental care in correctional facilities. In fact,
3 the absence of peer-reviewed literature has resulted
4 in the perpetual underfunding and understaffing of
5 correctional dental care programs.

6 (b) PURPOSE.—The purposes of this Act are to—

7 (1) investigate and report on the oral health of
8 inmates of correctional facilities and on the provision
9 of dental care in such facilities;

10 (2) temporarily sustain dental programs in cor-
11 rectional facilities that have been suddenly and dis-
12 proportionately taxed by the prevalence and severity
13 of inmate meth mouth;

14 (3) ensure that oral health and dental care are
15 accounted for in the Department of Justice’s pris-
16 oner reentry initiatives; and

17 (4) underscore the many ways that oral health
18 and dental care contribute to the general health of
19 individuals, their communities, and to the country as
20 a whole.

21 (c) DEFINITIONS.—For purposes of this Act:

22 (1) CORRECTIONAL FACILITY; DETENTION FA-
23 CILITY.—The terms “correctional facility” and “de-
24 tention facility” mean any place for the confinement

1 or rehabilitation of offenders or individuals charged
 2 with or convicted of criminal offenses.

3 (2) INMATE.—The term “inmate” means any
 4 person who is incarcerated or detained in any correc-
 5 tional facility and who is accused of, convicted of,
 6 sentenced for, or adjudicated delinquent for, viola-
 7 tions of criminal law or the terms and conditions of
 8 parole, probation, pretrial release, or a diversionary
 9 program.

10 (3) METH MOUTH.—The term “meth mouth”
 11 means a distinct and often severe pattern of oral
 12 decay that is commonly associated with meth-
 13 amphetamine use.

14 (4) OFFENDER REENTRY.—The term “offender
 15 reentry” means the process of returning individuals
 16 to society after a period of incarceration in a prison,
 17 jail, or other detention facility.

18 **SEC. 4. INCLUSION OF ORAL HEALTH AND DENTAL CARE**

19 **INMATE AND PROBATIONER STATISTICS.**

20 Part C of title I of the Omnibus Crime Control and
 21 Safe Streets Act of 1968 (42 U.S.C. 3711 et seq.) is
 22 amended by adding at the end the following new section:

1 **“SEC. 305. JUSTICE STATISTICS TO INCLUDE DATA ON PRO-**
2 **VISION OF DENTAL CARE.**

3 “(a) IN GENERAL.—In collecting, compiling, ana-
4 lyzing, publishing, and disseminating justice statistics re-
5 lating to the operation of the criminal justice system under
6 this part, the Director of the Bureau of Justice Statistics
7 shall include and take into account data characterizing the
8 oral health of inmates of correctional facilities and the
9 provision of dental care in correctional facilities. Such data
10 shall address at least the following information:

11 “(1) The prevalence in such facilities of inmate
12 dental caries (tooth decay), periodontal diseases, and
13 other conditions affecting the teeth, gums, and
14 mouth or affecting the proper function thereof.

15 “(2) The types of therapies used in such facili-
16 ties to diagnose, cure, mitigate, treat, or prevent the
17 onset of the conditions described in paragraph (1).

18 “(3) The presentable oral condition of inmates
19 at the time of release of the inmates from such fa-
20 cilities (as would likely be observed by an individual
21 who is not an oral health professional).

22 “(4) The size and disposition of inmate dental
23 programs and program budgets, including the num-
24 ber of dentists and allied oral health professionals on
25 staff, under contract, or otherwise used to furnish
26 inmate dental care.

1 “(b) USE OF DATA.—The Director may request and
 2 use such information, data, and reports from any Federal,
 3 State, local, or private entity, as may be required to carry
 4 out subsection (a). Such information, data, and reports
 5 may be used only with prior written consent from the Fed-
 6 eral, State, local, or private entity involved.”.

7 **SEC. 5. STUDY OF METHAMPHETAMINE-RELATED ORAL**
 8 **HEALTH COSTS IN JAILS AND PRISONS.**

9 (a) STUDY.—In carrying out section 305 of the Om-
 10 nibus Crime Control and Safe Streets Act of 1968 (42
 11 U.S.C. 3737 et seq.), as added by section 4, the Attorney
 12 General, acting through the Director of the Bureau of
 13 Justice Statistics, shall conduct a study to determine the
 14 extent to which methamphetamine use affects the demand
 15 for (and provision of) oral health care in correctional fa-
 16 cilities.

17 (b) REPORT.—Not later than 1 year after the date
 18 of the enactment of this Act, the Director of the Bureau
 19 of Justice Statistics shall publish a report detailing the
 20 results of the study under subsection (a). Such report shall
 21 include the following information:

- 22 (1) The prevalence and severity of inmate oral
 23 health problems believed to be associated with meth-
 24 amphetamine use.

6 (4) The clinical prognosis for inmates who re-
7 ceived care for meth mouth.

(c) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated \$100,000 to carry out this section for each of the fiscal years 2009 through 2011. Amounts authorized for appropriation under this subsection are in addition to any other amounts authorized for appropriation for such purpose.

Part A of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3711 et seq.) is amended by adding at the end the following new section:

23 “(a) IN GENERAL.—The Assistant Attorney General
24 shall make grants to States and local, territorial, and trib-
25 al units of government, for the purpose of developing, en-

1 hancing, or otherwise sustaining dental programs that
 2 provide for the oral health of jail and prison inmates.

3 “(b) ELIGIBILITY.—

4 “(1) APPLICATION.—To be eligible for grants
 5 under this section, an entity shall prepare and sub-
 6 mit an application at such time, in such manner,
 7 and containing such information as the Assistant
 8 Attorney General may require.

9 “(2) PREFERENCE.—In awarding grants under
 10 this section, the Assistant Attorney General shall
 11 give preference to applicants that demonstrate a
 12 compelling need for financial assistance due to the
 13 prevalence and severity of inmate meth mouth.

14 “(c) USE OF FUNDS.—Amounts awarded under this
 15 section may be used—

16 “(1) to recruit, hire, or otherwise secure the
 17 services of dentists, allied dental personnel, and
 18 other oral health professionals;

19 “(2) to rent, purchase, or otherwise secure den-
 20 tal instruments, equipment, and supplies;

21 “(3) to survey, document, and report on—

22 “(A) the prevalence and severity of inmate
 23 oral health problems believed to be associated
 24 with methamphetamine use;

1 “(B) the criteria most commonly used to
2 determine whether an inmate’s oral health
3 problems are associated with methamphetamine
4 use;

5 “(C) the therapies most commonly used to
6 treat inmates with meth mouth;

7 “(D) the prognosis for inmates who re-
8 ceived care for meth mouth; and

9 “(E) the financial impact of meth mouth
10 on State and local corrections budgets; and

11 “(4) to support other activities deemed appro-
12 priate by the Assistant Attorney General.

13 “(d) MATCHING REQUIREMENT.—The Federal share
14 of a grant received under this section may not exceed 50
15 percent of the total costs of the activity funded by such
16 grant.

17 “(e) COORDINATION OF ACTIVITIES.—The Assistant
18 Attorney General may enter into contracts or agreements
19 with other Federal agencies, including interagency agree-
20 ments to delegate authority for the execution of grants
21 and for such other activities as may be necessary to carry
22 out this section.

23 “(f) METH MOUTH DEFINED.—For purposes of this
24 section, the term ‘meth mouth’ means a distinct and often

1 severe pattern of oral decay that is commonly associated
 2 with methamphetamine use.

3 “(g) AUTHORIZATION OF APPROPRIATIONS.—There
 4 are authorized to be appropriated \$1,000,000 to carry out
 5 this section for each of the fiscal years 2009 through
 6 2011. Amounts authorized for appropriation under this
 7 subsection are in addition to any other amounts author-
 8 ized for appropriation for such purpose.”.

9 **SEC. 7. GRANTS FOR DENTAL CARE OFFENDER REENTRY**
 10 **PROJECTS.**

11 Part FF of title I of the Omnibus Crime Control and
 12 Safe Streets Act of 1968 (42 U.S.C. 3797w et seq.) is
 13 amended by adding at the end the following new section:

14 **“SEC. 2978. GRANTS FOR DENTAL CARE OFFENDER RE-**
 15 **ENTRY PROJECTS.**

16 “(a) GRANT AUTHORIZATION.—The Attorney Gen-
 17 eral shall make grants to State, local, territorial, and trib-
 18 al units of government to identify, eliminate, and report
 19 on the degree to which poor oral health undermines or
 20 otherwise impedes an inmate’s successful transition to a
 21 stable, productive, and law-abiding life following his or her
 22 release from jail or prison.

23 “(b) REENTRY DEMONSTRATION PROJECTS PER-
 24 MITTED.—In carrying out subsection (a), the Attorney
 25 General is authorized to make grants to entities described

1 in such subsection to establish adult and juvenile offender
2 reentry demonstration projects for the purpose of—

3 “(1) developing and implementing dental treat-
4 ment programs at correctional and detention facili-
5 ties in which inmates are incarcerated for a period
6 of time to permit or require emergency dental care;

7 “(2) developing, implementing, and evaluating
8 guidelines to ascertain the degree to which an in-
9 mate’s presentable oral condition at the time of his
10 or her release facilitates the transition of such in-
11 mate to a stable, productive, and law-abiding life;

12 “(3) promoting good oral hygiene among in-
13 mates and encouraging inmates to obtain regular
14 dental check-ups after their release;

15 “(4) assessing the presentable oral condition of
16 inmates at the time of their release (as would likely
17 be noticed by an individual who is not an oral health
18 professional);

19 “(5) monitoring an inmate’s compliance with
20 post-release treatment instructions and oral hygiene
21 protocols; and

22 “(6) supporting other activities deemed appro-
23 priate by the Attorney General.

24 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
25 are authorized to be appropriated \$100,000 to carry out

1 this section for each of the fiscal years 2009 through
2 2011.”.

