

111TH CONGRESS
1ST SESSION

H. R. 1671

To understand and comprehensively address the oral health problems associated with methamphetamine use.

IN THE HOUSE OF REPRESENTATIVES

MARCH 23, 2009

Mr. LARSEN of Washington (for himself, Mr. SULLIVAN, Ms. WATERS, Mr. WU, Mr. GUTHRIE, Ms. BORDALLO, Mr. SIMPSON, and Mr. SPACE) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To understand and comprehensively address the oral health problems associated with methamphetamine use.

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; PURPOSES.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Meth Mouth Prevention and Community Recovery Act”.

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

7 (1) to investigate and report on all aspects of
8 meth mouth, including its causes, public health im-

1 pact, innovative models for its prevention, and new
2 and improved methods for its treatment;

3 (2) to ensure dentists and allied dental per-
4 sonnel are able to recognize the signs of substance
5 abuse in their patients, discuss the nature of addic-
6 tion as it relates to oral health and dental care, and
7 facilitate appropriate help for patients (and family
8 members of patients) who are affected by a sub-
9 stance use disorder;

10 (3) to determine whether, how, and to what de-
11 gree educating youth about meth mouth is an effec-
12 tive strategy for preventing or reducing the preva-
13 lence of methamphetamine use; and

14 (4) to underscore the many ways that dentists
15 and other oral health professionals can contribute to
16 the general health of their patients, their commu-
17 nities, and the country as a whole.

18 **SEC. 2. TABLE OF CONTENTS.**

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

- Sec. 1. Short title; purposes.
- Sec. 2. Table of contents.

TITLE I—EVIDENCE-BASED PREVENTION

- Sec. 101. Findings; purpose; definitions.
- Sec. 102. Methamphetamine prevention demonstration projects.
- Sec. 103. Education for American Indian and Alaska native children.
- Sec. 104. Authorization of appropriations.

TITLE II—METH MOUTH RESEARCH INVESTMENT ACT

- Sec. 201. Findings; purpose; definitions.
- Sec. 202. Research on substance abuse, oral health, and dental care.
- Sec. 203. Study of methamphetamine-related oral health costs.

Sec. 204. Authorization of appropriations.

TITLE III—SUBSTANCE ABUSE EDUCATION FOR DENTAL
PROFESSIONALS

Sec. 301. Findings; purpose; definitions.

Sec. 302. Substance abuse training for dental professionals.

Sec. 303. Authorization of appropriations.

1 **TITLE I—EVIDENCE-BASED**
2 **PREVENTION**

3 **SEC. 101. FINDINGS; PURPOSE; DEFINITIONS.**

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

5 (1) According to the Substance Abuse and Men-
6 tal Health Services Administration, first-time meth-
7 amphetamine use is most likely to occur between the
8 ages of 18 and 25. Prevention efforts must therefore
9 begin during the teen years.

10 (2) Most young people do not realize that meth-
11 amphetamine use can quickly leave their teeth black-
12 ened, stained, rotting, and crumbling or falling apart
13 and that the treatment options are often limited.

14 (3) By educating youth about meth mouth, oral
15 health advocates can play a substantial role in help-
16 ing to prevent first-time methamphetamine use.

17 (b) PURPOSE.—The purpose of this title is to provide
18 for a number of projects to evaluate whether, how, and
19 to what degree educating youth about meth mouth is an
20 effective strategy for preventing or reducing methamphet-
21 amine use.

22 (c) DEFINITIONS.—In this title:

1 (1) ANTI-DRUG COALITION.—The term “anti-
2 drug coalition” has the meaning given to the term
3 “eligible coalition” in section 1023 of the National
4 Narcotics Leadership Act of 1988 (21 U.S.C. 1523).

5 (2) DENTAL ORGANIZATION.—The term “dental
6 organization” means a group of persons organized to
7 represent the art and science of dentistry or who are
8 otherwise associated for the primary purpose of ad-
9 vancing the public’s oral health.

10 (3) DIRECTOR.—The term “Director” means
11 the Director of the Center for Substance Abuse Pre-
12 vention.

13 (4) ELEMENTARY SCHOOL; SECONDARY
14 SCHOOL.—The terms “elementary school” and “sec-
15 ondary school” have the meanings given to such
16 terms in section 9101 of the Elementary and Sec-
17 ondary Education Act of 1965 (20 U.S.C. 7801).

18 (5) INDIAN; INDIAN TRIBE; TRIBAL ORGANIZA-
19 TION.—The terms “Indian”, “Indian tribe”, and
20 “tribal organization” have the meanings given to
21 such terms in section 4 of the Indian Self-Deter-
22 mination and Education Assistance Act (25 U.S.C.
23 450b).

24 (6) METH MOUTH.—The term “meth mouth”
25 means a distinct and often severe pattern of oral

1 decay that is commonly associated with meth-
2 amphetamine use.

3 (7) SUBSTANCE USE DISORDER.—The term
4 “substance use disorder” means any harmful pat-
5 tern of alcohol or drug use that leads to clinically
6 significant impairment in physical, psychological,
7 interpersonal, or vocational functioning.

8 (8) YOUTH.—The term “youth” has the mean-
9 ing given to such term in section 1023 of the Na-
10 tional Narcotics Leadership Act of 1988 (21 U.S.C.
11 1523).

12 **SEC. 102. METHAMPHETAMINE PREVENTION DEMONSTRA-**
13 **TION PROJECTS.**

14 (a) IN GENERAL.—In carrying out section 519E of
15 the Public Health Service Act (42 U.S.C. 290bb–25e), the
16 Director of the Center for Substance Abuse Prevention
17 shall make grants to public and private nonprofit entities
18 to enable such entities to determine whether, how, and to
19 what degree educating youth about meth mouth is an ef-
20 fective strategy for preventing or reducing methamphet-
21 amine use.

22 (b) USE OF FUNDS.—

23 (1) MANDATORY USES.—Amounts awarded
24 under this title shall be used for projects that focus

1 on, or include specific information about, the oral
2 health risks associated with methamphetamine use.

3 (2) AUTHORIZED USES.—Amounts awarded
4 under this title may be used—

5 (A) to develop or acquire instructional aids
6 to enhance the teaching and learning process
7 (including audiovisual items, computer-based
8 multimedia, supplemental print material, and
9 similar resources);

10 (B) to develop or acquire promotional
11 items to be used for display or distribution on
12 school campuses (including posters, flyers, bro-
13 chures, pamphlets, message-based apparel, but-
14 tons, stickers, and similar items);

15 (C) to facilitate or directly furnish school-
16 based instruction concerning the oral health
17 risks associated with methamphetamine use;

18 (D) to train State and local health offi-
19 cials, health professionals, members of anti-
20 drug coalitions, parents, and others how to
21 carry messages about the oral health risks asso-
22 ciated with methamphetamine use to youth; and

23 (E) to support other activities deemed ap-
24 propriate by the Director.

25 (c) GRANT ELIGIBILITY.—

1 (1) APPLICATION.—To be eligible for grants
2 under this title, an entity shall prepare and submit
3 an application at such time, in such manner, and
4 containing such information as the Director may
5 reasonably require.

6 (2) CONTENTS.—Each application submitted
7 pursuant to paragraph (1) shall include—

8 (A) a description of the objectives to be at-
9 tained;

10 (B) a description of the manner in which
11 the grant funds will be used; and

12 (C) a plan for evaluating the project’s suc-
13 cess using methods that are evidence-based.

14 (3) PREFERENCE.—In awarding grants under
15 this title, the Director shall give preference to appli-
16 cants that intend to—

17 (A) collaborate with one or more dental or-
18 ganizations;

19 (B) partner with one or more anti-drug
20 coalitions; and

21 (C) coordinate their activities with one or
22 more national, State, or local methamphetamine
23 prevention campaigns or oral health promotion
24 initiatives.

25 (d) LIMITATIONS.—

1 (1) GRANT AMOUNTS.—The amount of an
2 award under this title may not exceed \$50,000 per
3 grantee.

4 (2) DURATION.—The Director shall award
5 grants under this title for a period not to exceed 3
6 years.

7 (e) EVALUATION AND DISSEMINATION.—The Direc-
8 tor shall collect and widely disseminate information about
9 the effectiveness of the demonstration projects assisted
10 under this title.

11 **SEC. 103. EDUCATION FOR AMERICAN INDIAN AND ALASKA**
12 **NATIVE CHILDREN.**

13 Not less than 5 percent of the funds appropriated
14 pursuant to section 104 for a fiscal year shall be awarded
15 to Indian tribes and tribal organizations for the purpose
16 of educating Indian youth about the oral health risks asso-
17 ciated with methamphetamine use.

18 **SEC. 104. AUTHORIZATION OF APPROPRIATIONS.**

19 There are authorized to be appropriated for the pur-
20 pose of carrying out this title \$1,000,000 for each of fiscal
21 years 2010 through 2012. Amounts authorized to be ap-
22 propriated under this section are in addition to any other
23 amounts authorized to be appropriated for such purpose.

1 **TITLE II—METH MOUTH**
2 **RESEARCH INVESTMENT ACT**

3 **SEC. 201. FINDINGS; PURPOSE; DEFINITIONS.**

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

5 (1) As the number of regular methamphetamine
6 users has increased, so has a peculiar set of dental
7 problems linked to the drug. The condition (known
8 as “meth mouth”) develops rapidly and is attributed
9 to the drug’s acidic nature, its ability to dry the
10 mouth, the tendency of users to grind and clench
11 their teeth, and a drug-induced craving for sugar-
12 laden soft drinks.

13 (2) Meth mouth is regarded by many as an an-
14 ecdotal phenomenon. Few peer-reviewed studies have
15 been published that examine its causes, its physical
16 effects, its prevalence, or its public health costs.

17 (3) Enhanced research would help to identify
18 the prevalence and scope of meth mouth. Such re-
19 search would also help determine how substances of
20 abuse can damage the teeth and other oral tissues,
21 and offer the possibility of developing new and im-
22 proved prevention, harm-reduction, and cost man-
23 agement strategies.

24 (b) PURPOSE.—The purpose of this title is to provide
25 for enhanced research examining all aspects of meth

1 mouth, including its causes, its public health impact, inno-
2 vative models for its prevention, and new and improved
3 methods for its treatment.

4 (c) DEFINITIONS.—In this title:

5 (1) CLINICAL RESEARCH; HEALTH SERVICES
6 RESEARCH.—The terms “clinical research” and
7 “health services research” shall have the meanings
8 given to such terms in section 409 of the Public
9 Health Service Act (42 U.S.C. 284d).

10 (2) INDIAN; INDIAN TRIBE; TRIBAL ORGANIZA-
11 TION.—The terms “Indian”, “Indian tribe”, and
12 “tribal organization” shall have the meanings given
13 to such terms in section 4 of the Indian Self-Deter-
14 mination and Education Assistance Act (25 U.S.C.
15 450b).

16 (3) METH MOUTH.—The term “meth mouth”
17 means a distinct and often severe pattern of oral
18 decay that is commonly associated with meth-
19 amphetamine use.

20 (4) PUBLIC HEALTH RESEARCH.—The term
21 “public health research” means research that fo-
22 cuses on population-based health measures.

23 (5) SECRETARY.—The term “Secretary” means
24 the Secretary of Health and Human Services.

1 (3) the therapies most commonly used to treat
2 patients with meth mouth;

3 (4) the clinical prognosis for patients who re-
4 ceived care for meth mouth; and

5 (5) the financial impact of meth mouth on pub-
6 licly financed dental programs.

7 **SEC. 204. AUTHORIZATION OF APPROPRIATIONS.**

8 There are authorized to be appropriated such sums
9 as may be necessary for the purpose of carrying out this
10 title for each of fiscal years 2010 through 2012. Amounts
11 authorized to be appropriated under this section are in
12 addition to any other amounts authorized to be appro-
13 priated for such purpose.

14 **TITLE III—SUBSTANCE ABUSE**
15 **EDUCATION FOR DENTAL**
16 **PROFESSIONALS**

17 **SEC. 301. FINDINGS; PURPOSE; DEFINITIONS.**

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

19 (1) The use of certain therapeutic agents in
20 dental treatment can jeopardize the health and af-
21 fect the relapse potential of patients with substance
22 use disorders.

23 (2) Screening patients for substance abuse is
24 not a common practice among dentists, according to
25 several peer-reviewed articles published in the “Jour-

1 nal of the American Dental Association”. Limited
2 time, inadequate training, and the potential for
3 alienating patients are among the reasons often
4 cited.

5 (3) Dentists receive little formal education and
6 training in screening patients for substance abuse,
7 discussing the nature of addiction as it relates to
8 oral health and dental care, and facilitating appro-
9 priate help for patients, and family members of pa-
10 tients, who are affected by a substance use disorder.

11 (4) The American Dental Association maintains
12 that dentists should be knowledgeable about sub-
13 stance use disorders in order to safely administer
14 and prescribe controlled substances and other medi-
15 cations. The American Dental Association further
16 recommends that dentists become familiar with their
17 community’s substance abuse treatment resources
18 and be able to make referrals when indicated.

19 (5) Training can greatly increase the degree to
20 which dentists, allied dental personnel, and other
21 health professionals can screen patients for sub-
22 stance abuse, discuss the nature of addiction as it
23 relates to oral health and dental care, and facilitate
24 appropriate help for patients, and family members of

1 patients, who are affected by a substance use dis-
2 order.

3 (b) PURPOSE.—The purpose of this title is to provide
4 for enhanced training and technical assistance to ensure
5 that dentists and allied dental personnel are able to recog-
6 nize the signs of substance abuse in their patients, discuss
7 the nature of addiction as it relates to oral health and
8 dental care, and facilitate appropriate help for patients,
9 and family members of patients, who are affected by a
10 substance use disorder.

11 (c) DEFINITIONS.—For the purposes of this title:

12 (1) ALLIED DENTAL PERSONNEL.—The term
13 “allied dental personnel” means individuals who as-
14 sist the dentist in the provision of oral health care
15 services to patients, including dental assistants, den-
16 tal hygienists, and dental laboratory technicians who
17 are employed in dental offices or other patient care
18 facilities.

19 (2) CONTINUING EDUCATION.—The term “con-
20 tinuing education” means extracurricular learning
21 activities (including classes, lecture series, con-
22 ferences, workshops, seminars, correspondence
23 courses, and other programs) whose purpose is to in-
24 corporate the latest advances in science, clinical, and
25 professional knowledge into the practice of health

1 care (and whose completion is often a condition of
2 professional licensing).

3 (3) CONTINUING EDUCATION CREDIT.—The
4 term “continuing education credit” means a unit of
5 study that is used to officially certify or recognize
6 the successful completion of an activity that is con-
7 sistent with professional standards for continuing
8 education.

9 **SEC. 302. SUBSTANCE ABUSE TRAINING FOR DENTAL PRO-**
10 **FSSIONALS.**

11 (a) IN GENERAL.—In carrying out title V of the Pub-
12 lic Health Service Act (42 U.S.C. 290 et seq.), the Admin-
13 istrator of the Substance Abuse and Mental Health Serv-
14 ices Administration shall support training and offer tech-
15 nical assistance to ensure that dentists and allied dental
16 personnel are prepared to—

17 (1) recognize signs of alcohol or drug addiction
18 in their patients and the family members of their pa-
19 tients;

20 (2) discuss the nature of substance abuse as it
21 relates to their area of expertise;

22 (3) understand how certain dental therapies can
23 affect the relapse potential of substance dependent
24 patients; and

1 (4) help those affected by a substance use dis-
2 order to find appropriate treatment for their condi-
3 tion.

4 (b) CONTINUING EDUCATION CREDITS.—The Ad-
5 ministrators of the Substance Abuse and Mental Health
6 Services Administration may collaborate with professional
7 accrediting bodies—

8 (1) to develop and support substance abuse
9 training courses for oral health professionals; and

10 (2) to encourage that the activities described in
11 paragraph (1) be recognized for continuing edu-
12 cation purposes.

13 **SEC. 303. AUTHORIZATION OF APPROPRIATIONS.**

14 There are authorized to be appropriated such sums
15 as may be necessary for the purpose of carrying out this
16 title for each of fiscal years 2010 through 2012. Amounts
17 authorized to be appropriated under this section are in
18 addition to any other amounts authorized to be appro-
19 priated for such purpose.

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