

111TH CONGRESS
2D SESSION

H. R. 5678

To amend the Public Health Service Act to provide grants for treatment of methamphetamine abuse, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JULY 1, 2010

Mr. CARNAHAN (for himself, Ms. BERKLEY, Mr. BOREN, Mr. DAVIS of Tennessee, Mr. FOSTER, Ms. HIRONO, Mr. MICHAUD, Mr. MOORE of Kansas, Mr. RADANOVICH, and Mr. ROTHMAN of New Jersey) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to provide grants for treatment of methamphetamine abuse, 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 “Universal Access to
5 Methamphetamine Treatment Act of 2010”.

6 **SEC. 2. PURPOSE.**

7 It is the purpose of this Act to—

1 (1) reduce crime and improve public safety by
2 making treatment for methamphetamine abuse avail-
3 able to every American who needs it;

4 (2) keep families together by encouraging alter-
5 natives to incarceration for nonviolent drug law of-
6 fenses; and

7 (3) expand research on the root causes of meth-
8 amphetamine abuse and the most effective ways to
9 treat it.

10 **SEC. 3. METHAMPHETAMINE TREATMENT AND WRAP-**
11 **AROUND PROGRAMS.**

12 Subpart 1 of part B of title V of the Public Health
13 Service Act is amended—

14 (1) redesignating the second section 514 (relat-
15 ing to methamphetamine and amphetamine treat-
16 ment) as section 514B; and

17 (2) adding at the end the following new sec-
18 tions:

19 **“SEC. 514C. INITIATIVE TO INCREASE METHAMPHETAMINE**
20 **TREATMENT CAPACITY.**

21 “(a) IN GENERAL.—The Secretary may make grants
22 to State, local, and tribal governments for the purpose of
23 increasing the availability of treatment for methamphet-
24 amine abuse.

25 “(b) REQUIREMENTS.—

1 “(1) IN GENERAL.—To seek a grant under sub-
 2 section (a), a State, local, or tribal government shall
 3 submit an application to the Secretary at such time,
 4 in such manner, and containing such information
 5 and assurances as the Secretary may require.

6 “(2) USE OF GRANT FUNDS.—The grants made
 7 under subsection (a) may only be used to—

8 “(A) build treatment centers;

9 “(B) expand existing treatment centers;

10 “(C) hire treatment professionals;

11 “(D) provide training and education to
 12 substance abuse professionals, medical profes-
 13 sionals, and educators related to the treatment
 14 of methamphetamine abuse; and

15 “(E) engage in other activities that the
 16 Secretary has determined are relevant to the
 17 purpose of the grants under subsection (a).

18 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
 19 is authorized to be appropriated such sums as may be nec-
 20 essary to carry out this section for fiscal years 2011
 21 through 2015.

22 **“SEC. 514D. METHAMPHETAMINE TREATMENT VOUCHERS**
 23 **FOR UNDERSERVED POPULATIONS.**

24 “(a) IN GENERAL.—The Secretary may make grants
 25 to State, local, and tribal governments and nonprofit enti-

1 ties to provide vouchers to individuals in underserved pop-
2 ulations for authorized services related to the treatment
3 of such individuals for methamphetamine abuse.

4 “(b) REQUIREMENTS.—

5 “(1) APPLICATION.—To seek a grant under
6 subsection (a), a State, local, or tribal government
7 or a nonprofit entity shall submit an application to
8 the Secretary at such time, in such manner, and
9 containing such information and assurances as the
10 Secretary may require, including a description of the
11 method that such State, government, or entity will
12 use—

13 “(A) to identify individuals who would ben-
14 efit from treatment for methamphetamine
15 abuse;

16 “(B) to identify if such individuals are in
17 underserved populations; and

18 “(C) to provide vouchers to such individ-
19 uals in such populations.

20 “(2) PRESERVATION OF CHOICE.—A recipient
21 of a grant under this section may not restrict the
22 ability of an individual receiving a voucher under
23 this section to use the voucher to pay for authorized
24 services furnished by any provider of authorized
25 services, so long as the provider of such services

1 meets all applicable State licensure or certification
2 requirements regarding the provision of such serv-
3 ices.

4 “(3) DURATION OF AWARD.—With respect to a
5 grant under this section, the period during which
6 payments under such grant are made to the grant
7 recipient may not exceed five years.

8 “(4) MATCHING FUNDS.—The Secretary may
9 require that State, local, and tribal governments and
10 nonprofit entities that apply for grants under this
11 section provide non-Federal matching funds, as de-
12 termined appropriate by the Secretary, to ensure the
13 commitment of the government or entity to the pro-
14 vision of vouchers for treatment to individuals who
15 use methamphetamine. Such non-Federal matching
16 funds may be provided directly or through donations
17 from public or private entities and may be in cash
18 or in kind, fairly evaluated, including plant, equip-
19 ment, or services.

20 “(5) MAINTENANCE OF EFFORT.—The Sec-
21 retary may require that grant recipients under this
22 section agree to maintain expenditures of non-Fed-
23 eral amounts for authorized services related to the
24 treatment of methamphetamine abuse at a level that
25 is not less than the level of such expenditures main-

1 tained by the recipient for the fiscal year preceding
2 the fiscal year for which the entity receives such a
3 grant.

4 “(c) REPORT.—

5 “(1) IN GENERAL.—Not later than December 1,
6 2010, and annually thereafter, the Secretary shall
7 submit a report to the Congress on the grants under
8 subsection (a).

9 “(2) CONTENTS OF REPORT.—The report under
10 paragraph (1) shall contain an evaluation of the ef-
11 fectiveness of the grants made under subsection (a)
12 in improving access to methamphetamine treatment
13 for underserved populations.

14 “(d) DEFINITIONS.—For purposes of this section, the
15 following definitions apply:

16 “(1) AUTHORIZED SERVICES.—The term ‘au-
17 thorized services’ means—

18 “(A) treatment for methamphetamine
19 abuse, including individual, group, and family
20 counseling regarding such abuse;

21 “(B) follow-up services to prevent an indi-
22 vidual from relapsing into such abuse;

23 “(C) wrap-around services, as such term is
24 defined in section 514E(e)(4); and

1 “(D) any additional services specified by
2 the Secretary.

3 “(2) UNDERSERVED POPULATION.—The term
4 ‘underserved population’ means a population of indi-
5 viduals who cannot to access appropriate substance
6 abuse treatment (including comprehensive substance
7 abuse treatment) due to financial, geographical, lan-
8 guage, socio-economic, or cultural barriers.

9 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
10 is authorized to be appropriated such sums as may be nec-
11 essary to carry out this section for fiscal years 2011
12 through 2015.

13 **“SEC. 514E. COMPREHENSIVE WRAP-AROUND METH-**
14 **AMPHETAMINE TREATMENT SERVICES.**

15 “(a) IN GENERAL.—The Secretary may make grants
16 to public, private, and nonprofit entities, Indian tribes,
17 and tribal organizations to establish programs to provide
18 for and coordinate the provision of wrap-around services
19 to methamphetamine-affected individuals.

20 “(b) MINIMUM QUALIFICATIONS FOR RECEIPT OF
21 AWARD.—To seek a grant under subsection (a), public,
22 private, or nonprofit entity, Indian tribe, or tribal organi-
23 zations shall submit an application to the Secretary at
24 such time, in such manner, and containing such informa-

1 tion and assurances as the Secretary may require, includ-
 2 ing assurances to the satisfaction of the Secretary that—

3 “(1) the applicant has the capacity to carry out
 4 a program described in subsection (a);

5 “(2) the applicant has entered into agreements
 6 with entities in the community involved, through
 7 which the applicant will provide services defined in
 8 subsection (e)(4); and

9 “(3) the applicant, or any entity through which
 10 the applicant will provide such services, meets all ap-
 11 plicable State licensure or certification requirements
 12 regarding the provision of such services.

13 “(c) PRIORITY FOR GRANT DISTRIBUTION.—In mak-
 14 ing grants under this section, the Secretary shall give pri-
 15 ority to applications for programs that serve communities
 16 with a high or increasing rate of methamphetamine abuse
 17 or addiction, as specified by the Secretary.

18 “(d) REPORTS.—For each year that a public, private,
 19 or nonprofit entity, Indian tribe, or tribal organization re-
 20 ceives a grant under subsection (a) for a program, such
 21 entity, tribe, or organization shall submit to the Secretary
 22 a report on the results and effectiveness of the program.

23 “(e) DEFINITIONS.—For purposes of this section:

24 “(1) INTENSIVE OUTPATIENT TREATMENT FA-
 25 CILITY.—The term ‘intensive outpatient treatment

1 facility’ means a facility that provides treatment for
2 substance abuse and that, with respect to an indi-
3 vidual receiving such treatment—

4 “(A) provides a minimum of nine hours of
5 treatment for substance abuse during a week;

6 “(B) provides regularly scheduled treat-
7 ment sessions within a structured program; and

8 “(C) the treatment sessions are led by
9 health professionals or clinicians.

10 “(2) METHAMPHETAMINE-AFFECTED INDIVIDUAL.—The term ‘methamphetamine-affected in-
11 dividual’ means an individual who—
12

13 “(A)(i) resided in a residential inpatient
14 treatment facility for the treatment of meth-
15 amphetamine abuse or addiction; or

16 “(ii) received treatment for methamphet-
17 amine abuse or addiction from an intensive out-
18 patient treatment facility; and

19 “(B) after successful completion of such
20 treatment reenters the community.

21 “(3) RESIDENTIAL INPATIENT TREATMENT FA-
22 CILITY.—The term ‘residential inpatient treatment
23 facility’ means a facility that provides treatment for
24 substance abuse and in which health professionals
25 and clinicians provide a planned regimen of 24-hour

1 professionally directed evaluation, care, and treat-
2 ment for such substance abuse in an inpatient set-
3 ting, including 24-hour observation and monitoring.

4 “(4) WRAP-AROUND SERVICES.—The term
5 ‘wrap-around services’ means, with respect to a
6 methamphetamine-affected individual, the following
7 services:

8 “(A) Medical services.

9 “(B) Dental services.

10 “(C) Mental health services.

11 “(D) Child care services.

12 “(E) Job training services.

13 “(F) Housing assistance.

14 “(G) Training in parenting.

15 “(H) Prevention services for family mem-
16 bers, with respect to methamphetamine abuse
17 or addiction.

18 “(I) Transportation assistance services for
19 purposes of participation in the services listed
20 in subparagraphs (A) through (H).

21 “(f) AUTHORIZATION OF APPROPRIATIONS.—There
22 is authorized to be appropriated such sums as may be nec-
23 essary to carry out this section for fiscal years 2011
24 through 2015.”.

1 **SEC. 4. EXTENSION AND EXPANSION OF RESIDENTIAL**
2 **TREATMENT PROGRAM FOR PREGNANT AND**
3 **POSTPARTUM WOMEN TO INCLUDE CARE**
4 **GIVER PARENTS.**

5 Section 508 of the Public Health Service Act (42
6 U.S.C. 290bb–1) is amended—

7 (1) in the heading, by striking “PREGNANT AND
8 POSTPARTUM WOMEN” and inserting “CARE GIVER
9 PARENTS, INCLUDING PREGNANT WOMEN”;

10 (2) in subsection (a)—

11 (A) in the matter preceding paragraph
12 (1)—

13 (i) by inserting “, Indian tribes, and
14 tribal organizations” after “private enti-
15 ties”; and

16 (ii) by striking “pregnant and
17 postpartum women treatment for sub-
18 stance abuse” and inserting “care giver
19 parents, including pregnant women, treat-
20 ment for substance abuse (including treat-
21 ment for addiction to methamphetamine)”;

22 (B) in each of paragraphs (1), (2), and
23 (3), by striking “the women” and inserting
24 “such parents” each place it appears; and

25 (C) in paragraph (3), by inserting “supple-
26 mental” before “services”;

1 (3) in subsection (b)—

2 (A) in paragraph (1), by inserting “, In-
3 dian tribes, or tribal organizations” after “non-
4 profit private entities”; and

5 (B) in paragraph (2)—

6 (i) by striking “the services” and in-
7 serting “such services”; and

8 (ii) by striking “ woman” and insert-
9 ing “care giver parent”;

10 (4) in subsection (c)—

11 (A) in paragraph (1) by striking “eligible
12 woman” and inserting “eligible care giver par-
13 ent”; and

14 (B) by striking “the women” each place it
15 appears and inserting “such parent”;

16 (5) in subsection (d)—

17 (A) in the matter proceeding paragraph
18 (1), by striking “woman” and inserting “care
19 giver parent”;

20 (B) in paragraphs (3) and (4), by striking
21 “the woman” and inserting “such parent” each
22 place it appears;

23 (C) in paragraph (9)—

1 (i) by striking “the women” and in-
2 serting “such parent” each place it ap-
3 pears;

4 (ii) by striking “units” and inserting
5 “unit”; and

6 (iii) by striking “of parents” and in-
7 serting “of the parents of such parent”;

8 (D) in paragraph (10), by inserting “, In-
9 dian tribes, or tribal organizations” after “enti-
10 ties”; and

11 (E) in paragraph (11)—

12 (i) by striking “the women” and in-
13 serting “such parent”; and

14 (ii) by striking “their children” and
15 inserting “the children of such parent”;

16 (6) in subsection (f)(1), in the matter pro-
17 ceeding subparagraph (A) by inserting “, Indian
18 tribes, or tribal organizations” after “public or pri-
19 vate entities”;

20 (7) in subsection (g)—

21 (A) by striking “identify women” and in-
22 serting “identify care giver parents”; and

23 (B) by striking “the women” and inserting
24 “such parents”;

1 (8) in subsection (h)(1) by striking “pregnant
2 and postpartum women” and inserting “care giver
3 parents”;

4 (9) in subsection (j)—

5 (A) in the matter proceeding paragraph
6 (1)—

7 (i) by striking “to on behalf” and in-
8 serting “to or on behalf”; and

9 (ii) by striking “woman” and insert-
10 ing “care giver parent”;

11 (B) in paragraph (2), by striking “the
12 woman” and inserting “such parent”; and

13 (C) in paragraph (3), by striking “woman”
14 and inserting “parent”;

15 (10) in subsection (k)(2) by striking “women”
16 and inserting “care giver parents”—

17 (11) in subsection (l), by striking “such agree-
18 ments” and inserting “the funding agreements
19 under this section”;

20 (12) by amending subsection (m) to read as fol-
21 lows:

22 “(m) USE OF FUNDS; PRIORITY FOR CERTAIN
23 AREAS SERVED.—

24 “(1) USE OF FUNDS.—A funding agreement for
25 an award under subsection (a) for an applicant is

1 that funds awarded under subsection (a) to such ap-
2 plicant shall be used for programs according to the
3 following order of priority:

4 “(A) For a program that provides services
5 to care giver parents who are pregnant and
6 postpartum women.

7 “(B) For a program that provides services
8 to care giver parents who are single parents
9 and the sole care givers with respect to their
10 children.

11 “(C) For a program that provides services
12 to any care giver parents.

13 “(2) PRIORITY FOR CERTAIN AREAS SERVED.—

14 In making awards under subsection (a), the Director
15 shall give priority to any entity, tribe, or organiza-
16 tion that agrees to use the award for a program
17 serving an area that—

18 “(A) is a rural area;

19 “(B) is an area determined by the Director
20 to have a shortage of family-based substance
21 abuse treatment options; or

22 “(C) is determined by the Director to have
23 high rates of addiction to methamphetamine.”;

24 (13) in subsection (p)—

1 (A) by striking “October 1, 1994” and in-
2 serting “October 1, 2010”; and

3 (B) by striking the third sentence;
4 (14) in subsection (q)—

5 (A) by redesignating paragraphs (2), (3),
6 (4), and (5) as paragraphs (3), (4), (5), and
7 (6), respectively;

8 (B) by inserting after paragraph (1) the
9 following new paragraph:

10 “(2) The term ‘care giver parent’ means, with
11 respect to a child, a parent or legal guardian with
12 whom the child resides, and includes a pregnant
13 woman.”; and

14 (C) by amending paragraph (3), as redes-
15 ignated by subparagraph (A) of this paragraph,
16 to read as follows:

17 “(3) The term ‘eligible care giver parent’ means
18 a care giver parent who has been admitted to a pro-
19 gram operated pursuant to subsection (a).”; and

20 (15) in subsection (r), by striking “to fiscal
21 years 2001 through 2003” and inserting “for fiscal
22 years 2011 through 2015”.

1 **SEC. 5. EFFECTIVENESS OF METHAMPHETAMINE TREAT-**
2 **MENT METHODS.**

3 (a) RESEARCH.—The Director of the National Insti-
4 tute on Drug Abuse shall conduct research, directly or
5 through contract with another entity, on the effectiveness
6 of the use of agonist and antagonist drugs to reduce the
7 problems associated with stimulant abuse, including meth-
8 amphetamine abuse.

9 (b) AUTHORIZATION OF APPROPRIATIONS.—There is
10 authorized to be appropriated such sums as may be nec-
11 essary to carry out this section for fiscal years 2011
12 through 2015.

13 **SEC. 6. IOM STUDY ON DRUG TREATMENTS FOR STIMU-**
14 **LANT ABUSE.**

15 (a) REPORT.—The Secretary of Health and Human
16 Services shall seek to enter into a contract with the Insti-
17 tute of Medicine of the National Academies to complete
18 a literature review and submit a report to Congress on
19 the effectiveness of agonist and antagonist drugs for the
20 treatment of stimulant abuse, including methamphetamine
21 abuse.

22 (b) AUTHORIZATION OF APPROPRIATIONS.—There is
23 authorized to be appropriated such sums as may be nec-
24 essary to carry out this section for fiscal years 2011
25 through 2015.

1 **SEC. 7. GAO EVALUATION OF THE IMPACT OF THIS LEGIS-**
2 **LATION.**

3 (a) STUDY ON THE LEVEL OF FUNDING FOR METH-
4 AMPHETAMINE TREATMENT.—The Comptroller General
5 of the United States shall conduct a study on—

6 (1) the impact of the programs authorized by
7 this Act (including the amendments made by this
8 Act) on the effectiveness and availability of treat-
9 ment for methamphetamine abuse;

10 (2) whether the level of Federal funding avail-
11 able for the treatment of methamphetamine abuse
12 meets, exceeds, or is less than the amount necessary
13 to provide adequate treatment for methamphetamine
14 abuse; and

15 (3) the impact of effective treatment of meth-
16 amphetamine abuse on cost savings due to the re-
17 duced need for criminal justice and other services.

18 (b) REPORTS.—

19 (1) INTERIM REPORT.—Not later than the last
20 day of the two-year period beginning on the date of
21 enactment of this Act, the Comptroller General shall
22 submit to Congress a report on the interim findings
23 of the study under subsection (a).

24 (2) FINAL REPORT.—Not later than 3 years
25 after the date of that the report under paragraph
26 (1) is submitted to Congress, the Comptroller Gen-

- 1 eral shall submit to Congress a report on the find-
- 2 ings of the study under subsection (a).

