

METHAMPHETAMINE EDUCATION, TREATMENT, AND
 HOPE ACT OF 2010

SEPTEMBER 28, 2010.—Committed to the Committee of the Whole House on the
 State of the Union and ordered to be printed

Mr. WAXMAN, from the Committee on Energy and Commerce,
 submitted the following

R E P O R T

[To accompany H.R. 2818]

[Including cost estimate of the Congressional Budget Office]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 2818) to amend the Public Health Service Act to provide for the establishment of a drug-free workplace information clearinghouse, to support residential methamphetamine treatment programs for pregnant and parenting women, to improve the prevention and treatment of methamphetamine addiction, and for other purposes, having considered the same, report favorably thereon with an amendment and recommend that the bill as amended do pass.

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AMENDMENT

The amendment is as follows:
Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the “Methamphetamine Education, Treatment, and Hope Act of 2010”.

SEC. 2. ENHANCING HEALTH CARE PROVIDER AWARENESS OF METHAMPHETAMINE ADDICTION.

Section 507(b) of the Public Health Service Act (42 U.S.C. 290bb(b)) is amended—

(1) by redesignating paragraphs (13) and (14) as paragraphs (14) and (15), respectively; and

(2) by inserting after paragraph (12) the following:

“(13) collaborate with professionals in the addiction field and primary health care providers to raise awareness about how to—

“(A) recognize the signs of a substance abuse disorder; and

“(B) apply evidence-based practices for screening and treating individuals with or at-risk for developing an addiction, including addiction to methamphetamine or other drugs;”.

SEC. 3. RESIDENTIAL TREATMENT PROGRAMS FOR PREGNANT AND PARENTING WOMEN.

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

(1) in subsection (a)—

(A) in the matter preceding paragraph (1), by striking “postpartum women treatment for substance abuse” and inserting “parenting women treatment for substance abuse (including treatment for addiction to methamphetamine);”;

(B) in paragraph (1), by striking “reside in” and inserting “reside in or receive outpatient treatment services from”; and

(C) in paragraph (2), by striking “the minor children of the women reside with the women in such facilities” and inserting “the minor children of the women who reside in such facilities reside with such women”;

(2) in subsection (d), by amending paragraph (2) to read as follows:

“(2) Referrals for necessary hospital and dental services.”;

(3) by amending subsection (m) to read as follows:

“(m) ALLOCATION OF AWARDS.—In making awards under subsection (a), the Director shall give priority to any entity that agrees to use the award for a program serving an area that—

“(1) is a rural area, an area designated under section 332 by the Administrator of the Health Resources and Services Administration as a health professional shortage area with a shortage of mental health professionals, or an area determined by the Director to have a shortage of family-based substance abuse treatment options; and

“(2) is determined by the Director to have high rates of addiction to methamphetamine or other drugs.”;

(4) in subsection (p)—

(A) by striking “October 1, 1994” and inserting “one year after the date of the enactment of the Methamphetamine Education, Treatment, and Hope Act of 2010” ;

(B) by inserting “In submitting reports under this subsection, the Director may use data collected under this section or other provisions of law, insofar as such data is used in a manner consistent with all Federal privacy laws applicable to the use of data collected under this section or other provision, respectively.” after “biennial report under section 501(k).”; and

(C) by striking “Each report under this subsection shall include” and all that follows and inserting “Each report under this subsection shall, with respect to the period for which the report is prepared, include the following:

“(1) A summary of any evaluations conducted under subsection (o).

“(2) Data on the number of pregnant and parenting women in need of, but not receiving, treatment for substance abuse. Such data shall include, but not be limited to, the number of pregnant and parenting women in need of, but not receiving, treatment for methamphetamine abuse, disaggregated by State and tribe.

“(3) Data on recovery and relapse rates of women receiving treatment for substance abuse under programs carried out pursuant to this section, including data disaggregated with respect to treatment for methamphetamine abuse.”;

(5) by redesignating subsections (q) and (r) as subsections (r) and (s), respectively;

(6) by inserting after subsection (p) the following:

“(q) METHAMPHETAMINE ADDICTION.—In carrying out this section, the Director shall expand, intensify, and coordinate efforts to provide pregnant and parenting women treatment for addiction to methamphetamine or other drugs.”; and

(7) in subsection (s) (as so redesignated), by striking “such sums as may be necessary to fiscal years 2001 through 2003” and inserting “\$16,000,000 for fiscal year 2012, \$16,500,000 for fiscal year 2013, \$17,000,000 for fiscal year 2014, \$17,500,000 for fiscal year 2015, and \$18,000,000 for fiscal year 2016”.

SEC. 4. WORKPLACE INFORMATION CLEARINGHOUSE.

Section 515(b) of the Public Health Service Act (42 U.S.C. 290bb–21(b)) is amended—

(1) in paragraph (10), by striking “and” at the end;

(2) by redesignating paragraph (11) as paragraph (13); and

(3) by inserting after paragraph (10) the following new paragraph:

“(11) maintain a clearinghouse that provides information and educational materials to employers and employees about comprehensive drug-free workplace programs and substance abuse prevention and treatment resources.”.

SEC. 5. YOUTH INVOLVEMENT IN PREVENTION STRATEGIES.

Section 515(b) of the Public Health Service Act (42 U.S.C. 290bb–21(b)), as amended by section 4, is further amended by inserting after paragraph (11) the following new paragraph:

“(12) support the involvement of youth in the development and implementation of prevention strategies focused on youth, with regard to methamphetamine and other drugs; and”.

PURPOSE AND SUMMARY

H.R. 2818, the “Methamphetamine Education, Treatment, and Hope Act of 2009”, was introduced on June 11, 2009, by Rep. Jerry McNerney (D-CA), and referred to the Committee on Energy and Commerce.

The goal of H.R. 2818 is to expand and strengthen activities at the Substance Abuse and Mental Health Services Administration (SAMHSA) to address the prevention and treatment of addiction to methamphetamine and other drugs. H.R. 2818 provides support for family-centered services for methamphetamine addiction and other substance abuse among pregnant women and mothers.

BACKGROUND AND NEED FOR LEGISLATION

Methamphetamine is an addictive stimulant with limited medical application and high potential for abuse. In 2004, 8% of substance abuse treatment admissions were for methamphetamine abuse, and 99% of admissions for stimulants were for methamphetamine and amphetamine.¹ While overall use declined between 2002 and 2005, use among women remained steady.²

There is significant geographic variation in methamphetamine use. Rates are highest in the West (1.2%), followed by the Midwest (0.5%), the South (0.5%), and the Northeast (0.1%).³ Use is also

¹ SAMHSA, The National Survey on Drug Use and Health Report: Methamphetamine Use (Jan. 26, 2007) (online at <http://oas.samhsa.gov/2k7/meth/meth.htm>).

² Id.

³ Id. These figures reflect the estimated percentage of people aged 12 or older who used methamphetamine within the past year.

higher in non-metropolitan areas than in small metropolitan areas, and is lowest in large metropolitan areas.⁴

SAMHSA addresses methamphetamine use, as well as the abuse of other substances, through programs in its Center for Substance Abuse Prevention and Center for Substance Abuse Treatment.

COMMITTEE CONSIDERATION

H.R. 2818, the “Methamphetamine Education, Treatment, and Hope Act of 2010”, was introduced by Mr. McNerney of California on June 11, 2009, and referred to the Committee on Energy and Commerce. The bill was subsequently referred to the Subcommittee on Health on June 12, 2009. On September 15, 2010, the Subcommittee held a legislative hearing on the bill. The Subcommittee met in open markup session to consider H.R. 2818 on September 16, 2010. An amendment in the nature of a substitute (manager’s amendment) by Mr. Pallone was adopted by a voice vote. Subsequently, H.R. 2818 was favorably forwarded to the full Committee, amended, by a voice vote.

On September 23, 2010, the Committee on Energy and Commerce met in open markup session and considered H.R. 2818 as approved by the Subcommittee. There were no amendments offered in full Committee and subsequently the Committee ordered H.R. 2818 favorably reported to the House, as amended by the Subcommittee on Health, by a voice vote.

COMMITTEE VOTES

Clause 3(b) of rule XIII of the Rules of the House of Representatives requires the Committee to list each record vote on the motion to report legislation and amendments thereto. A motion by Mr. Waxman ordering H.R. 2818 reported to the House, as amended, was approved by a voice vote. There were no record votes taken during consideration of this bill.

COMMITTEE OVERSIGHT FINDINGS AND RECOMMENDATIONS

In compliance with clause 3(c)(1) of rule XIII and clause (2)(b)(1) of rule X of the Rules of the House of Representatives, the oversight findings and recommendations of the Committee are reflected in the descriptive portions of this report, including the finding that there is a continuing need to address the prevention and treatment of addiction to methamphetamine and other drugs.

NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

Regarding compliance with clause 3(c)(2) of rule XIII of the Rules of the House of Representatives, the Committee finds that H.R. 2818 would result in no new budget authority, entitlement authority, or tax expenditures or revenues.

STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

In accordance with clause 3(c)(4) of rule XIII of the Rules of the House of Representatives, the performance goals and objectives of

⁴Id.

the Committee are reflected in the descriptive portions of this report, including the goal of expanding and strengthening activities at SAMHSA to address the prevention and treatment of addiction to methamphetamine and other drugs.

CONSTITUTIONAL AUTHORITY STATEMENT

Pursuant to clause 3(d)(1) of rule XIII of the Rules of the House of Representatives, the Committee finds that the constitutional authority for H.R. 2818 is provided under article I, section 8, clauses 3 and 18 of the Constitution of the United States.

EARMARKS AND TAX AND TARIFF BENEFITS

H.R. 2818 does not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9 of rule XXI of the Rules of the House of Representatives.

FEDERAL ADVISORY COMMITTEE STATEMENT

The Committee finds that the legislation does not establish or authorize the establishment of an advisory committee within the definition of 5 U.S.C. App., section 5(b) of the Federal Advisory Committee Act.

APPLICABILITY OF LAW TO THE LEGISLATIVE BRANCH

Section 102(b)(3) of Public Law 104–1 requires a description of the application of this bill to the legislative branch where the bill relates to terms and conditions of employment or access to public services and accommodations. H.R. 2818 contains no such provisions.

FEDERAL MANDATES STATEMENT

Section 423 of the Congressional Budget and Impoundment Control Act of 1974 (as amended by section 101(a)(2) of the Unfunded Mandates Reform Act, Public Law 104–4) requires a statement on whether the provisions of the report include unfunded mandates. In compliance with this requirement the Committee adopts as its own the analysis of federal mandates prepared by the Director of the Congressional Budget Office with respect to H.R. 2818.

COMMITTEE COST ESTIMATE

Pursuant to clause 3(d)(2) of rule XIII of the Rules of the House of Representatives, the Committee adopts as its own the cost estimate of H.R. 2818 prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

With respect to the requirements of clause (3)(c)(3) of rule XIII of the Rules of the House of Representatives and section 402 of the Congressional Budget Act of 1974, the Committee has received the following cost estimate for H.R. 2818 from the Director of Congressional Budget Office:

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, September 27, 2010.

Hon. HENRY A. WAXMAN,
*Chairman, Committee on Energy and Commerce,
House of Representatives, Washington, DC.*

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for H.R. 2818, the Methamphetamine Education, Treatment, and Hope Act of 2010.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Sean Dunbar.

Sincerely,

DOUGLAS W. ELMENDORF.

Enclosure.

H.R. 2818—Methamphetamine Education, Treatment, and Hope Act of 2010

H.R. 2818 would amend the Public Health Service Act to enhance the responsibilities of federal offices within the Substance Abuse and Mental Health Services Administration (SAMHSA) that conduct research, education, and outreach. The bill would authorize funding for grants to entities that provide residential treatment to pregnant and parenting women. It also would require the establishment of a clearinghouse for information pertaining to drug-free workplaces and require collaboration with health care providers and youth to improve detection and prevention of methamphetamine use.

H.R. 2818 would authorize the appropriation of \$67 million for fiscal years 2012–2015 and an additional \$18 million for fiscal year 2016 to fund the grants for entities that provide residential treatment to pregnant and parenting women. Assuming appropriation of those amounts, and based on historical spending patterns for similar programs, CBO estimates that implementing H.R. 2818 would cost approximately \$39 million over the 2011–2015 period and an additional \$46 million after 2015. CBO estimates that implementing the other provisions of the bill would cost less than \$500,000, subject to the availability of appropriated funds.

	By fiscal year, in millions of dollars—					
	2011	2012	2013	2014	2015	2011– 2015
CHANGES IN SPENDING SUBJECT TO APPROPRIATION						
Estimated Authorization Level	*	16	17	17	18	67
Estimated Outlays	*	3	8	12	15	39

Notes: * = less than \$500,000.

Components may not sum to totals because of rounding.

The costs of this legislation fall within budget function 550 (health). Enacting H.R. 2818 would not affect direct spending or revenues; therefore, pay-as-you-go procedures do not apply.

H.R. 2818 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act. Grants authorized by the bill would benefit state and local governments that provide residential treatment services for substance abuse to women with children. Any costs to these governments, including

matching funds, would be incurred voluntarily as a condition of federal assistance.

The CBO staff contact for this estimate is Sean Dunbar. This estimate was approved by Holly Harvey, Deputy Assistant Director for Budget Analysis.

SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

Section 1. Short title

Section 1 designates that the Act may be cited as the “Methamphetamine Education, Treatment, and Hope Act of 2010”.

Section 2. Enhancing health care provider awareness of methamphetamine addiction

Section 2 requires the Director of the SAMHSA Center for Substance Abuse Treatment to collaborate with addiction and primary healthcare professionals to raise awareness about how to recognize signs of a substance abuse disorder and apply evidence-based practices to screen and treat people with or at risk of addiction to methamphetamine or other drugs.

Section 3. Residential treatment programs for pregnant and parenting women

Section 3 makes several modifications to existing residential treatment programs for pregnant and postpartum women:

- Notes that services may include treatment for addiction to methamphetamine. Clarifies service population by changing “postpartum” to “parenting”. This codifies the existing SAMHSA practice with regard to this population. Adds referrals for necessary dental care to the set of required supplemental services.
- Directs that priority be given to applicants whose programs would serve areas that are rural, health professional shortage areas with a shortage of mental health professionals, or areas determined to have a shortage of family-based treatment options; and that are determined to have a high rate of addiction to methamphetamine or other drugs.
- Expands data reporting requirements for the biannual report to Congress.
- Requires expansion, intensification, and coordination of services for pregnant and parenting women with addiction to methamphetamine or other drugs.
- Authorizes \$16 million for FY2012; \$16.5 million for FY2013; \$17 million for FY2014; \$17.5 million for FY2015; and \$18 million for FY2016.

Section 4. Workplace Information Clearinghouse

Section 4 requires that a Workplace Information Clearinghouse provide materials on comprehensive drug-free workplace programs and substance abuse prevention and treatment resources.

Section 5. Youth involvement in prevention strategies

Section 5 requires the Director of the SAMHSA Office of Substance Abuse Prevention to involve youth in the development and implementation of prevention strategies, with regard to methamphetamine and other drugs.

EXPLANATION OF AMENDMENT

During the Subcommittee on Health markup of H.R. 2818, Mr. Pallone of New Jersey offered an amendment in the nature of a substitute (manager's amendment), which was adopted by a voice vote. The substance of the substitute amendment is reflected in the section-by-section analysis contained in this report.

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italic, existing law in which no change is proposed is shown in roman):

PUBLIC HEALTH SERVICE ACT

* * * * *

TITLE V—SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

* * * * *

PART B—CENTERS AND PROGRAMS

* * * * *

Subpart 1—Center for Substance Abuse Treatment

* * * * *

CENTER FOR SUBSTANCE ABUSE TREATMENT

SEC. 507. (a) * * *

(b) DUTIES.—The Director of the Center shall—

(1) * * *

* * * * *

(13) collaborate with professionals in the addiction field and primary health care providers to raise awareness about how to—

(A) recognize the signs of a substance abuse disorder; and
(B) apply evidence-based practices for screening and treating individuals with or at-risk for developing an addiction, including addiction to methamphetamine or other drugs;

[(13)] (14) evaluate treatment programs to determine the quality and appropriateness of various forms of treatment, which shall be carried out through grants, contracts, or cooperative agreements provided to public or nonprofit private entities; and

[(14)] (15) in carrying out paragraph (13), assess the quality, appropriateness, and costs of various treatment forms for specific patient groups.

* * * * *

RESIDENTIAL TREATMENT PROGRAMS FOR PREGNANT AND
POSTPARTUM WOMEN

SEC. 508. (a) IN GENERAL.—The Director of the Center for Substance Abuse Treatment shall provide awards of grants, cooperative agreement, or contracts to public and nonprofit private entities for the purpose of providing to pregnant and ~~postpartum women treatment for substance abuse~~ *parenting women treatment for substance abuse (including treatment for addiction to methamphetamine)* through programs in which, during the course of receiving treatment—

(1) the women ~~reside in~~ *reside in or receive outpatient treatment services from* facilities provided by the programs;

(2) ~~the minor children of the women reside with the women in such facilities~~ *the minor children of the women who reside in such facilities reside with such women*, if the women so request; and

* * * * *

(d) REQUIRED SUPPLEMENTAL SERVICES.—In the case of an eligible woman, the services referred to in subsection (a)(3) are as follows:

(1) * * *

[(2) Referrals for necessary hospital services.]

(2) Referrals for necessary hospital and dental services.

* * * * *

[(m) EQUITABLE ALLOCATION OF AWARDS.—In making awards under subsection (a), the Director shall ensure that the awards are equitably allocated among the principal geographic regions of the United States, subject to the availability of qualified applicants for the awards.]

(m) ALLOCATION OF AWARDS.—In making awards under subsection (a), the Director shall give priority to any entity that agrees to use the award for a program serving an area that—

(1) is a rural area, an area designated under section 332 by the Administrator of the Health Resources and Services Administration as a health professional shortage area with a shortage of mental health professionals, or an area determined by the Director to have a shortage of family-based substance abuse treatment options; and

(2) is determined by the Director to have high rates of addiction to methamphetamine or other drugs.

* * * * *

(p) REPORTS TO CONGRESS.—Not later than **[October 1, 1994]** *one year after the date of the enactment of the Methamphetamine Education, Treatment, and Hope Act of 2010*, the Director shall submit to the Committee on Energy and Commerce of the House of Representatives, and to the Committee on Labor and Human Resources of the Senate, a report describing programs carried out pursuant to this section. Every 2 years thereafter, the Director shall prepare a report describing such programs carried out during the preceding 2 years, and shall submit the report to the Administrator for inclusion in the biennial report under section 501(k). *In submitting reports under this subsection, the Director may use data collected under this section or other provisions of law, insofar as*

such data is used in a manner consistent with all Federal privacy laws applicable to the use of data collected under this section or other provision, respectively. [Each report under this subsection shall include a summary of any evaluations conducted under subsection (m) during the period with respect to which the report is prepared.] Each report under this subsection shall, with respect to the period for which the report is prepared, include the following:

(1) A summary of any evaluations conducted under subsection (o).

(2) Data on the number of pregnant and parenting women in need of, but not receiving, treatment for substance abuse. Such data shall include, but not be limited to, the number of pregnant and parenting women in need of, but not receiving, treatment for methamphetamine abuse, disaggregated by State and tribe.

(3) Data on recovery and relapse rates of women receiving treatment for substance abuse under programs carried out pursuant to this section, including data disaggregated with respect to treatment for methamphetamine abuse.

(q) METHAMPHETAMINE ADDICTION.—In carrying out this section, the Director shall expand, intensify, and coordinate efforts to provide pregnant and parenting women treatment for addiction to methamphetamine or other drugs.

[(q)] (r) DEFINITIONS.—For purposes of this section:

(1) * * *

* * * * *

[(r)] (s) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated [such sums as may be necessary to fiscal years 2001 through 2003] \$16,000,000 for fiscal year 2012, \$16,500,000 for fiscal year 2013, \$17,000,000 for fiscal year 2014, \$17,500,000 for fiscal year 2015, and \$18,000,000 for fiscal year 2016.

* * * * *

Subpart 2—Center for Substance Abuse Prevention

OFFICE FOR SUBSTANCE ABUSE PREVENTION

SEC. 515. (a) * * *

(b) The Director of the Prevention Center shall—

(1) * * *

* * * * *

(10) prepare for distribution documentary films and public service announcements for television and radio to educate the public, especially adolescent audiences, concerning the dangers to health resulting from the consumption of alcohol and drugs and, to the extent feasible, use appropriate private organizations and business concerns in the preparation of such announcements; [and]

(11) maintain a clearinghouse that provides information and educational materials to employers and employees about comprehensive drug-free workplace programs and substance abuse prevention and treatment resources;

(12) support the involvement of youth in the development and implementation of prevention strategies focused on youth, with regard to methamphetamine and other drugs; and

[(11)] (13) develop and support innovative demonstration programs designed to identify and deter the improper use or abuse of anabolic steroids by students, especially students in secondary schools.

* * * * *

