

Union Calendar No.

114TH CONGRESS
2^D SESSION

H. R. 4982

[Report No. 114-]

To direct the Comptroller General of the United States to evaluate and report on the in-patient and outpatient treatment capacity, availability, and needs of the United States.

IN THE HOUSE OF REPRESENTATIVES

APRIL 18, 2016

Mr. FOSTER (for himself and Mr. PALLONE) introduced the following bill;
which was referred to the Committee on Energy and Commerce

MAY --, 2016

Reported with an amendment, committed to the Committee of the Whole
House on the State of the Union, and ordered to be printed

[Strike out all after the enacting clause and insert the part printed in italics]

[For text of introduced bill, see copy of bill as introduced on April 18, 2016]

A BILL

To direct the Comptroller General of the United States to evaluate and report on the in-patient and outpatient treatment capacity, availability, and needs of the United States.

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 “Examining Opioid*
5 *Treatment Infrastructure Act of 2016”.*

6 **SEC. 2. STUDY ON TREATMENT INFRASTRUCTURE.**

7 *Not later than 24 months after the date of enactment*
8 *of this Act, the Comptroller General of the United States*
9 *shall initiate an evaluation, and submit to Congress a re-*
10 *port, of the inpatient and outpatient treatment capacity,*
11 *availability, and needs of the United States, which shall*
12 *include, to the extent data are available—*

13 *(1) the capacity of acute residential or inpatient*
14 *detoxification programs;*

15 *(2) the capacity of inpatient clinical stabiliza-*
16 *tion programs, transitional residential support serv-*
17 *ices, and residential rehabilitation programs;*

18 *(3) the capacity of demographic specific residen-*
19 *tial or inpatient treatment programs, such as those*
20 *designed for pregnant women or adolescents;*

21 *(4) geographical differences of the availability of*
22 *residential and outpatient treatment and recovery op-*
23 *tions for substance use disorders across the continuum*
24 *of care;*

1 (5) *the availability of residential and outpatient*
2 *treatment programs that offer treatment options based*
3 *on reliable scientific evidence of efficacy for the treat-*
4 *ment of substance use disorders, including the use of*
5 *Food and Drug Administration-approved medicines*
6 *and evidence-based nonpharmacological therapies;*

7 (6) *the number of patients in residential and*
8 *specialty outpatient treatment services for substance*
9 *use disorders;*

10 (7) *an assessment of the need for residential and*
11 *outpatient treatment for substance use disorders*
12 *across the continuum of care;*

13 (8) *the availability of residential and outpatient*
14 *treatment programs to American Indians and Alaska*
15 *Natives through an Indian health program (as de-*
16 *defined by section 4 of the Indian Health Care Improve-*
17 *ment Act (25 U.S.C. 1603)); and*

18 (9) *the barriers (including technological barriers)*
19 *at the Federal, State, and local levels to real-time re-*
20 *porting of de-identified information on drug overdoses*
21 *and ways to overcome such barriers.*