

[COMMITTEE PRINT]

(SHOWING H.R. _____, AS FORWARDED BY THE SUBCOMMITTEE ON HEALTH
ON APRIL 20, 2016)

114TH CONGRESS
2^D SESSION

H. R. _____

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

M____ introduced the following bill; which was referred to the
Committee on _____

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”.

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

2 Not later than 24 months after the date of enactment
3 of this Act, the Comptroller General of the United States
4 shall initiate an evaluation, and submit to Congress a re-
5 port, of the in-patient and outpatient treatment capacity,
6 availability, and needs of the United States, which shall
7 include, to the extent data is available—

8 (1) the capacity of acute residential or inpatient
9 detoxification programs;

10 (2) the capacity of inpatient clinical stabiliza-
11 tion programs, transitional residential support serv-
12 ices, and residential rehabilitation programs;

13 (3) the capacity of demographic specific resi-
14 dential or inpatient treatment programs, such as
15 those designed for pregnant women or adolescents;

16 (4) geographical differences of the availability
17 of residential and outpatient treatment and recovery
18 options for substance use disorders across the con-
19 tinuum of care;

20 (5) the availability of residential and outpatient
21 treatment programs that offer treatment options
22 based on reliable scientific evidence of efficacy for
23 the treatment of substance use disorders, including
24 the use of Food and Drug Administration-approved
25 medicines and evidence-based nonpharmacological
26 therapies;

1 (6) the number of patients in residential and
2 specialty outpatient treatment services for substance
3 use disorders; and

4 (7) an assessment of the need for residential
5 and outpatient treatment for substance use disorders
6 across the continuum of care.