

118TH CONGRESS  
2D SESSION

# H. R. 7283

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

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## IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 7, 2024

Mr. FOSTER introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Natural Resources, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## A BILL

To direct the Comptroller General of the United States to evaluate and report on the inpatient 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 2024”.

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 of, and submit to Congress a  
5 report on, the inpatient and outpatient treatment capacity,  
6 availability, and needs of the United States, including, to  
7 the extent data are 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;

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

7           (8) the availability of residential and outpatient  
8 treatment programs to American Indians and Alaska  
9 Natives through an Indian health program (as de-  
10 fined by section 4 of the Indian Health Care Im-  
11 provement Act (25 U.S.C. 1603)); and

12           (9) the barriers (including technological bar-  
13 riers) at the Federal, State, and local levels to real-  
14 time reporting of de-identified information on drug  
15 overdoses and ways to overcome such barriers.

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