

119TH CONGRESS
2D SESSION

H. R. 9675

To authorize the Assistant Secretary for Mental Health and Substance Use, acting through the Director of the Center for Substance Abuse Treatment, to award grants to States to expand access to clinically appropriate services for opioid abuse, dependence, or addiction.

IN THE HOUSE OF REPRESENTATIVES

JULY 14, 2026

Mr. FOSTER introduced the following bill; which was referred to the
Committee on Energy and Commerce

A BILL

To authorize the Assistant Secretary for Mental Health and Substance Use, acting through the Director of the Center for Substance Abuse Treatment, to award grants to States to expand access to clinically appropriate services for opioid abuse, dependence, or addiction.

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 “Expanding Opportuni-
5 ties for Recovery Act of 2026”.

1 **SEC. 2. OPIOID ADDICTION TREATMENT.**

2 (a) IN GENERAL.—The Assistant Secretary for Men-
3 tal Health and Substance Use, acting through the Direc-
4 tor of the Center for Substance Abuse Treatment (in this
5 section referred to as the “Assistant Secretary”) shall
6 award grants to States to expand access to clinically ap-
7 propriate services for opioid abuse, dependence, or addic-
8 tion.

9 (b) REQUIREMENTS.—As conditions on the receipt of
10 a grant under this section, a State shall agree to comply
11 with the following:

12 (1) The grant will be administered through the
13 head of the State’s primary agency responsible for
14 programs and activities relating to the treatment of
15 substance abuse.

16 (2) The services through the grant will be evi-
17 dence-based such as medication-assisted treatment
18 for substance use disorder.

19 (3) The services through the grant will be pro-
20 vided according to a physician or a clinician’s rec-
21 ommendation to ensure that individuals receive the
22 optimal level of substance use disorder treatment for
23 the amount of time that is deemed medically nec-
24 essary.

25 (4) The services through the grant will be pro-
26 vided exclusively to individuals—

1 (A) who lack health insurance; or

2 (B) whose health insurance—

3 (i) does not cover such services; or

4 (ii) places other barriers on the re-
5 ceipt of such services, such as—

6 (I) limiting coverage of such serv-
7 ices to a certain period of time; or

8 (II) imposing nonquantitative
9 treatment limitations that are more
10 stringent than treatment limitations
11 imposed on other medical conditions
12 (such as a requirement to use less ex-
13 pensive services, like outpatient treat-
14 ment, prior to more expensive, but
15 physician-recommended services, such
16 as inpatient or residential treatment).

17 (5) The grant will not be used to pay or sub-
18 sidize the cost of more than 60 consecutive days of
19 opioid abuse, dependence, or addiction treatment in
20 the case of any individual.

21 (c) PERMISSIBLE PROVISION OF MEDICATIONS.—In
22 expanding access to clinically appropriate services for
23 opioid abuse, dependence, or addiction through a grant
24 under this section, a State may provide for the use of

1 medications, in conjunction with other treatment, so long
2 as the medications—

3 (1) are lawfully marketed under the Federal
4 Food, Drug, and Cosmetic Act (21 U.S.C. 301 et
5 seq.);

6 (2) are clinically indicated to address the abuse,
7 dependence, or addiction; and

8 (3) are offered consistent with consumer choice.

9 (d) COORDINATION.—The Assistant Secretary shall
10 coordinate the program under this section with the pro-
11 gram for prevention and treatment of, and provision of
12 recovery support services for, substance abuse under sub-
13 part II of part B of title XIX of the Public Health Service
14 Act (42 U.S.C. 300x–21 et seq.).

15 (e) EVALUATION; DISSEMINATION OF INFORMATION;
16 TECHNICAL ASSISTANCE.—

17 (1) IN GENERAL.—The Assistant Secretary
18 shall—

19 (A) require States receiving a grant under
20 this section to report appropriate outcome
21 measures associated with use of the grant, in-
22 cluding any—

23 (i) decreases in substance use;

24 (ii) changes in retention in care;

1 (iii) connections to the next appro-
2 priate level of care;

3 (iv) decreases in involvement with
4 criminal justice activities; and

5 (v) other outcome data as appropriate;

6 (B) require States receiving a grant under
7 this section to report data on individuals' length
8 of time under clinically appropriate addiction
9 treatment, and the use of medication-assisted
10 treatment;

11 (C) evaluate the activities supported by
12 grants under this section;

13 (D) submit to the Congress and the Sec-
14 retary, and make publicly available on the inter-
15 net site of the Substance Abuse and Mental
16 Health Services Administration, information
17 about the results of such evaluation; and

18 (E) offer technical assistance to States re-
19 ceiving a grant under this section regarding ac-
20 tivities funded through the grant.

21 (2) USE OF CERTAIN FUNDS.—Of the funds ap-
22 propriated to carry out this section for any fiscal
23 year, 5 percent shall be available to carry out activi-
24 ties under this subsection.

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