

119TH CONGRESS
2D SESSION

H. R. 9676

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 with respect to opioid-use disorders, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JULY 14, 2026

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

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 with respect to opioid-use disorders, and for other purposes.

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 2026”.

1 **SEC. 2. STUDY ON TREATMENT INFRASTRUCTURE FOR**
2 **OPIOID-USE DISORDERS.**

3 Not later than 24 months after the date of enactment
4 of this Act, the Comptroller General of the United States
5 shall initiate an evaluation of, and submit to Congress a
6 report on, the inpatient and outpatient treatment capacity,
7 availability, and needs of the United States with respect
8 to opioid-use disorders, including, to the extent data are
9 available—

10 (1) the capacity of acute residential or inpatient
11 detoxification programs;

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

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

18 (4) geographical differences in the availability
19 of residential and outpatient treatment and recovery
20 options across the continuum of care;

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

1 medicines and evidence-based nonpharmacological
2 therapies;

3 (6) the number of patients in residential and
4 specialty outpatient treatment services;

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

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

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

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