

EXAMINING OPIOID TREATMENT INFRASTRUCTURE ACT  
OF 2016

MAY 10, 2016.—Committed to the Committee of the Whole House on the State of  
the Union and ordered to be printed

Mr. UPTON, from the Committee on Energy and Commerce,  
submitted the following

R E P O R T

[To accompany H.R. 4982]

[Including cost estimate of the Congressional Budget Office]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 4982) 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, having considered the same, report favorably thereon with an amendment and recommend that the bill as amended do pass.

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The amendment is as follows:

Strike all after the enacting clause and insert the following:

**SECTION 1. SHORT TITLE.**

This Act may be cited as the “Examining Opioid Treatment Infrastructure Act of 2016”.

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

Not later than 24 months after the date of enactment of this Act, the Comptroller General of the United States shall initiate an evaluation, and submit to Congress a report, of the inpatient and outpatient treatment capacity, availability, and needs of the United States, which shall include, to the extent data are available—

- (1) the capacity of acute residential or inpatient detoxification programs;
- (2) the capacity of inpatient clinical stabilization programs, transitional residential support services, and residential rehabilitation programs;
- (3) the capacity of demographic specific residential or inpatient treatment programs, such as those designed for pregnant women or adolescents;
- (4) geographical differences of the availability of residential and outpatient treatment and recovery options for substance use disorders across the continuum of care;
- (5) the availability of residential and outpatient treatment programs that offer treatment options based on reliable scientific evidence of efficacy for the treatment of substance use disorders, including the use of Food and Drug Administration-approved medicines and evidence-based nonpharmacological therapies;
- (6) the number of patients in residential and specialty outpatient treatment services for substance use disorders;
- (7) an assessment of the need for residential and outpatient treatment for substance use disorders across the continuum of care;
- (8) the availability of residential and outpatient treatment programs to American Indians and Alaska Natives through an Indian health program (as defined by section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603)); and
- (9) the barriers (including technological barriers) at the Federal, State, and local levels to real-time reporting of de-identified information on drug overdoses and ways to overcome such barriers.

**PURPOSE AND SUMMARY**

H.R. 4982, the “Examining Opioid Treatment Infrastructure Act of 2016” was introduced by Rep. Foster (D–IL) on April 18, 2016. The bill directs the Government Accountability Office (GAO) to evaluate and report on the in-patient and outpatient treatment capacity, availability, and needs of the United States.

**BACKGROUND AND NEED FOR LEGISLATION**

Opiate-related overdoses have become a significant cause of injury related to death nationwide. This bill directs GAO to issue a report that will provide important information related to treatment capacity, availability, and needs throughout the United States.

**HEARINGS**

The Committee on Energy and Commerce has not held hearings on the legislation.

**COMMITTEE CONSIDERATION**

On April 20, 2016, the Subcommittee on Health met in open markup session and forwarded a discussion draft entitled the “Examining Opioid Treatment Infrastructure Act of 2016” to the full Committee, without amendment, by a voice vote. The discussion draft was identical to H.R. 4982. On April 26, 27, and 28, 2016, the full Committee on Energy and Commerce met in open markup session and ordered H.R. 4982 reported to the House, as amended, by a voice vote.

## COMMITTEE VOTES

Clause 3(b) of rule XIII of the rules of the House of Representatives requires the Committee to list the record votes on the motion to report legislation and amendments thereto. There were no record votes taken in connection with ordering H.R. 4982 reported.

## COMMITTEE OVERSIGHT FINDINGS

Pursuant to clause 3(c)(1) of Rule XIII of the Rules of the House of Representatives, the Committee did not hold a hearing on this legislation.

## STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

The goal of the legislation is to examine in-patient and out-patient opioid treatment capacities.

## NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

In compliance with clause 3(c)(2) of rule XIII of the Rules of the House of Representatives, the Committee finds that H.R. 4982 would result in no new or increased budget authority, entitlement authority, or tax expenditures or revenues.

## EARMARK, LIMITED TAX BENEFITS, AND LIMITED TARIFF BENEFITS

In compliance with clause 9(e), 9(f), and 9(g) of rule XXI of the Rules of the House of Representatives, the Committee finds that H.R. 4982 contains no earmarks, limited tax benefits, or limited tariff benefits.

## COMMITTEE COST ESTIMATE

The Committee adopts as its own the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

## CONGRESSIONAL BUDGET OFFICE ESTIMATE

Pursuant to clause 3(c)(3) of rule XIII of the Rules of the House of Representatives, the following is the cost estimate provided by the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974:

U.S. CONGRESS,  
CONGRESSIONAL BUDGET OFFICE,  
*Washington, DC, May 9, 2016.*

Hon. FRED UPTON,  
*Chairman, Committee on Energy and Commerce,  
House of Representatives, Washington, DC.*

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for H.R. 4982, the Examining Opioid Treatment Infrastructure Act of 2016.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Zoë Williams.

Sincerely,

KEITH HALL.

Enclosure.

*H.R. 4982—Examining Opioid Treatment Infrastructure Act of 2016*

H.R. 4982 would direct the Government Accountability Office (GAO) to conduct an evaluation of the infrastructure for treating opioid and other substance abuse in the United States. The bill would require GAO to submit a report to the Congress on the evaluation no later than 24 months after the date of enactment.

The evaluation would assess the capacity of detoxification and stabilization programs, transitional residential support services, residential rehabilitation programs, and demographic-specific treatment programs. The evaluation also would measure any geographical differences in the treatment infrastructure and the need for residential and outpatient treatment for substance use disorders. GAO's report would include an assessment of the availability of certain treatment programs and detail any barriers to real-time reporting of information on drug overdoses.

CBO estimates that implementing H.R. 4982 would cost less than \$500,000 over the 2017–2021 period; any such spending would be subject to the availability of appropriated funds. Pay-as-you-go procedures do not apply to this legislation because it would not affect direct spending or revenues.

CBO estimates that enacting H.R. 4982 would not increase direct spending or on-budget deficits in any of the four consecutive 10-year periods beginning in 2027.

H.R. 4982 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act and would impose no costs on state, local, or tribal governments.

The CBO staff contact for this estimate is Zoë Williams. The estimate was approved by Holly Harvey, Deputy Assistant Director for Budget Analysis.

## FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

## DUPLICATION OF FEDERAL PROGRAMS

No provision of H.R. 4982 establishes or reauthorizes a program of the Federal Government known to be duplicative of another Federal program, a program that was included in any report from the Government Accountability Office to Congress pursuant to section 21 of Public Law 111–139, or a program related to a program identified in the most recent Catalog of Federal Domestic Assistance.

## DISCLOSURE OF DIRECTED RULE MAKINGS

The Committee estimates that enacting H.R. 4982 specifically directs to be completed 0 rule makings within the meaning of 5 U.S.C. 551.

## ADVISORY COMMITTEE STATEMENT

No advisory committees within the meaning of section 5(b) of the Federal Advisory Committee Act were created by this legislation.

## APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that the legislation does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act.

## SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

*Section 1. Short title*

Section 1 states that the legislation may be cited as the “Examining Opioid Treatment Infrastructure Act of 2016”

*Section 2. Study on treatment infrastructure*

Within 24 months of enactment of the legislation, the Comptroller General of the United States shall initiate an evaluation and submit to Congress a report on opioid abuse disorder treatment services including:

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

(2) the capacity of inpatient clinical stabilization programs, transitional residential support services, and residential rehabilitation programs;

(3) the capacity of demographic specific residential or inpatient treatment programs, such as those designed for pregnant women or adolescents;

(4) geographical differences of the availability of residential and outpatient treatment and recovery options for substance use disorders across the continuum of care;

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

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

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

(8) an examination of the barriers of real time reporting of de-identified information on drug overdoses; and

(9) an examination of the availability of residential and outpatient treatment programs within the Indian Health Service program.

## CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

This legislation does not amend any existing Federal statute.