

114TH CONGRESS
1ST SESSION

H. R. 3676

To authorize the Administrator of the Substance Abuse and Mental Health Services Administration, 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

OCTOBER 1, 2015

Mr. FOSTER (for himself, Ms. ESTY, Ms. EDWARDS, and Mr. SEAN PATRICK MALONEY of New York) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To authorize the Administrator of the Substance Abuse and Mental Health Services Administration, 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 2015”.

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

2 (a) IN GENERAL.—The Administrator of the Sub-
3 stance Abuse and Mental Health Services Administration,
4 acting through the Director of the Center for Substance
5 Abuse Treatment (in this section referred to as the “Ad-
6 ministrator”) shall award grants to States to expand ac-
7 cess to clinically appropriate services for opioid abuse, de-
8 pendence, or addiction.

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 non-quantitative
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 out-patient treat-
14 ment, prior to more expensive, but
15 physician-recommended services, such
16 as in-patient 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—

3 (1) the medications are lawfully marketed
4 under the Federal Food, Drug, and Cosmetic Act
5 (21 U.S.C. 301 et 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 Administrator shall coordi-
10 nate the program under this section with the program for
11 prevention and treatment of substance abuse under sub-
12 part II of part B of title XIX of the Public Health Service
13 Act (42 U.S.C. 300x–21 et seq.).

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

16 (1) IN GENERAL.—The Administrator shall—

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

21 (i) decreases in substance use;

22 (ii) changes in retention in care;

23 (iii) connections to the next appro-
24 priate level of care;

1 (iv) decreases in involvement with
2 criminal justice activities; and

3 (v) other outcome data as appropriate;

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

9 (C) evaluate the activities supported by
10 grants under this section;

11 (D) submit to the Congress and the Sec-
12 retary, and make publicly available on the
13 Internet site of the Substance Abuse and Men-
14 tal Health Services Administration, information
15 about the results of such evaluation; and

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

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

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