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(Original Signature of Member)

114TH CONGRESS
1ST SESSION

H. R. _____

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

Mr. FOSTER introduced the following bill; which was referred to the Committee on _____

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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Expanding Opportuni-
3 ties for Recovery Act of 2015”.

4 **SEC. 2. OPIOID ADDICTION TREATMENT.**

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

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

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

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

22 (3) The services through the grant will be pro-
23 vided according to a physician or a clinician’s rec-
24 ommendation to ensure that individuals receive the
25 optimal level of substance use disorder treatment for

1 the amount of time that is deemed medically nec-
2 essary.

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

5 (A) who lack health insurance; or

6 (B) whose health insurance—

7 (i) does not cover such services; or

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

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

12 (II) imposing non-quantitative
13 treatment limitations that are more
14 stringent than treatment limitations
15 imposed on other medical conditions
16 (such as a requirement to use less ex-
17 pensive services, like out-patient treat-
18 ment, prior to more expensive, but
19 physician-recommended services, such
20 as in-patient or residential treatment).

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

1 (c) PERMISSIBLE PROVISION OF MEDICATIONS.—In
2 expanding access to clinically appropriate services for
3 opioid abuse, dependence, or addiction through a grant
4 under this section, a State may provide for the use of
5 medications, in conjunction with other treatment, so long
6 as—

7 (1) the medications are lawfully marketed
8 under the Federal Food, Drug, and Cosmetic Act
9 (21 U.S.C. 301 et seq.);

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

12 (3) are offered consistent with consumer choice.

13 (d) COORDINATION.—The Administrator shall coordi-
14 nate the program under this section with the program for
15 prevention and treatment of substance abuse under sub-
16 part II of part B of title XIX of the Public Health Service
17 Act (42 U.S.C. 300x–21 et seq.).

18 (e) EVALUATION; DISSEMINATION OF INFORMATION;
19 TECHNICAL ASSISTANCE.—

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

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

25 (i) decreases in substance use;

1 (ii) changes in retention in care;

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

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

6 (v) other outcome data as appropriate;

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

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

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

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

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