[~118H7283]

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(Original Signature of Member)

119TH CONGRESS
2D SESSION

H. R. _____

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

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

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.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Examining Opioid Treatment Infrastructure Act of 2026''.

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

Not later than 24 months after the date of enactment of this Act, the Comptroller General of the United States shall initiate an evaluation of, and submit to Congress a report on, the inpatient and outpatient treatment capacity, availability, and needs of the United States with respect to opioid-use disorders, including, 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 in the availability of residential and outpatient treatment and recovery options 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;

(7) an assessment of the need for residential and outpatient treatment 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.