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(Original Signature of Member)

119TH CONGRESS  
2D SESSION

**H. R.** \_\_\_\_\_

To authorize the Assistant Secretary for Mental Health and Substance Use, 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.

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**IN THE HOUSE OF REPRESENTATIVES**

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

\_\_\_\_\_  
**A BILL**

To authorize the Assistant Secretary for Mental Health and Substance Use, 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 2026”.

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

2           (a) IN GENERAL.—The Assistant Secretary for Men-  
3   tal Health and Substance Use, acting through the Direc-  
4   tor of the Center for Substance Abuse Treatment (in this  
5   section referred to as the “Assistant Secretary”) shall  
6   award grants to States to expand access to clinically ap-  
7   propriate services for opioid abuse, dependence, or addic-  
8   tion.

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 nonquantitative  
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 outpatient treat-  
14 ment, prior to more expensive, but  
15 physician-recommended services, such  
16 as inpatient 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 the medications—

3 (1) are lawfully marketed under the Federal  
4 Food, Drug, and Cosmetic Act (21 U.S.C. 301 et  
5 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 Assistant Secretary shall  
10 coordinate the program under this section with the pro-  
11 gram for prevention and treatment of, and provision of  
12 recovery support services for, substance abuse under sub-  
13 part II of part B of title XIX of the Public Health Service  
14 Act (42 U.S.C. 300x–21 et seq.).

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

17 (1) IN GENERAL.—The Assistant Secretary  
18 shall—

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

23 (i) decreases in substance use;

24 (ii) changes in retention in care;

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

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

5 (v) other outcome data as appropriate;

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

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

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

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

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