H.R. 1

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

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,
SECTION 1. SHORT TITLE.

This Act may be cited as the “Expanding Opportunities for Recovery Act of 2015”.

SEC. 2. OPIOID ADDICTION TREATMENT.

(a) In General.—The Administrator of the Substance Abuse and Mental Health Services Administration, acting through the Director of the Center for Substance Abuse Treatment (in this section referred to as the “Administrator”) shall award grants to States to expand access to clinically appropriate services for opioid abuse, dependence, or addiction.

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

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

(2) The services through the grant will be evidence-based such as medication-assisted treatment for substance use disorder.

(3) The services through the grant will be provided according to a physician or a clinician’s recommendation to ensure that individuals receive the optimal level of substance use disorder treatment for
the amount of time that is deemed medically nec-
essary.

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

(A) who lack health insurance; or

(B) whose health insurance—

(i) does not cover such services; or

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

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

(II) imposing non-quantitative
treatment limitations that are more
stringent than treatment limitations
imposed on other medical conditions
(such as a requirement to use less ex-
ensive services, like out-patient treat-
ment, prior to more expensive, but
physician-recommended services, such
as in-patient or residential treatment).

(5) The grant will not be used to pay or sub-
sidize the cost of more than 60 consecutive days of
opioid abuse, dependence, or addiction treatment in
the case of any individual.
(e) **PERMISSIBLE PROVISION OF MEDICATIONS.**—In expanding access to clinically appropriate services for opioid abuse, dependence, or addiction through a grant under this section, a State may provide for the use of medications, in conjunction with other treatment, so long as—

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

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

(3) are offered consistent with consumer choice.

(d) **COORDINATION.**—The Administrator shall coordinate the program under this section with the program for prevention and treatment of substance abuse under subpart II of part B of title XIX of the Public Health Service Act (42 U.S.C. 300x–21 et seq.).

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

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

(A) require States receiving a grant under this section to report appropriate outcome measures associated with use of the grant, including any—

(i) decreases in substance use;
(ii) changes in retention in care;

(iii) connections to the next appropriate level of care;

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

(v) other outcome data as appropriate;

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

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

(D) submit to the Congress and the Secretary, and make publicly available on the Internet site of the Substance Abuse and Mental Health Services Administration, information about the results of such evaluation; and

(E) offer technical assistance to States receiving a grant under this section regarding activities funded through the grant.

(2) USE OF CERTAIN FUNDS.—Of the funds appropriated to carry out this section for any fiscal year, 5 percent shall be available to carry out activities under this subsection.