

115TH CONGRESS
2D SESSION

S. 3048

To direct the Comptroller General of the United States to evaluate and report on the in-patient and outpatient treatment capacity, availability, and needs of the United States.

IN THE SENATE OF THE UNITED STATES

JUNE 11, 2018

Mr. MANCHIN (for himself and Mr. SULLIVAN) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To direct the Comptroller General of the United States to evaluate and report on the in-patient and outpatient treatment capacity, availability, and needs of the United States.

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 “Examining Opioid
5 Treatment Infrastructure Act of 2018”.

6 **SEC. 2. STUDY ON TREATMENT INFRASTRUCTURE.**

7 Not later than 24 months after the date of enactment
8 of this Act, the Comptroller General of the United States

1 shall initiate an evaluation of, and submit to Congress a
2 report on, the in-patient and outpatient treatment capac-
3 ity, availability, and needs of the United States, including,
4 to the extent data are available—

5 (1) the capacity of acute residential or in-pa-
6 tient detoxification programs;

7 (2) the capacity of in-patient clinical stabiliza-
8 tion programs, transitional residential support serv-
9 ices, and residential rehabilitation programs;

10 (3) the capacity of demographic specific resi-
11 dential or in-patient treatment programs, such as
12 those designed for pregnant women or adolescents;

13 (4) geographical differences of the availability
14 of residential and outpatient treatment and recovery
15 options for substance use disorders across the con-
16 tinuum of care;

17 (5) the availability of residential and outpatient
18 treatment programs that offer treatment options
19 based on reliable scientific evidence of efficacy for
20 the treatment of substance use disorders, including
21 the use of Food and Drug Administration-approved
22 medicines and evidence-based nonpharmacological
23 therapies;

1 (6) the number of patients in residential and
2 specialty outpatient treatment services for substance
3 use disorders;

4 (7) an assessment of the need for residential
5 and outpatient treatment for substance use disorders
6 across the continuum of care;

7 (8) the availability of residential and outpatient
8 treatment programs to American Indians and Alaska
9 Natives through an Indian health program (as de-
10 fined by section 4 of the Indian Health Care Im-
11 provement Act (25 U.S.C. 1603)); and

12 (9) the barriers (including technological bar-
13 riers) at the Federal, State, and local levels to real-
14 time reporting of de-identified information on drug
15 overdoses and ways to overcome such barriers.

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