

## [Expanding Opportunities for Recovery Act of 2017 \(HR 992, 115th Congress\)](#)

Establishes a framework for providing grants to expand access to clinically appropriate services for opioid abuse, dependence, and addiction.

Updated last **April 25, 2017**  
for the 02/09/2017 version of HR 992.

### WHAT IT DOES

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[HR 992](#) establishes a grant program for states to fund residential and inpatient addiction treatment services as well as medication-assistance treatment for opioid drug abusers. In particular, the bill tasks the [Center for Substance Abuse Treatment](#) (CSAT) to allocate funds for improving access to rehabilitative services for persons suffering from substance use disorder. This legislation, and other similar measures, are part of a larger effort to curb [the escalating opioid epidemic in the US](#).

The bill authorizes individual states to determine which facilities and persons receive funds, so long as the state ensures that:

- The head of the state's primary agency in charge of substance abuse treatment and prevention administers the grant;
- The grant funds evidence-based services;
- Services offered through the grant are provided to an individual according to a clinician's or physician's recommendation, to ensure an optimal level of treatment;
- The grant provides for services exclusively to individuals who either: (1) lack health insurance or (2) have health insurance that either does not cover such services or otherwise places barriers to accessing optimal treatment; and
- Services offered through the grant pay or subsidize for no more than 60 consecutive days of treatment for any one individual.

The bill allows, and in fact encourages, funds to be used for the provision of medication, so long as these medications are:

- Marketed lawfully under the Food, Drug, and Cosmetic Act ([21 U.S.C. 301 et seq.](#));
- Clinically demonstrated to address substance abuse, dependence, or addiction; and
- Offered "consistent with consumer choice".

Further, the bill tasks the CSAT with coordinating the grant program with the [Substance Abuse Prevention and Treatment Block Grant](#) program ([42 U.S.C. 300x-21 et seq.](#)), collecting state-reported outcome measures of services funded by the grants, evaluating and disseminating relevant information to Congress and the public, and offering technical assistance with activities funded through these grants.

### RELEVANT SCIENCE

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[Opioids](#) are a [class of drugs](#) that bind to opioid receptors in the brain, producing pain-relieving and euphoric effects. Opioids are either derived naturally from the [opium poppy plant](#) (e.g., [morphine](#) and [codeine](#), commonly referred to as opiates), partially synthesized from opium (e.g., [heroin](#), [oxycodone](#), and [hydromorphone](#)), or fully synthesized to mimic the effects of opium (e.g., [fentanyl](#) and [methadone](#).) Medically, these drugs are primarily used for their analgesic (i.e., pain-relieving) properties, but are often misused, overprescribed, and abused given their propensity for dependence.

[Rates of opioid dependence](#) have significantly increased in the United States over the past two decades, resulting in a drastic increase in overdose deaths nationwide. Prescription medications, such as oxycodone (commonly marketed as [OxyContin](#)), are [viewed as a primary catalyst](#) in the spike of opioid use. After prescriptions run out, patients may turn to illicit opiates, such as

heroin. In 2013, the Substance Abuse and Mental Health Services Administration [estimated](#) that over 1.8 million people suffer from [opioid use disorder](#). The Center for Disease Control [estimates](#) that over 33 thousand people died from opioid overdoses in 2015 alone; half of those deaths resulted from prescription opioids.

Treatment for opioid use disorder comes in many forms; this bill only deals with treatments that rely on medically- and clinically-provided services. These can include:

- [Residential or inpatient addiction treatment](#), or what is commonly known as “detox” or “rehab,” where patients remain in residential facilities for a given period of time in order to allow their bodies to detoxify from drug dependence, to spend time away from their previous environments, and to explore various behavioral support systems;
- [Counseling and behavioral therapy](#), which provides a variety of psychological tools to assist in recovery and reduce the risk of relapse; tools include skill building, adherence to a recovery plan, group therapy for social reinforcement, and professional/educational outcomes assessments. These services are often provided in residential treatment facilities in tandem with medication-assisted treatment; and
- [Medication-assisted treatment](#) (MAT), which involves the provision of various drugs to combat withdrawal symptoms, to mitigate cravings, and to prevent relapse. Specific to opioid use disorder, there are several drugs involved in MAT:
  - [Methadone](#) is a slow-acting opioid agonist, which mimics the effects of opioids, thereby reducing withdrawals and cravings. It is only available once daily at methadone clinics;
  - [Buprenorphine](#) is a partial opioid agonist, which produces similar effects to opioids but in diminished effect. It is proven to be effective at combating withdrawal symptoms and cravings; and
  - [Naltrexone](#) is an opioid antagonist, which does not have the effects of opioid drugs. Naltrexone binds and blocks the opioid receptors, preventing the feeling of getting “high” when users take opioids on the medication. It is available in pill form or a monthly intramuscular injection.

There are many different goals and measures regarding [the effectiveness](#) of various treatments used in different fields. Public health officials often cite statistics regarding [disease transmission](#) or overdose deaths. Economists look to statistics on employability, or conduct [cost-effectiveness comparisons](#) of providing treatment versus either not providing treatment or using punitive approaches. The criminal justice field often measures crime rates or [recidivism](#). Notably, the National Institute of Drug Abuse does not consider relapse a measure of treatment failure, even though it [claims](#) that treatment reduces drug use by 40 -60%.

#### RELEVANT EXPERTS

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[Nicole Schramm-Sapyta, Ph.D.](#), is an Assistant Professor of the Practice in Duke Institute for Brain Sciences.

Relevant publications:

- Schramm-Sapyta, Nicole, Q. David Walker, Joseph M. Caster, Edward D. Levin, and Cynthia M. Kuhn. 2009. “Are Adolescents More Vulnerable to Drug Addiction Than Adults? Evidence from Animal Models.” *Psychopharmacology* 206(1): 1 – 21.  
doi: [10.1007/s00213-009-1585-5](https://doi.org/10.1007/s00213-009-1585-5)

#### ENDORSEMENTS & OPPOSITION

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At present, there have not been any publicly reported endorsements of or opposition to this bill.

#### STATUS

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HR 992 was introduced in the House on February 9, 2017, and referred to the [House Committee on Energy and Commerce](#) on the same day. On February 10, 2017, it was referred to the [Subcommittee on Health](#).

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**RELATED POLICIES**

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Related governmental actions include:

- Opioid Abuse Prevention and Treatment Act of 2017 ([HR 993](#)) was introduced on February 9, 2017. The act aims to reduce opioid misuse and abuse by awarding grants to states to review how pharmacies are distributing opioid drugs. The Act would also require a Federal review of naloxone and would create an interagency working group to advise the States. This bill was introduced concurrently with the Expanding Opportunities in Recovery Act in 2014, 2015, and again now in 2017;
- Examining Opioid Treatment Infrastructure Act of 2017 ([HR 994](#)) was introduced on February 9, 2017. The bill tasks the General Accountability Office to report on inpatient and outpatient treatment capacity, availability, and needs for opioid abuse disorder. A previous version of the bill was introduced in 2016;
- Comprehensive Opioid Abuse Reduction Act of 2016 ([HR 5046](#)) was passed in the House on May 12, 2016. The act authorizes the Department of Justice (DOJ) to award grants to state, local, and tribal governments to provide opioid abuse services; and
- Comprehensive Addiction and Recovery Act of 2016 ([S 524](#)) was enacted into law on July 22, 2016. The act authorizes the DOJ and Department of Health and Human Services (HHS) to award grants, and creates new regulations on the FDA approval of opioid drugs.

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**POLICY HISTORY**

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This bill was first introduced in 2014 as [HR 5339](#) (113th Congress), and again in 2015 as [HR 3676](#) (114th Congress), both by the same sponsor of the current bill, [Representative Bill Foster](#).

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**SPONSORS**

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Sponsor: [Representative Bill Foster](#) (D-IL-11)

Cosponsors:

- [Representative Sean Patrick Maloney](#) (D-NY-18)
- [Representative Donald Norcross](#) (D-NJ-1)

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**RECOMMENDED CITATION**

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Duke SciPol, "Expanding Opportunities for Recovery Act (HR 992, 115th Congress)" available at <http://scipol.duke.edu/content/expanding-opportunities-recovery-act-2017-hr-992-115th-congress> (04/25/2017).