medicine cabinet, 14 percent were thrown in the trash, and 9 percent were flushed down the toilet.

As we have heard many unfortunate stories as we bring greater awareness to this issue, we know that abuse of medicine among teenagers is a growing problem.

Easy access to parents' and grandparents' leftover medications is just throwing gasoline on the fire.

Meanwhile, more than 60,000 young children are taken to the emergency room each year after ingesting a family member's medication.

With respect to the environment, the FDA no longer recommends flushing drugs down the toiler because sewage treatment plants lack the capacity to remove pharmaceuticals and personal care products' residue.

H.R. 4599 will amend the Controlled Substances Act to permit certain fillings of prescriptions—such that a prescription for a controlled substance may be partially filled if:

It is not prohibited by state law;

The prescription is written and filled in accordance with the Controlled Substances Act, regulations prescribed by the Attorney General, and State law;

The partial fill is requested by the patient or the practitioner that wrote the prescription; and

The total quantity dispensed in all partial fillings does not exceed the total quantity prescribed.

Mr. Speaker, enacting this legislation will work to not only combat a number of prescription drug abuses, but also deal a debilitating blow to the mounting opioid abuse epidemic.

The SPEAKER pro tempore (Mr. ZINKE). The question is on the motion offered by the gentleman from Kentucky (Mr. GUTHRIE) that the House suspend the rules and pass the bill, H.R. 4599, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

EXAMINING OPIOID TREATMENT INFRASTRUCTURE ACT OF 2016

Mr. GUTHRIE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4982) 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, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4982

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 2016''.

SEC. 2. STUDY ON TREATMENT INFRASTRUCTURE.

Not later than 24 months after the date of enactment of this Act, the Comptroller General of the United States shall initiate an evaluation, and submit to Congress a report, of the inpatient and outpatient treatment capacity, availability, and needs of the United States, which shall include, 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 of the availability of residential and outpatient treatment and recovery options for substance use disorders 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 for substance use disorders;

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

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Kentucky (Mr. GUTHRIE) and the gentleman from Texas (Mr. GENE GREEN) each will control 20 minutes.

The Chair recognizes the gentleman from Kentucky.

GENERAL LEAVE

Mr. GUTHRIE. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and insert extraneous materials in the RECORD on the bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Kentucky?

There was no objection.

Mr. GUTHRIE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of H.R. 4982, Examining Opioid Treatment Infrastructure Act of 2016, introduced by my colleagues, the ranking member of the Energy and Commerce Committee, Mr. PALLONE of New Jersey, and Mr. FOSTER of Illinois.

H.R. 4982 directs the Government Accountability Office to evaluate and report on the inpatient and outpatient treatment capacity, availability, and needs of the United States. It is important to have the data necessary to assess the opioid infrastructure in our country.

Mr. Speaker, I urge my colleagues to support this bill.

I reserve the balance of my time.

Mr. GENE GREEN of Texas. Mr. Speaker, I yield myself such time as I may consume.

I rise in support of H.R. 4982, Examining Opioid Treatment Infrastructure Act.

Opioid use disorder is a chronic disease that can be effectively treated, but it requires ongoing management. As the current epidemic has drawn sharply into focus, significantly more resources are needed to ensure availability of and access to evidence-based treatment.

A public health-based approach to drug abuse and addiction requires having broad-based treatment services available for those with opioid use disorders, including both behavioral therapies and proven medication-assisted treatment and insurance coverage for such treatment.

Medication-assisted treatment is often in combination with behavioral treatment, which has been shown to be highly effective in the treatment of opioid addiction.

However, many patients in need of treatment face significant barriers. Physicians cite barriers finding and placing patients in addiction treatment and recovery programs.

Current capacity of treatment and recovery programs is inadequate to meet the population's needs. There are too few physicians and programs offering treatment and recovery services.

In order to address these shortages, better information and data is needed for our existing opioid treatment infrastructure. H.R. 4982, the Examining Opioid Treatment Infrastructure Act, will direct the GAO to conduct a study on the inpatient and outpatient treatment capacity of the United States.

It instructs the agency to examine the capacity of acute residential or inpatient detoxification programs, inpatient clinical stabilization programs, transitional residential support services, and residential rehabilitation programs.

The GAO is directed to report on geographic differences in the availability of treatment and recovery programs for substance abuse disorders; the availability of programs that offer evidence-based treatment options, including the use of FDA-approved medications; and the number of patients' different treatment settings.

Finally, the agency would include an assessment of the need for residential and outpatient treatment for substance use disorders across the continuum of care.

We must face this crisis head-on and address the serious gaps in evidence-based treatment. The Examining Opioid Treatment Infrastructure Act will help us do this.

I want to thank the bill's sponsor, Representative BILL FOSTER, for introducing this legislation.

I urge my colleagues to support the act.

I reserve the balance of my time.

Mr. GUTHRIE. Mr. Speaker, I yield 2 minutes to the gentleman from Georgia (Mr. CARTER), my friend.

Mr. CARTER of Georgia. I thank the gentleman for yielding.

Mr. Speaker, I rise today in support of H.R. 4599 because treatment of addiction to opioid painkillers and heroin

is vital in fighting the U.S. drug abuse epidemic.

H.R. 4982 requires the Government Accountability Office to report on inpatient and outpatient treatment capacities, detoxification programs, rehabilitation programs, and treatment programs for pregnant women and adolescents.

Inpatient and outpatient treatment centers are usually one of the biggest obstacles communities face when trying to help people who are fighting addiction. Unfortunately, for most communities, local treatment facilities are few and far between and many of them are full.

As a lifelong healthcare professional, I believe the only way we will be able to adequately fight this opioid abuse epidemic is if we work together.

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We need to adequately understand the treatment services that are available to people with addiction across the country so we can use these tools to their fullest extent. That is why I am supporting H.R. 4982. By understanding all the tools the community can use, we can begin to fight this epidemic.

I encourage my colleagues to support this bill so we can begin to leverage our resources to help our communities fight opioid abuse.

Mr. GENE GREEN of Texas. Mr. Speaker, I yield 3 minutes to the gentleman from Illinois (Mr. FOSTER), a cosponsor of the bill.

Mr. FOSTER. Mr. Speaker, I thank Mr. GREEN for yielding me the time.

My bill, H.R. 4982, the Examining Opioid Treatment Infrastructure Act of 2016, is straightforward, and it is bipartisan.

If we are ever going to get a handle on the heroin and opioid epidemic tearing through our communities, we have to know what we are dealing with. We need data, and we need to know what capacity we have in place and what capacity we need to treat this epidemic so that we can make smart and adequate investments, which is why we need this bill.

This important bill directs a study of the inpatient and outpatient addiction treatment capacity and availability throughout the U.S., as well as an assessment of the needed types and numbers of treatment options.

It seems simple, but there is no better place to start than at the beginning, with an understanding of the addiction treatment infrastructure that we have versus the need for that infrastructure.

When I was first elected to Congress, I was not prepared to hear the stories from family members who had lost a loved one due to substance abuse. My office often gets calls from parents wanting to share their stories of the children they have lost to addiction.

While opioid addiction may start in many ways, it ends with a scientifically understood, increasingly treatable medical condition in which the biochemical pathways necessary to normal decisionmaking in the brain have been hijacked, and the chemistry of the brain permanently altered.

The more we learn about the science of addiction, the more convinced we become that the best path forward is treating addiction like the medical, biochemical condition that it is. To do this successfully, we need the correct number and types of addiction treatment facilities.

That is why I introduced the Examining Opioid Treatment Infrastructure Act of 2016, with my friend from New Jersey (Mr. PALLONE).

We know that opioid use and abuse has become an epidemic, and now let's make sure that we know the real numbers we are dealing with so we can allocate the necessary resources.

I urge support of the Examining Opioid Treatment Infrastructure Act of 2016.

Mr. GENE GREEN of Texas. Mr. Speaker, having no further speakers, I yield back the balance of my time.

Mr. GUTHRIE. Mr. Speaker, I encourage my colleagues to vote for H.R. 4982.

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Kentucky (Mr. GUTHRIE) that the House suspend the rules and pass the bill, H.R. 4982, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

OPIOID USE DISORDER TREATMENT EXPANSION AND MODERNIZATION ACT

Mr. GUTHRIE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4981) to amend the Controlled Substances Act to improve access to opioid use disorder treatment, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4981

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 ''Opioid Use Disorder Treatment Expansion and Modernization Act''.

SEC. 2. FINDING.

The Congress finds that opioid use disorder has become a public health epidemic that must be addressed by increasing awareness and access to all treatment options for opioid use disorder, overdose reversal, and relapse prevention.

SEC. 3. OPIOID USE DISORDER TREATMENT MODERNIZATION.

(a) IN GENERAL.—Section 303(g)(2) of the Controlled Substances Act (21 U.S.C. 823(g)(2)) is amended—

(1) in subparagraph (B), by striking clauses (i), (ii), and (iii) and inserting the following:

''(i) The practitioner is a qualifying practitioner (as defined in subparagraph (G)).

''(ii) With respect to patients to whom the practitioner will provide such drugs or combinations of drugs, the practitioner has the capacity to provide directly, by referral, or in such other manner as determined by the Secretary—

''(I) all schedule III, IV, and V drugs, as well as unscheduled medications approved by the Food and Drug Administration, for the treatment of opioid use disorder, including such drugs and medications for maintenance, detoxification, overdose reversal, and relapse prevention, as available; and

''(II) appropriate counseling and other appropriate ancillary services.

''(iii)(I) The total number of such patients of the practitioner at any one time will not exceed the applicable number. Except as provided in subclause (II), the applicable number is 30.

''(II) The applicable number is 100 if, not sooner than 1 year after the date on which the practitioner submitted the initial notification, the practitioner submits a second notification to the Secretary of the need and intent of the practitioner to treat up to 100 patients.

''(III) The Secretary may by regulation change such total number.

''(IV) The Secretary may exclude from the applicable number patients to whom such drugs or combinations of drugs are directly administered by the qualifying practitioner in the office setting.

''(iv) If the Secretary by regulation increases the total number of patients which a qualifying practitioner is permitted to treat pursuant to clause (iii)(II), the Secretary shall require such a practitioner to obtain a written agreement from each patient, including the patient's signature, that the patient—

''(I) will receive an initial assessment and treatment plan and periodic assessments and treatment plans thereafter;

''(II) will be subject to medication adherence and substance use monitoring;

''(III) understands available treatment options, including all drugs approved by the Food and Drug Administration for the treatment of opioid use disorder, including their potential risks and benefits; and

''(IV) understands that receiving regular counseling services is critical to recovery.

''(v) The practitioner will comply with the reporting requirements of subparagraph (D)(i)(IV).'';

(2) in subparagraph (D)—

(A) in clause (i), by adding at the end the following:

''(IV) The practitioner reports to the Secretary, at such times and in such manner as specified by the Secretary, such information and assurances as the Secretary determines necessary to assess whether the practitioner continues to meet the requirements for a waiver under this paragraph.'';

(B) in clause (ii), by striking ''Upon receiving a notification under subparagraph (B)'' and inserting ''Upon receiving a determination from the Secretary under clause (iii) finding that a practitioner meets all requirements for a waiver under subparagraph (B)''; and

(C) in clause (iii)—

(i) by inserting ''and shall forward such determination to the Attorney General'' before the period at the end of the first sentence; and

(ii) by striking ''physician'' and inserting ''practitioner'';

(3) in subparagraph (G)—

(A) by amending clause (ii)(IV) to read as follows: