

115TH CONGRESS
2D SESSION

H. R. 5891

IN THE SENATE OF THE UNITED STATES

JUNE 14, 2018

Received; read twice and referred to the Committee on Health, Education,
Labor, and Pensions

AN ACT

To establish an interagency task force to improve the Federal response to families impacted by substance abuse disorders.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Improving the Federal
3 Response to Families Impacted by Substance Use Dis-
4 order Act”.

5 **SEC. 2. INTERAGENCY TASK FORCE TO IMPROVE THE FED-**
6 **ERAL RESPONSE TO FAMILIES IMPACTED BY**
7 **SUBSTANCE USE DISORDERS.**

8 (a) **ESTABLISHMENT.**—There is established a task
9 force, to be known as the “Interagency Task Force to Im-
10 prove the Federal Response to Families Impacted by Sub-
11 stance Use Disorders” (in this section referred to as
12 “Task Force”).

13 (b) **RESPONSIBILITIES.**—The Task Force—

14 (1) shall identify, evaluate, and recommend
15 ways in which Federal agencies can better coordi-
16 nate responses to substance use disorders and the
17 opioid crisis; and

18 (2) shall carry out the additional duties de-
19 scribed in subsection (d).

20 (c) **MEMBERSHIP.**—

21 (1) **NUMBER AND APPOINTMENT.**—The Task
22 Force shall be composed of 12 Federal officials hav-
23 ing responsibility for, or administering programs re-
24 lated to, the duties of the Task Force. The Secretary
25 of Health and Human Services, the Secretary of
26 Education, the Secretary of Agriculture, and the

1 Secretary of Labor shall each appoint two members
2 to the Task Force from among the Federal officials
3 employed by the Department of which they are the
4 head. Additional Federal agency officials appointed
5 by the Secretary of Health and Human Services
6 shall fill the remaining positions of the Task Force.

7 (2) CHAIRPERSON.—The Secretary of Health
8 and Human Services shall designate a Federal offi-
9 cial employed by the Department of Health and
10 Human Services to serve as the chairperson of the
11 Task Force.

12 (3) DEADLINE FOR APPOINTMENT.—Each
13 member shall be appointed to the Task Force not
14 later than 60 days after the date of the enactment
15 of this Act.

16 (4) ADDITIONAL AGENCY INPUT.—The Task
17 Force may seek input from other Federal agencies
18 and offices with experience, expertise, or information
19 relevant in responding to the opioid crisis.

20 (5) VACANCIES.—A vacancy in the Task Force
21 shall be filled in the manner in which the original
22 appointment was made.

23 (6) PROHIBITION OF COMPENSATION.—Mem-
24 bers of the Task Force may not receive pay, allow-

1 ances, or benefits by reason of their service on the
2 Task Force.

3 (d) DUTIES.—The Task Force shall carry out the fol-
4 lowing duties:

5 (1) Solicit input from stakeholders, including
6 frontline service providers, medical professionals,
7 educators, mental health professionals, researchers,
8 experts in infant, child, and youth trauma, child wel-
9 fare professionals, and the public, in order to inform
10 the activities of the Task Force.

11 (2) Develop a strategy on how the Task Force
12 and participating Federal agencies will collaborate,
13 prioritize, and implement a coordinated Federal ap-
14 proach with regard to responding to substance use
15 disorders, including opioid misuse, that shall in-
16 clude—

17 (A) identifying options for the coordination
18 of existing grants that support infants, chil-
19 dren, and youth, and their families as appro-
20 priate, who have experienced, or are at risk of
21 experiencing, exposure to substance abuse dis-
22 orders, including opioid misuse; and

23 (B) other ways to improve coordination,
24 planning, and communication within and across
25 Federal agencies, offices, and programs, to bet-

1 ter serve children and families impacted by sub-
2 stance use disorders, including opioid misuse.

3 (3) Based off the strategy developed under
4 paragraph (2), evaluate and recommend opportuni-
5 ties for local- and State-level partnerships, profes-
6 sional development, or best practices that—

7 (A) are designed to quickly identify and
8 refer children and families, as appropriate, who
9 have experienced or are at risk of experiencing
10 exposure to substance abuse;

11 (B) utilize and develop partnerships with
12 early childhood education programs, local social
13 services organizations, and health care services
14 aimed at preventing or mitigating the effects of
15 exposure to substance use disorders, including
16 opioid misuse;

17 (C) offer community-based prevention ac-
18 tivities, including educating families and chil-
19 dren on the effects of exposure to substance use
20 disorders, including opioid misuse, and how to
21 build resilience and coping skills to mitigate
22 those effects;

23 (D) in accordance with Federal privacy
24 protections, utilize non-personally identifiable
25 data from screenings, referrals, or the provision

1 of services and supports to evaluate and im-
2 prove processes addressing exposure to sub-
3 stance use disorders, including opioid misuse;
4 and

5 (E) are designed to prevent separation and
6 support reunification of families if in the best
7 interest of the child.

8 (4) In fulfilling the requirements of paragraphs
9 (2) and (3), consider evidence-based, evidence-in-
10 formed, and promising best practices related to iden-
11 tifying, referring, and supporting children and fami-
12 lies at risk of experiencing exposure to substance
13 abuse or experiencing substance use disorder, includ-
14 ing opioid misuse, including—

15 (A) prevention strategies for those at risk
16 of experiencing or being exposed to substance
17 abuse, including misuse of opioids;

18 (B) whole-family and multi-generational
19 approaches;

20 (C) community-based initiatives;

21 (D) referral to, and implementation of,
22 trauma-informed practices and supports; and

23 (E) multi-generational practices that assist
24 parents, foster parents, and kinship and other
25 caregivers.

1 (e) FACA.—The Federal Advisory Committee Act (5
2 U.S.C. App. 2) shall not apply to the Task Force.

3 (f) ACTION PLAN; REPORTS.—The Task Force—

4 (1) shall prepare a detailed action plan to be
5 implemented by participating Federal agencies to
6 create a collaborative, coordinated response to the
7 opioid crisis, which shall include—

8 (A) relevant information identified and col-
9 lected under subsection (d);

10 (B) a proposed timeline for implementing
11 recommendations and efforts identified under
12 subsection (d); and

13 (C) a description of how other Federal
14 agencies and offices with experience, expertise,
15 or information relevant in responding to the
16 opioid crisis that have provided input under
17 subsection (c)(4) will be participating in the co-
18 ordinated approach;

19 (2) shall submit to the Congress a report de-
20 scribing the action plan prepared under paragraph
21 (1), including, where applicable, identification of any
22 recommendations included in such plan that require
23 additional legislative authority to implement; and

24 (3) shall submit a report to the Governors de-
25 scribing the opportunities for local- and State-level

1 partnerships, professional development, or best prac-
2 tices recommended under subsection (d)(3).

3 (g) DISSEMINATION.—

4 (1) IN GENERAL.—The action plan and reports
5 required under subsection (f) shall be—

6 (A) disseminated widely, including among
7 the participating Federal agencies and the Gov-
8 ernors; and

9 (B) be made publicly available online in an
10 accessible format.

11 (2) DEADLINE.—The action plan and reports
12 required under subsection (f) may be released on
13 separate dates but shall be released not later than
14 9 months after the date of the enactment of this
15 Act.

16 (h) TERMINATION.—The Task Force shall terminate
17 30 days after the dissemination of the action plan and re-
18 ports under subsection (g).

19 (i) FUNDING.—The administrative expenses of the
20 Task Force shall be paid out of existing Department of
21 Health and Human Services funds or appropriations.

22 (j) DEFINITIONS.—For purposes of this section:

23 (1) The term “Governor” means the chief execu-
24 tive officer of a State.

1 (2) The term “participating Federal agencies”
2 means all the Executive agencies (as defined in sec-
3 tion 105 of title 5, United States Code) whose offi-
4 cials have been appointed to the Task Force.

5 (3) The term “State” means each of the several
6 States, the District of Columbia, the Commonwealth
7 of Puerto Rico, the Virgin Islands, Guam, American
8 Samoa, and the Commonwealth of the Northern
9 Mariana Islands.

Passed the House of Representatives June 13, 2018.

Attest:

KAREN L. HAAS,

Clerk.