

**AMENDMENT IN THE NATURE OF A SUBSTITUTE  
TO H.R. 4284  
OFFERED BY MR. LATTA OF OHIO**

Strike all after the enacting clause and insert the following:

**1 SECTION 1. SHORT TITLE.**

2       This Act may be cited as the “Indexing Narcotics,  
3 Fentanyl, and Opioids Act of 2018” or the “INFO Act”.

**4 SEC. 2. ESTABLISHMENT OF SUBSTANCE USE DISORDER IN-  
5 FORMATION DASHBOARD.**

6       (a) IN GENERAL.—Not later than 60 days after the  
7 date of the enactment of this Act, the Secretary of Health  
8 and Human Services shall, in consultation with the Direc-  
9 tor of National Drug Control Policy, establish and periodi-  
10 cally update a public information dashboard that—

11           (1) coordinates information on programs within  
12 the Department of Health and Human Services re-  
13 lated to the reduction of opioid abuse and other sub-  
14 stance use disorders;

15           (2) provides access to publicly available data  
16 from other Federal agencies; State, local, and Tribal  
17 governments; nonprofit organizations; law enforce-  
18 ment; medical experts; public health educators; and

1 research institutions regarding prevention, treat-  
2 ment, recovery, and other services for opioid use dis-  
3 order and other substance use disorders

4 (3) provides comparable data on substance use  
5 disorder prevention and treatment strategies in dif-  
6 ferent regions and population of the United States;

7 (4) provides recommendations for health care  
8 providers on alternatives to controlled substances for  
9 pain management, including approaches studied by  
10 the National Institutes of Health Pain Consortium  
11 and the National Center for Complimentary and In-  
12 tegrative Health; and

13 (5) provides guidelines and best practices for  
14 health care providers regarding treatment of sub-  
15 stance use disorders.

16 (b) CONTROLLED SUBSTANCE DEFINED.—In this  
17 section, the term “controlled substance” has the meaning  
18 given that term in section 102 of the Controlled Sub-  
19 stances Act (21 U.S.C. 802).

20 **SEC. 3. INTERAGENCY SUBSTANCE USE DISORDER COORDI-**  
21 **NATING COMMITTEE.**

22 (a) ESTABLISHMENT.—Not later than three months  
23 after the date of the enactment of this Act, the Secretary  
24 of Health and Human Services (in this section referred  
25 to as the “Secretary”) shall, in consultation with the Di-

1 rector of National Drug Control Policy, establish a com-  
2 mittee, to be known as the Interagency Substance Use  
3 Disorder Coordinating Committee (in this section referred  
4 to as the “Committee” ), to coordinate all efforts within  
5 the Department of Health and Human Services con-  
6 cerning substance use disorder.

7 (b) MEMBERSHIP.—

8 (1) FEDERAL MEMBERS.—The Committee shall  
9 be composed of the following Federal members (or  
10 the designees of such members):

11 (A) The Secretary, who shall service as the  
12 Chair of the Committee.

13 (B) The Attorney General of the United  
14 States.

15 (C) The Secretary of Labor.

16 (D) The Secretary of Housing and Urban  
17 Development.

18 (E) The Secretary of Education.

19 (F) The Secretary of Veterans Affairs.

20 (G) The Commissioner of Social Security.

21 (H) The Assistant Secretary for Mental  
22 Health and Substance Use.

23 (I) The Director of the Centers for Disease  
24 Control and Prevention.

1           (J) The Director of the National Institutes  
2 of Health and the Directors of such national re-  
3 search institutes of the National Institutes of  
4 Health as the Secretary determines appropriate.

5           (K) The Administrator of the Centers for  
6 Medicare & Medicaid Services.

7           (L) The Director of National Drug Control  
8 Policy.

9           (M) Representatives of other Federal agen-  
10 cies that serve individuals with substance use  
11 disorder.

12           (2) NON-FEDERAL MEMBERS.—The Committee  
13 shall be composed of a minimum of 17 non-Federal  
14 members appointed by the Secretary, of which—

15           (A) at least two such members shall be an  
16 individual who has received treatment for a di-  
17 agnosis of an opioid use disorder;

18           (B) at least two such members shall be an  
19 individual who has received treatment for a di-  
20 agnosis of a substance use disorder other than  
21 an opioid use disorder;

22           (C) at least two such members shall be a  
23 State Alcohol and Substance Abuse Director;

24           (D) at least two such members shall be a  
25 representative of a leading research, advocacy,

1 or service organization for adults with sub-  
2 stance use disorder;

3 (E) at least two such members shall—

4 (i) be a physician, licensed mental  
5 health professional, clinical nurse spe-  
6 cialist, nurse practitioner, or physician as-  
7 sistant; and

8 (ii) have experience in treating indi-  
9 viduals with opioid use disorder or other  
10 substance use disorders;

11 (F) at least one such member shall be a  
12 substance use disorder treatment professional  
13 who is employed with an opioid treatment pro-  
14 gram;

15 (G) at least one such member shall be a  
16 substance use disorder treatment professional  
17 who has research or clinical experience in work-  
18 ing with racial and ethnic minority populations;

19 (H) at least one such member shall be a  
20 substance use disorder treatment professional  
21 who has research or clinical mental health expe-  
22 rience in working with medically underserved  
23 populations;

1 (I) at least one such member shall be a  
2 State-certified substance use disorder peer sup-  
3 port specialist;

4 (J) at least one such member shall be a  
5 drug court judge or a judge with experience in  
6 adjudicating cases related to substance use dis-  
7 order;

8 (K) at least one such member shall be a  
9 law enforcement officer or correctional officer  
10 with extensive experience in interacting with  
11 adults with a substance use disorder; and

12 (L) at least one such member shall be an  
13 individual with experience providing services for  
14 homeless individuals and working with adults  
15 with a substance use disorder.

16 (c) TERMS.—

17 (1) IN GENERAL.—A member of the Committee  
18 appointed under subsection (b)(2) shall be appointed  
19 for a term of three years and may be reappointed  
20 for one or more three-year terms.

21 (2) VACANCIES.—A vacancy on the Committee  
22 shall be filled in the same manner in which the origi-  
23 nal appointment was made. Any individual appointed  
24 to fill a vacancy for an unexpired term shall be ap-  
25 pointed for the remainder of such term and may

1       serve after the expiration of such term until a suc-  
2       cessor has been appointed.

3       (d) MEETINGS.—The Committee shall meet not fewer  
4       than two times each year.

5       (e) DUTIES.—The Committee shall—

6           (1) monitor opioid use disorder and other sub-  
7       stance use disorder research, services, and support  
8       and prevention activities across all relevant Federal  
9       agencies, including coordination of Federal activities  
10      with respect to opioid use disorder and other sub-  
11      stance use disorders;

12          (2) evaluate the effectiveness of Federal grants  
13      and programs for the prevention and treatment of,  
14      and recovery from, opioid use disorder and other  
15      substance use disorders;

16          (3) review substance use disorder prevention  
17      and treatment strategies in different regions and  
18      populations in the United States and evaluate the  
19      extent to which Federal substance use disorder pre-  
20      vention and treatment strategies are aligned with  
21      State and local substance use disorder prevention  
22      and treatment strategies;

23          (4) make recommendations to the Secretary re-  
24      garding any appropriate changes with respect to the

1 activities and strategies described in paragraphs (1)  
2 through (3);

3 (5) make recommendations to the Secretary re-  
4 garding public participation in decisions relating to  
5 opioid use disorder and other substance use dis-  
6 orders and the process by which public feedback can  
7 be better integrated into such decisions; and

8 (6) make recommendations to ensure that  
9 opioid use disorder and other substance use disorder  
10 research, services, and support and prevention activi-  
11 ties of the Department of Health and Human Serv-  
12 ices and other Federal agencies are not unneces-  
13 sarily duplicative.

14 (f) ANNUAL REPORT.—

15 (1) IN GENERAL.—Not later than one year  
16 after the date of the enactment of this Act, and an-  
17 nually thereafter for the life of the Committee, the  
18 Committee shall publish on the public information  
19 dashboard established under section 2(a) a report  
20 summarizing the activities carried out by the Com-  
21 mittee pursuant to subsection (e), including any  
22 findings resulting from such activities.

23 (2) RECOMMENDATION FOR COMMITTEE EX-  
24 TENSION.—After the publication of the second re-  
25 port of the Committee under paragraph (1), the Sec-



1       retary shall submit to Congress a recommendation  
2       on whether or not the operations of the Committee  
3       should continue after the termination date described  
4       in subsection (i).

5       (g) WORKING GROUPS.—The Committee may estab-  
6       lish working groups for purposes of carrying out the duties  
7       described in subsection (e). Any such working group shall  
8       be composed of members of the Committee (or the des-  
9       ignees of such members) and may hold such meetings as  
10      are necessary to enable the working group to carry out  
11      the duties delegated to the working group.

12      (h) FEDERAL ADVISORY COMMITTEE ACT.—The  
13      Federal Advisory Committee Act (5 U.S.C. App.) shall  
14      apply to the Committee only to the extent that the provi-  
15      sions of such Act do not conflict with the requirements  
16      of this section.

17      (i) SUNSET.—The Committee shall terminate on the  
18      date that is six years after the date on which the Com-  
19      mittee is established under subsection (a).

Amend the title so as to read: “A bill to establish  
a substance use disorder information dashboard within  
the Department of Health and Human Services, and for  
other purposes.”.

