

115TH CONGRESS  
2D SESSION

# H. R. 5891

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

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IN THE HOUSE OF REPRESENTATIVES

MAY 21, 2018

Mr. GROTHMAN (for himself and Mr. LAMB) introduced the following bill; which was referred to the Committee on Education and the Workforce

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## A BILL

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,*

3 **SECTION 1. SHORT TITLE.**

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

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

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

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

10 (1) shall identify, evaluate, and recommend  
11 ways in which Federal agencies can better coordi-  
12 nate responses to substance use disorders and the  
13 opioid crisis; and

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

16 (c) **MEMBERSHIP.**—

17 (1) **NUMBER AND APPOINTMENT.**—The Task  
18 Force shall be composed of 12 Federal officials hav-  
19 ing responsibility for, or administering programs re-  
20 lated to, the duties of the Task Force. The Secretary  
21 of Health and Human Services, the Secretary of  
22 Education, the Secretary of Agriculture, and the  
23 Secretary of Labor shall each appoint two members  
24 to the Task Force from among the Federal officials  
25 employed by the Department of which they are the  
26 head. Additional Federal agency officials appointed

1 by the Secretary of Health and Human Services  
2 shall fill the remaining positions of the Task Force.

3 (2) CHAIRPERSON.—The Secretary of Health  
4 and Human Services shall designate a Federal offi-  
5 cial employed by the Department of Health and  
6 Human Services to serve as the chairperson of the  
7 Task Force.

8 (3) DEADLINE FOR APPOINTMENT.—Each  
9 member shall be appointed to the Task Force not  
10 later than 60 days after the date of the enactment  
11 of this Act.

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

16 (5) VACANCIES.—A vacancy in the Task Force  
17 shall be filled in the manner in which the original  
18 appointment was made.

19 (6) PROHIBITION OF COMPENSATION.—Mem-  
20 bers of the Task Force may not receive pay, allow-  
21 ances, or benefits by reason of their service on the  
22 Task Force.

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

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

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

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

19                   (B) other ways to improve coordination,  
20                   planning, and communication within and across  
21                   Federal agencies, offices, and programs, to bet-  
22                   ter serve children and families impacted by sub-  
23                   stance use disorders, including opioid misuse.

24          (3) Based off the strategy developed under  
25          paragraph (2), evaluate and recommend opportuni-

1 ties for local- and State-level partnerships, profes-  
2 sional development, or best practices that—

3 (A) are designed to quickly identify and  
4 refer children and families, as appropriate, who  
5 have experienced or are at risk of experiencing  
6 exposure to substance abuse;

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

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

19 (D) in accordance with Federal privacy  
20 protections, utilize non-personally identifiable  
21 data from screenings, referrals, or the provision  
22 of services and supports to evaluate and im-  
23 prove processes addressing exposure to sub-  
24 stance use disorders, including opioid misuse;  
25 and

1           (E) are designed to prevent separation and  
2           support reunification of families if in the best  
3           interest of the child.

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

11           (A) prevention strategies for those at risk  
12           of experiencing or being exposed to substance  
13           abuse, including misuse of opioids;

14           (B) whole-family and multi-generational  
15           approaches;

16           (C) community-based initiatives;

17           (D) referral to, and implementation of,  
18           trauma-informed practices and supports; and

19           (E) multi-generational practices that assist  
20           parents, foster parents, and kinship and other  
21           caregivers

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

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

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

5                   (A) relevant information identified and col-  
6 lected under subsection (d);

7                   (B) a proposed timeline for implementing  
8 recommendations and efforts identified under  
9 subsection (d); and

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

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

21           (3) shall submit a report to the Governors de-  
22 scribing the opportunities for local- and State-level  
23 partnerships, professional development, or best prac-  
24 tices recommended under subsection (d)(3).

25           (g) DISSEMINATION.—

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

3           (A) disseminated widely, including among  
4 the participating Federal agencies and the Gov-  
5 ernors; and

6           (B) be made publicly available online in an  
7 accessible format.

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

13          (h) TERMINATION.—The Task Force shall terminate  
14 30 days after the dissemination of the action plan and re-  
15 ports under subsection (g).

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

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

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

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

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

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