

# Committee Print

[SHOWING THE TEXT OF H.R. 4284 AS FORWARDED BY THE SUBCOMMITTEE ON HEALTH ON APRIL 25, 2018]

115TH CONGRESS  
1ST SESSION

# H. R. 4284

To establish a Federal Coordinator within the Department of Health and Human Services, and for other purposes.

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IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 7, 2017

Mr. Latta (for himself, Mr. McKinley, Mr. Barton, and Mr. Johnson of Ohio) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

To establish a Federal Coordinator within the Department of Health and Human Services, and for other purposes.

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 “Indexing Narcotics,  
5 Fentanyl, and Opioids Act of 2018” or the “INFO Act”.

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

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

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

12 (2) provides access to publicly available data  
13 from other Federal agencies; State, local, and Tribal  
14 governments; nonprofit organizations; law enforce-  
15 ment; medical experts; public health educators; and  
16 research institutions regarding prevention, treat-  
17 ment, recovery, and other services for opioid use dis-  
18 order and other substance use disorders

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

22 (4) provides recommendations for health care  
23 providers on alternatives to controlled substances for  
24 pain management, including approaches studied by  
25 the National Institutes of Health Pain Consortium

1 and the National Center for Complimentary and In-  
2 tegrative Health; and

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

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

10 **SEC. 3. INTERAGENCY SUBSTANCE USE DISORDER COORDI-**  
11 **NATING COMMITTEE.**

12 (a) ESTABLISHMENT.—Not later than three months  
13 after the date of the enactment of this Act, the Secretary  
14 of Health and Human Services (in this section referred  
15 to as the “Secretary”) shall, in consultation with the Di-  
16 rector of National Drug Control Policy, establish a com-  
17 mittee, to be known as the Interagency Substance Use  
18 Disorder Coordinating Committee (in this section referred  
19 to as the “Committee” ), to coordinate all efforts within  
20 the Department of Health and Human Services con-  
21 cerning substance use disorder.

22 (b) MEMBERSHIP.—

23 (1) FEDERAL MEMBERS.—The Committee shall  
24 be composed of the following Federal members (or  
25 the designees of such members):

1 (A) The Secretary, who shall service as the  
2 Chair of the Committee.

3 (B) The Attorney General of the United  
4 States.

5 (C) The Secretary of Labor.

6 (D) The Secretary of Housing and Urban  
7 Development.

8 (E) The Secretary of Education.

9 (F) The Secretary of Veterans Affairs.

10 (G) The Commissioner of Social Security.

11 (H) The Assistant Secretary for Mental  
12 Health and Substance Use.

13 (I) The Director of the Centers for Disease  
14 Control and Prevention.

15 (J) The Director of the National Institutes  
16 of Health and the Directors of such national re-  
17 search institutes of the National Institutes of  
18 Health as the Secretary determines appropriate.

19 (K) The Administrator of the Centers for  
20 Medicare & Medicaid Services.

21 (L) The Director of National Drug Control  
22 Policy.

23 (M) Representatives of other Federal agen-  
24 cies that serve individuals with substance use  
25 disorder.

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

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

7           (B) at least two such members shall be an  
8 individual who has received treatment for a di-  
9 agnosis of a substance use disorder other than  
10 an opioid use disorder;

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

13           (D) at least two such members shall be a  
14 representative of a leading research, advocacy,  
15 or service organization for adults with sub-  
16 stance use disorder;

17           (E) at least two such members shall—  
18           (i) be a physician, licensed mental  
19 health professional, advance practice reg-  
20 istered nurse, or physician assistant; and

21           (ii) have experience in treating indi-  
22 viduals with opioid use disorder or other  
23 substance use disorders;

24           (F) at least one such member shall be a  
25 substance use disorder treatment professional

1           who is employed with an opioid treatment pro-  
2           gram;

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

7           (H) at least one such member shall be a  
8           substance use disorder treatment professional  
9           who has research or clinical mental health expe-  
10          rience in working with medically underserved  
11          populations;

12          (I) at least one such member shall be a  
13          State-certified substance use disorder peer sup-  
14          port specialist;

15          (J) at least one such member shall be a  
16          drug court judge or a judge with experience in  
17          adjudicating cases related to substance use dis-  
18          order;

19          (K) at least one such member shall be a  
20          law enforcement officer or correctional officer  
21          with extensive experience in interacting with  
22          adults with a substance use disorder; and

23          (L) at least one such member shall be an  
24          individual with experience providing services for

1 homeless individuals and working with adults  
2 with a substance use disorder.

3 (c) TERMS.—

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

8 (2) VACANCIES.—A vacancy on the Committee  
9 shall be filled in the same manner in which the origi-  
10 nal appointment was made. Any individual appointed  
11 to fill a vacancy for an unexpired term shall be ap-  
12 pointed for the remainder of such term and may  
13 serve after the expiration of such term until a suc-  
14 cessor has been appointed.

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

17 (e) DUTIES.—The Committee shall—

18 (1) monitor opioid use disorder and other sub-  
19 stance use disorder research, services, and support  
20 and prevention activities across all relevant Federal  
21 agencies, including coordination of Federal activities  
22 with respect to opioid use disorder and other sub-  
23 stance use disorders;

24 (2) evaluate the effectiveness of Federal grants  
25 and programs for the prevention and treatment of,

1 and recovery from, opioid use disorder and other  
2 substance use disorders;

3 (3) review substance use disorder prevention  
4 and treatment strategies in different regions and  
5 populations in the United States and evaluate the  
6 extent to which Federal substance use disorder pre-  
7 vention and treatment strategies are aligned with  
8 State and local substance use disorder prevention  
9 and treatment strategies;

10 (4) make recommendations to the Secretary re-  
11 garding any appropriate changes with respect to the  
12 activities and strategies described in paragraphs (1)  
13 through (3);

14 (5) make recommendations to the Secretary re-  
15 garding public participation in decisions relating to  
16 opioid use disorder and other substance use dis-  
17 orders and the process by which public feedback can  
18 be better integrated into such decisions; and

19 (6) make recommendations to ensure that  
20 opioid use disorder and other substance use disorder  
21 research, services, and support and prevention activi-  
22 ties of the Department of Health and Human Serv-  
23 ices and other Federal agencies are not unneces-  
24 sarily duplicative.

25 (f) ANNUAL REPORT.—



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

9           (2) RECOMMENDATION FOR COMMITTEE EX-  
10 TENSION.—After the publication of the second re-  
11 port of the Committee under paragraph (1), the Sec-  
12 retary shall submit to Congress a recommendation  
13 on whether or not the operations of the Committee  
14 should continue after the termination date described  
15 in subsection (i).

16          (g) WORKING GROUPS.—The Committee may estab-  
17 lish working groups for purposes of carrying out the duties  
18 described in subsection (e). Any such working group shall  
19 be composed of members of the Committee (or the des-  
20 ignees of such members) and may hold such meetings as  
21 are necessary to enable the working group to carry out  
22 the duties delegated to the working group.

23          (h) FEDERAL ADVISORY COMMITTEE ACT.—The  
24 Federal Advisory Committee Act (5 U.S.C. App.) shall  
25 apply to the Committee only to the extent that the provi-

1 sions of such Act do not conflict with the requirements  
2 of this section.

3 (i) SUNSET.—The Committee shall terminate on the  
4 date that is six years after the date on which the Com-  
5 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.”.