

PROVIDING FOR CONSIDERATION OF THE BILL (H.R. 4641) TO PROVIDE FOR THE ESTABLISHMENT OF AN INTER-AGENCY TASK FORCE TO REVIEW, MODIFY, AND UPDATE BEST PRACTICES FOR PAIN MANAGEMENT AND PRESCRIBING PAIN MEDICATION, AND FOR OTHER PURPOSES, AND PROVIDING FOR CONSIDERATION OF THE BILL (H.R. 5046) TO AMEND THE OMNIBUS CRIME CONTROL AND SAFE STREETS ACT OF 1968 TO AUTHORIZE THE ATTORNEY GENERAL TO MAKE GRANTS TO ASSIST STATE AND LOCAL GOVERNMENTS IN ADDRESSING THE NATIONAL EPIDEMIC OF OPIOID ABUSE, AND FOR OTHER PURPOSES

MAY 10, 2016.—Referred to the House Calendar and ordered to be printed

Mr. COLLINS of Georgia, from the Committee on Rules,
submitted the following

R E P O R T

[To accompany H. Res. 720]

The Committee on Rules, having had under consideration House Resolution 720, by a nonrecord vote, report the same to the House with the recommendation that the resolution be adopted.

SUMMARY OF PROVISIONS OF THE RESOLUTION

The resolution provides for consideration of H.R. 4641, to provide for the establishment of an inter-agency task force to review, modify, and update best practices for pain management and prescribing pain medication, and for other purposes, under a structured rule. The resolution provides one hour of general debate equally divided and controlled by the chair and ranking minority member of the Committee on Energy and Commerce. The resolution waives all points of order against consideration of the bill. The resolution makes in order as original text for the purpose of amendment the amendment in the nature of a substitute recommended by the Committee on Energy and Commerce now printed in the bill and provides that it shall be considered as read. The resolution waives all points of order against that amendment in the nature of a substitute. The resolution makes in order only those further amendments printed in part A of this report. Each such amendment may be offered only in the order printed in this report, may be offered only by a Member designated in this report, shall be considered as read, shall be debatable for the time specified in this report equally divided and controlled by the proponent and an opponent, shall not be subject to amendment, and shall not be subject to a demand for

division of the question in the House or in the Committee of the Whole. The resolution waives all points of order against the amendments printed in part A of this report. The resolution provides one motion to recommit with or without instructions.

Section 2 of the resolution provides for consideration of H.R. 5046, the Comprehensive Opioid Abuse Reduction Act of 2016, under a structured rule. The resolution provides one hour of general debate equally divided and controlled by the chair and ranking minority member of the Committee on the Judiciary. The resolution waives all points of order against consideration of the bill. The resolution makes in order as original text for the purpose of amendment an amendment in the nature of a substitute consisting of the text of Rules Committee Print 114–52 and provides that it shall be considered as read. The resolution waives all points of order against that amendment in the nature of a substitute. The resolution makes in order only those further amendments printed in part B of this report. Each such amendment may be offered only in the order printed in this report, may be offered only by a Member designated in this report, shall be considered as read, shall be debatable for the time specified in this report equally divided and controlled by the proponent and an opponent, shall not be subject to amendment, and shall not be subject to a demand for division of the question in the House or in the Committee of the Whole. The resolution waives all points of order against the amendments printed in part B of this report. The resolution provides one motion to recommit with or without instructions.

EXPLANATION OF WAIVERS

Although the resolution waives all points of order against consideration of H.R. 4641, the Committee is not aware of any points of order. The waiver is prophylactic in nature.

Although the resolution waives all points of order against the amendment in the nature of a substitute to H.R. 4641 made in order as original text, the Committee is not aware of any points of order. The waiver is prophylactic in nature.

Although the resolution waives all points of order against the amendments to H.R. 4641 printed in part A of this report, the Committee is not aware of any points of order. The waiver is prophylactic in nature.

The waiver of all points of order against consideration of H.R. 5046 includes waiver of clause 3(e)(1) of rule XIII (“Ramseyer”), requiring a committee report accompanying a bill amending or repealing statutes to show, by typographical device, parts of statute affected. The waiver is provided because the submission provided by the Committee on the Judiciary was insufficient to meet the standards established by the rule in its current form. The Committee on Rules continues to work with the House Office of Legislative Counsel and committees to determine the steps necessary to comply with the updated rule.

Although the resolution waives all points of order against the amendment in the nature of a substitute to H.R. 5046 made in order as original text, the Committee is not aware of any points of order. The waiver is prophylactic in nature.

Although the resolution waives all points of order against the amendments to H.R. 5046 printed in part B of this report, the

Committee is not aware of any points of order. The waiver is prophylactic in nature.

SUMMARY OF THE AMENDMENTS TO H.R. 4641 IN PART A MADE IN ORDER

1. Brownley (CA): Adds the Office of Women’s Health. (10 minutes)

2. Carter, Buddy (GA): Requires that any physician, dentists, non-physician prescriber or pharmacist who becomes a member of the Pain Management Best Practices Inter-Agency Task Force shall currently be licensed and practicing in their appropriate State. (10 minutes)

3. Grayson (FL): Ensures that “first responders” are included for membership on the Pain Management Best Practices Inter-Agency Task Force. (10 minutes)

4. Clark, Katherine (MA): Adds to the Task Force an expert in adolescent and young adult addiction, and a person in recovery from addiction to medication for chronic pain whose addiction began in adolescence or adulthood, and directs the Task Force to consider the distinct needs of adolescents and young adults in its development of best practices. (10 minutes)

5. Moulton (MA), Zeldin (NY), Walz (MN): Adds representatives of Veteran Service Organizations to the Pain Management Best Practices Inter-Agency Task Force. (10 minutes)

6. Nolan (MN): Inserts a representative on the task force for active duty military, armed forces personnel, and veteran health and prescription opioid addiction. (10 minutes)

7. Watson Coleman (NJ): Inserts a minority health expert as a representative to the Pain Management Best Practices Inter-Agency Task Force established by this bill. (10 minutes)

8. Kuster, Ann (NH), Guinta (NH): Requires that the task force research addiction trends in communities with high rates of prescription drug abuse. (10 minutes)

9. Schiff (CA): Requires the Inter-Agency Task Force, as part of its duties to review and update best practices for pain management strategies, to also take into consideration the coordination of information collected from State prescription drug monitoring programs for the purpose of preventing the diversion of pain medication. (10 minutes)

10. Clark, Katherine (MA): Directs the Task Force to consider work done and any public comments submitted regarding electronic prescribing of opioids and its potential benefits, in the course of developing best practices. (10 minutes)

11. Rothfus (PA), Keating (MA): Requires the inter-agency task force, as part of its review and update of best practices for pain management and prescribing pain medication, to also take into consideration the practice of co-prescribing the overdose reversal drug naloxone. (10 minutes)

12. Clark, Katherine (MA): Directs the Task Force to consider, in the course of developing best practices, Federal agency programs and research relative to substance use and substance use disorders among adolescents and young adults, as well as any gaps identified by Federal government programs or researchers in the prevention of, treatment for, and recovery from substance use by and sub-

stance use disorders among adolescents and young adults. (10 minutes)

13. Esty (CT), Knight (CA): Requires the inter-agency task force to review, modify, and update best practices for pain management and prescribing pain medication, specifically as it pertains to physician education and consumer education. (10 minutes)

14. Welch (VT), McKinley (WV): Expands the task force report to include information and recommendations on developing new non-opioid forms of pain relief. (10 minutes)

15. Sessions (TX): Ensures the task force takes into consideration existing private sector, State, and local government efforts related to pain management and prescribing pain medication. (10 minutes)

SUMMARY OF THE AMENDMENTS TO H.R. 5046 IN PART B MADE IN ORDER

1. Donovan (NY), Turner (OH): Amends the Omnibus Crime Control and Safe Streets Act to include substance abuse treatment programs that provide alternatives to incarceration for pregnant women as eligible for family-based substance abuse treatment grants. (10 minutes)

2. Davis, Danny K. (IL), Young (IN): Clarifies that grants addressing treatment alternatives to incarceration may include a focus on parents whose incarceration could result in their children entering foster care. (10 minutes)

3. DelBene (WA): Clarifies that treatment alternative to incarceration programs may include community-based substance use diversion programs sponsored by a law enforcement agency. (10 minutes)

4. DeSaulnier (CA), Carter, Buddy (GA): Clarifies that grants under this act can be used for multi-state interoperable prescription drug monitoring programs. (10 minutes)

5. Bishop, Mike (MI): Adds an "allowable use" within the grant program established under the bill to develop, implement, or expand the use of programs that utilize secure containers for prescription drugs. (10 minutes)

6. Guinta (NH), Kuster, Ann (NH): Adds treatment and recovery to the list of allowable uses in H.R. 5046. (10 minutes)

7. Rothfus (PA): Expands the list of eligible grant uses for the Comprehensive Opioid Abuse Grant Program to include efforts to develop, implement, or expand a program to prevent and address opioid abuse by veterans. (10 minutes)

8. Keating (MA), Rothfus (PA), Blumenauer (OR), Bera (CA), Roe (TN): Adds drug take-back programs to the list of authorized uses for amounts made available under Section 3021(a) of the Comprehensive Opioid Abuse Grant Program. (10 minutes)

9. Lynch (MA): Provides that grant funding can be used develop, implement or expand a program to ensure the security of opioids in medical facilities. (10 minutes)

10. Israel (NY), McKinley (WV), Mullin, Markwayne (OK): Directs the Attorney General, when awarding grants, to also consider community need based on prevalence of opioid abuse and related deaths. (10 minutes)

11. Clark, Katherine (MA): Directs the GAO to study and report on Department of Justice programs and research relative to sub-

stance use and substance use disorders among adolescents and young adults. (10 minutes)

PART A—TEXT OF AMENDMENTS TO H.R. 4641 MADE IN ORDER

1. AN AMENDMENT TO BE OFFERED BY REPRESENTATIVE BROWNLEY OF CALIFORNIA OR HER DESIGNEE, DEBATABLE FOR 10 MINUTES

Page 4, line 11, strike “and”.

Page 4, line 13, insert “and” after the semicolon.

Page 4, after line 13, insert the following:

(M) the Office of Women’s Health;

2. AN AMENDMENT TO BE OFFERED BY REPRESENTATIVE CARTER OF GEORGIA OR HIS DESIGNEE, DEBATABLE FOR 10 MINUTES

Page 4, line 15, strike “physicians” and insert “subject to subsection (d), physicians”.

Page 4, line 18, strike “pharmacists” and insert “subject to subsection (d), pharmacists”.

Page 5, after line 10, insert the following:

(d) CONDITION ON PARTICIPATION ON TASK FORCE.—An individual representing a profession or entity described in paragraph (3) or (5) of subsection (c) may not serve as a member of the task force unless such individual—

(1) is currently licensed in a State in which such individual is practicing (as defined by such State) such profession (or, in the case of an individual representing an entity, a State in which the entity is engaged in business); and

(2) is currently practicing (as defined by such State) such profession (or, in the case of an individual representing an entity, the entity is in operation).

Page 5, line 11, strike “(d)” and insert “(e)”.

Page 7, line 1, strike “(e)” and insert “(f)”.

Page 7, line 3, strike “(f)” and insert “(g)”.

3. AN AMENDMENT TO BE OFFERED BY REPRESENTATIVE GRAYSON OF FLORIDA OR HIS DESIGNEE, DEBATABLE FOR 10 MINUTES

Page 4, after line 18, insert the following (and redesignate the subsequent paragraphs accordingly):

(6) first responders;

4. AN AMENDMENT TO BE OFFERED BY REPRESENTATIVE CLARK OF MASSACHUSETTS OR HER DESIGNEE, DEBATABLE FOR 10 MINUTES

Page 4, after line 20, insert the following:

(7) experts in the fields of adolescent and young adult addiction research;

Page 4, line 21, strike “(7)” and insert “(8)”.

Page 5, line 6, strike “(8)” and insert “(9)”.

Page 5, after line 7, insert the following:

(10) a person in recovery from addiction to medication for chronic pain, whose addiction began in adolescence or young adulthood;

Page 5, line 8, strike “(9)” and insert “(11)”.
 Page 5, line 9, strike “(10)” and insert “(12)”.
 Page 6, line 13, strike “and”.
 Page 6, after line 13, insert the following:
 (E) the distinct needs of adolescents and young adults
 with respect to pain management, pain medication, sub-
 stance use disorder, and medication-assisted treatment;
 and
 Page 6, line 14, strike “(E)” and insert “(F)”.

5. AN AMENDMENT TO BE OFFERED BY REPRESENTATIVE MOULTON
 OF MASSACHUSETTS OR HIS DESIGNEE, DEBATABLE FOR 10 MINUTES

Page 5, line 3, strike “and”.
 Page 5, after line 3, insert the following:
 (E) veteran service organizations; and
 Page 5, line 4, strike “(E)” and insert “(F)”.

6. AN AMENDMENT TO BE OFFERED BY REPRESENTATIVE NOLAN OF
 MINNESOTA OR HIS DESIGNEE, DEBATABLE FOR 10 MINUTES

Page 5, line 8, strike “and”.
 Page 5, after line 8, insert the following:
 (10) an expert on active duty military, armed forces per-
 sonnel, and veteran health and prescription opioid addiction;
 Page 5, line 9, strike “(10)” and insert “(11)”.

7. AN AMENDMENT TO BE OFFERED BY REPRESENTATIVE WATSON
 COLEMAN OF NEW JERSEY OR HER DESIGNEE, DEBATABLE FOR 10
 MINUTES

Page 5, line 8, strike “and”.
 Page 5, after line 8, insert the following:
 (10) an expert in the field of minority health; and
 Page 5, line 9, strike “(10)” and insert “(11)”.

8. AN AMENDMENT TO BE OFFERED BY REPRESENTATIVE KUSTER OF
 NEW HAMPSHIRE OR HER DESIGNEE, DEBATABLE FOR 10 MINUTES

Page 5, after line 18, insert the following:
 (B) research on trends in areas and communities in
 which the prescription opioid abuse rate and fatality rate
 exceed the national average prescription opioid abuse rate
 and fatality rate;
 Page 5, line 19, strike “(B)” and insert “(C)”.
 Page 5, line 22, strike “(C)” and insert “(D)”.
 Page 6, line 6, strike “(D)” and insert “(E)”.
 Page 6, line 14, strike “(E)” and insert “(F)”.

9. AN AMENDMENT TO BE OFFERED BY REPRESENTATIVE SCHIFF OF
 CALIFORNIA OR HIS DESIGNEE, DEBATABLE FOR 10 MINUTES

Page 6, line 3, strike “and”.

Page 6, line 5, before the semicolon insert “and the coordination of information collected from State prescription drug monitoring programs for the purpose of preventing the diversion of pain medication”.

10. AN AMENDMENT TO BE OFFERED BY REPRESENTATIVE CLARK OF MASSACHUSETTS OR HER DESIGNEE, DEBATABLE FOR 10 MINUTES

Page 6, after line 5, insert the following:

(D) ongoing efforts at the Federal, State, and local levels to examine the potential benefits of electronic prescribing of opioids, including any public comments collected in the course of those efforts;

Page 6, line 6, strike “(D)” and insert “(E)”.

Page 6, line 14, strike “(E)” and insert “(F)”.

11. AN AMENDMENT TO BE OFFERED BY REPRESENTATIVE ROTHFUS OF PENNSYLVANIA OR HIS DESIGNEE, DEBATABLE FOR 10 MINUTES

Page 6, line 13, strike “and”.

Page 6, after line 16, insert “and” after the semicolon.

Page 6, after line 16, insert the following:

(F) the practice of co-prescribing naloxone for both pain patients receiving chronic opioid therapy and patients being treated for opioid use disorders;

12. AN AMENDMENT TO BE OFFERED BY REPRESENTATIVE CLARK OF MASSACHUSETTS OR HER DESIGNEE, DEBATABLE FOR 10 MINUTES

Page 6, line 13, strike “and”.

Page 6, after line 16, insert the following:

(F) research that has been, or is being, conducted or supported by the Federal Government on prevention of, treatment for, and recovery from substance use by and substance use disorders among adolescents and young adults relative to any unique circumstances (including social and biological circumstances) of adolescents and young adults that may make adolescent-specific and young adult-specific treatment protocols necessary, including any effects that substance use and substance use disorders may have on brain development and the implications for treatment and recovery;

(G) Federal non-research programs and activities that address prevention of, treatment for, and recovery from substance use by and substance use disorders among adolescents and young adults, including an assessment of the effectiveness of such programs and activities in—

(i) preventing substance use by and substance use disorders among adolescents and young adults;

(ii) treating such adolescents and young adults in a way that accounts for any unique circumstances faced by adolescents and young adults; and

(iii) supporting long-term recovery among adolescents and young adults; and

(H) gaps that have been identified by Federal officials and experts in Federal efforts relating to prevention of, treatment for, and recovery from substance use by and substance use disorders among adolescents and young adults, including gaps in research, data collection, and measures to evaluate the effectiveness of Federal efforts, and the reasons for such gaps;

13. AN AMENDMENT TO BE OFFERED BY REPRESENTATIVE ESTY OF CONNECTICUT OR HER DESIGNEE, DEBATABLE FOR 10 MINUTES

Page 6, line 19, strike “and”.

Page 6, line 25, strike the period and insert “; and”.

Page 6, after line 25, insert the following:

(4) review, modify, and update best practices for pain management and prescribing pain medication, specifically as it pertains to physician education and consumer education.

Page 7, line 15, strike “and”.

Page 7, line 20, strike the period and insert “; and”.

Page 7, after line 20, insert the following:

(4) the modified and updated best practices described in subsection (d)(4).

14. AN AMENDMENT TO BE OFFERED BY REPRESENTATIVE WELCH OF VERMONT OR HIS DESIGNEE, DEBATABLE FOR 10 MINUTES

Page 6, line 19, strike “and”.

Page 6, line 25, strike the period and insert “; and”.

Page 6, after line 25, insert the following:

(4) examine and identify—

(A) the extent of the need for the development of new pharmacological, nonpharmacological, and medical device alternatives to opioids;

(B) the current status of research efforts to develop such alternatives; and

(C) the pharmacological, nonpharmacological, and medical device alternatives to opioids that are currently available that could be better utilized.

Page 7, line 15, strike “and”.

Page 7, line 20, strike the period and insert “; and”.

Page 7, after line 20, insert the following:

(4) the results of the examination and identification conducted pursuant to subsection (d)(4), and recommendations regarding—

(A) the development of new pharmacological, nonpharmacological, and medical device alternatives to opioids; and

(B) the improved utilization of pharmacological, nonpharmacological, and medical device alternatives to opioids that are currently available.

15. AN AMENDMENT TO BE OFFERED BY REPRESENTATIVE SESSIONS OF TEXAS OR HIS DESIGNEE, DEBATABLE FOR 10 MINUTES

Page 6, after line 25, insert the following (and redesignate the subsequent subsections accordingly):

(e) CONSIDERATION OF STUDY RESULTS.—In reviewing, modifying, and updating, best practices for pain management and prescribing pain medication, the task force shall take into consideration existing private sector, State, and local government efforts related to pain management and prescribing pain medication.

PART B—TEXT OF AMENDMENTS TO H.R. 5046 MADE IN ORDER

1. AN AMENDMENT TO BE OFFERED BY REPRESENTATIVE DONOVAN OF NEW YORK OR HIS DESIGNEE, DEBATABLE FOR 10 MINUTES

Page 2, line 6, strike “part HH” and insert “part DD or HH”.

Add at the end of the bill the following:

SEC. 6. INCLUSION OF SERVICES FOR PREGNANT WOMEN UNDER FAMILY-BASED SUBSTANCE ABUSE GRANTS.

Part DD of title I of the Omnibus Crime Control and Safe Streets Act (42 U.S.C. 3797s et seq.) is amended—

(1) in section 2921(2), by inserting before the period at the end “or pregnant women”; and

(2) in section 2927—

(A) in paragraph (1)(A), by inserting “pregnant or” before “a parent”; and

(B) in paragraph (3), by inserting “or pregnant women” after “incarcerated parents”.

2. AN AMENDMENT TO BE OFFERED BY REPRESENTATIVE DAVIS OF ILLINOIS OR HIS DESIGNEE, DEBATABLE FOR 10 MINUTES

Page 2, line 14, strike “and”.

Page 2, line 17, strike the period at the end and insert “; and”.

Page 2, after line 17, insert the following:

“(F) a focus on parents whose incarceration could result in their children entering the child welfare system.”.

3. AN AMENDMENT TO BE OFFERED BY REPRESENTATIVE DELBENE OF WASHINGTON OR HER DESIGNEE, DEBATABLE FOR 10 MINUTES

Page 2, line 14, strike “and”.

Page 2, line 17, strike the period at the end and insert “; and”.

Page 2, after line 17, insert the following:

“(F) a community-based substance use diversion program sponsored by a law enforcement agency.”.

4. AN AMENDMENT TO BE OFFERED BY REPRESENTATIVE DESAULNIER OF CALIFORNIA OR HIS DESIGNEE, DEBATABLE FOR 10 MINUTES

Page 3, line 21, insert after “providing for” the following: “interoperability and”.

5. AN AMENDMENT TO BE OFFERED BY REPRESENTATIVE BISHOP OF MICHIGAN OR HIS DESIGNEE, DEBATABLE FOR 10 MINUTES

Page 4, after line 3, insert the following:

“(9) Developing, implementing, or expanding a program (which may include demonstration projects) to utilize technology that provides a secure container for prescription drugs that would prevent individuals, particularly adolescents, from gaining access to opioid medications that are lawfully prescribed for other individuals.”.

6. AN AMENDMENT TO BE OFFERED BY REPRESENTATIVE GUINTA OF NEW HAMPSHIRE OR HIS DESIGNEE, DEBATABLE FOR 10 MINUTES

Page 4, line 3, insert before the period at the end the following: “, including prevention and recovery programs”.

7. AN AMENDMENT TO BE OFFERED BY REPRESENTATIVE ROTHFUS OF PENNSYLVANIA OR HIS DESIGNEE, DEBATABLE FOR 10 MINUTES

Page 4, after line 3, insert the following:

“(9) Developing, implementing, or expanding a program to prevent and address opioid abuse by veterans.”.

8. AN AMENDMENT TO BE OFFERED BY REPRESENTATIVE KEATING OF MASSACHUSETTS OR HIS DESIGNEE, DEBATABLE FOR 10 MINUTES

Page 4, after line 3, insert the following:

“(9) Developing, implementing, or expanding a prescription drug take-back program.”.

9. AN AMENDMENT TO BE OFFERED BY REPRESENTATIVE LYNCH OF MASSACHUSETTS OR HIS DESIGNEE, DEBATABLE FOR 10 MINUTES

Page 4, after line 3, insert the following:

“(9) Developing, implementing, or expanding a program to ensure the security of opioids in medical facilities.”.

10. AN AMENDMENT TO BE OFFERED BY REPRESENTATIVE ISRAEL OF NEW YORK OR HIS DESIGNEE, DEBATABLE FOR 10 MINUTES

Page 7, strike lines 3 through 7, and insert the following:

“SEC. 3024. EQUITABLE DISTRIBUTION OF FUNDS.

“In awarding grants under this part, the Attorney General shall ensure equitable distribution of funds based on the following:

“(1) The geographic distribution of grants under this part, taking into consideration the needs of underserved populations, including rural and tribal communities.

“(2) The needs of communities to address the problems related to opioid abuse, taking into consideration the prevalence of opioid abuse and overdose-related death in a community.”.

11. AN AMENDMENT TO BE OFFERED BY REPRESENTATIVE CLARK OF MASSACHUSETTS OR HER DESIGNEE, DEBATABLE FOR 10 MINUTES

Add at the end of the bill the following:

SEC. 6. GAO STUDY AND REPORT ON DEPARTMENT OF JUSTICE PROGRAMS AND RESEARCH RELATIVE TO SUBSTANCE USE AND SUBSTANCE USE DISORDERS AMONG ADOLESCENTS AND YOUNG ADULTS.

(a) **STUDY.**—The Comptroller General of the United States shall conduct a study on how the Department of Justice, through grant programs, is addressing prevention of, treatment for, and recovery from substance use by and substance use disorders among adolescents and young adults. Such study shall include an analysis of each of the following:

(1) The research that has been, and is being, conducted or supported pursuant to grant programs operated by the Department of Justice on prevention of, treatment for, and recovery from substance use by and substance use disorders among adolescents and young adults, including an assessment of—

(A) such research relative to any unique circumstances (including social and biological circumstances) of adolescents and young adults that may make adolescent-specific and young adult-specific treatment protocols necessary, including any effects that substance use and substance use disorders may have on brain development and the implications for treatment and recovery; and

(B) areas of such research in which greater investment or focus is necessary relative to other areas of such research.

(2) Department of Justice non-research programs and activities that address prevention of, treatment for, and recovery from substance use by and substance use disorders among adolescents and young adults, including an assessment of the effectiveness of such programs and activities in preventing substance use by and substance use disorders among adolescents and young adults, treating such adolescents and young adults in a way that accounts for any unique circumstances faced by adolescents and young adults, and supports long term recovery among adolescents and young adults.

(3) Gaps that have been identified by officials of the Department of Justice or experts in the efforts supported by grant programs operated by the Department of Justice relating to prevention of, treatment for, and recovery from substance use by and substance use disorders among adolescents and young adults, including gaps in research, data collection, and measures to evaluate the effectiveness of such efforts, and the reasons for such gaps.

(b) **REPORT.**—Not later than 2 years after the date of enactment of this Act, the Comptroller General shall submit to the appropriate committees of the Congress a report containing the results of the study conducted under subsection (a), including—

(1) a summary of the findings of the study; and

(2) recommendations based on the results of the study, including recommendations for such areas of research and legis-

lative and administrative action as the Comptroller General determines appropriate.

