^{115TH CONGRESS} 2D SESSION H.R.4284

AN ACT

To establish a substance use disorder information dashboard 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,

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 IN5 FORMATION DASHBOARD.

6 Title XVII of the Public Health Service Act (42
7 U.S.C. 300u et seq.) is amended by adding at the end
8 the following new section:

9 "SEC. 1711. ESTABLISHMENT OF SUBSTANCE USE DIS-10 ORDER INFORMATION DASHBOARD.

11 "(a) IN GENERAL.—Not later than 6 months after 12 the date of the enactment of this section, the Secretary 13 of Health and Human Services shall, in consultation with 14 the Director of National Drug Control Policy, establish 15 and periodically update a public information dashboard 16 that—

"(1) coordinates information on programs within the Department of Health and Human Services
related to the reduction of opioid abuse and other
substance use disorders;

21 "(2) provides access to publicly available data 22 from other Federal agencies; State, local, and Tribal 23 governments; nonprofit organizations; law enforce-24 ment; medical experts; public health educators; and 25 research institutions regarding prevention, treat-

1	ment, recovery, and other services for opioid use dis-
2	order and other substance use disorders;
3	"(3) provides comparable data on substance use
4	disorder prevention and treatment strategies in dif-
5	ferent regions and population of the United States;
6	"(4) provides recommendations for health care
7	providers on alternatives to controlled substances for
8	pain management, including approaches studied by
9	the National Institutes of Health Pain Consortium
10	and the National Center for Complimentary and In-
11	tegrative Health; and
12	((5) provides guidelines and best practices for
13	health care providers regarding treatment of sub-
14	stance use disorders.
15	"(b) Controlled Substance Defined.—In this
16	section, the term 'controlled substance' has the meaning
17	given that term in section 102 of the Controlled Sub-
18	stances Act (21 U.S.C. 802).".
19	SEC. 3. INTERAGENCY SUBSTANCE USE DISORDER COORDI-
20	NATING COMMITTEE.
21	(a) ESTABLISHMENT.—Not later than 3 months after
22	the date of the enactment of this Act, the Secretary of
23	Health and Human Services (in this section referred to
24	as the "Secretary") shall, in consultation with the Direc-
25	tor of National Drug Control Policy, establish a com-

1	mittee, to be known as the Interagency Substance Use
2	Disorder Coordinating Committee (in this section referred
3	to as the "Committee"), to coordinate all efforts within
4	the Department of Health and Human Services con-
5	cerning substance use disorder.
6	(b) Membership.—
7	(1) FEDERAL MEMBERS.—The following indi-
8	viduals shall be the Federal members of the Com-
9	mittee:
10	(A) The Secretary, who shall service as the
11	Chair of the Committee.
12	(B) The Attorney General of the United
13	States.
14	(C) The Secretary of Labor.
15	(D) The Secretary of Housing and Urban
16	Development.
17	(E) The Secretary of Education.
18	(F) The Secretary of Veterans Affairs.
19	(G) The Commissioner of Social Security.
20	(H) The Assistant Secretary for Mental
21	Health and Substance Use.
22	(I) The Director of the Centers for Disease
• •	
23	Control and Prevention.
23 24	Control and Prevention. (J) The Director of the National Institutes

1	search institutes of the National Institutes of
2	Health as the Secretary determines appropriate.
3	(K) The Administrator of the Centers for
4	Medicare & Medicaid Services.
5	(L) The Director of National Drug Control
6	Policy.
7	(M) Representatives of other Federal agen-
8	cies that serve individuals with substance use
9	disorder.
10	(2) Non-federal members.—The Committee
11	shall include a minimum of 17 non-Federal members
12	appointed by the Secretary, of which—
13	(A) at least two such members shall be an
14	individual who has received treatment for a di-
15	agnosis of an opioid use disorder;
16	(B) at least two such members shall be an
17	individual who has received treatment for a di-
18	agnosis of a substance use disorder other than
19	an opioid use disorder;
20	(C) at least two such members shall be a
21	State Alcohol and Substance Abuse Director;
22	(D) at least two such members shall be a
23	representative of a leading research, advocacy,
24	or service organization for adults with sub-
25	stance use disorder;

1	(E) at least two such members shall—
2	(i) be a physician, licensed mental
3	health professional, advance practice reg-
4	istered nurse, or physician assistant; and
5	(ii) have experience in treating indi-
6	viduals with opioid use disorder or other
7	substance use disorders;
8	(F) at least one such member shall be a
9	substance use disorder treatment professional
10	who is employed with an opioid treatment pro-
11	gram;
12	(G) at least one such member shall be a
13	substance use disorder treatment professional
14	who has research or clinical experience in work-
15	ing with racial and ethnic minority populations;
16	(H) at least one such member shall be a
17	substance use disorder treatment professional
18	who has research or clinical mental health expe-
19	rience in working with medically underserved
20	populations;
21	(I) at least one such member shall be a
22	State-certified substance use disorder peer sup-
23	port specialist;
24	(J) at least one such member shall be a
25	drug court judge or a judge with experience in

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1	adjudicating cases related to substance use dis-
2	order;
3	(K) at least one such member shall be a
4	law enforcement officer or correctional officer
5	with extensive experience in interacting with
6	adults with a substance use disorder; and
7	(L) at least one such member shall be an
8	individual with experience providing services for
9	homeless individuals and working with adults
10	with a substance use disorder.
11	(c) TERMS.—
12	(1) IN GENERAL.—A member of the Committee
13	appointed under subsection $(b)(2)$ shall be appointed
14	for a term of 3 years and may be reappointed for
15	one or more 3-year terms.
16	(2) VACANCIES.—A vacancy on the Committee
17	shall be filled in the same manner in which the origi-
18	nal appointment was made. Any individual appointed
19	to fill a vacancy for an unexpired term shall be ap-
20	pointed for the remainder of such term and may
21	serve after the expiration of such term until a suc-
22	cessor has been appointed.
23	(d) MEETINGS.—The Committee shall meet not fewer
24	than two times each year.
25	(e) DUTIES.—The Committee shall—

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1 (1) monitor opioid use disorder and other sub-2 stance use disorder research, services, and support 3 and prevention activities across all relevant Federal 4 agencies, including coordination of Federal activities 5 with respect to opioid use disorder and other sub-6 stance use disorders;

7 (2) identify and provide to the Secretary rec8 ommendations for improving Federal grants and
9 programs for the prevention and treatment of, and
10 recovery from, opioid use disorder and other sub11 stance use disorders;

(3) review substance use disorder prevention
and treatment strategies in different regions and
populations in the United States and evaluate the
extent to which Federal substance use disorder prevention and treatment strategies are aligned with
State and local substance use disorder prevention
and treatment strategies;

(4) make recommendations to the Secretary regarding any appropriate changes with respect to the
activities and strategies described in paragraphs (1)
through (3);

(5) make recommendations to the Secretary regarding public participation in decisions relating to
opioid use disorder and other substance use dis-

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1	orders and the process by which public feedback can
2	be better integrated into such decisions; and
3	(6) make recommendations to ensure that
4	opioid use disorder and other substance use disorder
5	research, services, and support and prevention activi-
6	ties of the Department of Health and Human Serv-
7	ices and other Federal agencies are not unneces-
8	sarily duplicative.
9	(f) ANNUAL REPORT.—
10	(1) IN GENERAL.—Not later than 1 year after
11	the date of the enactment of this Act, and annually
12	thereafter for the life of the Committee, the Com-
13	mittee shall publish on the public information dash-
14	board established under section 2(a) a report sum-
15	marizing the activities carried out by the Committee
16	pursuant to subsection (e), including any findings
17	resulting from such activities.
18	(2) Recommendation for committee ex-
19	TENSION.—After the publication of the second re-
20	port of the Committee under paragraph (1), the Sec-
21	retary shall submit to Congress a recommendation
22	on whether or not the operations of the Committee
23	should continue after the termination date described
24	in subsection (i).

1 (g) WORKING GROUPS.—The Committee may estab-2 lish working groups for purposes of carrying out the duties 3 described in subsection (e). Any such working group shall 4 be composed of members of the Committee (or the des-5 ignees of such members) and may hold such meetings as 6 are necessary to enable the working group to carry out 7 the duties delegated to the working group.

8 (h) FEDERAL ADVISORY COMMITTEE ACT.—The 9 Federal Advisory Committee Act (5 U.S.C. App.) shall 10 apply to the Committee only to the extent that the provi-11 sions of such Act do not conflict with the requirements 12 of this section.

(i) SUNSET.—The Committee shall terminate on the
14 date that is 6 years after the date on which the Committee
15 is established under subsection (a).

Passed the House of Representatives June 12, 2018. Attest:

Clerk.

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