

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 IN-**
5 **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—

17 “(1) coordinates information on programs with-
18 in the Department of Health and Human Services
19 related to the reduction of opioid abuse and other
20 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.

24 (J) The Director of the National Institutes
25 of Health and the Directors of such national re-

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

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—

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 rec-
8 ommendations for improving Federal grants and
9 programs for the prevention and treatment of, and
10 recovery from, opioid use disorder and other sub-
11 stance use disorders;

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

19 (4) make recommendations to the Secretary re-
20 garding any appropriate changes with respect to the
21 activities and strategies described in paragraphs (1)
22 through (3);

23 (5) make recommendations to the Secretary re-
24 garding public participation in decisions relating to
25 opioid use disorder and other substance use dis-

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.

13 (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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