

115<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

# H. R. 5891

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## AN ACT

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,*

1 **SECTION 1. SHORT TITLE.**

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

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

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

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

14           (1) shall identify, evaluate, and recommend  
15 ways in which Federal agencies can better coordi-  
16 nate responses to substance use disorders and the  
17 opioid crisis; and

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

20       (c) **MEMBERSHIP.**—

21           (1) **NUMBER AND APPOINTMENT.**—The Task  
22 Force shall be composed of 12 Federal officials hav-  
23 ing responsibility for, or administering programs re-  
24 lated to, the duties of the Task Force. The Secretary  
25 of Health and Human Services, the Secretary of  
26 Education, the Secretary of Agriculture, and the

1 Secretary of Labor shall each appoint two members  
2 to the Task Force from among the Federal officials  
3 employed by the Department of which they are the  
4 head. Additional Federal agency officials appointed  
5 by the Secretary of Health and Human Services  
6 shall fill the remaining positions of the Task Force.

7 (2) CHAIRPERSON.—The Secretary of Health  
8 and Human Services shall designate a Federal offi-  
9 cial employed by the Department of Health and  
10 Human Services to serve as the chairperson of the  
11 Task Force.

12 (3) DEADLINE FOR APPOINTMENT.—Each  
13 member shall be appointed to the Task Force not  
14 later than 60 days after the date of the enactment  
15 of this Act.

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

20 (5) VACANCIES.—A vacancy in the Task Force  
21 shall be filled in the manner in which the original  
22 appointment was made.

23 (6) PROHIBITION OF COMPENSATION.—Mem-  
24 bers of the Task Force may not receive pay, allow-

1       ances, or benefits by reason of their service on the  
2       Task Force.

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

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

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

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

23                      (B) other ways to improve coordination,  
24      planning, and communication within and across  
25      Federal agencies, offices, and programs, to bet-

1           ter serve children and families impacted by sub-  
2           stance use disorders, including opioid misuse.

3           (3) Based off the strategy developed under  
4           paragraph (2), evaluate and recommend opportuni-  
5           ties for local- and State-level partnerships, profes-  
6           sional development, or best practices that—

7                   (A) are designed to quickly identify and  
8                   refer children and families, as appropriate, who  
9                   have experienced or are at risk of experiencing  
10                  exposure to substance abuse;

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

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

23                  (D) in accordance with Federal privacy  
24                  protections, utilize non-personally identifiable  
25                  data from screenings, referrals, or the provision

1 of services and supports to evaluate and im-  
2 prove processes addressing exposure to sub-  
3 stance use disorders, including opioid misuse;  
4 and

5 (E) are designed to prevent separation and  
6 support reunification of families if in the best  
7 interest of the child.

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

15 (A) prevention strategies for those at risk  
16 of experiencing or being exposed to substance  
17 abuse, including misuse of opioids;

18 (B) whole-family and multi-generational  
19 approaches;

20 (C) community-based initiatives;

21 (D) referral to, and implementation of,  
22 trauma-informed practices and supports; and

23 (E) multi-generational practices that assist  
24 parents, foster parents, and kinship and other  
25 caregivers.

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

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

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

8 (A) relevant information identified and col-  
9 lected under subsection (d);

10 (B) a proposed timeline for implementing  
11 recommendations and efforts identified under  
12 subsection (d); and

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

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

24 (3) shall submit a report to the Governors de-  
25 scribing the opportunities for local- and State-level

1 partnerships, professional development, or best prac-  
2 tices recommended under subsection (d)(3).

3 (g) DISSEMINATION.—

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

6 (A) disseminated widely, including among  
7 the participating Federal agencies and the Gov-  
8 ernors; and

9 (B) be made publicly available online in an  
10 accessible format.

11 (2) DEADLINE.—The action plan and reports  
12 required under subsection (f) may be released on  
13 separate dates but shall be released not later than  
14 9 months after the date of the enactment of this  
15 Act.

16 (h) TERMINATION.—The Task Force shall terminate  
17 30 days after the dissemination of the action plan and re-  
18 ports under subsection (g).

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

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

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

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

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

Passed the House of Representatives June 13, 2018.

Attest:

*Clerk.*

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