

FAMILY SUPPORT SERVICES FOR ADDICTION ACT OF
 2020

SEPTEMBER 29, 2020.—Committed to the Committee of the Whole House on the
 State of the Union and ordered to be printed

Mr. PALLONE, from the Committee on Energy and Commerce,
 submitted the following

R E P O R T

[To accompany H.R. 5572]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 5572) to establish a grant program for family community organizations that provide support for individuals struggling with substance use disorder and their families, having considered the same, reports favorably thereon with an amendment and recommends that the bill as amended do pass.

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The amendment is as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the “Family Support Services for Addiction Act of 2020”.

SEC. 2. FAMILY SUPPORT SERVICES FOR INDIVIDUALS STRUGGLING WITH SUBSTANCE USE DISORDER.

Part D of title V of the Public Health Service Act (42 U.S.C. 290dd et seq.) is amended by adding at the end the following:

“SEC. 553. FAMILY SUPPORT SERVICES FOR INDIVIDUALS STRUGGLING WITH SUBSTANCE USE DISORDER.

“(a) **DEFINITIONS.**—In this section—

“(1) the term ‘family community organization’ means an independent non-profit organization that—

“(A) mobilizes resources within and outside of the community of families with individuals living with addiction, to provide a support network, education, and evidence-informed tools for families and loved ones of individuals struggling with substance use disorders; and

“(B) is governed by experts in the field of addiction, which may include—

“(i) experts in evidence-informed interventions for family members;

“(ii) experts in the impact of addiction on family systems;

“(iii) families who have experience with substance use disorders and addiction; and

“(iv) other experts in the field of addiction; and

“(2) the term ‘family support services’ means resources or programs that support families that include an individual with substance use disorder.

“(b) **GRANTS AUTHORIZED.**—The Secretary shall award grants to family community organizations to enable such organizations to develop, expand, and enhance evidence-informed family support services.

“(c) **FEDERAL SHARE.**—The Federal share of the costs of a program funded by a grant under this section may not exceed 85 percent.

“(d) **USE OF FUNDS.**—Grants awarded under subsection (b)—

“(1) shall be used to develop, expand, and enhance community and statewide evidence-informed family support services; and

“(2) may be used to—

“(A) build connections between family support networks, including providing technical assistance between family community organizations and peer support networks, and with other family support services, focused on enhancing knowledge of evidence-informed interventions for family members and loved ones of individuals living with substance use disorders and reducing harm by educating service providers on current evidence regarding addiction and the family, including—

“(i) behavioral health providers, including such providers focused specifically on family and couples therapy in the context of addiction;

“(ii) primary care providers;

“(iii) providers of foster care services or support services for grandparents, guardians, and other extended family impacted by addiction; and

“(iv) other family support services that connect to community resources for individuals with substance use disorders, including non-clinical community services;

“(B) reduce stigma associated with the family of individuals with substance use disorders by improving knowledge about addiction and its treatment, providing compassionate support, and dispelling myths that perpetuate such stigma;

“(C) conduct outreach on issues relating to substance use disorders and family support, which may include education, training, and resources with respect to—

“(i) building a resilience- and strengths-based approach to prevention of, and living with, addiction in the family;

“(ii) identifying the signs of substance use disorder;

“(iii) adopting an approach that minimizes harm to all family members; and

“(iv) families of individuals with a substance use disorder, including with respect to—

“(I) navigating the treatment and recovery systems;

“(II) paying for addiction treatment;

“(III) education about substance use disorder; and

“(IV) avoiding predatory treatment programs; and

“(D) connect families to evidence-informed peer support programs.

“(e) **DATA REPORTING AND PROGRAM OVERSIGHT.**—With respect to a grant awarded under subsection (a), not later than 90 days after the end of the first year of the grant period, and annually thereafter for the duration of the grant period, the entity

shall submit data, as appropriate and to the extent practicable, to the Secretary regarding—

(1) the programs and activities funded by the grant;

(2) health outcomes of the population of individuals with a substance use disorder who received services through programs supported by the grant, as evaluated by an independent program evaluator through the use of outcomes measures, as determined by the Secretary; and

(3) any other information that the secretary may require for the purpose of ensuring that the grant recipient is complying with all the requirements of the grant.

“(f) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section \$5,000,000 for each of fiscal years 2021 through 2025.”.

I. PURPOSE AND SUMMARY

H.R. 5572, the “Family Support Services for Addiction Act of 2020”, was introduced by Representatives David Trone (D–MD) and Daniel Meuser (R–PA) on January 9, 2020. This bill would authorize the U.S. Department of Health and Human Services (HHS) Secretary (the Secretary) to award grants to support family community organizations that develop, expand, and enhance evidence-informed support services for families and family members living with substance use disorders or addiction. The grants may be used to build connections between family support networks, with behavioral health and primary care providers, and foster care services, among others. The grants may also be used to reduce stigma around addiction and addiction treatment, offer family support outreach activities, and connect families to peer support programs. Grantees are required to submit data that tracks the program’s activities, health outcomes, and any other relevant information required by the Secretary. This program is authorized at \$5 million for each of fiscal years 2021 through 2025.

II. BACKGROUND AND NEED FOR THE LEGISLATION

According to the 2019 National Survey on Drug Use and Health (NSDUH), more than 20 million Americans over the age of 12 have a substance use disorder.¹ This survey found, however, that only four million individuals received any substance use treatment in the past year.² The NSDUH data also found that among the individuals who did not receive treatment, nearly 18 million did not believe they needed treatment, 577,000 believed they needed treatment but did not make an effort to get treatment, and 236,000 believed they needed treatment and made an effort to get treatment.³

Family can play a significant role in helping an individual find treatment, yet there is not a one-size-fits-all solution to ensuring family members get the care they need.⁴ In his testimony, former director of the White House Office of National Drug Control Policy Michael Botticelli stated, “[w]e know that addiction effects more than the individual—it impacts families as well. Families struggle with knowing how best to be supportive of their loved ones and avoid doing harm. We also know that getting evidence-based guidance into the hands of family and community support systems can

¹Substance Abuse and Mental Health Services Administration. *Key substance use and mental health indicators in the United States: Results from the 2019 National Survey on Drug Use and Health* (2020).

²*Id.*

³*Id.*

⁴Substance Abuse and Mental Health Services Administration, *Resources for Families* (www.samhsa.gov/families/resources) (accessed September 17, 2020).

dramatically influence the trajectory of an individual’s care and recovery.”⁵ Patty McCarthy, Chief Executive Officer of Faces & Voices of Recovery, also said “[p]arents, children and other family members, including those who have lost loved ones, need support groups and they need help navigating the complexity of the treatment system.”⁶

An example of an organization that provides services for families is an organization called Not One More Alabama.⁷ This organization was established in 2016 to help support families who have been affected by addiction.⁸ Among other services, the organization hosts community education programs and provides information to families on medication-assisted treatment and treatment programs.⁹ Not One More Alabama also provides information on the opioid overdose reversal drug, naloxone, and distributes kits through a partnership with a local School of Medicine and School of Pharmacy.¹⁰ The program is supported by community grants and additional Federal support would bolster programs such as this nationwide.

III. COMMITTEE HEARINGS

For the purposes of section 103(i) of H. Res. 6 of the 116th Congress, the following hearing was used to develop or consider H.R. 5572:

The Subcommittee on Health held a legislative hearing on Tuesday, March 3, 2020, entitled, “Combating an Epidemic: Legislation to Help Patients with Substance Use Disorders,” to consider H.R. 5572, the “Family Support Services for Addiction Act of 2020”, and other legislation. The Subcommittee received testimony from the following witnesses:

Panel I:

- ADM Brett P. Giroir, M.D., Assistant Secretary for Health and Senior Adviser to the Secretary on Opioid Policy, Department of Health and Human Services
- Kimberly Brandt, Principal Deputy Administrator for Policy & Operations, Centers for Medicare & Medicaid Services
- Thomas W. Prevoznik, Deputy Assistant Administrator, Diversion Control Division, Drug Enforcement Administration

Panel II:

- Michael P. Botticelli, Executive Director, Grayken Center for Addiction, Boston Medical Center
- Smita Das, M.D., Ph.D., M.P.H., Addiction Psychiatrist, Dual Diagnosis Clinic, Clinical Assistant Professor, Psychiatry and Behavioral Sciences, Stanford University School of Medicine

⁵House Committee on Energy and Commerce, Testimony of Michael P. Botticelli, Executive Director, Grayken Center for Addiction, Boston Medical Center (March 3, 2020).

⁶House Committee on Energy and Commerce, Testimony of Patty McCarthy, Chief Executive Officer, Faces & Voices of Recovery (March 3, 2020).

⁷Not One More Alabama (www.notonemorealabama.org/) (accessed September 18, 2020).

⁸Not One More Alabama, *About* (www.notonemorealabama.org/about.html) (accessed September 18, 2020).

⁹See note 7.

¹⁰See note 8.

- Patty McCarthy, Chief Executive Officer, Faces & Voices of Recovery
- Robert I.L. Morrison, Executive Director/Director of Legislative Affairs, National Association of State Alcohol and Drug Abuse Directors
- Margaret B. Rizzo, Executive Director, JSAS HealthCare, Inc.
- Shawn A. Ryan, M.D., M.B.A., Chair, Legislative Advocacy Committee, American Society of Addiction Medicine

IV. COMMITTEE CONSIDERATION

Representatives Trone (D–MD) and Meuser (R PA) introduced H.R. 5572, the “Family Support Services for Addiction Act of 2020”, on January 9, 2020, and the bill was referred to the Committee on Energy and Commerce. The bill was then referred to the Subcommittee on Health on January 10, 2020. A legislative hearing was held on the bill on March 3, 2020.

On September 9, 2020, the Subcommittee on Health was discharged from further consideration of H.R. 5572, as the full Committee on Energy and Commerce called the bill up for consideration. The full Committee met in virtual open markup session on September 9, 2020, pursuant to notice, to consider H.R. 5572. During consideration of the bill, a manager’s offered by Ms. Blunt Rochester of Delaware was agreed to by a voice vote. Upon conclusion of consideration of the bill, the full Committee agreed to a motion on final passage by Mr. Pallone, Chairman of the committee, to order H.R. 5572 reported favorably to the House, amended, by a voice vote, a quorum being present.

V. COMMITTEE VOTES

Clause 3(b) of rule XIII of the Rules of the House of Representatives requires the Committee to list each record vote on the motion to report legislation and amendments thereto. The Committee advises that there were no record votes taken on H.R. 5572, including the motion on final passage.

VI. OVERSIGHT FINDINGS

Pursuant to clause 3(c)(1) of rule XIII and clause 2(b)(1) of rule X of the Rules of the House of Representatives, the oversight findings and recommendations of the Committee are reflected in the descriptive portion of the report.

VII. NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

Pursuant to 3(c)(2) of rule XIII of the Rules of the House of Representatives, the Committee adopts as its own the estimate of new budget authority, entitlement authority, or tax expenditures or revenues contained in the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

The Committee has requested but not received from the Director of the Congressional Budget Office a statement as to whether this bill contains any new budget authority, spending authority, credit

authority, or an increase or decrease in revenues or tax expenditures.

VIII. FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

IX. STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

Pursuant to clause 3(c)(4) of rule XIII, the general performance goal or objective of this legislation is to establish a grant program for family community organizations that provide support for individuals struggling with substance use disorder and their families.

X. DUPLICATION OF FEDERAL PROGRAMS

Pursuant to clause 3(c)(5) of rule XIII, no provision of H.R. 5572 is known to be duplicative of another Federal program, including any program that was included in a report to Congress pursuant to section 21 of Public Law 111–139 or the most recent Catalog of Federal Domestic Assistance.

XI. COMMITTEE COST ESTIMATE

Pursuant to clause 3(d)(1) of rule XIII, the Committee adopts as its own the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

XII. EARMARKS, LIMITED TAX BENEFITS, AND LIMITED TARIFF BENEFITS

Pursuant to clause 9(e), 9(f), and 9(g) of rule XXI, the Committee finds that H.R. 5572 contains no earmarks, limited tax benefits, or limited tariff benefits.

XIII. ADVISORY COMMITTEE STATEMENT

No advisory committee within the meaning of section 5(b) of the Federal Advisory Committee Act was created by this legislation.

XIV. APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that the legislation does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act.

XV. SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

Section 1. Short title

Section 1 designates that the short title may be cited as the “Family Support Service for Addiction Act of 2020”.

Sec. 2. Family support services for individuals struggling with substance use disorder

Section 2 amends the Public Health Service Act to add a new section 553. Subsection (a) of section 553 defines the term “family community organization” as an independent nonprofit organization that can mobilize resources to provide a support network, education, and evidence-informed tools for families and loved ones of individuals with substance use disorders. These “family community organizations” may be governed by experts in evidence-informed interventions for family members and substance use disorders. Subsection (a) of section 553 also defines “family support services” as resources or programs that support families that include an individual with a substance use disorder.

Subsection (b) of section 553 authorizes the Secretary of Health and Human Services to award grants to family community organizations to develop, expand, and enhance evidence-informed family support services.

Subsection (c) of section 553 prohibits the Federal share of the programs funded under this section from exceeding 85 percent.

Subsection (d) of section 553 states the funds shall be used for developing, expanding, and enhancing community and statewide evidence-informed family support services. Further, funds may be used for building connections between family support networks, peer support networks, health providers, and foster care services; and reducing stigma associated with substance use disorders. Further, the funds may be used for conducting outreach, education, and training to support prevention, identification, and other approaches that support families of individuals with a substance use disorder. These supports may include navigating the treatment and recovery systems, paying for addiction treatment, providing education about substance use disorder, and providing information on avoiding predatory treatment programs.

Subsection (e) of section 553 requires grantees to report information to the Secretary, including information on: the programs and activities funded by the grant; health outcomes of the population who received services supported by the grant; and any other data the Secretary may require.

Subsection (f) of section 553 authorizes \$5 million for each of fiscal years 2020 through 2025.

XVI. CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (new matter is printed in italics and existing law in which no change is proposed is shown in roman):

PUBLIC HEALTH SERVICE ACT

* * * * *

TITLE V—SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

* * * * *

PART D—MISCELLANEOUS PROVISIONS RELATING TO SUBSTANCE
ABUSE AND MENTAL HEALTH

* * * * *

**SEC. 553. FAMILY SUPPORT SERVICES FOR INDIVIDUALS STRUGGLING
WITH SUBSTANCE USE DISORDER.**

(a) **DEFINITIONS.**—*In this section—*

(1) *the term “family community organization” means an independent nonprofit organization that—*

(A) *mobilizes resources within and outside of the community of families with individuals living with addiction, to provide a support network, education, and evidence-informed tools for families and loved ones of individuals struggling with substance use disorders; and*

(B) *is governed by experts in the field of addiction, which may include—*

(i) *experts in evidence-informed interventions for family members;*

(ii) *experts in the impact of addiction on family systems;*

(iii) *families who have experience with substance use disorders and addiction; and*

(iv) *other experts in the field of addiction; and*

(2) *the term “family support services” means resources or programs that support families that include an individual with substance use disorder.*

(b) **GRANTS AUTHORIZED.**—*The Secretary shall award grants to family community organizations to enable such organizations to develop, expand, and enhance evidence-informed family support services.*

(c) **FEDERAL SHARE.**—*The Federal share of the costs of a program funded by a grant under this section may not exceed 85 percent.*

(d) **USE OF FUNDS.**—*Grants awarded under subsection (b)—*

(1) *shall be used to develop, expand, and enhance community and statewide evidence-informed family support services; and*

(2) *may be used to—*

(A) *build connections between family support networks, including providing technical assistance between family community organizations and peer support networks, and with other family support services, focused on enhancing knowledge of evidence-informed interventions for family members and loved ones of individuals living with substance use disorders and reducing harm by educating service providers on current evidence regarding addiction and the family, including—*

(i) *behavioral health providers, including such providers focused specifically on family and couples therapy in the context of addiction;*

(ii) *primary care providers;*

(iii) *providers of foster care services or support services for grandparents, guardians, and other extended family impacted by addiction; and*

(iv) *other family support services that connect to community resources for individuals with substance use disorders, including non-clinical community services;*

(B) reduce stigma associated with the family of individuals with substance use disorders by improving knowledge about addiction and its treatment, providing compassionate support, and dispelling myths that perpetuate such stigma;

(C) conduct outreach on issues relating to substance use disorders and family support, which may include education, training, and resources with respect to—

(i) building a resilience- and strengths-based approach to prevention of, and living with, addiction in the family;

(ii) identifying the signs of substance use disorder;

(iii) adopting an approach that minimizes harm to all family members; and

(iv) families of individuals with a substance use disorder, including with respect to—

(I) navigating the treatment and recovery systems;

(II) paying for addiction treatment;

(III) education about substance use disorder; and

(IV) avoiding predatory treatment programs; and

(D) connect families to evidence-informed peer support programs.

(e) *DATA REPORTING AND PROGRAM OVERSIGHT.*—With respect to a grant awarded under subsection (a), not later than 90 days after the end of the first year of the grant period, and annually thereafter for the duration of the grant period, the entity shall submit data, as appropriate and to the extent practicable, to the Secretary regarding—

(1) the programs and activities funded by the grant;

(2) health outcomes of the population of individuals with a substance use disorder who received services through programs supported by the grant, as evaluated by an independent program evaluator through the use of outcomes measures, as determined by the Secretary; and

(3) any other information that the secretary may require for the purpose of ensuring that the grant recipient is complying with all the requirements of the grant.

(f) *AUTHORIZATION OF APPROPRIATIONS.*—There is authorized to be appropriated to carry out this section \$5,000,000 for each of fiscal years 2021 through 2025.

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