

life. It is vital that we support early learning initiatives to provide children the comprehensive support they need, including programs like Head Start and home visiting programs.

Mr. Speaker, I want to thank Congressman BRAT and Congressman O'HALLERAN for their work on this legislation. I know they care a lot about this issue.

Mr. Speaker, I reserve the balance of my time.

Mr. BRAT. Mr. Speaker, I reserve the balance of my time.

Ms. BONAMICI. Mr. Speaker, I yield such time as he may consume to the gentleman from Arizona (Mr. O'HALLERAN), a cosponsor of this legislation.

Mr. O'HALLERAN. Mr. Speaker, I rise in strong support of the Recognizing Early Childhood Trauma Related to Substance Abuse Act.

I thank the gentleman from Virginia for teaming up with me to protect and help the most vulnerable victims of the opioid epidemic ravaging our communities across America and our children.

As a former police officer, I know what the impacts of addiction and overdoses can do to young family members. The trauma is real, and the effects can be lifelong for many innocent kids. We know from research that this type of trauma can affect school performance, behavior, and the likelihood of substance abuse years later.

Nobody is more deserving of our attention and our resources than these kids. It is why I was proud to introduce the Recognizing Early Childhood Trauma Related to Substance Abuse Act with my colleague. This bipartisan bill will help address and reduce childhood trauma caused by the abuse of illegal substances by parents and guardians.

The rising abuse of opioids and other illegal drugs is not only devastating communities across this great Nation; it is jeopardizing the futures of millions of young children who are living through untold traumatic experiences. This commonsense bipartisan legislation will support early childhood professionals, give them the tools they need to identify trauma, and support kids with age-appropriate resources.

In rural America, skyrocketing overdose rates have had a tremendous impact on every aspect of our communities, including our schools and our early-childhood institutions. In Arizona, opioid and heroin overdose rates have risen sharply since 2012.

It is past time for action to bring resources into our neighborhoods and tackle these issues. Kids affected by substance abuse disorder need our attention now to ensure every single one of them has the bright future they deserve. I am glad Congress agrees and is working across the aisle to take this important step forward.

I thank the chairman and ranking member for their support on this bill, and I look forward to its passage and implementation at this urgent time for families across America and the Nation.

Mr. BRAT. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, I would like to thank my colleague, Congresswoman BONAMICI, for her great work in committee and for her always keen insights and great presentation today as well.

I would also like to personally thank the sheriffs back at home. I am referring to Henrico Sheriff Mike Wade and Chesterfield County Sheriff Karl Leonard. I thank them for helping with the statistics they do and for their recovery programs back at home in Chesterfield and Henrico. They do outstanding work, along with some of the other recovery folks. John Shinholser and many of our faith community work hand in hand on this across the aisle.

Mr. Speaker, I urge my colleagues to vote in favor of H.R. 5889, and I yield back the balance of my time.

Ms. BONAMICI. Mr. Speaker, once again, I want to thank Congressman BRAT and Congressman O'HALLERAN for their work on this important legislation.

Mr. Speaker, I urge its passage, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. BARTON). The question is on the motion offered by the gentleman from Virginia (Mr. BRAT) that the House suspend the rules and pass the bill, H.R. 5889.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

ASSISTING STATES' IMPLEMENTATION OF PLANS OF SAFE CARE ACT

Mr. GARRETT. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5890) to require the Secretary of Health and Human Services to provide assistance to States in complying with, and implementing, certain provisions of section 106 of the Child Abuse Prevention and Treatment Act in order to promote better protections for young children and family-centered responses, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5890

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Assisting States' Implementation of Plans of Safe Care Act".

SEC. 2. ASSISTING STATES WITH IMPLEMENTATION OF PLANS OF SAFE CARE.

(a) IN GENERAL.—The Secretary of Health and Human Services shall provide written guidance and, if appropriate, technical assistance to support States in complying with, and implementing, subsections (b)(2)(B)(iii) and (d)(18) of section 106 of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a) in order to promote better protections for young children and family-centered responses.

(b) REQUIREMENTS.—The guidance and technical assistance shall—

(1) enhance States' understanding of requirements and flexibilities under the law, including clarifying key terms;

(2) address State-identified challenges with developing, implementing, and monitoring plans of safe care;

(3) disseminate best practices related to developing and implementing plans of safe care, including differential response, collaboration and coordination, and identification and delivery of services, while recognizing needs of different populations and varying community approaches across States;

(4) support collaboration between health care providers, social service agencies, public health agencies, and the child welfare system, to promote a family-centered treatment approach;

(5) prevent separation and support reunification of families if in the best interests of the child;

(6) recommend treatment approaches for serving infants, pregnant women, and postpartum women whose infants may be affected by substance use that are designed to keep infants with their mothers and families whenever appropriate, including recommendations to encourage pregnant women to receive health and other support services during pregnancy;

(7) support State efforts to develop technology systems to manage and monitor implementation of plans of safe care; and

(8) help States improve the long-term safety and well-being of young children and their families.

(c) CONSTRUCTION.—The guidance and technical assistance shall not be construed to amend the requirements of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5101 et seq.).

(d) DEFINITION.—For purposes of this section, the term "State" has the meaning given such term in section 3 of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5101 note).

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Virginia (Mr. GARRETT) and the gentleman from Oregon (Ms. BONAMICI) each will control 20 minutes.

The Chair recognizes the gentleman from Virginia.

GENERAL LEAVE

Mr. GARRETT. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 5890.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Virginia?

There was no objection.

Mr. GARRETT. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of H.R. 5890, the Assisting States' Implementation of Plans of Safe Care Act.

In 2016, a staggering 2.1 million Americans experienced an opioid abuse disorder. To put that in perspective, the number of fatalities based on opioid abuse in the most recent year approaches the number 60,000. To put that in perspective, it is nearly sixfold the number of alcohol-related deaths on our highways. It is nearly twofold the number of automotive deaths on our highways. It is, in fact, greater than the number of deaths from automobiles plus nonsuicide-related firearms deaths combined.

What is more troubling is that this number only takes into account those who directly suffered from substance abuse. What it does not take into account are the many people who experienced the secondhand trauma of a loved one struggling with opioid addiction.

One of the greatest tragedies of the opioid epidemic is that thousands of children have been swept up by the current of the epidemic due to the substance abuse of a family member or other adult tasked with caring for them.

The Child Abuse Prevention and Treatment Act, CAPTA, recently amended in 2016 by the Comprehensive Addiction and Recovery Act, CARA, requires States to implement a plan of safe care to protect the health and safety of young children and promote a family-centered approach to treatment and service delivery. Unfortunately, the requirements included by CARA failed to provide States with substantive guidance and information, which has led to significant confusion and poor implementation of plans of safe care.

States and localities might benefit from written guidance and technical assistance provided by the Department of Health and Human Services as they strive to meet Federal requirements and address the known challenges in their individual plans. Through an enhanced understanding of the requirements, States will be able to better protect the well-being of children and infants when working with families impacted by the trauma related to opioid abuse.

It is clear the opioid epidemic is already multigenerational in nature, as children must confront the pain of an addicted parent or guardian. By strengthening States' responsiveness and plans of safe care, we can help give these children the protection they need while strengthening families for long-term success and stability.

I urge my colleagues to support this legislation.

Mr. Speaker, I reserve the balance of my time.

Ms. BONAMICI. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of H.R. 5890. The most recent omnibus legislation increased funding for the Child Abuse Prevention and Treatment Act, or CAPTA, by \$60 million, and this bill would help States improve their support for infants, children, and families suffering from the opioid epidemic by requiring Health and Human Services to provide guidance to States on how to implement effective plans of safe care.

Pregnant women and young mothers can face seemingly insurmountable challenges when struggling with addiction. I think about Tiffany, whom I met in Oregon. She is from Happy Valley, Oregon, and her struggle with addiction began after she was prescribed medication following a C-section for her third child's birth.

After having to send her kids to live with her mom, she was finally able to access treatment and other support services. She is now clean, in recovery, able to care for her kids again, and, importantly, help others.

We must do everything we can to support moms like Tiffany and provide the necessary resources and care to parents and their children so they can have the opportunity to be reunited.

Although I urge my colleagues to join me in supporting this bill, it is important to note that CAPTA, even with the \$60 million increase, is not fully funded. Only when CAPTA receives the full amount authorized under law will States be able to meet all requirements and adequately address the needs of children exposed to substance abuse.

Mr. Speaker, I want to thank my colleagues, Congressman GARRETT and Congresswoman MURPHY, for their work on this important legislation, and I reserve the balance of my time.

Mr. GARRETT. Mr. Speaker, I yield such time as she may consume to the gentlewoman from North Carolina (Ms. FOXX), the honorable chairwoman.

Ms. FOXX. Mr. Speaker, I thank my colleague from Virginia for yielding time.

Mr. Speaker, across the country, communities are struggling to bear the heavy burden of the worsening trend to opioid addiction. At the Committee on Education and the Workforce, we like the idea of evidence-based policymaking. We like to see numbers and statistics. We have to remember, though, that these are never just numbers; they are real people in our own communities.

We have held hearings, spoken with experts, brainstormed solutions, and drafted bills. It has become abundantly clear to me that, for every person living with an opioid addiction, there are countless others who also have a steep price to pay. Few things are more devastating than witnessing a neighbor, a friend, a coworker, or a loved one fall prey to addiction and feeling powerless to stop it.

I want to thank and commend members of the Committee on Education and the Workforce for leaving no stone unturned as we work to make healing possible to all victims of this scourge of addiction, not only those who are struggling with opioid abuse.

Too many people, especially children, have been impacted by this scourge. Today's bills are designed to bring relief to those who are affected by the addiction while addressing the needs of children and families who have been left in this tragedy's wake.

According to many experts, the worst of the opioid addiction is still to come. If we are to bring this senseless tragedy to an end, we need to do all we can to ensure that the law addresses the needs of families, workplaces, and communities at large. I believe the bills the House is voting on today will do just that, and again, I commend the members of the Education and the

Workforce Committee for all their hard work.

Ms. BONAMICI. Mr. Speaker, I yield such time as she may consume to the gentlewoman from Florida (Mrs. MURPHY), who is a cosponsor of this legislation.

Mrs. MURPHY of Florida. Mr. Speaker, I am proud to be the Democratic lead of this bipartisan bill, and I want to thank Mr. GARRETT of Virginia for working with me on this legislation.

The purpose of our bill is to ensure that States have effective plans in place to protect infants who are innocent victims of the opioid epidemic. The bill aims to help Florida and other States develop evidence-based policies and procedures to properly care for babies born dependent on drugs.

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Too many Americans and too many Floridians battle opioid addiction. As a mother, it breaks my heart to see innocent children suffer the consequences of adult addiction. We must do everything possible to ensure that drug-dependent babies receive proper care at the hospital and proper family, community, and medical support once they are discharged.

There are an estimated 2.1 million Americans addicted to opioids, typically, to prescription painkillers. Babies born to mothers who used opioids during pregnancy are at risk of an opioid withdrawal condition called neonatal abstinence syndrome. While there are common and effective ways to treat this syndrome, there are no uniform protocols.

Under Federal law, States are required to develop a plan to safely care for infants exposed to substance abuse. However, a 2015 investigation by Reuters indicated that very few States have plans in place that fulfill this Federal requirement. As a result, too many infants exposed to substance abuse and their caregivers are not receiving the comprehensive support they need.

Our bill seeks to address this problem. It would require HHS to provide guidance to States on how to implement safe and effective plans to care for infants born dependent on drugs. It would ensure this guidance promotes evidence-based practices and encourages State governments to collaborate with healthcare providers, social service agencies, and other community stakeholders, and it would ensure that HHS' guidance promotes family-centered treatment that seeks to keep families intact whenever possible.

Each year, thousands of babies in this country are born addicted to opioids, including about 4,000 in Florida alone. These babies need our support. This bill seeks to provide it. I respectfully ask my colleagues to vote "yes."

Mr. GARRETT. Mr. Speaker, I am prepared to close if the gentlewoman from Oregon would like to conclude her remarks.

Ms. BONAMICI. Mr. Speaker, I yield myself the balance of my time.

Once again, Mr. Speaker, I want to encourage my colleagues to support this important legislation. I want to thank Congressman GARRETT and Congresswoman MURPHY for their work on the legislation. I also want to thank Chairwoman FOXX for reminding us that we are not just talking about abstract policy. We are talking about real people: men, women, and especially children who are affected by this crisis.

So, again, thank you to the cosponsors of the legislation. I urge its passage, and I yield back the balance of my time.

Mr. GARRETT. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, I thank the gentlewoman from Florida, as well as the chairwoman from North Carolina and my friend and colleague from Oregon (Ms. BONAMICI).

I strongly urge my colleagues of every political stripe to recognize that, perhaps while responsibility is best exercised when taken and not given, we contemplate here the outcomes for so many innocents who are unable to determine their circumstance, that is, indeed, children who are born into this horrific affliction of opioid addiction, and understand that, while one might wax poetic about things like personal responsibility and accountability, the Federal Government does, indeed, have a role to fill a vacuum where the States have not acted in the circumstance wherein those who suffer suffer by virtue of circumstances far, far beyond their control.

I would hope that the Members of this body on both sides would find themselves compelled by the sheer mathematical magnitude of the epidemic that is the opioid crisis—again, one that takes more lives than nonsuicide gun violence and automobile accidents combined, and one that impacts not just those who exercise choices but those impacted by circumstances far beyond their control—with this but a humble step, not a panacea, towards creating a better circumstance wherein all Americans experience something closer to an equal opportunity to prosper.

Mr. Speaker, I urge my colleagues across both sides of the political spectrum to vote in favor of H.R. 5890, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Virginia (Mr. GARRETT) that the House suspend the rules and pass the bill, H.R. 5890.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. GARRETT. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this motion will be postponed.

IMPROVING THE FEDERAL RESPONSE TO FAMILIES IMPACTED BY SUBSTANCE USE DISORDER ACT

Mr. GROTHMAN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5891) to establish an interagency task force to improve the Federal response to families impacted by substance abuse disorders.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5891

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Improving the Federal Response to Families Impacted by Substance Use Disorder Act”.

SEC. 2. INTERAGENCY TASK FORCE TO IMPROVE THE FEDERAL RESPONSE TO FAMILIES IMPACTED BY SUBSTANCE USE DISORDERS.

(a) **ESTABLISHMENT.**—There is established a task force, to be known as the “Interagency Task Force to Improve the Federal Response to Families Impacted by Substance Use Disorders” (in this section referred to as “Task Force”).

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

(1) shall identify, evaluate, and recommend ways in which Federal agencies can better coordinate responses to substance use disorders and the opioid crisis; and

(2) shall carry out the additional duties described in subsection (d).

(c) **MEMBERSHIP.**—

(1) **NUMBER AND APPOINTMENT.**—The Task Force shall be composed of 12 Federal officials having responsibility for, or administering programs related to, the duties of the Task Force. The Secretary of Health and Human Services, the Secretary of Education, the Secretary of Agriculture, and the Secretary of Labor shall each appoint two members to the Task Force from among the Federal officials employed by the Department of which they are the head. Additional Federal agency officials appointed by the Secretary of Health and Human Services shall fill the remaining positions of the Task Force.

(2) **CHAIRPERSON.**—The Secretary of Health and Human Services shall designate a Federal official employed by the Department of Health and Human Services to serve as the chairperson of the Task Force.

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

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

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

(6) **PROHIBITION OF COMPENSATION.**—Members of the Task Force may not receive pay, allowances, or benefits by reason of their service on the Task Force.

(d) **DUTIES.**—The Task Force shall carry out the following duties:

(1) Solicit input from stakeholders, including frontline service providers, medical professionals, educators, mental health professionals, researchers, experts in infant, child, and youth trauma, child welfare professionals, and the public, in order to inform the activities of the Task Force.

(2) Develop a strategy on how the Task Force and participating Federal agencies will collaborate, prioritize, and implement a

coordinated Federal approach with regard to responding to substance use disorders, including opioid misuse, that shall include—

(A) identifying options for the coordination of existing grants that support infants, children, and youth, and their families as appropriate, who have experienced, or are at risk of experiencing, exposure to substance abuse disorders, including opioid misuse; and

(B) other ways to improve coordination, planning, and communication within and across Federal agencies, offices, and programs, to better serve children and families impacted by substance use disorders, including opioid misuse.

(3) Based off the strategy developed under paragraph (2), evaluate and recommend opportunities for local- and State-level partnerships, professional development, or best practices that—

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

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

(C) offer community-based prevention activities, including educating families and children on the effects of exposure to substance use disorders, including opioid misuse, and how to build resilience and coping skills to mitigate those effects;

(D) in accordance with Federal privacy protections, utilize non-personally identifiable data from screenings, referrals, or the provision of services and supports to evaluate and improve processes addressing exposure to substance use disorders, including opioid misuse; and

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

(4) In fulfilling the requirements of paragraphs (2) and (3), consider evidence-based, evidence-informed, and promising best practices related to identifying, referring, and supporting children and families at risk of experiencing exposure to substance abuse or experiencing substance use disorder, including opioid misuse, including—

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

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

(C) community-based initiatives;

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

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

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

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

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

(A) relevant information identified and collected under subsection (d);

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

(C) a description of how other Federal agencies and offices with experience, expertise, or information relevant in responding to the opioid crisis that have provided input under subsection (c)(4) will be participating in the coordinated approach;

(2) shall submit to the Congress a report describing the action plan prepared under