

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

paragraph (1), including, where applicable, identification of any recommendations included in such plan that require additional legislative authority to implement; and

(3) shall submit a report to the Governors describing the opportunities for local- and State-level partnerships, professional development, or best practices recommended under subsection (d)(3).

(g) DISSEMINATION.—

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

(A) disseminated widely, including among the participating Federal agencies and the Governors; and

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

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

(h) TERMINATION.—The Task Force shall terminate 30 days after the dissemination of the action plan and reports under subsection (g).

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

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

(1) The term “Governor” means the chief executive officer of a State.

(2) The term “participating Federal agencies” means all the Executive agencies (as defined in section 105 of title 5, United States Code) whose officials have been appointed to the Task Force.

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

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

The Chair recognizes the gentleman from Wisconsin.

GENERAL LEAVE

Mr. GROTHMAN. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and include extraneous material on H.R. 5891.

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

There was no objection.

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

Mr. Speaker, we have all heard about the opioid epidemic, and I always feel, despite the fact that it has been very publicized, it has still been underpublicized. Over 40,000 people every year die of this epidemic.

I am old enough to remember the Vietnam war, and it was relatively late in that war before we got to 41,000 deaths, and we all remember how that divided the country. There are more people that die in this year, every year, than the number of people who are both murdered and die in car accidents combined.

I am on a variety of committees, and if you sit on almost any committee, I think, in this institution, eventually

the topic of opioid abuse comes up. One of the things that hits me when it comes up is the degree to which there are varying opinions on what to do with this, and it varies from agency to agency.

Therefore, what I am proposing in this bill is a task force that gets together two representatives from the Department of Health and Human Services, the Department of Education, the Department of Agriculture, and the Department of Labor to look for solutions and look for best practices. The Secretary of Health and Human Services is also supposed to appoint four other members to this task force.

I don't want this to be one of the task forces that is hanging out there for too long. They have got to come back with recommendations within 9 months, and, hopefully, we will use these recommendations by this time next year on this floor.

It is very frustrating, like I said, to attend these hearings and hear, among the experts, such divergent opinions as to how to save some lives here. We really cannot be spending more time on programs that don't work or having the agencies not work with each other.

I look forward to strong leadership in this committee. I expect that they will be taking advice from strong local leaders who have done what they can to address this epidemic around the country. We must put our full weight behind a coordinated strategy to bring stability and health to our communities.

I urge my colleagues to support this legislation, and 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. 5891, which would establish an interagency task force to identify, evaluate, and recommend ways in which Federal agencies can better coordinate responses to the opioid epidemic and carry out their authorized duties.

Many factors have contributed to this crisis, and it will take significant efforts to overcome it. Throughout my listening tour around northwest Oregon to discuss the opioid crisis, it became abundantly clear that local, State, and Federal officials must work together to address this epidemic and stem the loss of lives.

As I previously mentioned, I heard from numerous providers, individuals in recovery, families who lost loved ones, teachers, community leaders, all who called for greater Federal investment to fight back against opioids and more assistance for State and local entities that are working on the front lines.

Because of the breadth of programs required to assist families, any government effort to address substance use disorder and the opioid crisis must be a coordinated and collaborative approach across agencies. I am hopeful that this interagency task force will result in a more collaborative plan of action to

address the many issues facing my constituents and the other people across this country.

I am, however, concerned that a plan of action without the necessary funding will remain just a plan. So I urge my colleagues to support providing sufficient resources to implement these solutions.

I want to thank my colleagues, Congressman GROTHMAN and Congressman LAMB, for their work on this legislation, and I reserve the balance of my time.

Mr. GROTHMAN. 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 Pennsylvania (Mr. LAMB), who I know is very concerned about this issue as well.

Mr. LAMB. Mr. Speaker, I rise today to ask my colleagues to support H.R. 5891, a bill I introduced with my Republican colleague, Mr. GROTHMAN, and I thank Mr. GROTHMAN and Ranking Member BONAMICI for their efforts.

This bill is part of the fight against opioids. It creates an interagency task force to study how we can take the work that these government agencies are doing and do it even better.

We have to do it better for the families that are affected, and I think the range of bills we are talking about today recognizes that. I thank my Republican colleagues for focussing on that because the mothers, the fathers, the brothers, and the sisters who have been left behind, they are our first line of defense, and they need our support.

Mr. Speaker, heroin and opioid addiction is a full-blown crisis in western Pennsylvania. It is a disease that does not discriminate. People with money, people without money, people of all races, everyone has been affected, and our people are dying every single day. An entire generation of Americans, which is my generation, will have a huge hole in it where our brothers and our sisters should have been.

Last year, we lost more than 60,000 Americans to the disease of drug addiction, and they left behind more than 60,000 families. For too long, those families have carried too heavy of a burden with too little support from our government. I can tell you about the first one of these families I met.

When I was a prosecutor investigating the death of their son, I met a family whose son reminded me of so many young men that I served in the Marines with. He was in his twenties. He was a hard worker. He was prescribed prescription drugs for an injury that he got on the job. He worked in the natural gas fields. He became addicted to opioids, and he survived three different drug overdoses.

His family kept him alive. They rescued him from the side of the road when he had been in a car with other drug addicts who threw him out when he started to overdose. They fought for years to get him into treatment and finally got him into a 30-day treatment program, where he went and succeeded.

On the 31st day, that young man was released too soon, and his mother was in a near fatal car accident the same day. He spent the day staring at her in the ICU, and, no surprise, returned to heroin that same night and passed away the next morning.

That man should still be with us today.

He was discovered by his grandfather and by his brother, and that family will think about him and be asking forever what more they could have done.

I have met them. I sat across from the father who cried in front of me and asked what else he could have done. The fact is that they are doing what they can, and if we, as a government, are going to ask them to do everything they can, we have to ask the same of ourselves. We have to have their back.

H.R. 5891 is a positive step forward. That is what this is for.

If this were any foreign military threat, we would study it in detail. We would proceed strategically with great discipline and in a bipartisan way, and that is what we are doing here.

This bill requires Federal agencies to do something that they don't always do on their own, which is talk to each other and to put families first. It also requires them to go listen to the people who are already working most closely with these families—nurses, doctors, teachers, therapists—so that we can use their testimony to make sure that this task force produces results and not just a report. That is something we have seen so far in western Pennsylvania.

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Our former U.S. attorney, David Hickton, led a local working group and task force in the western district of Pennsylvania, which then became the model for the National Heroin Task Force. Within a couple of years, they gathered enough data, enough testimony, and enough momentum that that became the basis for the White House's unprecedented request for funding to fight this battle. Eventually, this Chamber got together with the Senate and, in a bipartisan way, passed the 21st Century Cures Act.

We need to harness that same spirit now. As Ranking Member BONAMICI said, we need to spend more than we spent so far. This is an existential threat, and we need to treat it that way.

Mr. Speaker, I thank, again, my colleague, Congressman GROTHMAN, and I urge all of my colleagues to support H.R. 5891.

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

Mr. Speaker, my final comment on this issue, first of all, for the folks back home, is that when politicians talk about resources, they really mean money. Back in Wisconsin, when I think of resources, I think of timber, iron ore, oil, gas, and that sort of thing. But up here, I guess when we talk about resources, we mean money.

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

Ms. BONAMICI. Mr. Speaker, I, again, want to thank Congressman GROTHMAN and Congressman LAMB on this important legislation and emphasize again, that once we get the report from this task force, we need to have the funding—the resources, the money—to implement its recommendations to make sure that it really helps the people we are serving. So, again, I thank them for their work on this legislation.

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

Mr. GROTHMAN. Mr. Speaker, I thank my Democratic colleagues for making this a fine piece of bipartisan legislation. I hope when the recommendations come back in 9 months, we can have another nice big bipartisan vote and move the recommendations out.

Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Wisconsin (Mr. GROTHMAN) that the House suspend the rules and pass the bill, H.R. 5891.

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. GROTHMAN. 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.

ESTABLISHMENT OF AN ADVISORY COMMITTEE ON OPIOIDS AND THE WORKPLACE

Mr. LEWIS of Minnesota. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 5892) to establish an Advisory Committee on Opioids and the Workplace to advise the Secretary of Labor on actions the Department of Labor can take to address the impact of opioid abuse on the workplace.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5892

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

SECTION 1. ESTABLISHMENT OF AN ADVISORY COMMITTEE ON OPIOIDS AND THE WORKPLACE.

(a) ESTABLISHMENT.—Not later than 90 days after enactment of this Act, the Secretary of Labor shall establish an Advisory Committee on Opioids and the Workplace (referred to in this Act as the “Advisory Committee”) to advise the Secretary on actions the Department of Labor can take to provide informational resources and best practices on how to appropriately address the impact of opioid abuse on the workplace and support workers abusing opioids.

(b) MEMBERSHIP.—

(1) COMPOSITION.—The Secretary of Labor shall appoint as members of the Advisory Committee 19 individuals with expertise in

employment, workplace health programs, human resources, substance use disorder, and other relevant fields. The Advisory Committee shall be composed as follows:

(A) 4 of the members shall be individuals representative of employers or other organizations representing employers.

(B) 4 of the members shall be individuals representative of workers or other organizations representing workers, of which at least 2 must be representatives designated by labor organizations.

(C) 3 of the members shall be individuals representative of health benefit plans, employee assistance plan providers, workers' compensation program administrators, and workplace safety and health professionals.

(D) 8 of the members shall be individuals representative of substance abuse treatment and recovery experts, including medical doctors, licensed addiction therapists, and scientific and academic researchers, of which 1 individual may be a representative of a local or State government agency that oversees or coordinates programs that address substance use disorder.

(2) CHAIR.—From the members appointed under paragraph (1), the Secretary of Labor shall appoint a chairperson.

(3) TERMS.—Each member of the Advisory Committee shall serve for a term of three years. A member appointed to fill a vacancy shall be appointed only for the remainder of such term.

(4) QUORUM.—A majority of members of the Advisory Committee shall constitute a quorum and action shall be taken only by a majority vote of the members.

(5) VOTING.—The Advisory Committee shall establish voting procedures.

(6) NO COMPENSATION.—Members of the Advisory Committee shall serve without compensation.

(7) DISCLOSURE.—Every member of the Advisory Committee must disclose the entity, if applicable, that he or she is representing.

(c) DUTIES.—

(1) ADVISEMENT.—

(A) IN GENERAL.—The Advisory Committee established under subsection (a) shall advise the Secretary of Labor on actions the Department of Labor can take to provide informational resources and best practices on how to appropriately address the impact of opioid abuse on the workplace and support workers abusing opioids.

(B) CONSIDERATIONS.—In providing such advice, the Advisory Committee shall take into account—

(i) evidence-based and other employer substance abuse policies and best practices regarding opioid use or abuse, including benefits provided by employee assistance programs or other employer-provided benefits, programs, or resources;

(ii) the effect of opioid use or abuse on the safety of the workplace as well as policies and procedures addressing workplace safety and health;

(iii) the impact of opioid abuse on productivity and absenteeism, and assessments of model human resources policies that support workers abusing opioids, such as policies that facilitate seeking and receiving treatment and returning to work;

(iv) the extent to which alternative pain management treatments other than opioids are or should be covered by employer-sponsored health plans;

(v) the legal requirements protecting employee privacy and health information in the workplace, as well as the legal requirements related to nondiscrimination;

(vi) potential interactions of opioid abuse with other substance use disorders;

(vii) any additional benefits or resources available to an employee abusing opioids