

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.

□ 1530

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

that promote retaining employment or reentering the workforce;

(viii) evidence-based initiatives that engage employers, employees, and community leaders to promote early identification of opioid abuse, intervention, treatment, and recovery;

(ix) workplace policies regarding opioid abuse that reduce stigmatization among fellow employees and management; and

(x) the legal requirements of the Mental Health Parity and Addiction Equity Act and other laws related to health coverage of substance abuse and mental health services and medications.

(2) REPORT.—Prior to its termination as provided in subsection (j), the Advisory Committee shall issue a report to the Secretary of Labor and to the Committee on Education and the Workforce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate, detailing successful programs and policies involving workplace resources and benefits, including recommendations or examples of best practices for how employers can support and respond to employees impacted by opioid abuse.

(d) MEETINGS.—The Advisory Committee shall meet at least twice a year at the call of the chairperson.

(e) STAFF SUPPORT.—The Secretary of Labor shall make available staff necessary for the Advisory Committee to carry out its responsibilities.

(f) FEDERAL ADVISORY COMMITTEE ACT.—The Federal Advisory Committee Act shall apply to the Advisory Committee established under this Act.

(g) NO APPROPRIATED FUNDS.—No additional funds are authorized to be appropriated to carry out this Act. Expenses of the Advisory Committee shall be paid with funds otherwise appropriated to Departmental Management within the Department of Labor.

(h) EX OFFICIO.—Three nonvoting representatives from agencies within the Department of Health and Human Services whose responsibilities include opioid prescribing guidelines, workplace safety, and monitoring of substance abuse and prevention programs shall be appointed by the Secretary of Labor and designated as ex officio members.

(i) AGENDA.—The Secretary of Labor or a representative of the Secretary shall consult with the Chair in establishing the agenda for Committee meetings.

(j) TERMINATION.—The Advisory Committee established under this Act shall terminate three years after the date of enactment of this Act.

The SPEAKER pro tempore (Mrs. WALORSKI). Pursuant to the rule, the gentleman from Minnesota (Mr. LEWIS) and the gentlewoman from Oregon (Ms. BONAMICI) each will control 20 minutes. The Chair recognizes the gentleman from Minnesota.

#### GENERAL LEAVE

Mr. LEWIS of Minnesota. Madam 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. 5892.

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

There was no objection.

Mr. LEWIS of Minnesota. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise today in support of H.R. 5892.

The effects of the opioid public health emergency can be seen throughout our local communities, and maybe most acutely in our workplaces.

According to the National Council on Alcoholism and Drug Dependence, 70 percent of the almost 15 million Americans misusing drugs, including opioids, are currently employed. Furthermore, according to the Bureau of Labor Statistics, the number of overdose fatalities on the job has increased by at least 25 percent annually since 2012.

These statistics serve as a reminder that workplaces are not immune from the worsening epidemic and that workplaces can often serve as crucial places to provide outreach and assistance to those who are struggling with opioid addiction.

The Committee on Education and the Workforce has been examining this critical issue.

In February of this year, the Subcommittee on Health, Employment, Labor, and Pensions and the Subcommittee on Workforce Protections held a joint hearing to examine how the epidemic is affecting workplaces, and to hear from business owners who have taken steps to address problems of substance abuse and addiction in the workplace.

Some of the initiatives these businesses have taken are not only inspiring, but they also show promising results. The U.S. Department of Labor could benefit greatly from more information about the solutions originating from the private sector to address the challenges of maintaining a healthy workforce in the face of the opioid epidemic.

H.R. 5892 will create an advisory committee to make recommendations to the Secretary of Labor on what specific actions the Department of Labor can take to provide informational resources that will help mitigate some of the most harmful effects of opioid abuse in the workplace. The advisory committee will convene twice a year to discuss successful employer initiatives and report best practices, and will sunset after 3 years.

Madam Speaker, this bipartisan bill will be an instrumental part of the greater solution to fight the opioid epidemic and support employers who are working to promote workplace safety and assist with employee recovery.

Madam Speaker, I urge my colleagues to support this legislation, and I reserve the balance of my time.

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

Madam Speaker, I rise today in support of H.R. 5892.

In addition to the severe health consequences of substance use disorders, the opioid epidemic has taken a serious toll on the workplace. More than 10 million full-time workers have a substance use disorder. A 2017 survey from the National Safety Council found that 70 percent of employers have seen some effect of prescription drug usage, in-

cluding absenteeism, impaired or decreased job performance, injuries or near misses, and arrests on or off the job.

When I traveled across northwest Oregon to talk to community members about the opioid crisis, I heard from many employers and employees whose work had been affected by addiction. Oregon's low unemployment rate is resulting in local employers struggling to find qualified personnel. The opioid crisis has weakened our workforce at a time when our economy needs more workers. For instance, a timber company on the coast of Oregon reported that only one applicant passed a drug test during a recent hiring process.

When I hear from people in recovery, many say that they could not continue working while they were struggling with addiction. We must acknowledge that our work and our personal lives are intertwined, that an employer's interest in the health of its employees should not end at the door, and that investing in employees through proactive prevention or flexible support policies can be good for employees and for the bottom line.

An estimated 20 percent of the decline in men's labor force participation over the last 20 years can be attributed to the increase in opioid prescriptions. For women, that number is 25 percent. Sadly, the disease of addiction is affecting people far beyond their homes. If we are going to make any progress in addressing the opioid epidemic, our workplaces must have policies that support affected workers.

This legislation would establish a council to advise the Secretary of Labor on actions the Department of Labor can take to provide informational resources and guidance to address the effects of substance use disorders on the workplace. The advisory council will be comprised of a diverse coalition of stakeholders, including substance use disorder experts, unions, and employers. This includes supporting workers with substance use disorders, as well as those in recovery.

The advisory council would be charged with assessing a range of workplace policies best practices. These identified best practices will benefit employers and employees alike by keeping workers safe, healthy, productive, and on the job.

I also urge my colleagues to support legislation for other workplace policies and protections that are vital for people struggling with substance use disorder, such as paid leave. There is certainly more that we, as policymakers, can do to make sure that workers can access and seek treatment when they need it, and be able to return to their jobs as soon as possible.

Madam Speaker, I thank Congressman LEWIS and Congressman CARTWRIGHT for their work on this legislation, and I reserve the balance of my time.

Mr. LEWIS of Minnesota. Madam Speaker, I continue to reserve the balance of my time.

Ms. BONAMICI. Madam Speaker, I yield such time as he may consume to the gentleman from Pennsylvania (Mr. CARTWRIGHT), the cosponsor of this important legislation.

Mr. CARTWRIGHT. Madam Speaker, I rise in support of H.R. 5892, a bill I am proud to have cosponsored with Representative LEWIS.

I thank Congressman LEWIS, as well as the Education and the Workforce Committee, for their hard work on this bill.

Madam Speaker, Pennsylvania has the fourth highest rate of death due to drug overdoses in the Nation, and northeastern Pennsylvania, where I represent, has one of the highest rates of fatal drug overdoses in our State. Beyond the statistics are stories of broken families and broken dreams, due to the addiction to and the abuse of these drugs.

In fact, the Centers for Disease Control and Prevention estimate that approximately 91 deaths from opioid overdoses occur every day in our Nation. This epidemic breaks our hearts. But it also hurts our economy. An estimated 20 percent of men's and 25 percent of women's decline in labor force participation between 1999 and 2015 can be attributed to the increase in opioid prescriptions. This is a public health and economic crisis that we have to address right now.

That is why I am so pleased to see the House taking up this legislation. Establishing this advisory council to study the impacts of opioid abuse on the workplace is essential to understanding how damaging this epidemic is, both to individuals and communities.

We know that we must confront this epidemic on all fronts. It is a bill that is an important step towards helping those dealing with substance abuse remain in the workforce.

Our work on opioids has to continue after this week. Our communities have not yet healed from the traumatic losses they have suffered, and we have to continue to focus on this issue if we are to have any hope of adequately addressing the harm to public health that opioid abuse has caused.

Again, I thank Congressman LEWIS for his work on this bill, I am proud to join him in that work, and I urge my colleagues in the House of Representatives to support it.

Mr. LEWIS of Minnesota. Madam Speaker, I am prepared to close, and I, again, reserve the balance of my time.

Ms. BONAMICI. Madam Speaker, I yield myself the remainder of my time.

Madam Speaker, once again, I thank Congressman LEWIS and Congressman CARTWRIGHT for their work on H.R. 5892. As we continue with this work, we must recognize that it is much harder for people to be successful in their recovery if they do not have a job. Let's work with our employers and look at the results of this bill that the advisory council will advise us. Let's follow their recommendations.

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

Mr. LEWIS of Minnesota. Madam Speaker, I yield myself the remainder of my time.

Madam Speaker, I also thank my Democratic colleagues for their efforts on behalf of this bill as well.

At a time when businesses, large and small, are noticing the effects of this crisis, opioid abuse, on employee health and economic productivity, the active coordination between the Department of Labor and private stakeholders, prompted by this bill, is vital to securing the continued safety of the American workplace.

Madam Speaker, I urge my colleagues to vote in favor of H.R. 5892, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Minnesota (Mr. LEWIS) that the House suspend the rules and pass the bill, H.R. 5892.

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.

#### SUPPORTING GRANDPARENTS RAISING GRANDCHILDREN ACT

Mr. LEWIS of Minnesota. Madam Speaker, I move to suspend the rules and pass the bill (S. 1091) to establish a Federal Task Force to Support Grandparents Raising Grandchildren, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 1091

*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 "Supporting Grandparents Raising Grandchildren Act".

#### SEC. 2. FINDINGS.

Congress finds the following:

(1) More than 2,500,000 grandparents in the United States are the primary caretaker of their grandchildren, and experts report that such numbers are increasing as the opioid epidemic expands.

(2) Between 2009 and 2016, the incidence of parental alcohol or other drug use as a contributing factor for children's out-of-home placement rose from 25.4 to 37.4 percent.

(3) When children cannot remain safely with their parents, placement with relatives is preferred over placement in foster care with nonrelatives because placement with relatives provides stability for children and helps them maintain family connections.

(4) The number of foster children placed with a grandparent or other relative increased from 24 percent in 2006 to 32 percent in 2016, according to data from the Department of Health and Human Services.

(5) Grandparents' lives are enhanced by caring for their grandchildren; the overwhelming majority of grandparents report experiencing significant benefits in serving as their grandchildren's primary caregivers.

(6) Providing full-time care to their grandchildren may decrease grandparents' ability

to address their own physical and mental health needs and personal well-being.

(7) Grandparents would benefit from better coordination and dissemination of information and resources available to support them in their caregiving responsibilities.

#### SEC. 3. ADVISORY COUNCIL TO SUPPORT GRANDPARENTS RAISING GRANDCHILDREN.

(a) ESTABLISHMENT.—There is established an Advisory Council to Support Grandparents Raising Grandchildren.

(b) MEMBERSHIP.—

(1) IN GENERAL.—The Advisory Council shall be composed of the following members, or their designee:

(A) The Secretary of Health and Human Services.

(B) The Secretary of Education.

(C) The Administrator of the Administration for Community Living.

(D) The Director of the Centers for Disease Control and Prevention.

(E) The Assistant Secretary for Mental Health and Substance Use.

(F) The Assistant Secretary for the Administration for Children and Families.

(G) A grandparent raising a grandchild.

(H) An older relative caregiver of children.

(I) As appropriate, the head of other Federal departments, or agencies, identified by the Secretary of Health and Human Services as having responsibilities, or administering programs, relating to current issues affecting grandparents or other older relatives raising children.

(2) LEAD AGENCY.—The Department of Health and Human Services shall be the lead agency for the Advisory Council.

(c) DUTIES.—

(1) IN GENERAL.—

(A) INFORMATION.—The Advisory Council shall identify, promote, coordinate, and disseminate to the public information, resources, and the best practices available to help grandparents and other older relatives—

(i) meet the health, educational, nutritional, and other needs of the children in their care; and

(ii) maintain their own physical and mental health and emotional well-being.

(B) OPIOIDS.—In carrying out the duties described in subparagraph (A), the Advisory Council shall consider the needs of those affected by the opioid crisis.

(C) NATIVE AMERICANS.—In carrying out the duties described in subparagraph (A), the Advisory Council shall consider the needs of members of Native American tribes.

(2) REPORT.—

(A) IN GENERAL.—Not later than 180 days after the date of enactment of this Act, the Advisory Council shall submit a report to—

(i) the appropriate committees;

(ii) the State agencies that are responsible for carrying out family caregiver programs; and

(iii) the public online in an accessible format.

(B) REPORT FORMAT.—The report shall include—

(i) best practices, resources, and other useful information for grandparents and other older relatives raising children identified under paragraph (1)(A) including, if applicable, any information related to the needs of children who have been impacted by the opioid epidemic;

(ii) an identification of any gaps in items under clause (i); and

(iii) where applicable, identification of any additional Federal legislative authority necessary to implement the activities described in clause (i) and (ii).

(3) FOLLOW-UP REPORT.—Not later than 2 years after the date on which the report required under paragraph (2)(A) is submitted, the Advisory Council shall submit a follow-