

[DISCUSSION DRAFT]

115TH CONGRESS
1ST SESSION

H. R. _____

To establish a Federal Coordinator within the Department of Health and Human Services, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

Mr. LATTA introduced the following bill; which was referred to the Committee on _____

A BILL

To establish a Federal Coordinator within the Department of Health and Human Services, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Indexing Narcotics,
5 Fentanyl, and Opioids Act of 2017” or the “INFO Act”.

6 **SEC. 2. ESTABLISHMENT OF FEDERAL COORDINATOR.**

7 (a) IN GENERAL.—Not later than 60 days after the
8 date of the enactment of this Act, the Secretary of Health
9 and Human Services shall appoint a Federal Coordinator

1 for the Department of Health and Human Services to
2 carry out the duties described in subsection (b).

3 (b) DUTIES.—The Federal Coordinator shall—

4 (1) coordinate programs within the Department
5 of Health and Human Services that relate to opioid
6 abuse reduction;

7 (2) serve as a liaison to State and local govern-
8 ments and entities carrying out activities relating to
9 opioid abuse reduction pursuant to a Federal con-
10 tract or grant; and

11 (3) in consultation with the United States At-
12 torney General, the Secretary of Veterans Affairs,
13 the Director of the Office of National Drug Control
14 Policy, and any other individual that the Federal
15 Coordinator determines appropriate, establish and
16 operate a publicly available electronic database
17 through which the Federal Coordinator shall carry
18 out the following:

19 (A) Collect data on opioid abuse from Fed-
20 eral agencies; State, local, and Tribal govern-
21 ments; nonprofit organizations; law enforce-
22 ment; medical experts; public health educators;
23 and research institutions.

1 (B) Publish a comprehensive list of Fed-
2 eral funding resources available to States for
3 research on opioid abuse.

4 (C) Analyze causes and trends behind
5 opioid addiction and pain management.

6 (D) Evaluate the effectiveness of Federal
7 programs for opioid abuse reduction, including
8 opioid treatment programs and medicated-as-
9 sisted treatments.

10 (E) Evaluate whether any Federal pro-
11 grams for opioid abuse reduction are duplica-
12 tive.

13 (F) Evaluate the extent to which Federal
14 grants for the implementation of opioid abuse
15 prevention strategies are successful in address-
16 ing opioid abuse in local communities.

17 (G) Provide recommendations to health
18 care providers on alternatives to opioids for
19 pain management and other areas in which
20 health care providers can improve with respect
21 to treating or preventing opioid abuse.

22 (H) Analyze opioid prescription guidelines,
23 the different types of opioids prescribed by
24 health care providers, and the use of medicated-
25 assisted treatments.

1 (I) Compare the rate of opioid abuse in
2 veterans receiving health care through the De-
3 partment of Veterans Affairs with the rate of
4 opioid abuse in the general population.

5 (J) Compare opioid abuse trends and pre-
6 vention and treatment strategies in different re-
7 gions and populations of the United States and
8 determine whether certain strategies are more
9 effective than others.

10 (K) Analyze to what extent Federal pre-
11 vention and treatment strategies for opioid
12 abuse are aligned with State and local preven-
13 tion and treatment strategies.

14 (c) REPORTS.—

15 (1) INITIAL REPORT.—Not later than one year
16 after the date of the enactment of this section, the
17 Federal Coordinator shall submit to Congress an ini-
18 tial report on the results of any analysis, evaluation,
19 or comparison conducted under subsection (b)(3).

20 (2) UPDATED REPORT.—Not later than five
21 years after the date of the enactment of this section,
22 the Federal Coordinator shall submit to Congress a
23 report that provides updates with respect to any re-
24 sults submitted in the initial report under paragraph
25 (1).

1 (3) PUBLIC AVAILABILITY.—Each report sub-
2 mitted under this subsection shall be made publicly
3 available on the electronic database established
4 under subsection (b)(3).