

SYNTHETIC OPIOID DANGER AWARENESS ACT

NOVEMBER 30, 2021.—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. 2364]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 2364) to amend title III of the Public Health Service Act to direct the Secretary, acting through the Director of the Centers for Disease Control and Prevention, to provide for a public education campaign to raise public awareness of synthetic opioids, having considered the same, reports favorably thereon with an amendment and recommends that the bill as amended do pass.

CONTENTS

	Page
I. Purpose and Summary	3
II. Background and Need for the Legislation	3
III. Committee Hearings	4
IV. Committee Consideration	4
V. Committee Votes	5
VI. Oversight Findings	5
VII. New Budget Authority, Entitlement Authority, and Tax Expenditures	5
VIII. Federal Mandates Statement	5
IX. Statement of General Performance Goals and Objectives	5
X. Duplication of Federal Programs	6
XI. Committee Cost Estimate	6
XII. Earmarks, Limited Tax Benefits, and Limited Tariff Benefits	6
XIII. Advisory Committee Statement	6
XIV. Applicability to Legislative Branch	6
XV. Section-by-Section Analysis of the Legislation	6
XVI. Changes in Existing Law Made by the Bill, as Reported	7

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 “Synthetic Opioid Danger Awareness Act”.

SEC. 2. SYNTHETIC OPIOIDS PUBLIC AWARENESS CAMPAIGN.

Part B of title III of the Public Health Service Act is amended by inserting after section 317U (42 U.S.C. 247b–23) the following new section:

“SEC. 317V. SYNTHETIC OPIOIDS PUBLIC AWARENESS CAMPAIGN.

“(a) **IN GENERAL.**—Not later than one year after the date of the enactment of this section, the Secretary shall provide for the planning and implementation of a public education campaign to raise public awareness of synthetic opioids (including fentanyl and its analogues). Such campaign shall include the dissemination of information that—

“(1) promotes awareness about the potency and dangers of fentanyl and its analogues and other synthetic opioids;

“(2) explains services provided by the Substance Abuse and Mental Health Services Administration and the Centers for Disease Control and Prevention (and any entity providing such services under a contract entered into with such agencies) with respect to the misuse of opioids, particularly as such services relate to the provision of alternative, non-opioid pain management treatments; and

“(3) relates generally to opioid use and pain management.

“(b) **USE OF MEDIA.**—The campaign under subsection (a) may be implemented through the use of television, radio, internet, in-person public communications, and other commercial marketing venues and may be targeted to specific age groups.

“(c) **CONSIDERATION OF REPORT FINDINGS.**—In planning and implementing the public education campaign under subsection (a), the Secretary shall take into consideration the findings of the report required under section 7001 of the SUPPORT for Patients and Communities Act (Public Law 115–271).

“(d) **CONSULTATION.**—In coordinating the campaign under subsection (a), the Secretary shall consult with the Assistant Secretary for Mental Health and Substance Use to provide ongoing advice on the effectiveness of information disseminated through the campaign.

“(e) **REQUIREMENT OF CAMPAIGN.**—The campaign implemented under subsection (a) shall not be duplicative of any other Federal efforts relating to eliminating the misuse of opioids.

“(f) **EVALUATION.**—

“(1) **IN GENERAL.**—The Secretary shall ensure that the campaign implemented under subsection (a) is subject to an independent evaluation, beginning 2 years after the date of the enactment of this section, and every 2 years thereafter.

“(2) **MEASURES AND BENCHMARKS.**—For purposes of an evaluation conducted pursuant to paragraph (1), the Secretary shall—

“(A) establish baseline measures and benchmarks to quantitatively evaluate the impact of the campaign under this section; and

“(B) conduct qualitative assessments regarding the effectiveness of strategies employed under this section.

“(g) **REPORT.**—The Secretary shall, beginning 2 years after the date of the enactment of this section, and every 2 years thereafter, submit to Congress a report on the effectiveness of the campaign implemented under subsection (a) towards meeting the measures and benchmarks established under subsection (e)(2).

“(h) **DISSEMINATION OF INFORMATION THROUGH PROVIDERS.**—The Secretary shall develop and implement a plan for the dissemination of information related to synthetic opioids, to health care providers who participate in Federal programs, including programs administered by the Department of Health and Human Services, the Indian Health Service, the Department of Veterans Affairs, the Department of Defense, and the Health Resources and Services Administration, the Medicare program under title XVIII of the Social Security Act, and the Medicaid program under title XIX of such Act.”.

SEC. 3. TRAINING GUIDE AND OUTREACH ON SYNTHETIC OPIOID EXPOSURE PREVENTION.

(a) **TRAINING GUIDE.**—Not later than 18 months after the date of the enactment of this Act, the Secretary of Health and Human Services shall design, publish, and make publicly available on the internet website of the Institute, a training guide and webinar for first responders and other individuals who also may be at high risk of exposure to synthetic opioids that details measures to prevent that exposure.

(b) **OUTREACH.**—Not later than 18 months after the date of the enactment of this Act, the Secretary of Health and Human Services shall also conduct outreach about the availability of the training guide and webinar published under subsection (a) to—

- (1) police and fire managements;
- (2) sheriff deputies in city and county jails;
- (3) ambulance transport and hospital emergency room personnel;
- (4) clinicians; and

(5) other high-risk occupations, as identified by the Assistant Secretary for Mental Health and Substance Use.

I. PURPOSE AND SUMMARY

H.R. 2364, the “Synthetic Opioid Danger Awareness Act,” requires the Secretary of Health and Human Services (HHS) to implement a public education campaign related to synthetic opioids, including fentanyl and its analogues, to help address the rising rates of overdose related to synthetic opioids. The campaign would promote awareness around the dangers of synthetic opioids, as well as make available additional information about services available to address the misuse of synthetic opioids. In addition, the Secretary of HHS (the Secretary) would be required to develop and implement a plan for disseminating information to health care providers who participate in Federal programs. Finally, H.R. 2364 would require the Secretary to publish a training guide and webinar for first responders and other individuals related to synthetic opioid exposure prevention.

II. BACKGROUND AND NEED FOR LEGISLATION

Substance use disorders (SUD) are complex, treatable diseases that impact physical and mental health.¹ In 2019, roughly 20.3 million Americans—including over one million children ages 12 to 17—had a SUD.² Of the 20.3 million with a SUD, over 10 million experienced opioid misuse.³ Around 80 percent of people who use heroin first misused prescription opioids.⁴ If untreated, SUDs can lead to severe health outcomes and in the most tragic cases, death.

Prior to the coronavirus disease of 2019 (COVID-19) pandemic, opioid overdose deaths were increasing in the United States.⁵ Recent data from the Centers for Disease Control and Prevention (CDC) indicate an acceleration of overdose deaths during the pandemic. In the 12 months leading up to August 2020, 88,000 drug overdose deaths were reported; the highest total ever recorded in a 12-month period.⁶ Recently, the Office of National Drug Control Policy (ONDCP) announced efforts to expand evidenced-based treatments, advance racial equity in drug policy, support evidence-based prevention and harm-reduction efforts, and enhance the addiction workforce and recovery support services.⁷

¹National Institute on Drug Abuse, *The Science of Drug Use and Addiction: The Basics*, (www.drugabuse.gov/publications/media-guide/science-drug-use-addiction-basics) (accessed Aug. 17, 2021).

²Substance Abuse and Mental Health Services Association, *2018–2019 National Surveys on Drug Use and Health Estimated Totals by State*, (Jan. 28, 2021), (www.samhsa.gov/data/sites/default/files/reports/rpt32879/NSDUHsaeTotal2019/2019NSDUHsaeTotal.pdf).

³Substance Abuse and Mental Health Services Administration, *Dr. Elinore F. McCance-Katz Webcast Slides, National Survey on Drug Use and Health: 2019* (Sept. 11, 2020) (www.samhsa.gov/data/sites/default/files/reports/rpt29392/Assistant-Secretary-nsduh2019_presentation/Assistant-Secretary-nsduh2019_presentation.pdf).

⁴National Institute on Drug Abuse, *Opioid Overdose Crisis*, (<https://www.drugabuse.gov/drug-topics/opioids/opioid-overdose-crisis>).

⁵Centers for Disease Control and Prevention, *Trends and Geographic Patterns in Drug and Synthetic Opioid Overdose Deaths—United States, 2013–2019*, (Feb. 21, 2021) (www.cdc.gov/mmwr/volumes/70/wr/mm7006a4.htm?s_cid=mm7006a4_w).

⁶Centers for Disease Control and Prevention, National Center for Health Statistics, *Provisional drug overdose death counts* (www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm) (accessed Aug. 17, 2021).

⁷Executive Office of the President Office of National Drug Control Policy, *The Biden-Harris Administration’s Statement of Drug Policy Priorities for Year One*, (<https://www.whitehouse.gov/>)

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In 2018, Congress also passed the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act). The SUPPORT Act authorized opioid-specific funding and expanded access to SUD treatment and resources. The law also increased opioid abuse and overdose prevention training for providers; improved coordination and quality of care; supported e-prescribing of controlled-substances and strengthened both the Food and Drug Administration (FDA) and law enforcement's respective abilities to combat the trafficking of illicit opioids.⁸

Given the increasing risks associated with synthetic opioids, H.R. 2364 would authorize a public education campaign to raise awareness of synthetic opioids related to the dangers of synthetic opioids, including fentanyl and its analogues.

III. COMMITTEE HEARINGS

For the purposes of section 3(c) of rule XIII of the Rules of the House of Representatives, the following hearing was used to develop or consider H.R. 2364:

The Subcommittee on Health held a hearing on April 14, 2021, entitled "An Epidemic within a Pandemic: Understanding Substance Use and Misuse in America." The Subcommittee received testimony from the following witnesses:

Panel I

- Regina M. LaBelle, Acting Director, White House Office of National Drug Control Policy.

Panel II

- Geoffrey M. Laredo, Principal, Santa Cruz Strategies, LLC;
- Patricia L. Richman, National Sentencing Resource Counsel, Federal Public and Community Defenders;
- Mark Vargo, Pennington County State's Attorney, Legislative Committee Chairman, National District Attorneys Association;
- Timothy Westlake, M.D., F.F.S.M.B., F.A.C.E.P., Emergency Department Medical Director, Pro Health Care Oconomowoc Memorial Hospital;
- J. Deanna Wilson, M.D., M.P.H., Assistant Professor of Medicine and Pediatrics, University of Pittsburgh School of Medicine.

IV. COMMITTEE CONSIDERATION

H.R. 2364, the "Synthetic Opioid Danger Awareness Act," was introduced on April 5, 2021, by Representatives Andy Kim (D-NJ) and Chris Pappas (D-NH) and referred to the Committee on Energy and Commerce. Subsequently, on April 13, 2021, H.R. 2364 was referred to the Subcommittee on Health. A legislative hearing was held on the bill on April 14, 2021.

ondcp/briefing-room/2021/04/01/biden-harris-administration-announces-first-year-drug-policy-priorities/) (Apr. 1, 2021).

⁸Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act, Pub. L. No. 115-271 (2018).

On July 15, 2021, the Subcommittee on Health met in open markup session, pursuant to notice, to consider H.R. 2364 and 18 other bills. During consideration of the bill, an amendment in the nature of a substitute (AINS) offered by Representative Trahan (D-MA) was agreed to by a voice vote. Upon conclusion of consideration of the bill, the Subcommittee on Health agreed to report the bill favorably to the full Committee, amended, by a voice vote.

On July 21, 2021, the full Committee met in open markup session, pursuant to notice, to consider H.R. 2364 and 23 other bills. No amendments were offered during consideration of the bill. Upon conclusion of consideration of the bill, the full Committee agreed to a motion on final passage offered by Representative Pallone (D-NJ), Chairman of the Committee, to order H.R. 2364 reported favorably to the House, as amended, by a voice vote.

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. 2364.

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 educate and protect high-risk providers through public education campaign and training materials of the dangers of synthetic opioids.

X. DUPLICATION OF FEDERAL PROGRAMS

Pursuant to clause 3(c)(5) of rule XIII, no provision of H.R. 2364 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. 2364 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 “Synthetic Opioid Danger Awareness Act.”

Sec. 2. Establishes a synthetic opioids public awareness campaign

Section 2 requires the Secretary to establish a public education campaign on the dangers of synthetic opioids and related issues not later than one year after enactment. The legislation specifies the campaign should promote awareness about the potency and dangers of fentanyl, its analogues, and other synthetic opioids. It should also explain available services under the Substance Abuse and Mental Health Services Administration (SAMHSA) and CDC with respect to misuse of opioids. The campaign may be implemented through different media platforms and targeted to specific age groups and should take into consideration the findings of the report required under the SUPPORT Act related to the health effects of synthetic drug use. The legislation also requires the Secretary to have an independent evaluation of the campaign two years after enactment and to submit a report to Congress on the campaign’s effectiveness every two years thereafter. The Secretary is also required to develop and implement a plan for the dissemina-

tion of information related to synthetic opioids to health care providers who participate in Federal programs.

Sec. 3. Training guide and outreach on synthetic opioid exposure prevention

Section 3 requires the Secretary to design, publish, and make publicly available a training guide and webinar for first responders and other individuals who may be at high risk of exposure to synthetic opioids that details measures to prevent such exposure within. In addition, the Secretary must conduct outreach about the availability of the training guide and webinar to police and fire departments, sheriff deputies in city and county jails, ambulance transport and emergency room personnel, clinicians, and other high-risk occupations as identified by the Assistant Secretary for Mental Health and Substance Use.

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 III—GENERAL POWERS AND DUTIES OF PUBLIC HEALTH SERVICE

* * * * *

PART B—FEDERAL-STATE COOPERATION

* * * * *

SEC. 317V. SYNTHETIC OPIOIDS PUBLIC AWARENESS CAMPAIGN.

(a) *IN GENERAL.*—Not later than one year after the date of the enactment of this section, the Secretary shall provide for the planning and implementation of a public education campaign to raise public awareness of synthetic opioids (including fentanyl and its analogues). Such campaign shall include the dissemination of information that—

(1) promotes awareness about the potency and dangers of fentanyl and its analogues and other synthetic opioids;

(2) explains services provided by the Substance Abuse and Mental Health Services Administration and the Centers for Disease Control and Prevention (and any entity providing such services under a contract entered into with such agencies) with respect to the misuse of opioids, particularly as such services relate to the provision of alternative, non-opioid pain management treatments; and

(3) relates generally to opioid use and pain management.

(b) *USE OF MEDIA.*—The campaign under subsection (a) may be implemented through the use of television, radio, internet, in-person public communications, and other commercial marketing venues and may be targeted to specific age groups.

(c) *CONSIDERATION OF REPORT FINDINGS.*—In planning and implementing the public education campaign under subsection (a), the Secretary shall take into consideration the findings of the report required under section 7001 of the SUPPORT for Patients and Communities Act (Public Law 115–271).

(d) *CONSULTATION.*—In coordinating the campaign under subsection (a), the Secretary shall consult with the Assistant Secretary for Mental Health and Substance Use to provide ongoing advice on the effectiveness of information disseminated through the campaign.

(e) *REQUIREMENT OF CAMPAIGN.*—The campaign implemented under subsection (a) shall not be duplicative of any other Federal efforts relating to eliminating the misuse of opioids.

(f) *EVALUATION.*—

(1) *IN GENERAL.*—The Secretary shall ensure that the campaign implemented under subsection (a) is subject to an independent evaluation, beginning 2 years after the date of the enactment of this section, and every 2 years thereafter.

(2) *MEASURES AND BENCHMARKS.*—For purposes of an evaluation conducted pursuant to paragraph (1), the Secretary shall—

(A) establish baseline measures and benchmarks to quantitatively evaluate the impact of the campaign under this section; and

(B) conduct qualitative assessments regarding the effectiveness of strategies employed under this section.

(g) *REPORT.*—The Secretary shall, beginning 2 years after the date of the enactment of this section, and every 2 years thereafter, submit to Congress a report on the effectiveness of the campaign implemented under subsection (a) towards meeting the measures and benchmarks established under subsection (e)(2).

(h) *DISSEMINATION OF INFORMATION THROUGH PROVIDERS.*—The Secretary shall develop and implement a plan for the dissemination of information related to synthetic opioids, to health care providers who participate in Federal programs, including programs administered by the Department of Health and Human Services, the Indian Health Service, the Department of Veterans Affairs, the Department of Defense, and the Health Resources and Services Administration, the Medicare program under title XVIII of the Social Security Act, and the Medicaid program under title XIX of such Act.

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