

#### Union Calendar No. 131

117TH CONGRESS 1ST SESSION

## H.R. 2364

[Report No. 117-181]

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.

#### IN THE HOUSE OF REPRESENTATIVES

April 5, 2021

Mr. Kim of New Jersey (for himself and Mr. Pappas) introduced the following bill; which was referred to the Committee on Energy and Commerce

> November 30, 2021 Additional sponsor: Mr. Ruiz

> > NOVEMBER 30, 2021

Reported with an amendment; committed to the Committee of the Whole House on the State of the Union and ordered to be printed

[Strike out all after the enacting clause and insert the part printed in italic]

[For text of introduced bill, see copy of bill as introduced on April 5, 2021]

### **A BILL**

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.

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 "Synthetic Opioid Dan-
5	ger Awareness Act".
6	SEC. 2. SYNTHETIC OPIOIDS PUBLIC AWARENESS CAM-
7	PAIGN.
8	Part B of title III of the Public Health Service Act
9	is amended by inserting after section 317U (42 U.S.C.
10	247b-23) the following new section:
11	"SEC. 317V. SYNTHETIC OPIOIDS PUBLIC AWARENESS CAM-
12	PAIGN.
13	"(a) In General.—Not later than one year after the
14	date of the enactment of this section, the Secretary shall
15	provide for the planning and implementation of a public
16	education campaign to raise public awareness of synthetic
17	opioids (including fentanyl and its analogues). Such cam-
18	paign shall include the dissemination of information that—
19	"(1) promotes awareness about the potency and
20	dangers of fentanyl and its analogues and other syn-
21	thetic opioids;
22	"(2) explains services provided by the Substance
23	Abuse and Mental Health Services Administration
24	and the Centers for Disease Control and Prevention
25	(and any entity providing such services under a con-

- 1 tract entered into with such agencies) with respect to
- 2 the misuse of opioids, particularly as such services re-
- 3 late to the provision of alternative, non-opioid pain
- 4 management treatments; and
- 5 "(3) relates generally to opioid use and pain
- 6 management.
- 7 "(b) USE OF MEDIA.—The campaign under subsection
- 8 (a) may be implemented through the use of television, radio,
- 9 internet, in-person public communications, and other com-
- 10 mercial marketing venues and may be targeted to specific
- 11 age groups.
- 12 "(c) Consideration of Report Findings.—In plan-
- 13 ning and implementing the public education campaign
- 14 under subsection (a), the Secretary shall take into consider-
- 15 ation the findings of the report required under section 7001
- 16 of the SUPPORT for Patients and Communities Act (Pub-
- 17 lic Law 115–271).
- 18 "(d) Consultation.—In coordinating the campaign
- 19 under subsection (a), the Secretary shall consult with the
- 20 Assistant Secretary for Mental Health and Substance Use
- 21 to provide ongoing advice on the effectiveness of information
- 22 disseminated through the campaign.
- 23 "(e) Requirement of Campaign.—The campaign
- 24 implemented under subsection (a) shall not be duplicative

1	of any other Federal efforts relating to eliminating the mis-
2	use of opioids.
3	"(f) EVALUATION.—
4	"(1) In general.—The Secretary shall ensure
5	that the campaign implemented under subsection (a)
6	is subject to an independent evaluation, beginning 2
7	years after the date of the enactment of this section,
8	and every 2 years thereafter.
9	"(2) Measures and Benchmarks.—For pur-
10	poses of an evaluation conducted pursuant to para-
11	graph (1), the Secretary shall—
12	"(A) establish baseline measures and bench-
13	marks to quantitatively evaluate the impact of
14	the campaign under this section; and
15	"(B) conduct qualitative assessments re-
16	garding the effectiveness of strategies employed
17	under this section.
18	"(g) Report.—The Secretary shall, beginning 2 years
19	after the date of the enactment of this section, and every
20	2 years thereafter, submit to Congress a report on the effec-
21	tiveness of the campaign implemented under subsection (a)
22	towards meeting the measures and benchmarks established
23	$under\ subsection\ (e)(2).$
24	"(h) Dissemination of Information Through
25	Providers.—The Secretary shall develop and implement

- 1 a plan for the dissemination of information related to syn-
- 2 thetic opioids, to health care providers who participate in
- 3 Federal programs, including programs administered by the
- 4 Department of Health and Human Services, the Indian
- 5 Health Service, the Department of Veterans Affairs, the De-
- 6 partment of Defense, and the Health Resources and Services
- 7 Administration, the Medicare program under title XVIII
- 8 of the Social Security Act, and the Medicaid program under
- 9 title XIX of such Act.".

#### 10 SEC. 3. TRAINING GUIDE AND OUTREACH ON SYNTHETIC

- 11 *OPIOID EXPOSURE PREVENTION.*
- 12 (a) Training Guide.—Not later than 18 months after
- 13 the date of the enactment of this Act, the Secretary of Health
- 14 and Human Services shall design, publish, and make pub-
- 15 licly available on the internet website of the Institute, a
- 16 training guide and webinar for first responders and other
- 17 individuals who also may be at high risk of exposure to
- 18 synthetic opioids that details measures to prevent that expo-
- 19 *sure*.
- 20 (b) Outreach.—Not later than 18 months after the
- 21 date of the enactment of this Act, the Secretary of Health
- 22 and Human Services shall also conduct outreach about the
- 23 availability of the training guide and webinar published
- 24 under subsection (a) to—
- 25 (1) police and fire managements;

1	(2) sheriff deputies in city and county jails;
2	(3) ambulance transport and hospital emergency
3	room personnel;
4	(4) clinicians; and
5	(5) other high-risk occupations, as identified by
6	the Assistant Secretary for Mental Health and Sub-
7	stance $U_{8e}$

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