114TH CONGRESS
1ST SESSION

H. R. 2850

To prevent deaths occurring from drug overdoses.

IN THE HOUSE OF REPRESENTATIVES

JUNE 23, 2015

Ms. EDWARDS (for herself, Mr. CARNEY, Mr. CARTWRIGHT, Ms. CLARK of Massachusetts, Mr. CONYERS, Mr. CUMMINGS, Ms. DELAURO, Mr. ELLISON, Mr. FOSTER, Mr. KEATING, Mr. LEWIS, Mr. BEN RAY LUJÁN of New Mexico, Mr. SEAN PATRICK MALONEY of New York, Mr. MCGOVERN, Ms. MOORE, Ms. NORTON, Mr. O'ROURKE, Ms. PINGREE, Mr. RANGEL, Mr. RUSH, Mr. RYAN of Ohio, Mr. TONKO, Mr. VAN HOLLEN, Mrs. WATSON COLEMAN, Mr. WELCH, and Ms. LEE) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To prevent deaths occurring from drug overdoses.

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 "Stop Overdose Stat
5 Act of 2015".

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

8 (1) According to the Centers for Disease Con-
9 trol and Prevention, each day in the United States,

1 more than 100 people die from a drug overdose.
2 Among people 25 to 64 years old, drug overdose
3 causes more deaths than motor vehicle accidents.
4 (2) The Centers for Disease Control and Pre-
5 vention reports that nearly 44,000 people in the
6 United States died from a drug overdose in 2013
7 alone. More than 80 percent of those deaths were
8 due to unintentional drug overdoses, and many could
9 have been prevented.
10 (3) Deaths resulting from unintentional drug
11 overdoses increased more than 300 percent between
12 1980 and 1998, and more than tripled between 1999
13 and 2013.
14 (4) Nearly 92 percent of all unintentional poi-
15 soning deaths are due to drugs. Since 1999, in the
16 United States the population of non-Hispanic
17 Whites and the population of Indians (as defined in
18 section 4 of the Indian Self-Determination and Edu-
19 cation Assistance Act (25 U.S.C. 450b)) have seen
20 the highest rates of unintentional drug poisoning
21 deaths.
22 (5) Opioid medications such as oxycodone and
23 hydrocodone were involved in nearly 46 percent of
24 all unintentional drug poisoning deaths in 2013.

1 (6) Unintentional drug poisoning deaths involv-
2 ing heroin nearly tripled between 2010 and 2013
3 and were 23 percent of all unintentional drug poi-
4 soning deaths in 2013.
5 (7) Between 1999 and 2010, opioid medication
6 overdose fatalities increased by more than 400 per-
7 cent among women and 265 percent among men.
8 (8) Military veterans are at elevated risk of ex-
9 periencing a drug overdose. Veterans who served in
10 Vietnam, Iraq, or Afghanistan and who have combat
11 injuries, posttraumatic stress disorder, and other co-
12 occurring mental health diagnoses are at elevated
13 risk of fatal drug overdose from opioid medications.
14 (9) Rural and suburban regions are dispropor-
15 tionately affected by opioid medication and heroin
16 overdoses. From 2000 through 2013, the age-ad-
17 justed rate for drug poisoning deaths involving her-
18 oin has increased nearly 11-fold in the Midwest re-
19 gion and more than 3-fold in the South region.
20 (10) Urban centers also continue to struggle
21 with overdose, which is the leading cause of death
22 among homeless adults.
23 (11) In 2009 alone, estimated lost productivity
24 and direct medical costs from opioid medication
25 poisonings exceeded $20,000,000,000.

1 (12) Opioid medication poisonings cost health
2 insurers an estimated $72,000,000,000 annually in
3 medical costs.
4 (13) Both fatal and nonfatal overdoses place a
5 heavy burden on public health and public safety re-
6 sources, yet there is no coordinated cross-Federal
7 agency response to prevent overdose fatalities.
8 (14) Naloxone is a medication that rapidly re-
9 verses overdose from heroin and opioid medications.
10 (15) Naloxone has no pharmacological effect if
11 administered to a person who has not taken opioids
12 and has no potential for abuse. Naloxone provides
13 additional time to obtain necessary medical assist-
14 ance during an overdose.
15 (16) Lawmakers in Arkansas, California, Colo-
16 rado, Connecticut, Delaware, Georgia, Idaho, Illi-
17 nois, Indiana, Kentucky, Maine, Maryland, Massa-
18 chusetts, Michigan, Minnesota, Mississippi, Nevada,
19 New Jersey, New Mexico, New York, North Caro-
20 lina, North Dakota, Ohio, Oklahoma, Oregon, Penn-
21 sylvania, Rhode Island, Tennessee, Utah, Vermont,
22 Virginia, Washington, West Virginia, Wisconsin, and
23 the District of Columbia have removed legal impedi-
24 ments to increasing naloxone prescription and its

1 use by bystanders who are in a position to respond
2 to an overdose.

3 (17) The American Medical Association and the
4 American Public Health Association support further
5 implementation of community-based programs that
6 offer naloxone and other opioid overdose prevention
7 services.

8 (18) Community-based overdose prevention pro-
9 grams have successfully prevented deaths from
10 opioid overdoses by making rescue training and
11 naloxone available to first responders, parents, and
12 other bystanders who may encounter an overdose. A
13 study funded by the Centers for Disease Control and
14 Prevention of community-based overdose prevention
15 programs provided by the Massachusetts Depart-
16 ment of Public Health found that communities with
17 access to overdose prevention programs experienced
18 lower mortality rates from opioid overdoses than
19 communities that did not have access to overdose
20 prevention programs during the study period.

21 (19) Over 150,000 potential bystanders have
22 been trained by overdose prevention programs in the
23 United States. A Centers for Disease Control and
24 Prevention report credits overdose prevention pro-

1 grams with reversing more than 26,000 overdoses
2 since 1996.
3 (20) At least 188 local overdose prevention pro-
4 grams are operating in the United States, including
5 in major cities such as Baltimore, Chicago, Los An-
6 geles, New York City, Boston, San Francisco, and
7 Philadelphia, and statewide in New Mexico, Massa-
8 chusetts, and New York. Between December 2007
9 and March 2014, overdose prevention programs fa-
10 cilitated by the Massachusetts Department of Public
11 Health trained more than 22,500 people who re-
12 ported more than 2,655 rescues. Since 2004, a pro-
13 gram administered by the Baltimore City Health
14 Department has trained more than 11,000 people
15 who reported more than 220 rescues. Project Laz-
16 arus, an overdose prevention program in Wilkes
17 County, North Carolina, reduced overdose deaths 69
18 percent between 2009 and 2011.
19 (21) In Illinois, the Department of Human
20 Services, Division of Alcoholism and Substance
21 Abuse has enrolled over 20 drug overdose prevention
22 programs with over 100 designated sites across Illi-
23 nois targeting multiple service populations. These
24 enrollees include police departments, county health
25 departments, medical facilities, licensed substance

1 abuse treatment programs, and community organiza-
2 tions. Statewide, over 2,000 police officers and more
3 than 600 others have been trained thus far. The
4 DuPage County Illinois Health Department has
5 trained over 1,200 police officers and has reported
6 34 overdose reversals in 2014 alone.

7 (22) The Office of National Drug Control Pol-
8 icy supports equipping first responders to help re-
9 verse overdoses. Police officers on patrol in Quincy,
10 Massachusetts, have conducted 300 overdose rescues
11 with naloxone since 2011. The police department has
12 reported a 95-percent success rate with overdose res-
13 cue attempts by police officers. In Suffolk County,
14 New York, police officers have saved more than 563
15 lives with naloxone in 2013 alone.

16 (23) Research shows that the cost per year of
17 life gained by making naloxone available to reverse
18 overdoses is within the range of what people in the
19 United States usually pay for health treatments.

20 (24) Prompt administration of naloxone and
21 provision of emergency care by a bystander can re-
22 duce health complications and health care costs that
23 arise when a person is deprived of oxygen for an ex-
24 tended period of time.

1 (25) Overdose prevention programs are needed
2 in correctional facilities, addiction treatment pro-
3 grams, and other places where people are at higher
4 risk of overdosing after a period of abstinence.
5 (26) Timely, drug-specific fatal and nonfatal
6 surveillance data at the local, State, and regional
7 level is critically needed to target prevention efforts.
8 (27) People affected by drug overdose gather on
9 August 31 of each year in communities nationwide
10 for Overdose Awareness Day, to mourn and pay
11 tribute to loved ones and raise awareness about
12 overdose risk and prevention.

13 **SEC. 3. OVERDOSE PREVENTION PROGRAMS.**

14 Title III of the Public Health Service Act (42 U.S.C.
15 241 et seq.) is amended by adding at the end the fol-
16 lowing:

17 **“PART W—OVERDOSE PREVENTION PROGRAMS**

18 **“SEC. 399OO. COOPERATIVE AGREEMENT PROGRAM TO RE-**
19 **DUCE DRUG OVERDOSE DEATHS.**

20 ‘‘(a) PROGRAM AUTHORIZED.—The Secretary, acting
21 through the Administrator of the Substance Abuse and
22 Mental Health Services Administration, shall enter into
23 cooperative agreements with eligible entities to enable the
24 eligible entities to reduce deaths occurring from overdoses
25 of drugs.

1 "(b) ELIGIBLE ENTITIES.—To be eligible to receive
2 a cooperative agreement under this section, an entity shall
3 be a State, local, or tribal government, a correctional insti-
4 tution, a law enforcement agency, a community agency,
5 a professional organization in the field of poison control
6 and surveillance, or a private nonprofit organization.

7 "(c) APPLICATION.—

8 "(1) IN GENERAL.—An eligible entity desiring a
9 cooperative agreement under this section shall sub-
10 mit to the Secretary an application at such time, in
11 such manner, and containing such information as
12 the Secretary may require.

13 "(2) CONTENTS.—An application under para-
14 graph (1) shall include—

15 "(A) a description of the activities to be
16 funded through the cooperative agreement; and

17 "(B) evidence that the eligible entity has
18 the capacity to carry out such activities.

19 "(d) PRIORITY.—In entering into cooperative agree-
20 ments under subsection (a), the Secretary shall give pri-
21 ority to eligible entities that—

22 "(1) are a public health agency or community-
23 based organization; and

1 "(2) have expertise in preventing deaths occur-
2 ring from overdoses of drugs in populations at high
3 risk of such deaths.

4 "(e) ELIGIBLE ACTIVITIES.—As a condition of re-
5 ceipt of a cooperative agreement under this section, an eli-
6 gible entity shall agree to use the cooperative agreement
7 to do each of the following:

8 "(1) Purchase and distribute the drug naloxone
9 or a similarly effective medication.

10 "(2) Carry out one or more of the following ac-
11 tivities:

12 "(A) Educating prescribers and phar-
13 macists about overdose prevention and naloxone
14 prescription, or prescriptions of a similarly ef-
15 fective medication.

16 "(B) Training first responders, other indi-
17 viduals in a position to respond to an overdose,
18 and law enforcement and corrections officials on
19 the effective response to individuals who have
20 overdosed on drugs. Training pursuant to this
21 subparagraph may include any activity that is
22 educational, instructional, or consultative in na-
23 ture, and may include volunteer training,
24 awareness building exercises, outreach to indi-

1 viduals who are at-risk of a drug overdose, and
2 distribution of educational materials.
3 ''(C) Implementing and enhancing pro-
4 grams to provide overdose prevention, recogni-
5 tion, treatment, and response to individuals in
6 need of such services.
7 ''(D) Educating the public and providing
8 outreach to the public about overdose preven-
9 tion and naloxone prescriptions, or prescriptions
10 of other similarly effective medications.
11 ''(f) COORDINATING CENTER.—
12 ''(1) ESTABLISHMENT.—The Secretary shall es-
13 tablish and provide for the operation of a coordi-
14 nating center responsible for—
15 ''(A) collecting, compiling, and dissemi-
16 nating data on the programs and activities
17 under this section, including tracking and eval-
18 uating the distribution and use of naloxone and
19 other similarly effective medication;
20 ''(B) evaluating such data and, based on
21 such evaluation, developing best practices for
22 preventing deaths occurring from drug
23 overdoses;
24 ''(C) making such best practices specific to
25 the type of community involved;

1 "(D) coordinating and harmonizing data
2 collection measures;
3 "(E) evaluating the effects of the program
4 on overdose rates; and
5 "(F) education and outreach to the public
6 about overdose prevention and prescription of
7 naloxone and other similarly effective medica-
8 tion.
9 "(2) REPORTS TO CENTER.—As a condition on
10 receipt of a cooperative agreement under this sec-
11 tion, an eligible entity shall agree to prepare and
12 submit, not later than 90 days after the end of the
13 cooperative agreement period, a report to such co-
14 ordinating center and the Secretary describing the
15 results of the activities supported through the coop-
16 erative agreement.
17 "(g) DURATION.—The period of a cooperative agree-
18 ment under this section shall be 4 years.
19 "(h) DEFINITION.—In this part, the term 'drug' —
20 "(1) means a drug, as defined in section 201 of
21 the Federal Food, Drug, and Cosmetic Act (21
22 U.S.C. 321); and
23 "(2) includes controlled substances, as defined
24 in section 102 of the Controlled Substances Act (21
25 U.S.C. 802).

1 "(i) AUTHORIZATION OF APPROPRIATIONS.—There
2 are authorized to be appropriated $20,000,000 to carry
3 out this section for each of the fiscal years 2016 through
4 2020.

5 **"SEC. 399OO–1. SURVEILLANCE CAPACITY BUILDING.**

6 "(a) PROGRAM AUTHORIZED.—The Secretary, acting
7 through the Director of the Centers for Disease Control
8 and Prevention, shall award cooperative agreements to eli-
9 gible entities to improve fatal and nonfatal drug overdose
10 surveillance and reporting capabilities, including—

11 "(1) providing training to improve identification
12 of drug overdose as the cause of death by coroners
13 and medical examiners;

14 "(2) establishing, in cooperation with the Na-
15 tional Poison Data System, coroners, and medical
16 examiners, a comprehensive national program for
17 surveillance of, and reporting to an electronic data-
18 base on, drug overdose deaths in the United States;
19 and

20 "(3) establishing, in cooperation with the Na-
21 tional Poison Data System, a comprehensive na-
22 tional program for surveillance of, and reporting to
23 an electronic database on, fatal and nonfatal drug
24 overdose occurrences, including epidemiological and
25 toxicologic analysis and trends.

1 ‘‘(b) ELIGIBLE ENTITY.—To be eligible to receive a
2 cooperative agreement under this section, an entity shall
3 be—
4 ‘‘(1) a State, local, or tribal government; or
5 ‘‘(2) the National Poison Data System working
6 in conjunction with a State, local, or tribal govern-
7 ment.
8 ‘‘(c) APPLICATION.—
9 ‘‘(1) IN GENERAL.—An eligible entity desiring a
10 cooperative agreement under this section shall sub-
11 mit to the Secretary an application at such time, in
12 such manner, and containing such information as
13 the Secretary may require.
14 ‘‘(2) CONTENTS.—The application described in
15 paragraph (1) shall include—
16 ‘‘(A) a description of the activities to be
17 funded through the cooperative agreement; and
18 ‘‘(B) evidence that the eligible entity has
19 the capacity to carry out such activities.
20 ‘‘(d) REPORT.—As a condition of receipt of a cooper-
21 ative agreement under this section, an eligible entity shall
22 agree to prepare and submit, not later than 90 days after
23 the end of the cooperative agreement period, a report to
24 the Secretary describing the results of the activities sup-
25 ported through the cooperative agreement.

1 “(e) NATIONAL POISON DATA SYSTEM.—In this sec-
2 tion, the term ‘National Poison Data System’ means the
3 system operated by the American Association of Poison
4 Control Centers, in partnership with the Centers for Dis-
5 ease Control and Prevention, for real-time local, State,
6 and national electronic reporting, and the corresponding
7 database network.

8 “(f) AUTHORIZATION OF APPROPRIATIONS.—There
9 are authorized to be appropriated to carry out this section
10 $5,000,000 for each of the fiscal years 2016 through
11 2020.

12 **“SEC. 399OO–2. REDUCING OVERDOSE DEATHS.**

13 “(a) PREVENTION OF DRUG OVERDOSE.—Not later
14 than 180 days after the date of the enactment of this sec-
15 tion, the Secretary, in consultation with a task force com-
16 prised of stakeholders, shall develop a plan to reduce the
17 number of deaths occurring from overdoses of drugs and
18 shall submit the plan to Congress. The plan shall in-
19 clude—

20 “(1) a plan for implementation of a public
21 health campaign to educate prescribers and the pub-
22 lic about overdose prevention and prescription of
23 naloxone and other similarly effective medication;

24 “(2) recommendations for improving and ex-
25 panding overdose prevention programming; and

1 "(3) recommendations for such legislative or
2 administrative action as the Secretary determines
3 appropriate.
4 "(b) TASK FORCE REPRESENTATION.—
5 "(1) REQUIRED MEMBERS.—The task force
6 under subsection (a) shall include at least one rep-
7 resentative of each of the following:
8 "(A) Individuals directly impacted by drug
9 overdose.
10 "(B) Direct service providers who engage
11 individuals at risk of a drug overdose.
12 "(C) Drug overdose prevention advocates.
13 "(D) The National Institute on Drug
14 Abuse.
15 "(E) The Center for Substance Abuse
16 Treatment.
17 "(F) The Centers for Disease Control and
18 Prevention.
19 "(G) The Health Resources and Services
20 Administration.
21 "(H) The Food and Drug Administration.
22 "(I) The Office of National Drug Control
23 Policy.
24 "(J) The American Medical Association.

1 "(K) The American Association of Poison
2 Control Centers.
3 "(L) The Federal Bureau of Prisons.
4 "(M) The Centers for Medicare & Medicaid
5 Services.
6 "(N) The Department of Justice.
7 "(O) The Department of Defense.
8 "(P) The Department of Veterans Affairs.
9 "(Q) First responders.
10 "(R) Law enforcement.
11 "(S) State agencies responsible for drug
12 overdose prevention.
13 "(2) ADDITIONAL MEMBERS.—In addition to
14 the representatives required by paragraph (1), the
15 task force under subsection (a) may include other in-
16 dividuals with expertise relating to drug overdoses or
17 representatives of entities with expertise relating to
18 drug overdoses, as the Secretary determines appro-
19 priate.".

20 **SEC. 4. OVERDOSE PREVENTION RESEARCH.**

21 Subpart 15 of part C of title IV of the Public Health
22 Service Act (42 U.S.C. 285o et seq.) is amended by adding
23 at the end the following:

1 **“SEC. 464Q. OVERDOSE PREVENTION RESEARCH.**

2 ‘‘(a) OVERDOSE RESEARCH.—The Director of the In-
3 stitute shall prioritize and conduct or support research on
4 drug overdose and overdose prevention. The primary aims
5 of this research shall include—

6 ‘‘(1) an examination of circumstances that con-
7 tribute to drug overdose and identification of drugs
8 associated with fatal overdose;

9 ‘‘(2) an evaluation of existing overdose preven-
10 tion methods;

11 ‘‘(3) pilot programs or research trials on new
12 overdose prevention strategies or programs that have
13 not been studied in the United States;

14 ‘‘(4) scientific research concerning the effective-
15 ness of overdose prevention programs, including how
16 to effectively implement and sustain such programs;

17 ‘‘(5) comparative effectiveness research of
18 model programs; and

19 ‘‘(6) implementation of science research con-
20 cerning effective overdose prevention programming
21 examining how to implement and sustain overdose
22 prevention programming.

23 ‘‘(b) FORMULATIONS OF NALOXONE.—The Director
24 of the Institute shall support research on the development
25 of formulations of naloxone, and other similarly effective
26 medications, and dosage delivery devices specifically in-

1 tended to be used by lay persons or first responders for
2 the prehospital treatment of unintentional drug overdose.
3 "(c) DEFINITION.—In this section, the term 'drug'
4 has the meaning given such term in section 399OO.
5 "(d) AUTHORIZATION OF APPROPRIATIONS.—There
6 are authorized to be appropriated to carry out this section
7 $5,000,000 for each of the fiscal years 2016 through
8 2020.".

○