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(Original Signature of Member)

111TH CONGRESS
1ST SESSION

H. R. _____

To reduce deaths occurring from drug overdoses.

IN THE HOUSE OF REPRESENTATIVES

Ms. EDWARDS of Maryland introduced the following bill; which was referred to the Committee on _____

A BILL

To reduce deaths occurring from drug overdoses.

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 ''Drug Overdose Reduction Act''.

SEC. 2. FINDINGS.

The Congress finds the following:

(1) Drug overdose death is now second only to motor vehicle crashes as a leading cause of injury-related death nationally. Both fatal and nonfatal

overdoses place a heavy burden on public health resources, yet no Federal agency has been tasked with stemming this crisis.

(2) The Centers for Disease Control and Prevention reports that 33,541 deaths in the United States in 2005 were attributable to drug-induced causes. Sixty-seven percent of these deaths were due to unintentional drug poisonings and could have been prevented.

(3) Deaths resulting from accidental drug overdoses increased more than 400 percent between 1980 and 1999, and more than doubled between 1999 and 2005.

(4) Ninety-five percent of all unintentional and undetermined intent poisoning deaths are due to drugs, and poisoning deaths cost society more than $2,200,000,000 in direct medical costs and $23,000,000,000 in lost productivity costs in the year 2000 alone.

(5) According to the Federal Drug Abuse Warning Network, most drug-related deaths involve multiple drugs including prescription opioids and alcohol. Opioid overdose deaths are occurring among those who are taking pharmaceutical opioid drugs,

like oxycodone and hydrocodone, and among heroin users.

(6) Community-based programs working with high-risk populations have successfully prevented deaths from opioid overdoses through education and access to effective reversal agents, such as naloxone.

(7) Naloxone is a highly effective opioid antagonist that reverses overdose from both prescription opioids and heroin.

(8) Public health programs to make naloxone available to people at-risk of a drug overdose are currently operating in major cities including Baltimore, Chicago, Los Angeles, New York City, Boston, San Francisco, and Philadelphia, and statewide in 3 States including New Mexico, Massachusetts, and New York. A naloxone distribution program in Boston saved more than 170 lives in the last year alone.

(9) Between 2001 and January 2008, it is estimated that more than 2,600 overdoses have been reversed in 16 programs across the Nation.

(10) Many fatal drug overdoses occur in the presence of witnesses who can respond effectively to an overdose when properly trained and equipped.

(11) Overdose prevention programs are needed in correctional facilities, addiction treatment pro-

grams, and other places where people are at higher risk of overdosing after a period of abstinence.

(12) Patients who suffer from chronic pain have died from opioid drug prescribing and dosing errors and would benefit from receiving a prescription for naloxone that is paired with any prescribed opioid drug.

SEC. 3. OVERDOSE PREVENTION GRANT PROGRAM.

(a) PROGRAM AUTHORIZED.—The Director of the Centers for Disease Control and Prevention shall award grants or cooperative agreements to eligible entities to enable the eligible entities to reduce deaths occurring from overdoses of drugs.

(b) APPLICATION.—

(1) IN GENERAL.—An eligible entity desiring a grant or cooperative agreement under this section shall submit to the Director an application at such time, in such manner, and containing such information as the Director may require.

(2) CONTENTS.—An application under paragraph (1) shall include—

(A) a description of the activities to be funded through the grant or cooperative agreement; and

(B) a demonstration that the eligible entity has the capacity to carry out such activities.

(c) PRIORITY.—In awarding grants and cooperative agreements under subsection (a), the Director shall give priority to eligible entities that—

(1) are public health agencies or community-based organizations; and

(2) have expertise in preventing deaths occurring from overdoses of drugs in populations at high risk of such deaths.

(d) ELIGIBLE ACTIVITIES.—As a condition on receipt of a grant or cooperative agreement under this section, an eligible entity shall agree to use the grant or cooperative agreement to carry out one or more of the following activities:

(1) Purchasing and distributing drug overdose reversal agents, such as naloxone.

(2) Training first responders, other individuals in a position to respond to an overdose, and law enforcement and corrections officials on the effective response to individuals who have overdosed on drugs.

(3) Implementing programs to provide overdose prevention, recognition, treatment, or response to individuals in need of such services.

(4) Evaluating, expanding, or replicating a program described in paragraph (1) or (2).

(e) REPORT.—As a condition on receipt of a grant or cooperative agreement under this section, an eligible entity shall agree to prepare and submit, not later than 90 days after the end of the grant or cooperative agreement period, a report to the Director describing the results of the activities supported through the grant or cooperative agreement.

(f) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section $27,000,000 for each of the fiscal years 2010 and 2011, and such sums as may be necessary for each of the fiscal years 2012 through 2014.

SEC. 4. SENTINEL SURVEILLANCE SYSTEM.

(a) DATA COLLECTION.—The Director of the Centers for Disease Control and Prevention shall annually compile and publish data on both fatal and nonfatal overdoses of drugs for the preceding year. To the extent possible, the data shall be collected from all county, State, and tribal governments, the Federal Government, and private sources, shall be made available in the form of an Internet database that is accessible to the public, and shall include—

(1) identification of the underlying drugs that led to fatal overdose;

(2) identification of substance level specificity where possible;

(3) analysis of trends in polydrug use in overdose victims, as well as identification of emerging overdose patterns;

(4) results of toxicology screenings in fatal overdoses routinely conducted by State medical examiners;

(5) identification of—

(A) drugs that were involved in both fatal and nonfatal unintentional poisonings; and

(B) the number and percentage of such poisonings by drug; and

(6) identification of the type of place where unintentional drug poisonings occur, as well as the age, race, and gender of victims.

(b) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section $5,000,000 for each of the fiscal years 2010 and 2011, and such sums as may be necessary for each of the fiscal years 2012 through 2014.

SEC. 5. SURVEILLANCE CAPACITY BUILDING.

(a) PROGRAM AUTHORIZED.—The Director of the Centers for Disease Control and Prevention shall award grants or cooperative agreements to State, local, or tribal governments to improve fatal and nonfatal drug overdose surveillance capabilities, including the following:

(1) Implementing or enhancing the material capacity of a coroner or medical examiner's office to conduct toxicological screenings where drug overdose is the suspected cause of death.

(2) Training and other educational activities to improve identification of drug overdose as the cause of death by coroners and medical examiners.

(3) Hiring epidemiologists and toxicologists to analyze and report on fatal and nonfatal drug overdose trends.

(4) Purchasing resources and equipment that directly aid drug overdose surveillance and reporting.

(b) APPLICATION.—

(1) IN GENERAL.—A State, local, or tribal government desiring a grant or cooperative agreement under this section shall submit to the Director an application at such time, in such manner, and containing such information as the Director may require.

(2) CONTENTS.—The application described in paragraph (1) shall include—

(A) a description of the activities to be funded through the grant or cooperative agreement; and

(B) a demonstration that the State, local, or tribal government has the capacity to carry out such activities.

(c) REPORT.—As a condition on receipt of a grant or cooperative agreement under this section, a State, local, or tribal government shall agree to prepare and submit, not later than 90 days after the end of the grant or cooperative agreement period, a report to the Director describing the results of the activities supported through the grant or cooperative agreement.

(d) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section $5,000,000 for each of the fiscal years 2010 and 2011, and such sums as may be necessary for each of the fiscal years 2012 through 2014.

SEC. 6. REDUCING OVERDOSE DEATHS.

(a) IN GENERAL.—Not later than 180 days after the date of the enactment of this Act, the Director of the Centers for Disease Control and Prevention shall develop a plan in consultation with a task force comprised of stake-

holders to reduce the number of deaths occurring from overdoses of drugs and shall submit the plan to Congress. The plan shall include—

(1) an identification of the barriers to obtaining accurate data regarding the number of deaths occurring from overdoses of drugs;

(2) an identification of the barriers to implementing more effective overdose prevention strategies and programs;

(3) an examination of overdose prevention best practices;

(4) an analysis of the supply source of drugs that caused both fatal and nonfatal unintentional poisonings;

(5) recommendations for improving and expanding overdose prevention programming; and

(6) recommendations for such legislative or administrative action as the Director considers appropriate.

(b) DEFINITION.—In this section, the term ''stakeholder'' means any individual directly impacted by drug overdose, any direct service provider who engages individuals at-risk of a drug overdose, any drug overdose prevention advocate, the National Institute on Drug Abuse, the Center for Substance Abuse Treatment, the Centers for

Disease Control and Prevention, the Food and Drug Administration, and any other individual or entity with drug overdose expertise.

SEC. 7. OVERDOSE PREVENTION RESEARCH.

(a) OVERDOSE RESEARCH.—The Director of the National Institute on Drug Abuse shall prioritize and conduct or support research on drug overdose and overdose prevention. The primary aims of this research shall include—

(1) examinations of circumstances that contributed to drug overdose and identification of drugs associated with fatal overdose;

(2) evaluations of existing overdose prevention program intervention methods; and

(3) pilot programs or research trials on new overdose prevention strategies or programs that have not been studied in the United States.

(b) DOSAGE FORMS OF NALOXONE.—The Director of the National Institute on Drug Abuse shall support research on the development of dosage forms of naloxone specifically intended to be used by lay persons or first responders for the prehospital treatment of unintentional drug overdose.

(c) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section $5,000,000 for each of the fiscal years 2010 and 2011,

and such sums as may be necessary for each of the fiscal years 2012 through 2014.

SEC. 8. DEFINITIONS.

In this Act:

(1) DIRECTOR.—Unless otherwise specified, the term ''Director'' means the Director of the Centers for Disease Control and Prevention.

(2) DRUG.—The term ''drug''—

(A) means a drug (as that term is defined in section 201 of the Federal Food, Drug, or Cosmetic Act (21 U.S.C. 321); and

(B) includes any controlled substance (as that term is defined in section 102 of the Controlled Substances Act (21 U.S.C. 802)).

(3) ELIGIBLE ENTITY.—The term ''eligible entity'' means an entity that is a State, local, or tribal government, a correctional institution, a law enforcement agency, a community agency, or a private nonprofit organization.

(4) TRAINING.—The term ''training'' means any activity that is educational, instructional, or consultative in nature, and may include volunteer trainings, awareness building exercises, outreach to individuals who are at-risk of a drug overdose, and distribution of educational materials.