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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.

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 “Drug Overdose Reduc-
5 tion Act”.

6 **SEC. 2. FINDINGS.**

7 The Congress finds the following:

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

1 overdoses place a heavy burden on public health re-
2 sources, yet no Federal agency has been tasked with
3 stemming this crisis.

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

10 (3) Deaths resulting from accidental drug
11 overdoses increased more than 400 percent between
12 1980 and 1999, and more than doubled between
13 1999 and 2005.

14 (4) Ninety-five percent of all unintentional and
15 undetermined intent poisoning deaths are due to
16 drugs, and poisoning deaths cost society more than
17 \$2,200,000,000 in direct medical costs and
18 \$23,000,000,000 in lost productivity costs in the
19 year 2000 alone.

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

1 like oxycodone and hydrocodone, and among heroin
2 users.

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

7 (7) Naloxone is a highly effective opioid antago-
8 nist that reverses overdose from both prescription
9 opioids and heroin.

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

18 (9) Between 2001 and January 2008, it is esti-
19 mated that more than 2,600 overdoses have been re-
20 versed in 16 programs across the Nation.

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

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

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

3 (12) Patients who suffer from chronic pain
4 have died from opioid drug prescribing and dosing
5 errors and would benefit from receiving a prescrip-
6 tion for naloxone that is paired with any prescribed
7 opioid drug.

8 **SEC. 3. OVERDOSE PREVENTION GRANT PROGRAM.**

9 (a) PROGRAM AUTHORIZED.—The Director of the
10 Centers for Disease Control and Prevention shall award
11 grants or cooperative agreements to eligible entities to en-
12 able the eligible entities to reduce deaths occurring from
13 overdoses of drugs.

14 (b) APPLICATION.—

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

20 (2) CONTENTS.—An application under para-
21 graph (1) shall include—

22 (A) a description of the activities to be
23 funded through the grant or cooperative agree-
24 ment; and

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

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

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

8 (2) have expertise in preventing deaths occur-
9 ring from overdoses of drugs in populations at high
10 risk of such deaths.

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

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

18 (2) Training first responders, other individuals
19 in a position to respond to an overdose, and law en-
20 forcement and corrections officials on the effective
21 response to individuals who have overdosed on
22 drugs.

23 (3) Implementing programs to provide overdose
24 prevention, recognition, treatment, or response to in-
25 dividuals in need of such services.

1 (4) Evaluating, expanding, or replicating a pro-
2 gram described in paragraph (1) or (2).

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

10 (f) AUTHORIZATION OF APPROPRIATIONS.—There
11 are authorized to be appropriated to carry out this section
12 \$27,000,000 for each of the fiscal years 2010 and 2011,
13 and such sums as may be necessary for each of the fiscal
14 years 2012 through 2014.

15 **SEC. 4. SENTINEL SURVEILLANCE SYSTEM.**

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

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

3 (2) identification of substance level specificity
4 where possible;

5 (3) analysis of trends in polydrug use in over-
6 dose victims, as well as identification of emerging
7 overdose patterns;

8 (4) results of toxicology screenings in fatal
9 overdoses routinely conducted by State medical ex-
10 aminers;

11 (5) identification of—

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

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

16 (6) identification of the type of place where un-
17 intentional drug poisonings occur, as well as the age,
18 race, and gender of victims.

19 (b) **AUTHORIZATION OF APPROPRIATIONS.**—There
20 are authorized to be appropriated to carry out this section
21 \$5,000,000 for each of the fiscal years 2010 and 2011,
22 and such sums as may be necessary for each of the fiscal
23 years 2012 through 2014.

1 **SEC. 5. SURVEILLANCE CAPACITY BUILDING.**

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

7 (1) Implementing or enhancing the material ca-
8 pacity of a coroner or medical examiner's office to
9 conduct toxicological screenings where drug overdose
10 is the suspected cause of death.

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

14 (3) Hiring epidemiologists and toxicologists to
15 analyze and report on fatal and nonfatal drug over-
16 dose trends.

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

19 (b) APPLICATION.—

20 (1) IN GENERAL.—A State, local, or tribal gov-
21 ernment desiring a grant or cooperative agreement
22 under this section shall submit to the Director an
23 application at such time, in such manner, and con-
24 taining such information as the Director may re-
25 quire.

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

3 (A) a description of the activities to be
4 funded through the grant or cooperative agree-
5 ment; and

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

9 (c) REPORT.—As a condition on receipt of a grant
10 or cooperative agreement under this section, a State, local,
11 or tribal government shall agree to prepare and submit,
12 not later than 90 days after the end of the grant or coop-
13 erative agreement period, a report to the Director describ-
14 ing the results of the activities supported through the
15 grant or cooperative agreement.

16 (d) AUTHORIZATION OF APPROPRIATIONS.—There
17 are authorized to be appropriated to carry out this section
18 \$5,000,000 for each of the fiscal years 2010 and 2011,
19 and such sums as may be necessary for each of the fiscal
20 years 2012 through 2014.

21 **SEC. 6. REDUCING OVERDOSE DEATHS.**

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

1 holders to reduce the number of deaths occurring from
2 overdoses of drugs and shall submit the plan to Congress.

3 The plan shall include—

4 (1) an identification of the barriers to obtaining
5 accurate data regarding the number of deaths occur-
6 ring from overdoses of drugs;

7 (2) an identification of the barriers to imple-
8 menting more effective overdose prevention strate-
9 gies and programs;

10 (3) an examination of overdose prevention best
11 practices;

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

15 (5) recommendations for improving and ex-
16 panding overdose prevention programming; and

17 (6) recommendations for such legislative or ad-
18 ministrative action as the Director considers appro-
19 priate.

20 (b) DEFINITION.—In this section, the term “stake-
21 holder” means any individual directly impacted by drug
22 overdose, any direct service provider who engages individ-
23 uals at-risk of a drug overdose, any drug overdose preven-
24 tion advocate, the National Institute on Drug Abuse, the
25 Center for Substance Abuse Treatment, the Centers for

1 Disease Control and Prevention, the Food and Drug Ad-
2 ministration, and any other individual or entity with drug
3 overdose expertise.

4 **SEC. 7. OVERDOSE PREVENTION RESEARCH.**

5 (a) OVERDOSE RESEARCH.—The Director of the Na-
6 tional Institute on Drug Abuse shall prioritize and conduct
7 or support research on drug overdose and overdose preven-
8 tion. The primary aims of this research shall include—

9 (1) examinations of circumstances that contrib-
10 uted to drug overdose and identification of drugs as-
11 sociated with fatal overdose;

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

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

17 (b) DOSAGE FORMS OF NALOXONE.—The Director
18 of the National Institute on Drug Abuse shall support re-
19 search on the development of dosage forms of naloxone
20 specifically intended to be used by lay persons or first re-
21 sponders for the prehospital treatment of unintentional
22 drug overdose.

23 (c) AUTHORIZATION OF APPROPRIATIONS.—There
24 are authorized to be appropriated to carry out this section
25 \$5,000,000 for each of the fiscal years 2010 and 2011,

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

3 **SEC. 8. DEFINITIONS.**

4 In this Act:

5 (1) DIRECTOR.—Unless otherwise specified, the
6 term “Director” means the Director of the Centers
7 for Disease Control and Prevention.

8 (2) DRUG.—The term “drug”—

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

12 (B) includes any controlled substance (as
13 that term is defined in section 102 of the Con-
14 trolled Substances Act (21 U.S.C. 802)).

15 (3) ELIGIBLE ENTITY.—The term “eligible enti-
16 ty” means an entity that is a State, local, or tribal
17 government, a correctional institution, a law enforce-
18 ment agency, a community agency, or a private non-
19 profit organization.

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