

113TH CONGRESS
2D SESSION

H. R. 4169

To prevent deaths occurring from drug overdoses.

IN THE HOUSE OF REPRESENTATIVES

MARCH 6, 2014

Ms. EDWARDS (for herself, Ms. BASS, Mr. CARSON of Indiana, Mr. CUMMINGS, Mr. ELLISON, Mr. KEATING, Ms. LEE of California, Mr. LYNCH, Mr. MICHAUD, Mr. RANGEL, Mr. RYAN of Ohio, Ms. SCHWARTZ, Mr. SERRANO, Ms. SHEA-PORTER, Mr. TIERNEY, Mr. TONKO, Ms. WILSON of Florida, Mr. FOSTER, and Mr. BEN RAY LUJÁN of New Mexico) 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” or the “S.O.S. Act”.

6 **SEC. 2. FINDINGS.**

7 The Congress finds the following:

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

1 States more than 100 people die from a drug over-
2 dose. Among people 25 to 64 years old, drug over-
3 dose caused more deaths than motor vehicle acci-
4 dents.

5 (2) The CDC reports that more than 38,000
6 people in the United States died from a drug over-
7 dose in 2010 alone. Seventy-eight percent of these
8 deaths were due to unintentional drug overdoses,
9 and many could have been prevented.

10 (3) Deaths resulting from unintentional drug
11 overdoses increased more than 400 percent between
12 1980 and 1999, and more than doubled between
13 1999 and 2010.

14 (4) Ninety-one 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 American Indians and
18 Alaska Natives have seen the highest rates of unin-
19 tentional drug poisoning deaths.

20 (5) Opioid medications such as oxycodone and
21 hydrocodone are involved in 55 percent of all unin-
22 tentional drug poisoning deaths.

23 (6) Between 1999 and 2010, opioid medication
24 overdose fatalities increased by more than 400 per-
25 cent among women and 265 percent among men.

1 (7) Military veterans are at elevated risk of ex-
2 periencing a drug overdose. Vietnam, Iraq, and Af-
3 ghanistan veterans with combat injuries, posttrau-
4 matic stress disorder (PTSD), and other co-occur-
5 ring mental health diagnoses are at elevated risk of
6 fatal drug overdose from opioid medications.

7 (8) Rural and suburban regions are dispropor-
8 tionately affected by opioid medication overdoses.
9 Urban centers also continue to struggle with over-
10 dose, which is the leading cause of death among
11 homeless adults.

12 (9) In the year 2009 alone, estimated lost pro-
13 ductivity and direct medical costs from opioid medi-
14 cation poisonings exceeded \$20,000,000,000.

15 (10) Both fatal and nonfatal overdoses place a
16 heavy burden on public health and public safety re-
17 sources, yet there is no coordinated cross-Federal
18 agency response to prevent overdose fatalities.

19 (11) Naloxone is a medication that rapidly re-
20 verses overdose from heroin and opioid medications.

21 (12) In 2012, the Food and Drug Administra-
22 tion (FDA) held a public workshop in collaboration
23 with the National Institute on Drug Abuse (NIDA)
24 and the CDC, and with participation from the Sub-
25 stance Abuse and Mental Health Services Adminis-

1 tration (SAMHSA) and the Office of National Drug
2 Control Policy (ONDCP), to discuss making
3 naloxone more widely available outside of conven-
4 tional medical settings to reduce the incidence of
5 opioid overdose fatalities.

6 (13) Lawmakers in California, Colorado, Con-
7 necticut, Illinois, Kentucky, Massachusetts, Mary-
8 land, New Jersey, New Mexico, New York, North
9 Carolina, Oregon, Rhode Island, Vermont, Virginia,
10 Washington, and the District of Columbia have re-
11 moved legal impediments to increasing naloxone pre-
12 scription and its use by bystanders who are in a po-
13 sition to respond to an overdose.

14 (14) Health practitioners are often not fully
15 aware of overdose symptoms and prevention meth-
16 ods, impacting their ability to adequately inform pa-
17 tients and caregivers on how to recognize symptoms,
18 respond effectively by seeking emergency assistance,
19 and provide naloxone and other first aid in order to
20 save a life.

21 (15) The American Medical Association (AMA),
22 the Nation's largest physician organization, supports
23 further implementation of community-based pro-
24 grams that offer naloxone and other opioid overdose
25 prevention services.

1 (16) Community-based overdose prevention pro-
2 grams have successfully prevented deaths from
3 opioid overdoses by making rescue trainings and
4 naloxone available to first responders, parents, and
5 other bystanders who may encounter an overdose.
6 Over 50,000 potential bystanders have been trained
7 by overdose prevention programs in the United
8 States. A CDC report credits overdose prevention
9 programs with saving more than 10,000 lives since
10 1996.

11 (17) At least 188 local overdose prevention pro-
12 grams are operating in the United States, including
13 in major cities such as Baltimore, Chicago, Los An-
14 geles, New York City, Boston, San Francisco, and
15 Philadelphia, and statewide in New Mexico, Massa-
16 chusetts, and New York. Between 2006 and 2009,
17 overdose prevention programs facilitated by the Mas-
18 sachusetts Department of Public Health trained
19 nearly 3,000 people who reported more than 300
20 rescues. Since 2004, a program administered by the
21 Baltimore City Health Department has trained more
22 than 3,000 people who reported more than 220 res-
23 cues. Project Lazarus, an overdose prevention pro-
24 gram in Wilkes County, North Carolina, reduced
25 overdose deaths 69 percent between 2009 and 2011.

1 (18) The ONDCP supports equipping first re-
2 sponders to help reverse overdoses. Police officers on
3 patrol in Quincy, Massachusetts, have conducted
4 170 overdose rescues with naloxone since 2010. The
5 police department has reported a 95-percent success
6 rate with overdose rescue attempts by police officers.
7 In Suffolk County, New York, police officers have
8 saved more than 50 lives with naloxone.

9 (19) Research shows that the cost per year of
10 life gained by making naloxone available to reverse
11 overdoses is within the range of what Americans
12 usually pay for health treatments.

13 (20) Overdose prevention programs are needed
14 in correctional facilities, addiction treatment pro-
15 grams, and other places where people are at higher
16 risk of overdosing after a period of abstinence.

17 (21) People affected by drug overdose gather
18 each year in communities nationwide on August 31st
19 for Overdose Awareness Day to mourn and pay trib-
20 ute to loved ones and raise awareness about overdose
21 risk and prevention.

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

23 (a) PROGRAM AUTHORIZED.—The Secretary, acting
24 through the Director of the CDC, shall award grants or
25 cooperative agreements to eligible entities to enable the eli-

1 gible entities to reduce deaths occurring from overdoses
2 of drugs.

3 (b) APPLICATION.—

4 (1) IN GENERAL.—An eligible entity desiring a
5 grant or cooperative agreement under this section
6 shall submit to the Secretary an application at such
7 time, in such manner, and containing such informa-
8 tion as the Secretary may require.

9 (2) CONTENTS.—An application under para-
10 graph (1) shall include—

11 (A) a description of the activities to be
12 funded through the grant or cooperative agree-
13 ment; and

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

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

19 (1) are a public health agency or community-
20 based organization; and

21 (2) have expertise in preventing deaths occur-
22 ring from overdoses of drugs in populations at high
23 risk of such deaths.

24 (d) ELIGIBLE ACTIVITIES.—

1 (1) REQUIRED ACTIVITY.—As a condition on
2 receipt of a grant or cooperative agreement under
3 this section, an eligible entity shall agree to use the
4 grant or cooperative agreement to purchase and dis-
5 tribute the drug naloxone.

6 (2) ADDITIONAL ACTIVITIES.—In addition to
7 the activity described in paragraph (1), an eligible
8 entity shall use a grant or cooperative agreement
9 under this section to carry out one or more of the
10 following activities:

11 (A) Educating prescribers and pharmacists
12 about overdose prevention and naloxone pre-
13 scription.

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

1 (C) Implementing and enhancing programs
2 to provide overdose prevention, recognition,
3 treatment, and response to individuals in need
4 of such services.

5 (D) Expanding activities described in para-
6 graph (1).

7 (E) Expanding activities described in sub-
8 paragraph (A) or (B).

9 (e) COORDINATING CENTER.—

10 (1) ESTABLISHMENT.—The Secretary shall es-
11 tablish and provide for the operation of a coordi-
12 nating center responsible for—

13 (A) collecting, compiling, and dissemi-
14 nating data on the programs and activities
15 under this section;

16 (B) evaluating such data and, based on
17 such evaluation, developing best practices for
18 preventing deaths occurring from drug
19 overdoses; and

20 (C) making such best practices specific to
21 the type of community involved.

22 (2) REPORTS TO CENTER.—As a condition on
23 receipt of a grant or cooperative agreement under
24 this section, an eligible entity shall agree to prepare
25 and submit, not later than 90 days after the end of

1 the grant or cooperative agreement period, a report
2 to such coordinating center and the Secretary de-
3 scribing the results of the activities supported
4 through the grant or cooperative agreement.

5 (f) MATCHING FUNDS.—

6 (1) IN GENERAL.—As a condition on receipt of
7 a grant or cooperative agreement under this section,
8 an eligible entity shall agree that, with respect to the
9 costs to be incurred by the eligible entity in carrying
10 out the activities for which the grant or cooperative
11 agreement is awarded, the eligible entity will make
12 available non-Federal contributions in an amount
13 equal to not less than 50 percent of the Federal
14 funds provided through the grant or cooperative
15 agreement.

16 (2) SATISFYING MATCHING REQUIREMENT.—

17 The non-Federal contributions required under para-
18 graph (1) may be—

19 (A) in cash or in-kind, including services,
20 fairly evaluated; and

21 (B) from—

22 (i) any private source; or

23 (ii) a State, tribal, or local agency.

24 (3) WAIVER.—The Secretary may waive or re-
25 duce the non-Federal contribution required by para-

1 graph (1) if the eligible entity involved demonstrates
2 that the eligible entity cannot meet the contribution
3 requirement due to financial hardship.

4 (g) DURATION.—The period of a grant or cooperative
5 agreement under this section shall be 4 years.

6 (h) AUTHORIZATION OF APPROPRIATIONS.—There
7 are authorized to be appropriated \$10,000,000 to carry
8 out this section for each of the fiscal years 2014 through
9 2018.

10 **SEC. 4. SURVEILLANCE CAPACITY BUILDING.**

11 (a) PROGRAM AUTHORIZED.—The Secretary, acting
12 through the Director of the CDC, shall award grants or
13 cooperative agreements to State, local, or tribal govern-
14 ments, or the National Poison Data System working in
15 conjunction with State, local, or tribal governments, to im-
16 prove fatal and nonfatal drug overdose surveillance and
17 reporting capabilities, including the following:

18 (1) Providing training to improve identification
19 of drug overdose as the cause of death by coroners
20 and medical examiners.

21 (2) Establishing, in cooperation with the Na-
22 tional Poison Data System, coroners, and medical
23 examiners, a comprehensive national program for
24 surveillance of, and reporting to an electronic data-
25 base on, drug overdose deaths in the United States.

1 (3) Establishing, in cooperation with the Na-
2 tional Poison Data System, a comprehensive na-
3 tional program for surveillance of, and reporting to
4 an electronic database on, fatal and nonfatal drug
5 overdose occurrences, including epidemiological and
6 toxicologic analysis and trends.

7 (b) APPLICATION.—

8 (1) IN GENERAL.—A State, local, or tribal gov-
9 ernment or the National Poison Data System desir-
10 ing a grant or cooperative agreement under this sec-
11 tion shall submit to the Secretary an application at
12 such time, in such manner, and containing such in-
13 formation as 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 grant or cooperative agree-
18 ment; and

19 (B) a demonstration that the State, local,
20 or tribal government or the National Poison
21 Data System has the capacity to carry out such
22 activities.

23 (c) REPORT.—As a condition on receipt of a grant
24 or cooperative agreement under this section, a State, local,
25 or tribal government or the National Poison Data System

1 shall agree to prepare and submit, not later than 90 days
2 after the end of the grant or cooperative agreement period,
3 a report to the Secretary describing the results of the ac-
4 tivities supported through the grant or cooperative agree-
5 ment.

6 (d) AUTHORIZATION OF APPROPRIATIONS.—There
7 are authorized to be appropriated to carry out this section
8 \$5,000,000 for each of the fiscal years 2014 through
9 2018.

10 **SEC. 5. REDUCING OVERDOSE DEATHS.**

11 Part J of title III of the Public Health Service Act
12 (42 U.S.C. 280b et seq.) is amended by inserting after
13 section 393D (42 U.S.C. 280b–1f) the following:

14 **“SEC. 393F. REDUCING OVERDOSE DEATHS.**

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

22 “(1) a plan for implementation of a public
23 health campaign to educate prescribers and the pub-
24 lic about overdose prevention and naloxone prescrip-
25 tion;

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

3 “(3) recommendations for such legislative or
4 administrative action as the Secretary considers ap-
5 propriate.

6 “(b) TASK FORCE REPRESENTATION.—

7 “(1) REQUIRED MEMBERS.—The task force re-
8 ferred to in subsection (a) shall include at least one
9 representative of each of the following:

10 “(A) Individuals directly impacted by drug
11 overdose.

12 “(B) Direct service providers who engage
13 individuals at risk of a drug overdose.

14 “(C) Drug overdose prevention advocates.

15 “(D) The NIDA.

16 “(E) The Center for Substance Abuse
17 Treatment.

18 “(F) The CDC.

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 Bureau of Prisons.

4 “(M) The Centers for Medicare & Medicaid
5 Services.

6 “(N) The Department of Justice.

7 “(2) **ADDITIONAL MEMBERS.**—In addition to
8 the representatives required by paragraph (1), the
9 task force referred to in subsection (a) may include
10 other representatives of individuals or entities with
11 expertise relating to drug overdoses.”.

12 **SEC. 6. OVERDOSE PREVENTION RESEARCH.**

13 (a) **OVERDOSE RESEARCH.**—The Director of the
14 NIDA shall prioritize and conduct or support research on
15 drug overdose and overdose prevention. The primary aims
16 of this research shall include—

17 (1) examination of circumstances that con-
18 tribute to drug overdose and identification of drugs
19 associated with fatal overdose;

20 (2) evaluation of existing overdose prevention
21 methods;

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

1 (4) scientific research concerning the effective-
2 ness of overdose prevention programs, including how
3 to effectively implement and sustain such programs;
4 and

5 (5) comparative effectiveness research on over-
6 dose prevention programs.

7 (b) FORMULATIONS OF NALOXONE.—The Director of
8 the NIDA shall support research on the development of
9 formulations of naloxone and dosage delivery devices spe-
10 cifically intended to be used by lay persons or first re-
11 sponders for the prehospital treatment of unintentional
12 drug overdose.

13 (c) AUTHORIZATION OF APPROPRIATIONS.—There
14 are authorized to be appropriated to carry out this section
15 \$5,000,000 for each of the fiscal years 2014 through
16 2018.

17 **SEC. 7. OFFSET OF COSTS AND PERSONNEL.**

18 Notwithstanding any other provision of law, the Sec-
19 retary shall—

20 (1) eliminate such initiatives, positions, and
21 programs as the Secretary deems necessary to en-
22 sure any and all costs incurred to carry out the pro-
23 visions of this Act, and the amendments made by
24 this Act, are entirely offset;

1 (2) ensure no net increase in personnel are
2 added to carry out the provisions of this Act, with
3 any new full- or part-time employees or equivalents
4 offset by eliminating an equivalent number of exist-
5 ing staff;

6 (3) not later than 60 days after the date of the
7 enactment of this Act, report to the Congress on the
8 actions taken to ensure compliance with paragraphs
9 (1) and (2), including the specific initiatives, posi-
10 tions, and programs that have been eliminated to en-
11 sure that the costs of carrying out this Act will be
12 offset; and

13 (4) not implement any other provision of this
14 Act (other than paragraphs (1), (2), and (3)) or any
15 amendment made by this Act until the Secretary has
16 certified that the actions specified in paragraphs (1),
17 (2), and (3) have been completed.

18 **SEC. 8. DEFINITIONS.**

19 In this Act:

20 (1) CDC.—The term “CDC” means the Cen-
21 ters for Disease Control and Prevention.

22 (2) DRUG.—The term “drug”—

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

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

4 (3) ELIGIBLE ENTITY.—The term “eligible enti-
5 ty” means an entity that is a State, local, or tribal
6 government, a correctional institution, a law enforce-
7 ment agency, a community agency, a professional or-
8 ganization in the field of poison control and surveil-
9 lance, or a private nonprofit organization.

10 (4) NATIONAL POISON DATA SYSTEM.—The
11 term “National Poison Data System” means the
12 system operated by the American Association of Poi-
13 son Control Centers, in partnership with the CDC,
14 for real-time local, State, and national electronic re-
15 porting, and the corresponding database network.

16 (5) NIDA.—The term “NIDA” means the Na-
17 tional Institute on Drug Abuse.

18 (6) ONDCP.—The term “ONDCP” means the
19 Office of National Drug Control Policy.

20 (7) SECRETARY.—The term “Secretary” means
21 the Secretary of Health and Human Services.

22 (8) STATE.—The term “State” means any of
23 the several States, the District of Columbia, Puerto
24 Rico, the Northern Mariana Islands, the United
25 States Virgin Islands, Guam, American Samoa, and

1 any other territory or possession of the United
2 States.

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