

113TH CONGRESS
2D SESSION

S. 2755

To prevent deaths occurring from drug overdoses.

IN THE SENATE OF THE UNITED STATES

JULY 31, 2014

Mr. REED (for himself, Mr. DURBIN, Mr. WHITEHOUSE, Mr. MARKEY, and Mr. LEAHY) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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 “Overdose Prevention
5 Act”.

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,
10 more than 100 people die from a drug overdose.

1 Among people 25 to 64 years old, drug overdose
2 causes more deaths than motor vehicle accidents.

3 (2) The Centers for Disease Control and Pre-
4 vention reports that more than 41,000 people in the
5 United States died from a drug overdose in 2011
6 alone. Nearly 80 percent of those deaths were due
7 to unintentional drug overdoses, and many could
8 have been prevented.

9 (3) Deaths resulting from unintentional drug
10 overdoses increased more than 300 percent between
11 1980 and 1998, and nearly tripled between 1999
12 and 2011.

13 (4) Ninety-one percent of all unintentional poi-
14 soning deaths are due to drugs. Since 1999, in the
15 United States the population of non-Hispanic
16 Whites and the population of Indians (as defined in
17 section 4 of the Indian Self-Determination and Edu-
18 cation Assistance Act (25 U.S.C. 450b)) have seen
19 the highest rates of unintentional drug poisoning
20 deaths.

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

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

4 (7) Military veterans are at elevated risk of ex-
5periencing a drug overdose. Veterans who served in
6 Vietnam, Iraq, or Afghanistan and who have combat
7 injuries, posttraumatic stress disorder, and other co-
8 occurring mental health diagnoses are at elevated
9 risk of fatal drug overdose from opioid medications.

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

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

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

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

24 (12) In 2012, the Food and Drug Administra-
25 tion held a public workshop in collaboration with the

1 National Institute on Drug Abuse and the Centers
2 for Disease Control and Prevention, and with par-
3 ticipation from the Substance Abuse and Mental
4 Health Services Administration and the Office of
5 National Drug Control Policy, to discuss making
6 naloxone more widely available outside of conven-
7 tional medical settings to reduce the incidence of
8 opioid overdose fatalities.

9 (13) Lawmakers in California, Colorado, Con-
10 necticut, Georgia, Illinois, Kentucky, Maine, Mary-
11 land, Massachusetts, Minnesota, New Jersey, New
12 Mexico, New York, North Carolina, Ohio, Oklahoma,
13 Oregon, Rhode Island, Tennessee, Utah, Vermont,
14 Virginia, Washington, Wisconsin, and the District of
15 Columbia have removed legal impediments to in-
16 creasing naloxone prescription and its use by by-
17 standers who are in a position to respond to an over-
18 dose.

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

24 (15) Community-based overdose prevention pro-
25 grams have successfully prevented deaths from

1 opioid overdoses by making rescue training and
2 naloxone available to first responders, parents, and
3 other bystanders who may encounter an overdose. A
4 study funded by the Centers for Disease Control and
5 Prevention of community-based overdose prevention
6 programs provided by the Massachusetts Depart-
7 ment of Public Health found that communities with
8 access to overdose prevention programs experienced
9 lower mortality rates from opioid overdoses than
10 communities that did not have access to overdose
11 prevention programs during the study period.

12 (16) Over 50,000 potential bystanders have
13 been trained by overdose prevention programs in the
14 United States. A Centers for Disease Control and
15 Prevention report credits overdose prevention pro-
16 grams with saving more than 10,000 lives since
17 1996.

18 (17) At least 188 local overdose prevention pro-
19 grams are operating in the United States, including
20 in major cities such as Baltimore, Chicago, Los An-
21 geles, New York City, Boston, San Francisco, and
22 Philadelphia, and statewide in New Mexico, Massa-
23 chusetts, and New York. Between 2006 and 2009,
24 overdose prevention programs facilitated by the Mas-
25 sachusetts Department of Public Health trained

1 more than 4,800 people who reported more than 500
2 rescues. Since 2004, a program administered by the
3 Baltimore City Health Department has trained more
4 than 3,000 people who reported more than 220 res-
5 cures. Project Lazarus, an overdose prevention pro-
6 gram in Wilkes County, North Carolina, reduced
7 overdose deaths 69 percent between 2009 and 2011.

8 (18) In Illinois, the Department of Human
9 Services, Division of Alcoholism and Substance
10 Abuse has enrolled over 20 drug overdose prevention
11 programs with over 100 designated sites across Illi-
12 nois targeting multiple service populations. These
13 enrollees include police departments, county health
14 departments, medical facilities, licensed substance
15 abuse treatment programs, and community organiza-
16 tions. Statewide, over 2,000 police officers and more
17 than 600 others have been trained thus far. The
18 DuPage County Illinois Health Department has
19 trained over 1,200 police officers and has reported
20 12 overdose reversals.

21 (19) The Office of National Drug Control Pol-
22 icy supports equipping first responders to help re-
23 verse overdoses. Police officers on patrol in Quincy,
24 Massachusetts, have conducted 170 overdose rescues
25 with naloxone since 2010. The police department has

1 reported a 95-percent success rate with overdose res-
2 cue attempts by police officers. In Suffolk County,
3 New York, police officers have saved more than 50
4 lives with naloxone.

5 (20) Research shows that the cost per year of
6 life gained by making naloxone available to reverse
7 overdoses is within the range of what people in the
8 United States usually pay for health treatments.

9 (21) Overdose prevention programs are needed
10 in correctional facilities, addiction treatment pro-
11 grams, and other places where people are at higher
12 risk of overdosing after a period of abstinence.

13 (22) People affected by drug overdose gather on
14 August 31 of each year in communities nationwide
15 for Overdose Awareness Day, to mourn and pay
16 tribute to loved ones and raise awareness about
17 overdose risk and prevention.

18 **SEC. 3. OVERDOSE PREVENTION PROGRAMS.**

19 Title III of the Public Health Service Act (42 U.S.C.
20 241 et seq.) is amended by adding at the end the fol-
21 lowing:

1 **“PART W—OVERDOSE PREVENTION PROGRAMS**
2 **“SEC. 39900. COOPERATIVE AGREEMENT PROGRAM TO RE-**
3 **DUCE DRUG OVERDOSE DEATHS.**

4 “(a) PROGRAM AUTHORIZED.—The Secretary, acting
5 through the Director of the Centers for Disease Control
6 and Prevention, shall enter into cooperative agreements
7 with eligible entities to enable the eligible entities to re-
8 duce deaths occurring from overdoses of drugs.

9 “(b) ELIGIBLE ENTITIES.—To be eligible to receive
10 a cooperative agreement under this section, an entity shall
11 be a State, local, or tribal government, a correctional insti-
12 tution, a law enforcement agency, a community agency,
13 a professional organization in the field of poison control
14 and surveillance, or a private nonprofit organization.

15 “(c) APPLICATION.—

16 “(1) IN GENERAL.—An eligible entity desiring a
17 cooperative agreement under this section shall sub-
18 mit to the Secretary an application at such time, in
19 such manner, and containing such information as
20 the Secretary may require.

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

23 “(A) a description of the activities to be
24 funded through the cooperative agreement; and

25 “(B) evidence that the eligible entity has
26 the capacity to carry out such activities.

1 “(d) PRIORITY.—In entering into cooperative agree-
2 ments under subsection (a), the Secretary shall give pri-
3 ority to eligible entities that—

4 “(1) are a public health agency or community-
5 based organization; and

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

9 “(e) ELIGIBLE ACTIVITIES.—As a condition of re-
10 ceipt of a cooperative agreement under this section, an eli-
11 gible entity shall agree to use the cooperative agreement
12 to do each of the following:

13 “(1) Purchase and distribute the drug naloxone
14 or a similarly effective medication.

15 “(2) Carry out one or more of the following ac-
16 tivities:

17 “(A) Educating prescribers and phar-
18 macists about overdose prevention and naloxone
19 prescription, or prescription of a similarly effec-
20 tive medication.

21 “(B) Training first responders, other indi-
22 viduals in a position to respond to an overdose,
23 and law enforcement and corrections officials on
24 the effective response to individuals who have
25 overdosed on drugs. Training pursuant to this

1 subparagraph may include any activity that is
2 educational, instructional, or consultative in na-
3 ture, and may include volunteer training,
4 awareness building exercises, outreach to indi-
5 viduals who are at-risk of a drug overdose, and
6 distribution of educational materials.

7 “(C) Implementing and enhancing pro-
8 grams to provide overdose prevention, recogni-
9 tion, treatment, and response to individuals in
10 need of such services.

11 “(D) Educating the public and providing
12 outreach to the public about overdose preven-
13 tion and naloxone prescriptions, or prescriptions
14 of other similarly effective medications.

15 “(f) COORDINATING CENTER.—

16 “(1) ESTABLISHMENT.—The Secretary shall es-
17 tablish and provide for the operation of a coordi-
18 nating center responsible for—

19 “(A) collecting, compiling, and dissemi-
20 nating data on the programs and activities
21 under this section, including tracking and eval-
22 uating the distribution and use of naloxone and
23 other similarly effective medication;

24 “(B) evaluating such data and, based on
25 such evaluation, developing best practices for

1 preventing deaths occurring from drug
2 overdoses;

3 “(C) making such best practices specific to
4 the type of community involved;

5 “(D) coordinating and harmonizing data
6 collection measures;

7 “(E) evaluating the effects of the program
8 on overdose rates: and

9 “(F) education and outreach to the public
10 about overdose prevention and prescription of
11 naloxone and other similarly effective medica-
12 tion.

13 “(2) REPORTS TO CENTER.—As a condition on
14 receipt of a cooperative agreement under this sec-
15 tion, an eligible entity shall agree to prepare and
16 submit, not later than 90 days after the end of the
17 cooperative agreement period, a report to such co-
18 ordinating center and the Secretary describing the
19 results of the activities supported through the coop-
20 erative agreement.

21 “(g) DURATION.—The period of a cooperative agree-
22 ment under this section shall be 4 years.

23 “(h) DEFINITION.—In this part, the term ‘drug’
24 means—

1 “(1) a drug, as defined in section 201 of the
2 Federal Food, Drug, and Cosmetic Act (21 U.S.C.
3 321); and

4 “(2) includes controlled substances, as defined
5 in section 102 of the Controlled Substances Act (21
6 U.S.C. 802).

7 “(i) AUTHORIZATION OF APPROPRIATIONS.—There
8 are authorized to be appropriated \$20,000,000 to carry
9 out this section for each of the fiscal years 2015 through
10 2019.

11 **“SEC. 39900-1. SURVEILLANCE CAPACITY BUILDING.**

12 “(a) PROGRAM AUTHORIZED.—The Secretary, acting
13 through the Director of the Centers for Disease Control
14 and Prevention, shall award cooperative agreements to eli-
15 gible entities to improve fatal and nonfatal drug overdose
16 surveillance and reporting capabilities, including—

17 “(1) providing training to improve identification
18 of drug overdose as the cause of death by coroners
19 and medical examiners;

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

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) ELIGIBLE ENTITY.—To be eligible to receive a
8 cooperative agreement under this section, an entity shall
9 be—

10 “(1) a State, local, or tribal government; or

11 “(2) the National Poison Data System working
12 in conjunction with a State, local, or tribal govern-
13 ment.

14 “(c) APPLICATION.—

15 “(1) IN GENERAL.—An eligible entity desiring a
16 cooperative agreement under this section shall sub-
17 mit to the Secretary an application at such time, in
18 such manner, and containing such information as
19 the Secretary may require.

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

22 “(A) a description of the activities to be
23 funded through the cooperative agreement; and

24 “(B) evidence that the eligible entity has
25 the capacity to carry out such activities.

1 “(d) REPORT.—As a condition of receipt of a cooper-
2 ative agreement under this section, an eligible entity shall
3 agree to prepare and submit, not later than 90 days after
4 the end of the cooperative agreement period, a report to
5 the Secretary describing the results of the activities sup-
6 ported through the cooperative agreement.

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

14 “(f) AUTHORIZATION OF APPROPRIATIONS.—There
15 are authorized to be appropriated to carry out this section
16 \$5,000,000 for each of the fiscal years 2015 through
17 2019.

18 **“SEC. 39900-2. REDUCING OVERDOSE DEATHS.**

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

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

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

7 “(3) recommendations for such legislative or
8 administrative action as the Secretary determines
9 appropriate.

10 “(b) TASK FORCE REPRESENTATION.—

11 “(1) REQUIRED MEMBERS.—The task force
12 under subsection (a) shall include at least one rep-
13 resentative of each of the following:

14 “(A) Individuals directly impacted by drug
15 overdose.

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

18 “(C) Drug overdose prevention advocates.

19 “(D) The National Institute on Drug
20 Abuse.

21 “(E) The Center for Substance Abuse
22 Treatment.

23 “(F) The Centers for Disease Control and
24 Prevention.

1 “(G) The Health Resources and Services
2 Administration.

3 “(H) The Food and Drug Administration.

4 “(I) The Office of National Drug Control
5 Policy.

6 “(J) The American Medical Association.

7 “(K) The American Association of Poison
8 Control Centers.

9 “(L) The Federal Bureau of Prisons.

10 “(M) The Centers for Medicare & Medicaid
11 Services.

12 “(N) The Department of Justice.

13 “(O) The Department of Defense.

14 “(P) The Department of Veterans Affairs.

15 “(Q) First responders.

16 “(R) Law enforcement.

17 “(S) State agencies responsible for drug
18 overdose prevention.

19 “(2) ADDITIONAL MEMBERS.—In addition to
20 the representatives required by paragraph (1), the
21 task force under subsection (a) may include other in-
22 dividuals with expertise relating to drug overdoses or
23 representatives of entities with expertise relating to
24 drug overdoses, as the Secretary determines appro-
25 priate.”.

1 **SEC. 4. OVERDOSE PREVENTION RESEARCH.**

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

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

6 “(a) OVERDOSE RESEARCH.—The Director of the In-
7 stitute shall prioritize and conduct or support research on
8 drug overdose and overdose prevention. The primary aims
9 of this research shall include—

10 “(1) an examination of circumstances that con-
11 tribute to drug overdose and identification of drugs
12 associated with fatal overdose;

13 “(2) an evaluation of existing overdose preven-
14 tion methods;

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

18 “(4) scientific research concerning the effective-
19 ness of overdose prevention programs, including how
20 to effectively implement and sustain such programs;

21 “(5) comparative effectiveness research of
22 model programs; and

23 “(6) implementation of science research con-
24 cerning effective overdose prevention programming
25 examining how to implement and sustain overdose
26 prevention programming.

1 “(b) FORMULATIONS OF NALOXONE.—The Director
2 of the Institute shall support research on the development
3 of formulations of naloxone, and other similarly effective
4 medications, and dosage delivery devices specifically in-
5 tended to be used by lay persons or first responders for
6 the prehospital treatment of unintentional drug overdose.

7 “(c) DEFINITION.—In this section, the term ‘drug’
8 has the meaning given such term in section 39900.

9 “(d) AUTHORIZATION OF APPROPRIATIONS.—There
10 are authorized to be appropriated to carry out this section
11 \$5,000,000 for each of the fiscal years 2015 through
12 2019.”.

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