

114TH CONGRESS  
1ST SESSION

# H. R. 2850

To prevent deaths occurring from drug overdoses.

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## 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

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## 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. 3990O. 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 individuals 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. 39900-1. 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. 39900-2. 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. 2850 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 39900.

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.”.

○