

112TH CONGRESS  
2D SESSION

# H. R. 6311

To prevent deaths occurring from drug overdoses.

---

## IN THE HOUSE OF REPRESENTATIVES

AUGUST 2, 2012

Ms. EDWARDS (for herself, Mrs. BONO MACK, Ms. NORTON, Ms. LEE of California, Mr. GRIJALVA, Ms. SCHAKOWSKY, Mrs. NAPOLITANO, Mr. LYNCH, Ms. BROWN of Florida, Mr. BLUMENAUER, Mr. BUCHANAN, Mr. CARNAHAN, Mr. CARSON of Indiana, Mr. TOWNS, Mr. MORAN, Mr. KEATING, Ms. RICHARDSON, Ms. WILSON of Florida, Mr. OLVER, Mr. HINCHEY, Mr. CONYERS, Ms. WASSERMAN SCHULTZ, Mr. DAVIS of Illinois, Mr. TIERNEY, Mr. LEWIS of Georgia, Mrs. CAPITO, Ms. BASS of California, and Mr. RUSH) 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:

1           (1) According to the Centers for Disease Con-  
2           trol and Prevention, a drug overdose fatality occurs  
3           in the United States every 14 minutes. More people  
4           now die from drug-related deaths than traffic fatali-  
5           ties in the United States.

6           (2) The Centers for Disease Control and Pre-  
7           vention reports that nearly 36,500 people in the  
8           United States died from a drug overdose in 2008  
9           alone. More than 75 percent of these deaths were  
10          due to unintentional drug overdoses, and many could  
11          have been prevented.

12          (3) Deaths resulting from unintentional drug  
13          overdoses increased more than 400 percent between  
14          1980 and 1999, and more than doubled between  
15          1999 and 2008.

16          (4) Ninety-one percent of all unintentional poi-  
17          soning deaths are due to drugs. Poisoning deaths  
18          cost society \$93,464,000 in direct medical costs and  
19          \$28,142,598,000 in lost productivity costs in the  
20          year 2005 alone.

21          (5) Both fatal and nonfatal overdoses place a  
22          heavy burden on public health and public safety re-  
23          sources, yet no Federal agency has been tasked with  
24          stemming this crisis.

1           (6) Opioid pain medications such as oxycodone  
2           and hydrocodone are involved in more than 40 per-  
3           cent of all drug poisoning deaths. Six times as many  
4           people died of an overdose from methadone pre-  
5           scribed to treat pain in 2009 than a decade before.  
6           Rural and suburban regions are disproportionately  
7           affected by opioid prescription overdoses.

8           (7) Naloxone is a medication that rapidly re-  
9           verses overdose from heroin and opioid pain medica-  
10          tions.

11          (8) In April 2012, the Food and Drug Adminis-  
12          tration (FDA) held a public workshop in collabora-  
13          tion with the National Institute on Drug Abuse  
14          (NIDA) and the Centers for Disease Control and  
15          Prevention (CDC), and with participation from the  
16          Substance Abuse and Mental Health Services Ad-  
17          ministration (SAMHSA) and the Office of National  
18          Drug Control Policy (ONDCP), to discuss making  
19          naloxone more widely available outside of conven-  
20          tional medical settings to reduce the incidence of  
21          opioid overdose fatalities.

22          (9) Health practitioners often do not adequately  
23          inform patients and caregivers on how to recognize  
24          overdose symptoms and effectively respond by seek-

1 ing emergency assistance and providing naloxone  
2 and other first aid in order to save a life.

3 (10) The American Medical Association (AMA),  
4 the Nation's largest physician organization, supports  
5 further implementation of community-based pro-  
6 grams that offer naloxone and other opioid overdose  
7 prevention services.

8 (11) Community-based overdose prevention pro-  
9 grams have successfully prevented deaths from  
10 opioid overdoses by making rescue trainings and  
11 naloxone available to first responders, parents, and  
12 other bystanders who may encounter an overdose. A  
13 CDC report credits overdose prevention programs  
14 with saving more than 10,000 lives since 1996.

15 (12) At least 188 local overdose prevention pro-  
16 grams are operating in the United States, including  
17 in major cities such as Baltimore, Chicago, Los An-  
18 geles, New York City, Boston, San Francisco, and  
19 Philadelphia, and statewide in New Mexico, Massa-  
20 chusetts, and New York. In New Mexico, which has  
21 one of the highest drug overdose death rates in the  
22 country, health officials estimate the statewide  
23 naloxone distribution program that began in 2001  
24 has reversed 3,000 overdoses. Another program in

1 Wilkes County, North Carolina, reduced overdose  
2 deaths 69 percent between 2009 and 2011.

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

7 (14) A real-time overdose surveillance and re-  
8 porting database is needed to monitor fatal and  
9 nonfatal drug overdoses, identify areas of the coun-  
10 try in need of programmatic support, monitor the  
11 outcomes of overdose occurrences, and enhance eval-  
12 uation of community programs and interventions.

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

14 (a) PROGRAM AUTHORIZED.—The Director of the  
15 Centers for Disease Control and Prevention shall award  
16 grants or cooperative agreements to eligible entities to en-  
17 able the eligible entities to reduce deaths occurring from  
18 overdoses of drugs.

19 (b) APPLICATION.—

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

1           (2) CONTENTS.—An application under para-  
2 graph (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 eligible entity  
7 has the capacity to carry out such activities.

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

11           (1) are a public health agency or community-  
12 based organization; and

13           (2) have expertise in preventing deaths occur-  
14 ring from overdoses of drugs in populations at high  
15 risk of such deaths.

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

21           (1) Purchasing and distributing the drug  
22 naloxone.

23           (2) Educating physicians and pharmacists  
24 about overdose prevention and naloxone prescription.

1           (3) Training first responders, other individuals  
2           in a position to respond to an overdose, and law en-  
3           forcement and corrections officials on the effective  
4           response to individuals who have overdosed on  
5           drugs.

6           (4) Implementing and enhancing programs to  
7           provide overdose prevention, recognition, treatment,  
8           and response to individuals in need of such services.

9           (5) Expanding a program described in para-  
10          graph (1), (2), or (3).

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

18          (f) AUTHORIZATION OF APPROPRIATIONS.—There  
19          are authorized to be appropriated such sums as may be  
20          necessary to carry out this section for each of the fiscal  
21          years 2013 through 2017.

22          **SEC. 4. SENTINEL SURVEILLANCE SYSTEM.**

23          (a) DATA COLLECTION.—The Director of the Centers  
24          for Disease Control and Prevention shall annually compile  
25          and publish data on both fatal and nonfatal overdoses of

1 drugs for the preceding year. To the extent possible, the  
2 data shall be collected from all county, State, and tribal  
3 governments, the Federal Government, and private  
4 sources (such as the National Poison Data System), shall  
5 be made available in the form of an Internet database that  
6 is accessible to the public, and shall include—

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

9           (2) identification of substance level specificity  
10          where possible;

11          (3) analysis of trends in polydrug use in over-  
12          dose victims, as well as identification of emerging  
13          overdose patterns;

14          (4) results of toxicology screenings in fatal  
15          overdoses routinely conducted by State medical ex-  
16          aminers;

17          (5) identification of—

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

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

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



1 (b) AUTHORIZATION OF APPROPRIATIONS.—There  
2 are authorized to be appropriated to carry out this section  
3 such sums as may be necessary for each of the fiscal years  
4 2013 through 2017.

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

6 (a) PROGRAM AUTHORIZED.—The Director of the  
7 Centers for Disease Control and Prevention shall award  
8 grants or cooperative agreements to State, local, or tribal  
9 governments, or the National Poison Data System, work-  
10 ing in conjunction with the State, local, or tribal govern-  
11 ments, to improve fatal and nonfatal drug overdose sur-  
12 veillance and reporting capabilities, including the fol-  
13 lowing:

14 (1) Implementing or enhancing the capacity of  
15 a coroner or medical examiner’s office to conduct  
16 toxicological screenings where drug overdose is the  
17 suspected cause of death.

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

21 (3) 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           (4) 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 Director an application at  
12          such time, in such manner, and containing such in-  
13          formation as the Director 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 Director describing the results of the activi-  
4 ties 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 such sums as may be necessary for each of the fiscal years  
9 2013 through 2017.

10 **SEC. 6. REDUCING OVERDOSE DEATHS.**

11 (a) IN GENERAL.—Not later than 180 days after the  
12 date of the enactment of this Act, the Secretary of Health  
13 and Human Services shall develop a plan in consultation  
14 with a task force comprised of stakeholders to reduce the  
15 number of deaths occurring from overdoses of drugs and  
16 shall submit the plan to Congress. The plan shall in-  
17 clude—

18 (1) an identification of the barriers to obtaining  
19 accurate data regarding the number of deaths occur-  
20 ring from overdoses of drugs;

21 (2) an identification of the barriers to imple-  
22 menting more effective overdose prevention strate-  
23 gies and programs;

24 (3) an examination of overdose prevention best  
25 practices;

1           (4) a plan for implementation of a public health  
2           campaign to educate physicians and the public about  
3           overdose prevention and naloxone prescription;

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

6           (6) recommendations for such legislative or ad-  
7           ministrative action as the Director considers appro-  
8           priate.

9           (b) DEFINITION.—In this section, the term “stake-  
10          holder” means any individual directly impacted by drug  
11          overdose, any direct service provider who engages individ-  
12          uals at risk of a drug overdose, any drug overdose preven-  
13          tion advocate, the National Institute on Drug Abuse, the  
14          Center for Substance Abuse Treatment, the Centers for  
15          Disease Control and Prevention, the Food and Drug Ad-  
16          ministration, the American Association of Poison Control  
17          Centers, and any other individual or entity with drug over-  
18          dose expertise.

19          **SEC. 7. OVERDOSE PREVENTION RESEARCH.**

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

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

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

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

9           (b) **DOSAGE FORMS OF NALOXONE.**—The Director  
10          of the National Institute on Drug Abuse shall support re-  
11          search on the development of dosage forms of naloxone  
12          specifically intended to be used by lay persons or first re-  
13          sponders for the prehospital treatment of unintentional  
14          drug overdose.

15          (c) **AUTHORIZATION OF APPROPRIATIONS.**—There  
16          are authorized to be appropriated to carry out this section  
17          such sums as may be necessary for each of the fiscal years  
18          2013 through 2017.

19          **SEC. 8. DEFINITIONS.**

20          In this Act:

21               (1) **DIRECTOR.**—Unless otherwise specified, the  
22               term “Director” means the Director of the Centers  
23               for Disease Control and Prevention.

24               (2) **DRUG.**—The term “drug”—

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

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

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

13 (4) NATIONAL POISON DATA SYSTEM.—The  
14 term “National Poison Data System” means the  
15 system operated by the American Association of Poi-  
16 son Control Centers, in partnership with the Centers  
17 for Disease Control and Prevention, for real-time  
18 local, State, and national electronic reporting, and  
19 the corresponding database network.

20 (5) STATE.—The term “State” means any of  
21 the several States, the District of Columbia, Puerto  
22 Rico, the Northern Mariana Islands, the Virgin Is-  
23 lands, Guam, American Samoa, and any other terri-  
24 tory or possession of the United States.

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

○