

(b)(6);(b)(7)(C)

**From:** Strait, Matthew J.  
**Sent:** Thu, 3 Jun 2010 16:04:08 -0400

(b)(6);(b)(7)(C)

**To:** Boggs, Gary; [redacted]; Boggs, Gary; Dormont, Daniel  
**Cc:** Rannazzisi, Joseph T.; Curry, Denise; [redacted]; Gleason, Robert (Chris); Rannazzisi, Joseph T.; Curry, Denise; [redacted]; Gleason, Robert (Chris)  
**Subject:** HR 2855 - Drug Overdose Reduction Act

(b)(6);(b)(7)(C)

To OD and CC:

Attached below is HR 2855 titled "Drug Overdose Reduction Act" which was introduced by Representative Donna Edwards (D-MD, 4<sup>th</sup>) on June 12, 2009. Among other things, the bill would require CDC to: 1) compile and publish data, annually, on fatal and nonfatal drug overdoses for the preceding year; 2) award grants to state, local, or tribal governments to improve drug overdose surveillance capabilities; and (3) develop and submit to Congress a plan to reduce the number of deaths occurring from overdoses. On the last point, CDC would be required to develop its "plan" after consultation with "stakeholders" ...the stakeholders specifically listed are NIDA, SAMHSA, CDC and FDA. A detailed description of what the bill seeks to accomplish is provided below, it currently has 22 sponsors, and has been in the H Energy and Commerce Committee since June 2009.

We are going to monitor the status of this bill and will keep you posted on any developments, but please let me know if you have any comments.

Thanks,  
Matt

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**Synopsis:**

Drug Overdose Reduction Act - Requires the Director of the Centers for Disease Control and Prevention (CDC) to: (1) award grants or enter into cooperative agreements to enable eligible entities to reduce deaths occurring from drug overdoses; and (2) give priority to public health agencies or community-based organizations that have expertise in preventing deaths occurring from overdoses in high risk populations.

Conditions receipt of a grant or agreement on an entity agreeing to use the grant or agreement for: (1) purchasing and distributing drug overdose reversal agents; (2) training first responders, law enforcement and corrections officials, and other individuals in a position to respond to an overdose on the effective response; (3) implementing programs to provide overdose prevention, recognition, treatment, or response to individuals in need; and (4) evaluating, expanding, or replicating such programs.

Requires the Director to: (1) compile and publish data, annually, on fatal and nonfatal drug overdoses for the preceding year; (2) award grants to state, local, or tribal governments to improve drug overdose surveillance capabilities; and (3) develop and submit to Congress a plan to reduce the number of deaths occurring from overdoses.

Requires the Director of the National Institute on Drug Abuse (NIDA) to: (1) prioritize and conduct or support research on drug overdose and overdose prevention; and (2) support research on dosage forms of naloxone for the prehospital treatment of unintentional drug overdose.

**H. R. 2855**

To reduce deaths occurring from drug overdoses.

**IN THE HOUSE OF REPRESENTATIVES**

**June 12, 2009**

Ms. EDWARDS of Maryland (for herself, Mr. SERRANO, Mr. HINCHEY, Mr. PIERLUISI, Mr. GRIJALVA, and Mr. LANGEVIN) introduced the following bill; which was referred to the Committee on Energy and Commerce

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**A BILL**

To reduce deaths occurring from drug overdoses.

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

**SECTION 1. SHORT TITLE.**

This Act may be cited as the 'Drug Overdose Reduction Act'.

**SEC. 2. FINDINGS.**

The Congress finds the following:

- (1) Drug overdose death is now second only to motor vehicle crashes as a leading cause of injury-related death nationally. Both fatal and nonfatal overdoses place a heavy burden on public health resources, yet no Federal agency has been tasked with stemming this crisis.
- (2) The Centers for Disease Control and Prevention reports that 33,541 deaths in the United States in 2005 were attributable to drug-induced causes. Sixty-seven percent of these deaths were due to unintentional drug poisonings and could have been prevented.
- (3) Deaths resulting from accidental drug overdoses increased more than 400 percent between 1980 and 1999, and more than doubled between 1999 and 2005.
- (4) Ninety-five percent of all unintentional and undetermined intent poisoning deaths are due to drugs, and poisoning deaths cost society more than \$2,200,000,000 in direct medical costs and \$23,000,000,000 in lost productivity costs in the year 2000 alone.
- (5) According to the Federal Drug Abuse Warning Network, most drug-related deaths involve multiple drugs including prescription opioids and alcohol. Opioid overdose deaths are occurring among those who are taking pharmaceutical opioid drugs, like oxycodone and hydrocodone, and among heroin users.
- (6) Community-based programs working with high-risk populations have successfully prevented deaths from opioid overdoses through education and access to effective reversal agents, such as naloxone.
- (7) Naloxone is a highly effective opioid antagonist that reverses overdose from both prescription opioids and heroin.
- (8) Public health programs to make naloxone available to people at-risk of a drug overdose are currently operating in major cities including Baltimore, Chicago, Los Angeles, New York City, Boston, San Francisco, and Philadelphia,

and statewide in 3 States including New Mexico, Massachusetts, and New York. A naloxone distribution program in Boston saved more than 170 lives in the last year alone.

(9) Between 2001 and January 2008, it is estimated that more than 2,600 overdoses have been reversed in 16 programs across the Nation.

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

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

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

(a) Program Authorized- The Director of the Centers for Disease Control and Prevention shall award grants or cooperative agreements to eligible entities to enable the eligible entities to reduce deaths occurring from overdoses of drugs.

(b) Application-

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

(2) CONTENTS- An application under paragraph (1) shall include--

(A) a description of the activities to be funded through the grant or cooperative agreement; and

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

(c) Priority- In awarding grants and cooperative agreements under subsection (a), the Director shall give priority to eligible entities that--

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

(2) have expertise in preventing deaths occurring from overdoses of drugs in populations at high risk of such deaths.

(d) Eligible Activities- As a condition on receipt of a grant or cooperative agreement under this section, an eligible entity shall agree to use the grant or cooperative agreement to carry out one or more of the following activities:

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

(2) Training first responders, other individuals in a position to respond to an overdose, and law enforcement and corrections officials on the effective response to individuals who have overdosed on drugs.

(3) Implementing programs to provide overdose prevention, recognition, treatment, or response to individuals in need of such services.

(4) Evaluating, expanding, or replicating a program described in paragraph (1) or (2).

(e) Report- As a condition on receipt of a grant or cooperative agreement under this section, an eligible entity shall agree to prepare and submit, not later than 90 days after the end of the grant or cooperative agreement period, a report to the Director describing the results of the activities supported through the grant or cooperative agreement.

(f) Authorization of Appropriations- There are authorized to be appropriated to carry out this section \$27,000,000 for each of the fiscal years 2010 and 2011, and such sums as may be necessary for each of the fiscal years 2012 through 2014.

## **SEC. 4. SENTINEL SURVEILLANCE SYSTEM.**

(a) Data Collection- The Director of the Centers for Disease Control and Prevention shall annually compile and publish data on both fatal and nonfatal overdoses of drugs for the preceding year. To the extent possible, the data shall be collected from all county, State, and tribal governments, the Federal Government, and private sources, shall be made available in the form of an Internet database that is accessible to the public, and shall include--

- (1) identification of the underlying drugs that led to fatal overdose;
- (2) identification of substance level specificity where possible;
- (3) analysis of trends in polydrug use in overdose victims, as well as identification of emerging overdose patterns;
- (4) results of toxicology screenings infatal overdoses routinely conducted by State medical examiners;
- (5) identification of--
  - (A) drugs that were involved in both fatal and nonfatal unintentional poisonings; and
  - (B) the number and percentage of such poisonings by drug; and
- (6) identification of the type of place where unintentional drug poisonings occur, as well as the age, race, and gender of victims.

(b) Authorization of Appropriations- There are authorized to be appropriated to carry out this section \$5,000,000 for each of the fiscal years 2010 and 2011, and such sums as may be necessary for each of the fiscal years 2012 through 2014.

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

(a) Program Authorized- The Director of the Centers for Disease Control and Prevention shall award grants or cooperative agreements to State, local, or tribal governments to improve fatal and nonfatal drug overdose surveillance capabilities, including the following:

- (1) Implementing or enhancing the material capacity of a coroner or medical examiner's office to conduct toxicological screenings where drug overdose is the suspected cause of death.
- (2) Training and other educational activities to improve identification of drug overdose as the cause of death by coroners and medical examiners.
- (3) Hiring epidemiologists and toxicologists to analyze and report on fatal and nonfatal drug overdose trends.
- (4) Purchasing resources and equipment that directly aid drug overdose surveillance and reporting.

(b) Application-

- (1) IN GENERAL- A State, local, or tribal government desiring a grant or cooperative agreement under this section shall submit to the Director an application at such time, in such manner, and containing such information as the Director may require.
- (2) CONTENTS- The application described in paragraph (1) shall include--
  - (A) a description of the activities to be funded through the grant or cooperative agreement; and
  - (B) a demonstration that the State, local, or tribal government has the capacity to carry out such activities.

(c) Report- As a condition on receipt of a grant or cooperative agreement under this section, a State, local, or tribal government shall agree to prepare and submit, not later than 90 days after the end of the grant or cooperative agreement period, a

