

Overdose Prevention Act, S. 2755:

A Section-by-Section Analysis

Sponsored by Sen. Reed (D-RI), Sen. Durbin (D-IL), Sen. Leahy (D-VT), Sen. Markey (D-MA), Sen. Whitehouse (D-RI)

Section 1: Short Title

This section identifies the bill as the “Overdose Prevention Act” (S. 2755).

Section 2: Findings

This section lists a series of data findings that Congress has identified about drug overdose. The findings describe the scope of the problem, trends over time, substances most often involved (prescription opioid pain relievers are involved in more than half of cases), demographics at highest risk, costs to society, expanded use of naloxone by States and communities, and federal and State support for expanded use of naloxone.

Section 3: Overdose Prevention Programs

This section amends Title III of the Public Health Service Act (42 U.S.C. 241 et seq.) by adding a new section to the end of the Title. This new section would be called “Part W – Overdose Prevention Programs” and includes three subsections. The first subsection, “**Sec. 39900 Cooperative Agreement Program to Reduce Drug Overdose Deaths**,” instructs the Director of the Centers for Disease Control and Prevention (CDC) on behalf of the Secretary of the U.S. Department of Health and Human Services (HHS) to enter into *four-year cooperative agreements with eligible entities to enable them to reduce fatal overdoses*. Organizations interested in applying will send an application to the HHS Secretary with a description of the organization’s capacity and scope of work. Eligible entities/organizations (defined below) that are a public health agency or community-based organization and that have expertise in preventing overdose deaths in high risk populations will be given priority during the selection process. The HHS Secretary will create a coordinating center to collect data from the enrolled organizations, evaluate their distribution of naloxone, look at organizations’ impact on overdose deaths, and identify best practices and educate the general public on overdose prevention.

Eligible Entities:

- State, local, or tribal governments
- Correctional institutions
- Law enforcement agencies
- Community agencies
- Professional organizations for poison control and surveillance
- Private, nonprofit organizations

Application:

Eligible organizations will submit an application to the HHS Secretary with a description of the activities that the funds will pay for and evidence that the organization has the capacity to carry them out.

Eligible Activities (funded organizations will agree to do all of the following):

- Purchase and distribute naloxone or a similarly effective medication,
- Carry out one of the following:
 - Educate prescribers and pharmacists about overdose prevention and prescribing naloxone or a similarly effective medication.
 - Train first responders, law enforcement and corrections officials, or other individuals in a position to respond to an overdose on how to respond effectively.
 - Implement and enhance programs to provide overdose prevention, recognition, treatment, and response.
 - Educate the public about overdose prevention and naloxone prescriptions or other similarly effective medications.

Reports to Coordinating Center:

Reports to the Coordinating Center will be prepared and submitted by the organizations no later than 90 days after the end of the cooperative agreement period. The report will describe the results of the activities supported through the agreement.

\$20 million will be authorized to carry out this subsection for each of the fiscal years 2015-2019.

The second subsection, “**Sec. 39900-1 Surveillance Capacity Building**,” instructs the CDC Director on behalf of the HHS Secretary to award *cooperative agreements to eligible entities to improve fatal and nonfatal drug overdose surveillance and reporting capabilities*. This includes providing training to improve the identification of drug overdose as the cause of death by coroners and medical examiners. This would also establish two national programs for the surveillance of and reporting to an electronic database on 1) drug overdose deaths in the United States and 2) fatal and nonfatal overdose occurrences, including epidemiological and toxicological analysis and trends. These national programs would operate in cooperation with the National Poison Data System, coroners, and medical examiners. Eligible entities/organizations (defined below) that are interested in applying will submit an application to the HHS Secretary that includes a description of the organization’s capacity and scope of work.

Eligible Entities:

- State, local, or tribal governments.
- National Poison Data System (the system operated by the American Association of Poison Control Centers, in partnership with the CDC, for real-time local, State, and national electronic reporting and the corresponding database network) working in conjunction with a State, local, or tribal government.

Application:

Eligible organizations will submit an application to the HHS Secretary with a description of the activities that the cooperative agreement funds will pay for and evidence that the organization has the capacity to carry them out.

Reports to HHS Secretary:

Reports to the Secretary will be prepared and submitted by the organizations no later than 90 days after the end of the cooperative agreement period. The report will describe the results of the activities supported through the agreement.

\$5 million will be authorized to carry out this subsection for each of the fiscal years 2015-2019.

The third subsection, “**Sec. 39900-2 Reducing Overdose Deaths**,” instructs the HHS Secretary to consult with a stakeholder task force to *develop a plan to reduce the number of overdose deaths* and submit the plan to Congress. The plan should be developed not later than 180 days after the enactment of this subsection. The plan will include all of the following: 1) an implementation plan for a public health campaign to educate prescribers and the public about overdose prevention and the prescription of naloxone or other similarly effective medication; 2) recommendations for improving and expanding overdose prevention programming; and 3) recommendations for legislative or administrative action that the HHS Secretary deems appropriate.

Task Force Required Members (shall include at least one representative from each of the following):

- Individuals directly impacted by drug overdose.
- Direct service providers who engage individuals at risk of a drug overdose.
- Drug overdose prevention advocates.
- National Institute on Drug Abuse (NIDA).
- Center for Substance Abuse Treatment (CSAT) within the Substance Abuse and Mental Health Services Administration (SAMHSA).
- CDC.
- Health Resources and Services Administration (HRSA).
- Food and Drug Administration (FDA).
- Office of National Drug Control Policy (ONDCP).

- American Medical Association (AMA).
- American Association of Poison Control Centers.
- Federal Bureau of Prisons.
- Centers for Medicare & Medicaid Services (CMS).
- Department of Justice (DOJ).
- Department of Defense (DOD).
- Department of Veterans Affairs (VA).
- First responders.
- Law enforcement.
- State agencies responsible for drug overdose prevention.
- The HHS Secretary may also include other individuals with expertise relating to drug overdose or representatives of entities with expertise relating to drug overdose as they deem appropriate.

Section 4: Overdose Prevention Research

This section amends subpart 15 of part C of Title IV of the Public Health Services Act (42 U.S.C. 285o et seq.) by adding a new section at the end of the subpart. This new section, “**Sec. 464Q Overdose Prevention Research**,” instructs the Director of NIDA to prioritize and conduct or *support research on drug overdose and overdose prevention*. The NIDA Director shall also support research on the development of formulations of naloxone and other similarly effective medications, and dosage delivery devices specifically intended to be used by lay persons or first responders for the treatment of drug overdose.

Primary Aims of Research on Drug Overdose and Overdose Prevention:

- Examine circumstances that contribute to overdose and identify drugs associated with fatal overdose.
- Evaluate existing overdose prevention methods.
- Establish pilot programs or research trials on new overdose prevention strategies or programs that have not been studied in the U.S.
- Conduct scientific research on the effectiveness of overdose prevention programs, including how to effectively implement and sustain such programs.
- Conduct comparative effectiveness research on model programs.
- Implement scientific research on effective overdose prevention programming and examine how to implement and sustain overdose prevention programming.

\$5 million will be authorized to carry out this section for each of the fiscal years 2015-2019.