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Congressman Lee M. Zeldin

First Congressional District of New York

April 26, 2016

The Honorable Bob Goodlatte
Chairman
House Judiciary Committee
Washington, D.C. 20515

The Honorable John Conyers
Ranking Member
House Judiciary Committee
Washington, D.C. 20515

The Honorable John Upton
Chairman
House Committee on Energy and Commerce
Washington, D.C. 20515

The Honorable Frank Pallone
Ranking Member
House Committee on Energy and Commerce
Washington, D.C. 20515

Dear Chairman Goodlatte, Ranking Member Conyers, Chairman Upton and Ranking Member Pallone:

I am writing with regard to the pending markup of portions of the Comprehensive Addiction and Recovery Act (CARA) in your respective Committees. I have been very concerned about the escalating abuse of prescription opioids and heroin in this country. Our communities and families have been severely impacted by the rise of prescription drug abuse and the growing heroin epidemic. The passage of CARA is urgently needed to help communities hardest hit by this epidemic. Equally needed is an increase in the supply of lifesaving naloxone to medical professionals, families and others who are in a position to prevent fatal opioid overdoses.

Naloxone is a generic medication that reverses an opioid overdose within minutes by blocking the opioid receptors in the brain from processing opioid(s) in the bloodstream. Naloxone is considered a miracle drug because it is extremely effective, safe and easy to use. Naloxone cannot be abused and no harm results to a person erroneously administered the drug.¹

It takes only five minutes to train a person with no medical training on how to identify signs of an opioid overdose and administer naloxone to reverse an opioid overdose. The quicker an opioid overdose can be reversed with naloxone, the less likely coma or other aggravated health complications will result from the overdose that can cost insurers and taxpayers far more than the cost of a dose of naloxone.²

Many drug treatment facilities, health clinics, shelters and other community-based providers that work with high risk populations and serve as a bridge to treatment have the capacity to equip potential bystanders with naloxone and train on its use. A small number of providers around the country are doing this now and making substantial progress with helping community members

prevent and reduce opioid fatalities. Since 2010, in fact, approximately 140 providers in 30 states have reported more than 16,000 naloxone reversals to the CDC.³ Many of these reports came from family members or friends who used naloxone provided by the provider to rescue a loved one.

A majority of providers, however, have reported not having the financial resources to meet the overwhelming demand for naloxone and trainings in the communities they serve.⁴ Funding is the primary impediment to expanding community-based naloxone in the hardest hit communities even though there is broad institutional support for doing so.⁵ Most states have passed laws clearing the way for the expanded use of naloxone by family members and others in a position to help.⁶

As your respective Committees take up CARA, I respectfully request an adjustment to the language of this legislation to clarify support for community-based providers that help family members and others save lives with naloxone.

Sincerely,



Lee M. Zeldin
Member of Congress

¹ Substance Abuse and Mental Health Services Administration. SAMHSA Opioid Overdose Prevention Toolkit. HHS Publication No. (SMA) 13-4742. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2013., p. 9

² See <http://prescribeto prevent.org/formulations/>

³ Morbidity and Mortality Weekly Report (MMWR), Opioid Overdose Prevention Programs Providing Naloxone to Laypersons — United States, 2014, June 19, 2015 / 64(23);631-635

⁴ Morbidity and Mortality Weekly Report (MMWR), Opioid Overdose Prevention Programs Providing Naloxone to Laypersons — United States, 2014, June 19, 2015 / 64(23);631-635

⁵ See <http://prescribeto prevent.org/endorsement/>

⁶ Legal changes to increase access to naloxone for opioid overdose reversal in the United States, Drug & Alcohol Dependence, Volume 157, 112 - 120