

115TH CONGRESS
1ST SESSION

H. R. 1854

To require the use of prescription drug monitoring programs and to facilitate information sharing among States.

IN THE HOUSE OF REPRESENTATIVES

APRIL 3, 2017

Mr. JENKINS of West Virginia (for himself and Mr. RYAN of Ohio) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To require the use of prescription drug monitoring programs and to facilitate information sharing among States.

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 “Prescription Drug
5 Monitoring Act of 2017”.

6 **SEC. 2. DEFINITIONS.**

7 In this Act:

1 (1) CONTROLLED SUBSTANCE.—The term
2 “controlled substance” has the meaning given the
3 term in section 102 of the Controlled Substances
4 Act (21 U.S.C. 802).

5 (2) COVERED STATE.—The term “covered
6 State” means a State that receives funding under
7 the Harold Rogers Prescription Drug Monitoring
8 Program established under the Departments of
9 Commerce, Justice, and State, the Judiciary, and
10 Related Agencies Appropriations Act, 2002 (Public
11 Law 107–77; 115 Stat. 748) or the controlled sub-
12 stance monitoring program under section 3990 of
13 the Public Health Service Act (42 U.S.C. 280g–3).

14 (3) DISPENSER.—The term “dispenser”—

15 (A) means person licensed or otherwise au-
16 thorized by a State to deliver a prescription
17 drug product to a patient or an agent of the pa-
18 tient; and

19 (B) does not include a person involved in
20 oversight or payment for prescription drugs.

21 (4) PDMP.—The term “PDMP” means a pre-
22 scription drug monitoring program.

23 (5) PRACTITIONER.—The term “practitioner”
24 means a practitioner registered under section 303(f)
25 of the Controlled Substances Act (21 U.S.C. 823(f))

1 to prescribe, administer, or dispense controlled sub-
2 stances.

3 (6) STATE.—The term “State” means each of
4 the several States and the District of Columbia.

5 **SEC. 3. PRESCRIPTION DRUG MONITORING PROGRAM RE-**
6 **QUIREMENTS.**

7 (a) IN GENERAL.—Beginning 2 years after the date
8 of enactment of this Act, each covered State shall re-
9 quire—

10 (1) each prescribing practitioner within the cov-
11 ered State or their designee, who shall be licensed or
12 registered healthcare professionals or other employ-
13 ees who report directly to the practitioner, to consult
14 the PDMP of the covered State before initiating
15 treatment with a prescription for a controlled sub-
16 stance listed in schedule II, III, or IV of section
17 202(c) of the Controlled Substances Act (21 U.S.C.
18 812(c)), and every 3 months thereafter as long as
19 the treatment continues;

20 (2) the PDMP of the covered State to provide
21 proactive notification to a practitioner when patterns
22 indicative of controlled substance misuse, including
23 opioid misuse, are detected;

24 (3) each dispenser within the covered State to
25 report each prescription for a controlled substance

1 dispensed by the dispenser to the PDMP not later
2 than 24 hours after the controlled substance is dis-
3 pensed to the patient;

4 (4) that the PDMP make available a quarterly
5 de-identified data set and an annual report for pub-
6 lic and private use, which shall, at a minimum, meet
7 requirements established by the Attorney General, in
8 coordination with the Secretary of Health and
9 Human Services; and

10 (5) that the data contained in the PDMP of the
11 covered State is made available to other States.

12 (b) NONCOMPLIANCE.—If a covered State fails to
13 comply with subsection (a), the Attorney General or the
14 Secretary of Health and Human Services, as appropriate,
15 may withhold grant funds from being awarded to the cov-
16 ered State under the Harold Rogers Prescription Drug
17 Monitoring Program established under the Departments
18 of Commerce, Justice, and State, the Judiciary, and Re-
19 lated Agencies Appropriations Act, 2002 (Public Law
20 107–77; 115 Stat. 748) or the controlled substance moni-
21 toring program under section 3990 of the Public Health
22 Service Act (42 U.S.C. 280g–3).

23 (c) DATA-SHARING SINGLE TECHNOLOGY SOLU-
24 TION.—

1 (1) IN GENERAL.—For the purpose of assisting
2 States in complying with subsection (a)(5), the At-
3 torney General, in coordination with the Secretary of
4 Health and Human Services, acting through the
5 Comprehensive Opioid Abuse Grant Program estab-
6 lished under section 3021 of title I of the Omnibus
7 Crime Control and Safe Streets Act of 1968 (42
8 U.S.C. 3797ff), shall award, on a competitive basis,
9 a grant to an eligible entity to establish and main-
10 tain an inter-State data-sharing single hub to facili-
11 tate the sharing of PDMP data among States and
12 the accessing of such data by practitioners.

13 (2) REQUIREMENTS.—The data-sharing single
14 hub established under paragraph (1)—

15 (A) shall—

16 (i) allow States to retain ownership of
17 the data submitted by the States;

18 (ii) provide a source of de-identified
19 data that can be used for statistical, re-
20 search, or educational purposes;

21 (iii) allow State authorized users to
22 access data from a PDMP of a covered
23 State without requiring a user fee; and

- 1 (iv) conform with the standards of the
2 Prescription Monitoring Information Ex-
3 change; and
4 (B) may not—
5 (i) distribute, in whole or in part, any
6 PDMP data without the express written
7 consent of the PDMP State authority; and
8 (ii) limit, in whole or in part, distribu-
9 tion of PDMP data as approved by the
10 PDMP State authority.

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