

116TH CONGRESS
1ST SESSION

S. 516

To require the use of prescription drug monitoring programs.

IN THE SENATE OF THE UNITED STATES

FEBRUARY 14, 2019

Ms. KLOBUCHAR (for herself, Mr. PORTMAN, Mr. KING, and Mr. MANCHIN)
introduced the following bill; which was read twice and referred to the
Committee on Health, Education, Labor, and Pensions

A BILL

To require the use of prescription drug monitoring programs.

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 2019”.

6 **SEC. 2. REQUIRING THE USE OF PRESCRIPTION DRUG**
7 **MONITORING PROGRAMS.**

8 (a) DEFINITIONS.—In this section:

9 (1) CONTROLLED SUBSTANCE.—The term
10 “controlled substance” has the meaning given the

1 term in section 102 of the Controlled Substances
2 Act (21 U.S.C. 802).

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

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

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

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

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

22 (5) PRACTITIONER.—The term “practitioner”
23 means a practitioner registered under section 303(f)
24 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 (b) REQUIREMENTS.—Beginning 1 year after the
6 date of enactment of this Act, each covered State shall
7 require—

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

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

22 (3) each dispenser within the covered State to
23 report each prescription for a controlled substance
24 dispensed by the dispenser to the PDMP not later

1 than 24 hours after the controlled substance is dis-
2 pensed to the patient;

3 (4) that the PDMP make available a quarterly
4 de-identified data set and an annual report for pub-
5 lic and private use, including use by healthcare pro-
6 viders, health plans and health benefits administra-
7 tors, State agencies, and researchers, which shall, at
8 a minimum, meet requirements established by the
9 Attorney General, in coordination with the Secretary
10 of Health and Human Services;

11 (5) each State agency that administers the
12 PDMP to—

13 (A) proactively analyze data available
14 through the PDMP; and

15 (B) provide reports to law enforcement
16 agencies and prescriber licensing boards de-
17 scribing any prescribing practitioner that re-
18 peatedly fall outside of expected norms or
19 standard practices for the prescribing practi-
20 tioner's field; and

21 (6) that the data contained in the PDMP of the
22 covered State be made available to other States.

23 (c) NONCOMPLIANCE.—If a covered State fails to
24 comply with subsection (a), the Attorney General or the
25 Secretary of Health and Human Services may withhold

1 grant funds from being awarded to the covered State
2 under the Harold Rogers Prescription Drug Monitoring
3 Program established under the Departments of Com-
4 merce, Justice, and State, the Judiciary, and Related
5 Agencies Appropriations Act, 2002 (Public Law 107–77;
6 115 Stat. 748), or under the controlled substance moni-
7 toring program under section 399O of the Public Health
8 Service Act (42 U.S.C. 280g–3).

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