

114TH CONGRESS
1ST SESSION

H. R. 1725

AN ACT

To amend and reauthorize the controlled substance monitoring program under section 3990 of the Public Health Service Act, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “National All Schedules
3 Prescription Electronic Reporting Reauthorization Act of
4 2015”.

5 **SEC. 2. AMENDMENT TO PURPOSE.**

6 Paragraph (1) of section 2 of the National All Sched-
7 ules Prescription Electronic Reporting Act of 2005 (Public
8 Law 109–60) is amended to read as follows:

9 “(1) foster the establishment of State-adminis-
10 tered controlled substance monitoring systems in
11 order to ensure that—

12 “(A) health care providers have access to
13 the accurate, timely prescription history infor-
14 mation that they may use as a tool for the early
15 identification of patients at risk for addiction in
16 order to initiate appropriate medical interven-
17 tions and avert the tragic personal, family, and
18 community consequences of untreated addiction;
19 and

20 “(B) appropriate law enforcement, regu-
21 latory, and State professional licensing authori-
22 ties have access to prescription history informa-
23 tion for the purposes of investigating drug di-
24 version and prescribing and dispensing prac-
25 tices of errant prescribers or pharmacists; and”.

1 **SEC. 3. AMENDMENTS TO CONTROLLED SUBSTANCE MONI-**
2 **TORING PROGRAM.**

3 Section 399O of the Public Health Service Act (42
4 U.S.C. 280g-3) is amended—

5 (1) in subsection (a)—

6 (A) in paragraph (1)—

7 (i) in subparagraph (A), by striking
8 “or”;

9 (ii) in subparagraph (B), by striking
10 the period at the end and inserting “; or”;
11 and

12 (iii) by adding at the end the fol-
13 lowing:

14 “(C) to maintain and operate an existing
15 State-controlled substance monitoring pro-
16 gram.”; and

17 (B) in paragraph (3), by inserting “by the
18 Secretary” after “Grants awarded”;

19 (2) by amending subsection (b) to read as fol-
20 lows:

21 “(b) **MINIMUM REQUIREMENTS.**—The Secretary
22 shall maintain and, as appropriate, supplement or revise
23 (after publishing proposed additions and revisions in the
24 Federal Register and receiving public comments thereon)
25 minimum requirements for criteria to be used by States

1 for purposes of clauses (ii), (v), (vi), and (vii) of subsection
2 (c)(1)(A).”;

3 (3) in subsection (c)—

4 (A) in paragraph (1)(B)—

5 (i) in the matter preceding clause (i),
6 by striking “(a)(1)(B)” and inserting
7 “(a)(1)(B) or (a)(1)(C)”;

8 (ii) in clause (i), by striking “program
9 to be improved” and inserting “program to
10 be improved or maintained”;

11 (iii) by redesignating clauses (iii) and
12 (iv) as clauses (iv) and (v), respectively;

13 (iv) by inserting after clause (ii) the
14 following:

15 “(iii) a plan to apply the latest ad-
16 vances in health information technology in
17 order to incorporate prescription drug
18 monitoring program data directly into the
19 workflow of prescribers and dispensers to
20 ensure timely access to patients’ controlled
21 prescription drug history;”;

22 (v) in clause (iv), as redesignated, by
23 inserting before the semicolon at the end
24 “and at least one health information tech-
25 nology system such as an electronic health

1 records system, a health information ex-
2 change, or an e-prescribing system”; and

3 (vi) in clause (v), as redesignated, by
4 striking “public health” and inserting
5 “public health or public safety”;

6 (B) in paragraph (3)—

7 (i) by striking “If a State that sub-
8 mits” and inserting the following:

9 “(A) IN GENERAL.—If a State that sub-
10 mits”;

11 (ii) by striking the period at the end
12 and inserting “and include timelines for
13 full implementation of such interoper-
14 ability. The State shall also describe the
15 manner in which it will achieve interoper-
16 ability between its monitoring program and
17 health information technology systems, as
18 allowable under State law, and include
19 timelines for implementation of such inter-
20 operability.”; and

21 (iii) by adding at the end the fol-
22 lowing:

23 “(B) MONITORING OF EFFORTS.—The
24 Secretary shall monitor State efforts to achieve

1 interoperability, as described in subparagraph
2 (A).”; and
3 (C) in paragraph (5)—
4 (i) by striking “implement or im-
5 prove” and inserting “establish, improve,
6 or maintain”; and
7 (ii) by adding at the end the fol-
8 lowing: “The Secretary shall redistribute
9 any funds that are so returned among the
10 remaining grantees under this section in
11 accordance with the formula described in
12 subsection (a)(2)(B).”;
13 (4) in subsection (d)—
14 (A) in the matter preceding paragraph
15 (1)—
16 (i) by striking “In implementing or
17 improving” and all that follows through
18 “(a)(1)(B)” and inserting “In establishing,
19 improving, or maintaining a controlled sub-
20 stance monitoring program under this sec-
21 tion, a State shall comply, or with respect
22 to a State that applies for a grant under
23 subparagraph (B) or (C) of subsection
24 (a)(1).”; and

1 (ii) by striking “public health” and in-
2 sserting “public health or public safety”;
3 and

4 (B) by adding at the end the following:

5 “(5) The State shall report to the Secretary
6 on—

7 “(A) as appropriate, interoperability with
8 the controlled substance monitoring programs
9 of Federal departments and agencies;

10 “(B) as appropriate, interoperability with
11 health information technology systems such as
12 electronic health records systems, health infor-
13 mation exchanges, and e-prescribing systems;
14 and

15 “(C) whether or not the State provides
16 automatic, real-time or daily information about
17 a patient when a practitioner (or the designee
18 of a practitioner, where permitted) requests in-
19 formation about such patient.”;

20 (5) in subsections (e), (f)(1), and (g), by strik-
21 ing “implementing or improving” each place it ap-
22 pears and inserting “establishing, improving, or
23 maintaining”;

24 (6) in subsection (f)—

25 (A) in paragraph (1)—

1 (i) in subparagraph (B), by striking
2 “misuse of a schedule II, III, or IV sub-
3 stance” and inserting “misuse of a con-
4 trolled substance included in schedule II,
5 III, or IV of section 202(c) of the Con-
6 trolled Substance Act”; and

7 (ii) in subparagraph (D), by inserting
8 “a State substance abuse agency,” after “a
9 State health department,”; and

10 (B) by adding at the end the following:

11 “(3) EVALUATION AND REPORTING.—Subject
12 to subsection (g), a State receiving a grant under
13 subsection (a) shall provide the Secretary with ag-
14 gregate data and other information determined by
15 the Secretary to be necessary to enable the Sec-
16 retary—

17 “(A) to evaluate the success of the State’s
18 program in achieving its purposes; or

19 “(B) to prepare and submit the report to
20 Congress required by subsection (1)(2).

21 “(4) RESEARCH BY OTHER ENTITIES.—A de-
22 partment, program, or administration receiving non-
23 identifiable information under paragraph (1)(D)
24 may make such information available to other enti-
25 ties for research purposes.”;

1 (7) by redesignating subsections (h) through
2 (n) as subsections (j) through (p), respectively;

3 (8) in subsections (c)(1)(A)(iv) and (d)(4), by
4 striking “subsection (h)” each place it appears and
5 inserting “subsection (j)”;

6 (9) by inserting after subsection (g) the fol-
7 lowing:

8 “(h) EDUCATION AND ACCESS TO THE MONITORING
9 SYSTEM.—A State receiving a grant under subsection (a)
10 shall take steps to—

11 “(1) facilitate prescriber and dispenser use of
12 the State’s controlled substance monitoring system;

13 “(2) educate prescribers and dispensers on the
14 benefits of the system both to them and society; and

15 “(3) facilitate linkage to the State substance
16 abuse agency and substance abuse disorder services.

17 “(i) CONSULTATION WITH ATTORNEY GENERAL.—
18 In carrying out this section, the Secretary shall consult
19 with the Attorney General of the United States and other
20 relevant Federal officials to—

21 “(1) ensure maximum coordination of controlled
22 substance monitoring programs and related activi-
23 ties; and

24 “(2) minimize duplicative efforts and funding.”;

1 (10) in subsection (l)(2)(A), as redesignated by
2 paragraph (7)—

3 (A) in clause (ii), by inserting “; estab-
4 lished or strengthened initiatives to ensure link-
5 ages to substance use disorder services;” before
6 “or affected patient access”; and

7 (B) in clause (iii), by inserting “and be-
8 tween controlled substance monitoring pro-
9 grams and health information technology sys-
10 tems” before “, including an assessment”;

11 (11) by striking subsection (m) (relating to
12 preference), as redesignated by paragraph (7);

13 (12) by redesignating subsections (n) through
14 (p), as redesignated by paragraph (7), as sub-
15 sections (m) through (o), respectively;

16 (13) in subsection (m)(1), as redesignated by
17 paragraph (12), by striking “establishment, imple-
18 mentation, or improvement” and inserting “estab-
19 lishment, improvement, or maintenance”;

20 (14) in subsection (n), as redesignated by para-
21 graph (12)—

22 (A) in paragraph (5)—

23 (i) by striking “means the ability”
24 and inserting the following: “means—
25 “(A) the ability”;

1 (ii) by striking the period at the end
2 and inserting “; or”; and

3 (iii) by adding at the end the fol-
4 lowing:

5 “(B) sharing of State controlled substance
6 monitoring program information with a health
7 information technology system such as an elec-
8 tronic health records system, a health informa-
9 tion exchange, or an e-prescribing system.”;

10 (B) in paragraph (7), by striking “phar-
11 macy” and inserting “pharmacist”; and

12 (C) in paragraph (8), by striking “and the
13 District of Columbia” and inserting “, the Dis-
14 trict of Columbia, and any commonwealth or
15 territory of the United States”; and

16 (15) by amending subsection (o), as redesign-
17 nated by paragraph (12), to read as follows:

18 “(o) AUTHORIZATION OF APPROPRIATIONS.—To
19 carry out this section, there is authorized to be appro-

1 priated \$10,000,000 for each of fiscal years from 2016
2 through 2020.”.

Passed the House of Representatives September 8,
2015.

Attest:

Clerk.

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