

113TH CONGRESS  
2D SESSION

# S. 2529

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

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IN THE SENATE OF THE UNITED STATES

JUNE 25, 2014

Mrs. SHAHEEN (for herself, Mr. TOOMEY, Mr. DURBIN, and Mr. SESSIONS) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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## A BILL

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

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 “National All Schedules  
5 Prescription Electronic Reporting Reauthorization Act of  
6 2014”.

1 **SEC. 2. AMENDMENT TO PURPOSE.**

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

5 “(1) foster the establishment of State-adminis-  
6 tered controlled substance monitoring systems in  
7 order to ensure that—

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

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

22 **SEC. 3. AMENDMENTS TO CONTROLLED SUBSTANCE MONI-  
23 TORING PROGRAM.**

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

26 (1) in subsection (a)(1)—

1 (A) in subparagraph (A), by striking “or”;

2 (B) in subparagraph (B), by striking the

3 period at the end and inserting “; or”; and

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

5 “(C) to maintain and operate an existing

6 State-controlled substance monitoring pro-

7 gram.”;

8 (2) by amending subsection (b) to read as fol-

9 lows:

10 “(b) MINIMUM REQUIREMENTS.—The Secretary

11 shall maintain and, as appropriate, supplement or revise

12 (after publishing proposed additions and revisions in the

13 Federal Register and receiving public comments thereon)

14 minimum requirements for criteria to be used by States

15 for purposes of clauses (ii), (v), (vi), and (vii) of subsection

16 (c)(1)(A).”;

17 (3) in subsection (c)—

18 (A) in paragraph (1)(B)—

19 (i) in the matter preceding clause (i),

20 by striking “(a)(1)(B)” and inserting

21 “(a)(1)(B) or (a)(1)(C)”;

22 (ii) in clause (i), by striking “program

23 to be improved” and inserting “program to

24 be improved or maintained”;

1 (iii) by redesignating clauses (iii) and  
2 (iv) as clauses (iv) and (v), respectively;

3 (iv) by inserting after clause (ii), the  
4 following:

5 “(iii) a plan to apply the latest ad-  
6 vances in health information technology in  
7 order to incorporate prescription drug  
8 monitoring program data directly into the  
9 workflow of prescribers and dispensers to  
10 ensure timely access to patients’ controlled  
11 prescription drug history;”;

12 (v) in clause (iv) (as so redesignated),  
13 by inserting before the semicolon the fol-  
14 lowing: “and at least one health informa-  
15 tion technology system such as electronic  
16 health records, health information ex-  
17 changes, and e-prescribing systems”; and

18 (vi) in clause (v) (as so redesignated),  
19 by striking “public health” and inserting  
20 “public health or public safety”;

21 (B) in paragraph (3)—

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

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

1 (ii) by inserting before the period at  
2 the end “and include timelines for full im-  
3 plementation of such interoperability. The  
4 State shall also describe the manner in  
5 which it will achieve interoperability be-  
6 tween its monitoring program and health  
7 information technology systems, as allow-  
8 able under State law, and include timelines  
9 for the implementation of such interoper-  
10 ability”; and

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

13 “(B) MONITORING OF EFFORTS.—The  
14 Secretary shall monitor State efforts to achieve  
15 interoperability, as described in subparagraph  
16 (A).”;

17 (C) in paragraph (5)—

18 (i) by striking “implement or im-  
19 prove” and inserting “establish, improve,  
20 or maintain”; and

21 (ii) by adding at the end the fol-  
22 lowing: “The Secretary shall redistribute  
23 any funds that are so returned among the  
24 remaining grantees under this section in

1           accordance with the formula described in  
2           subsection (a)(2)(B).”;

3           (4) in subsection (d)—

4           (A) in the matter preceding paragraph  
5           (1)—

6                   (i) by striking “In implementing or  
7                   improving” and all that follows through  
8                   “(a)(1)(B)” and inserting “In establishing,  
9                   improving, or maintaining a controlled sub-  
10                  stance monitoring program under this sec-  
11                  tion, a State shall comply, or with respect  
12                  to a State that applies for a grant under  
13                  subparagraph (B) or (C) of subsection  
14                  (a)(1)”;

15                   (ii) by striking “public health” and in-  
16                   serting “public health or public safety”;  
17                  and

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

19                  “(5) The State shall report on interoperability  
20                  with the controlled substance monitoring program of  
21                  Federal agencies, where appropriate, interoperability  
22                  with health information technology systems such as  
23                  electronic health records, health information ex-  
24                  changes, and e-prescribing, where appropriate, and  
25                  whether or not the State provides automatic, real-

1 time or daily information about a patient when a  
2 practitioner (or the designee of a practitioner, where  
3 permitted) requests information about such pa-  
4 tient.”;

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

9 (6) in subsection (f)—

10 (A) in paragraph (1)(B) by striking “mis-  
11 use of a schedule II, III, or IV substance” and  
12 inserting “misuse of a controlled substance in-  
13 cluded in schedule II, III, or IV of section  
14 202(c) of the Controlled Substance Act”; and

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

16 “(3) EVALUATION AND REPORTING.—Subject  
17 to subsection (g), a State receiving a grant under  
18 subsection (a) shall provide the Secretary with ag-  
19 gregate data and other information determined by  
20 the Secretary to be necessary to enable the Sec-  
21 retary—

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

24 “(B) to prepare and submit the report to  
25 Congress required by subsection (k)(2).

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

6           (7) by striking subsection (k);

7           (8) by redesignating subsections (h) through (j)  
 8           as subsections (i) through (k), respectively;

9           (9) in subsections (c)(1)(A)(iv) and (d)(4), by  
 10          striking “subsection (h)” each place it appears and  
 11          inserting “subsection (i)”;

12          (10) by inserting after subsection (g) the fol-  
 13          lowing:

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

17                 “(1) facilitate prescriber and dispenser use of  
 18                 the State’s controlled substance monitoring system;  
 19                 and

20                 “(2) educate prescribers and dispenser on the  
 21                 benefits of the system both to them and society.”;

22          (11) in subsection (k)(2)(A), as redesignated—

23                 (A) in clause (ii), by striking “or affected”  
 24                 and inserting “, established or strengthened ini-



1           tiatives to ensure linkages to substance use dis-  
2           order services, or affected”]; and

3           (B) in clause (iii), by striking “including  
4           an assessment” and inserting “between con-  
5           trolled substance monitoring programs and  
6           health information technology systems, and in-  
7           cluding an assessment”];

8           (12) in subsection (l)(1), by striking “establis-  
9           ment, implementation, or improvement” and insert-  
10          ing “establishment, improvement, or maintenance”];

11          (13) in subsection (m)(8), by striking “and the  
12          District of Columbia” and inserting “, the District  
13          of Columbia, and any commonwealth or territory of  
14          the United States”]; and

15          (14) by amending subsection (n), to read as fol-  
16          lows:

17          “(o) AUTHORIZATION OF APPROPRIATIONS.—To  
18          carry out this section, there are authorized to be appro-  
19          priated \$7,000,000 for each of fiscal years 2014 through  
20          2018.”.

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