

112<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

# H. R. 4292

To direct the Attorney General to establish uniform standards for the exchange of controlled substance and prescription information for the purpose of preventing diversion, fraud, and abuse of controlled substances and other prescription drugs.

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## IN THE HOUSE OF REPRESENTATIVES

MARCH 28, 2012

Mr. ROGERS of Kentucky (for himself, Mr. WOLF, and Mr. AUSTRIA) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

To direct the Attorney General to establish uniform standards for the exchange of controlled substance and prescription information for the purpose of preventing diversion, fraud, and abuse of controlled substances and other prescription drugs.

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 “Interstate Drug Moni-  
5       toring Efficiency and Data Sharing Act of 2012” or the  
6       “ID MEDS Act”.

1 **SEC. 2. NATIONAL INTEROPERABILITY STANDARDS.**

2 (a) IN GENERAL.—Not later than 1 year after the  
3 date of enactment of this Act, the Attorney General shall  
4 establish national interoperability standards to facilitate  
5 the exchange of prescription information across State lines  
6 by States receiving grant funds under—

7 (1) the Harold Rogers Prescription Drug Moni-  
8 toring Program established under the Departments  
9 of Commerce, Justice, and State, the Judiciary, and  
10 Related Agencies Appropriations Act, 2002 (Public  
11 Law 107–77; 115 Stat. 748); and

12 (2) the Controlled Substance Monitoring Pro-  
13 gram established under section 3990 of the Public  
14 Health Service Act (42 U.S.C. 280g–3).

15 (b) REQUIREMENTS.—The Attorney General, in con-  
16 sultation with the Secretary of Health and Human Serv-  
17 ices, shall ensure that the national interoperability stand-  
18 ards established under subsection (a)—

19 (1) implement open standards that are freely  
20 available, without cost and without restriction, in  
21 order to promote broad implementation;

22 (2) provide for the use of exchange inter-  
23 mediaries, or hubs, as necessary to facilitate inter-  
24 state interoperability by accommodating State-to-  
25 hub and direct State-to-State communication;

1           (3) support transmissions that are fully secured  
2           as required, using industry standard methods of  
3           encryption, to ensure that Protected Health Infor-  
4           mation and Personally Identifiable Information  
5           (PHI and PII) are not compromised at any point  
6           during such transmission; and

7           (4) employ access control methodologies to  
8           share protected information solely in accordance  
9           with State laws and regulations.

10 **SEC. 3. STATE RECIPIENT REQUIREMENTS.**

11           (a) HAROLD ROGERS PRESCRIPTION DRUG MONI-  
12 TORING PROGRAM.—

13           (1) IN GENERAL.—Not later than 1 year after  
14           the date on which the Attorney General establishes  
15           national interoperability standards under section  
16           2(a), a recipient of a grant under the Harold Rogers  
17           Prescription Drug Monitoring Program established  
18           under the Departments of Commerce, Justice, and  
19           State, the Judiciary, and Related Agencies Appro-  
20           priations Act, 2002 (Public Law 107–77; 115 Stat.  
21           748) shall ensure that the databases of the State  
22           comply with such national interoperability standards.

23           (2) USE OF ENHANCEMENT GRANT FUNDS.—A  
24           recipient of an enhancement grant under the Harold  
25           Rogers Prescription Drug Monitoring Program es-

1        established under the Departments of Commerce, Jus-  
2        tice, and State, the Judiciary, and Related Agencies  
3        Appropriations Act, 2002 (Public Law 107–77; 115  
4        Stat. 748) may use enhancement grant funds to  
5        standardize the technology architecture used by the  
6        recipient to comply with the national interoperability  
7        standards established under section (2)(a).

8        (b) CONTROLLED SUBSTANCE MONITORING PRO-  
9        GRAM.—Section 3990(e) of the Public Health Service Act  
10       (42 U.S.C. 280g–3(e)) is amended by adding at the end  
11       the following:

12                “(5) Not later than 1 year after the date on  
13        which the Attorney General establishes national  
14        interoperability standards under section 2(a) of the  
15        ID MEDS Act, the State shall ensure that the data-  
16        base complies with such national interoperability  
17        standards.”.

18        **SEC. 4. REPORT.**

19        (a) IN GENERAL.—Not later than 1 year after the  
20        date of enactment of this Act, the Attorney General, in  
21        consultation with the Secretary of Health and Human  
22        Services, shall submit to the Committee on the Judiciary  
23        of the Senate and the Committee on the Judiciary of the  
24        House of Representatives a report on enhancing the inter-  
25        operability of State prescription monitoring programs with

1 other technologies and databases used for detecting and  
2 reducing fraud, diversion, and abuse of prescription drugs.

3 (b) CONTENTS.—The report required under sub-  
4 section (a) shall include—

5 (1) a discussion of the feasibility of making  
6 State prescription monitoring programs interoper-  
7 able with other relevant technologies and databases,  
8 including—

9 (A) electronic prescribing systems;

10 (B) databases operated by the Drug En-  
11 forcement Agency;

12 (C) electronic health records; and

13 (D) pre-payment fraud-detecting analytics  
14 technologies;

15 (2) an assessment of legal, technical, fiscal, pri-  
16 vacy, or security challenges that have an impact on  
17 interoperability;

18 (3) a discussion of how State prescription moni-  
19 toring programs could increase the production and  
20 distribution of unsolicited reports to prescribers and  
21 dispensers of prescription drugs, law enforcement of-  
22 ficials, and health professional licensing agencies, in-  
23 cluding the enhancement of such reporting through  
24 interoperability with other States and relevant tech-  
25 nology and databases; and

1           (4) any recommendations for addressing chal-  
2           lenges that impact interoperability of State prescrip-  
3           tion monitoring programs in order to reduce fraud,  
4           diversion, and abuse of prescription drugs.

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