

114TH CONGRESS
1ST SESSION

H. R. 3889

To require certain practitioners authorized to prescribe controlled substances
to complete continuing education.

IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 3, 2015

Ms. CLARKE of New York 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 certain practitioners authorized to prescribe controlled substances to complete continuing education.

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 “Safer Prescribing of
5 Controlled Substances Act”.

1 **SEC. 2. CONTINUING EDUCATION REQUIREMENTS FOR**
2 **CERTAIN PRACTITIONERS PRESCRIBING**
3 **CONTROLLED SUBSTANCES.**

4 Section 303 of the Controlled Substances Act (21
5 U.S.C. 823) is amended—

6 (1) in subsection (f), in the matter preceding
7 paragraph (1), by striking “The Attorney General
8 shall register” and inserting “Subject to subsection
9 (i), the Attorney General shall register”; and

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

11 “(i)(1) In this subsection, the term ‘covered practi-
12 tioner’ means a practitioner that is not a hospital, phar-
13 macy, or veterinarian.

14 “(2) As a condition of granting or renewing the reg-
15 istration of a covered practitioner under this part to dis-
16 pense, or conduct research with, controlled substances in
17 schedule II, III, IV, or V, the Attorney General shall re-
18 quire the covered practitioner to complete training
19 (through classroom situations, seminars at professional
20 society meetings, electronic communications, or otherwise)
21 that the Secretary of Health and Human Services deter-
22 mines meets the requirements under paragraph (3).

23 “(3) The training provided for purposes of paragraph
24 (2) shall, at a minimum, expose covered practitioners to—

25 “(A) best practices for pain management, in-
26 cluding alternatives to prescribing controlled sub-

1 stances and other alternative therapies to decrease
2 the use of opioids;

3 “(B) responsible prescribing of pain medica-
4 tions, as described in Federal prescriber guidelines
5 for nonmalignant pain;

6 “(C) methods for diagnosing, treating, and
7 managing a substance use disorder, including the
8 use of medications approved by the Food and Drug
9 Administration and evidence-based nonpharma-
10 cological therapies;

11 “(D) linking patients to evidence-based treat-
12 ment for substance use disorders; and

13 “(E) tools to manage adherence and diversion
14 of controlled substances, including prescription drug
15 monitoring programs, drug screening, informed con-
16 sent, overdose education, and the use of opioid over-
17 dose antagonists.

18 “(4) The Substance Abuse and Mental Health Serv-
19 ices Administration shall establish or support the estab-
20 lishment of not less than 1 training module that meets
21 the requirements under paragraph (3) that is provided—

22 “(A) to any covered practitioner registered or
23 applying for a registration under this part to dis-
24 pense, or conduct research with, controlled sub-
25 stances in schedule II, III, IV, or V;

1 “(B) online; and

2 “(C) free of charge.

3 “(5) The Secretary of Health and Human Services
4 shall establish, maintain, and periodically update a pub-
5 lically available database providing information relating to
6 training modules that meet the requirements under para-
7 graph (3).

8 “(6) Not later than 5 years after the date of enact-
9 ment of this subsection, the Secretary of Health and
10 Human Services shall evaluate and make publically avail-
11 able a report describing how exposure to the training re-
12 quired under this subsection has changed prescribing pat-
13 terns of controlled substances.”.

