

114TH CONGRESS
2D SESSION

S. 3209

To require the use of prescription drug monitoring programs and to facilitate information sharing among States.

IN THE SENATE OF THE UNITED STATES

JULY 13, 2016

Ms. KLOBUCHAR (for herself, Mr. MANCHIN, and Mr. KING) 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 and to facilitate information sharing among States.

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 2016”.

6 **SEC. 2. DEFINITIONS.**

7 In this Act:

8 (1) **CONTROLLED SUBSTANCE.**—The term
9 “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 the controlled sub-
10 stance monitoring program under section 399O of
11 the Public Health Service Act (42 U.S.C. 280g–3).

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

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

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

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

21 (5) PRACTITIONER.—The term “practitioner”
22 means a practitioner registered under section 303(f)
23 of the Controlled Substances Act (21 U.S.C. 823(f))
24 to prescribe, administer, or dispense controlled sub-
25 stances.

1 (6) STATE.—The term “State” means each of
2 the several States and the District of Columbia.

3 **SEC. 3. PRESCRIPTION DRUG MONITORING PROGRAM RE-**
4 **QUIREMENTS.**

5 (a) IN GENERAL.—Beginning 2 years after the date
6 of enactment of this Act, each covered State shall re-
7 quire—

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; and

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, which shall, at a minimum, meet
6 requirements established by the Attorney General, in
7 coordination with the Secretary of Health and
8 Human Services.

9 (b) NONCOMPLIANCE.—If a covered State fails to
10 comply with subsection (a), the Attorney General or the
11 Secretary of Health and Human Services, as appropriate,
12 may withhold grant funds from being awarded to the cov-
13 ered State under the Harold Rogers Prescription Drug
14 Monitoring Program established under the Departments
15 of Commerce, Justice, and State, the Judiciary, and Re-
16 lated Agencies Appropriations Act, 2002 (Public Law
17 107–77; 115 Stat. 748) or the controlled substance moni-
18 toring program under section 399O of the Public Health
19 Service Act (42 U.S.C. 280g–3).

20 **SEC. 4. SHARING PDMP INFORMATION AMONG STATES.**

21 (a) REQUIREMENT.—Beginning 2 years after the
22 date of enactment of this Act, each covered State shall
23 make the data contained in the PDMP of the covered
24 State available to other States through the data-sharing

1 single technology solution established under subsection
2 (b).

3 (b) DATA-SHARING SINGLE TECHNOLOGY SOLU-
4 TION.—

5 (1) IN GENERAL.—The Attorney General, in co-
6 ordination with the Secretary of Health and Human
7 Services, shall award, on a competitive basis, a grant
8 to an eligible entity to establish and maintain an
9 inter-State data-sharing single hub to facilitate the
10 sharing of PDMP data among States and the ac-
11 cessing of such data by practitioners.

12 (2) REQUIREMENTS.—The data-sharing single
13 hub established under paragraph (1)—

14 (A) shall—

15 (i) allow States to retain ownership of
16 the data submitted by the States;

17 (ii) provide a source of de-identified
18 data that can be used for statistical, re-
19 search, or educational purposes;

20 (iii) allow State authorized users to
21 access data from a PDMP of a covered
22 State without requiring a user fee; and

23 (iv) conform with the standards of the
24 Prescription Monitoring Information Ex-
25 change; and

1 (B) may not—

2 (i) distribute, in whole or in part, any
3 PDMP data without the express written
4 consent of the PDMP State authority; and

5 (ii) limit, in whole or in part, distribu-
6 tion of PDMP data as approved by the
7 PDMP State authority.

8 (3) AUTHORIZATION OF APPROPRIATIONS.—

9 There are authorized to be appropriated to the At-
10 torney General \$2,000,000 for fiscal years 2017
11 through 2020 to carry out this subsection.

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