

114TH CONGRESS  
1ST SESSION

# S. 480

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

FEBRUARY 12, 2015

Mrs. SHAHEEN (for herself, Mr. TOOMEY, Mr. DURBIN, Mr. SESSIONS, Mr. BROWN, Mrs. FEINSTEIN, Mrs. GILLIBRAND, Mr. MANCHIN, Mr. MARKEY, Mr. SCHUMER, and Ms. WARREN) 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       2015”.

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”;

(ii) by inserting before the period at the end “and include timelines for full implementation of such interoperability. The State shall also describe the manner in which it will achieve interoperability between its monitoring program and health information technology systems, as allowable under State law, and include timelines for the implementation of such interoperability”; and

(iii) by adding at the end the following:

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

(C) in paragraph (5)—

(i) by striking “implement or improve” and inserting “establish, improve, or maintain”; and

(ii) by adding at the end the following: “The Secretary shall redistribute any funds that are so returned among the 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 “establish-  
 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 2016 through  
 20          2020.”.

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