

115TH CONGRESS
2^D SESSION

H. R. 3832

IN THE SENATE OF THE UNITED STATES

MAY 22, 2018

Received; read twice and referred to the Committee on Veterans' Affairs

AN ACT

To amend title 38, United States Code, to provide for access by Department of Veterans Affairs health care providers to State prescription drug monitoring programs.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Veterans Opioid Abuse
3 Prevention Act”.

4 **SEC. 2. DEPARTMENT OF VETERANS AFFAIRS PARTICIPA-**
5 **TION IN NATIONAL NETWORK OF STATE-**
6 **BASED PRESCRIPTION DRUG MONITORING**
7 **PROGRAMS.**

8 (a) IN GENERAL.—Chapter 17 of title 38, United
9 States Code, is amended by inserting after section 1730A
10 the following new section:

11 **“§ 1730B. Access to State prescription drug moni-**
12 **toring programs**

13 “(a) ACCESS TO PROGRAMS.—(1) Any licensed health
14 care provider or delegate of such a provider shall be con-
15 sidered an authorized recipient or user for the purpose of
16 querying and receiving data from the national network of
17 State-based prescription drug monitoring programs to
18 support the safe and effective prescribing of controlled
19 substances to covered patients.

20 “(2) Under the authority granted by paragraph (1)—

21 “(A) licensed health care providers or delegates
22 of such providers shall query such network in ac-
23 cordance with applicable regulations and policies of
24 the Veterans Health Administration; and

25 “(B) notwithstanding any general or specific
26 provision of law, rule, or regulation of a State, no

1 State may restrict the access of licensed health care
2 providers or delegates of such providers from access-
3 ing that State’s prescription drug monitoring pro-
4 grams.

5 “(3) No State shall deny or revoke the license, reg-
6 istration, or certification of a licensed health care provider
7 or delegate who otherwise meets that State’s qualifications
8 for holding the license, registration, or certification on the
9 basis that the licensed health care provider or delegate has
10 queried or received data, or attempt to query or receive
11 data, from the national network of State-based prescrip-
12 tion drug monitoring programs under this section.

13 “(b) COVERED PATIENTS.—For purposes of this sec-
14 tion, a covered patient is a patient who—

15 “(1) receives a prescription for a controlled sub-
16 stance; and

17 “(2) is not receiving palliative care or enrolled
18 in hospice care.

19 “(c) DEFINITIONS.—In this section:

20 “(1) The term ‘controlled substance’ has the
21 meaning given such term in section 102(6) of the
22 Controlled Substances Act (21 U.S.C. 802(6)).

23 “(2) The term ‘delegate’ means a person or
24 automated system accessing the national network of
25 State-based prescription monitoring programs at the

1 direction or under the supervision of a licensed
2 health care provider.

3 “(3) The term ‘licensed health care provider’
4 means a health care provider employed by the De-
5 partment who is licensed, certified, or registered
6 within any State to fill or prescribe medications
7 within the scope of his or her practice as a Depart-
8 ment employee.

9 “(4) The term ‘national network of State-based
10 prescription monitoring programs’ means an inter-
11 connected nation-wide system that facilitates the
12 transfer to State prescription drug monitoring pro-
13 gram data across State lines.

14 “(5) The term ‘State’ means a State, as defined
15 in section 101(20) of this title, or a political subdivi-
16 sion of a State.”.

17 (b) CLERICAL AMENDMENT.—The table of sections
18 at the beginning of chapter 17 of such title is amended
19 by inserting after the item relating to section 1730A the
20 following new item:

“1730B. Access to State prescription drug monitoring programs.”.

Passed the House of Representatives May 21, 2018.

Attest:

KAREN L. HAAS,

Clerk.