

116TH CONGRESS
1ST SESSION

H. R. 3927

To direct the Secretary of Health and Human Services to carry out a pilot program to test the feasibility and outcomes of integrating a substance use disorder and behavioral health treatment locator tool into the prescription drug monitoring programs of 5 eligible States.

IN THE HOUSE OF REPRESENTATIVES

JULY 24, 2019

Mr. MCKINLEY (for himself and Ms. BLUNT ROCHESTER) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To direct the Secretary of Health and Human Services to carry out a pilot program to test the feasibility and outcomes of integrating a substance use disorder and behavioral health treatment locator tool into the prescription drug monitoring programs of 5 eligible 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 “PDMPs Help Patients
5 Act of 2019”.

1 **SEC. 2. PILOT PROGRAM FOR INTEGRATING SUBSTANCE**
2 **USE DISORDER AND BEHAVIORAL HEALTH**
3 **TREATMENT LOCATOR TOOL INTO STATE**
4 **PRESCRIPTION DRUG MONITORING PRO-**
5 **GRAMS.**

6 (a) IN GENERAL.—The Secretary of Health and
7 Human Services, in consultation with the Assistant Sec-
8 retary for Mental Health and Substance Use, shall estab-
9 lish and implement a pilot program in which the Secretary
10 awards grants to, or enters into cooperative agreements
11 with, not more than 5 eligible States to test the feasibility
12 and outcomes of integrating a substance use disorder and
13 behavioral health treatment locator tool into the State’s
14 prescription drug monitoring program.

15 (b) GRANT ESTABLISHMENT AND PARTICIPATION.—

16 (1) IN GENERAL.—In carrying out the pilot
17 program under this section, the Secretary shall, on
18 a competitive basis, award grants to, or enter into
19 cooperative agreements with, not more than 5 eligi-
20 ble States.

21 (2) ELIGIBILITY.—To be eligible for a grant
22 under this section, a State shall demonstrate to the
23 Secretary’s satisfaction that the State is making
24 progress in integrating the State’s PDMP with elec-
25 tronic health records and health information tech-
26 nology infrastructure.

1 (3) PREFERENCE.—In awarding grants under
2 this section, the Secretary shall give preference to el-
3 igible States described in paragraph (2) whose rates
4 of death due to drug overdose per population of
5 100,000 are in the top quartile according to the
6 most recent data of the Centers for Disease Control
7 and Prevention.

8 (c) PERIOD OF GRANT.—A grant awarded to an eligi-
9 ble entity under this section shall be for a period of 2
10 years.

11 (d) GRANT USES.—

12 (1) REQUIRED USES.—A grant awarded under
13 this section to an eligible State shall be used for
14 both of the following purposes:

15 (A) To integrate a substance use disorder
16 and behavioral health treatment locator tool
17 into the PDMP.

18 (B) To develop and disseminate guidance
19 for health care providers on how to consult and
20 share information obtained through the sub-
21 stance use disorder and behavioral health treat-
22 ment locator tool when a patient's PDMP infor-
23 mation indicates possible misuse of a controlled
24 substance.

1 (2) ADDITIONAL PERMISSIBLE USES.—A grant
2 awarded under this section to an eligible State may
3 be used for any of the following additional purposes:

4 (A) To integrate a substance use disorder
5 and behavioral health treatment locator tool
6 into the PDMP that incorporates direct referral
7 capabilities that enable the health care pro-
8 vider—

9 (i) to refer a patient to treatment or
10 for an assessment; and

11 (ii) consistent with the protection of
12 information by Federal and State privacy
13 laws and privacy and security rules, receive
14 feedback about the patient’s engagement
15 with such treatment or assessment.

16 (B) To integrate a substance use disorder
17 and behavioral health treatment locator tool
18 into the PDMP that provides information re-
19 garding the current capacity of inpatient or
20 outpatient treatment resources of a health care
21 provider.

22 (e) REPORTING REQUIREMENTS.—

23 (1) REPORTS BY STATES.—Each eligible State
24 that participates in the pilot program under this sec-
25 tion shall submit to the Secretary an annual report

1 for each year of the pilot program that includes in-
2 formation on—

3 (A) the number of health care providers
4 and health facilities with access to the sub-
5 stance use disorder and behavioral health treat-
6 ment locator tool;

7 (B) the number of individuals referred to
8 treatment with the assistance of the locator
9 tool;

10 (C) aggregate, de-identified patient data
11 related to the type of treatment located by the
12 locator tool, how often patients followed
13 through on seeking such treatment, and the av-
14 erage duration of such treatment, to the extent
15 collected by the State;

16 (D) feedback from providers with access to
17 the locator tool on usability and any impact on
18 outcomes;

19 (E) recommendations to improve the
20 usability and efficacy of a substance use dis-
21 order and behavioral health treatment locator
22 tool within the PDMP; and

23 (F) additional information and reporting
24 metrics as determined by the Secretary.

1 (2) REPORT BY SECRETARY.—Not less than
2 180 days after the conclusion of the pilot program
3 under this section, the Secretary shall submit to the
4 Congress a report on the findings of the program,
5 including—

6 (A) outcomes reported by the participating
7 States;

8 (B) findings on the suitability of including
9 a substance use disorder and behavioral health
10 treatment locator tool within State PDMPs;
11 and

12 (C) recommendations on best practices for
13 integrating a substance use disorder and behav-
14 ioral health treatment locator tool within State
15 PDMPs.

16 (f) DEFINITIONS.—In this section:

17 (1) The term “prescription drug monitoring
18 program” or “PDMP” has the meaning given to the
19 term “PDMP” in section 3990 of the Public Health
20 Service Act (42 U.S.C. 280g–3).

21 (2) The term “Secretary” means the Secretary
22 of Health and Human Services.

1 (g) AUTHORIZATION OF APPROPRIATIONS.—To carry
2 out this section, there are authorized to be appropriated
3 \$2,500,000 for each of fiscal years 2020 and 2021.

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