

115TH CONGRESS
1ST SESSION

S. 1554

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

IN THE SENATE OF THE UNITED STATES

JULY 13, 2017

Mr. MARKEY (for himself, Mr. BLUMENTHAL, Mrs. FEINSTEIN, Mr. MANCHIN, and Ms. WARREN) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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 (j), the Attorney General shall register”;

10 (2) by redesignating subsection (j) as sub-
11 section (k); and

12 (3) by inserting after subsection (i) the fol-
13 lowing:

14 “(j)(1) In this subsection, the term ‘covered practi-
15 tioner’ means a practitioner that is not a hospital, phar-
16 macy, or veterinarian.

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

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

3 “(A) best practices for pain management, in-
4 cluding alternatives to prescribing controlled sub-
5 stances and other alternative therapies to decrease
6 the use of opioids;

7 “(B) responsible prescribing of pain medica-
8 tions, as described in the Centers for Disease Con-
9 trol and Prevention Guideline for Prescribing
10 Opioids for Chronic Pain;

11 “(C) methods for diagnosing, treating, and
12 managing a substance use disorder, including the
13 use of medications approved by the Food and Drug
14 Administration and evidence-based nonpharma-
15 cological therapies;

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

18 “(E) tools to manage adherence and diversion
19 of controlled substances, including prescription drug
20 monitoring programs, drug screening, informed con-
21 sent, overdose education, and the use of opioid over-
22 dose antagonists.

23 “(4) The Substance Abuse and Mental Health Serv-
24 ices Administration shall establish or support the estab-

1 lishment of not less than 1 training module that meets
2 the requirements under paragraph (3) that is provided—

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

7 “(B) online; and

8 “(C) free of charge.

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

14 “(6) Not later than 5 years after the date of enact-
15 ment of the Safer Prescribing of Controlled Substances
16 Act, the Secretary of Health and Human Services shall
17 evaluate and make publically available a report describing
18 how exposure to the training required under this sub-
19 section has changed prescribing patterns of controlled sub-
20 stances.”.

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