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HOUSE OF REPRESENTATIVES
REPORT
117–180

OPIOID PRESCRIPTION VERIFICATION ACT OF 2021

NOVEMBER 30, 2021.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. PALLONE, from the Committee on Energy and Commerce, submitted the following

R E P O R T

[To accompany H.R. 2355]

[Including cost estimate of the Congressional Budget Office]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 2355) to facilitate responsible, informed dispensing of controlled substances and other prescribed medications, and for other purposes, having considered the same, reports favorably thereon with an amendment and recommends that the bill as amended do pass.

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The amendment is as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the "Opioid Prescription Verification Act of 2021".

SEC. 2. MATERIALS FOR TRAINING PHARMACISTS ON CERTAIN CIRCUMSTANCES UNDER WHICH A PHARMACIST MAY DECLINE TO FILL A PRESCRIPTION.

(a) UPDATES TO MATERIALS.—Section 3212(a) of the SUPPORT for Patients and Communities Act (21 U.S.C. 829 note) is amended by striking "Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services, in consultation with the Administrator of the Drug Enforcement Administration, Commissioner of Food and Drugs, Director of the Centers for Disease Control and Prevention, and Assistant Secretary for Mental Health and Substance Use, shall develop and disseminate" and inserting "The Secretary of Health and Human Services, in consultation with the Administrator of the Drug Enforcement Administration, Commissioner of Food and Drugs, Director of the Centers for Disease Control and Prevention, and Assistant Secretary for Mental Health and Substance Use, shall develop and disseminate not later than 1 year after the date of enactment of this Act, and update periodically thereafter".

(b) MATERIALS INCLUDED.—Section 3212(b) of the SUPPORT for Patients and Communities Act (21 U.S.C. 829 note) is amended—

(1) by redesignating paragraphs (1) and (2) as paragraphs (2) and (3), respectively; and

(2) by inserting before paragraph (2), as so redesignated, the following new paragraph:

"(1) pharmacists on how to verify the identity of the patient;".

(c) MATERIALS FOR TRAINING ON PATIENT VERIFICATION .—Section 3212 of the SUPPORT for Patients and Communities Act (21 U.S.C. 829 note) is amended by adding at the end the following new subsection:

"(d) MATERIALS FOR TRAINING ON VERIFICATION OF IDENTITY.—Not later than 1 year after the date of enactment of this subsection, the Secretary of Health and Human Services, after seeking stakeholder input in accordance with subsection (c), shall—

"(1) update the materials developed under subsection (a) to include information for pharmacists on how to verify the identity the patient; and

"(2) disseminate, as appropriate, the updated materials.".

SEC. 3. INCENTIVIZING STATES TO FACILITATE RESPONSIBLE, INFORMED DISPENSING OF CONTROLLED SUBSTANCES.

(a) IN GENERAL.—Section 392A of the Public Health Service Act (42 U.S.C. 280b–1) is amended—

(1) by redesignating subsections (c) and (d) as subsections (d) and (e), respectively; and

(2) by inserting after subsection (b) the following new subsection:

"(c) PREFERENCE.—In determining the amounts of grants awarded to States under subsections (a) and (b), the Director of the Centers for Disease Control and Prevention may give preference to States in accordance with such criteria as the Director may specify and may choose to give preference to States that—

"(1) maintain a prescription drug monitoring program;

"(2) require prescribers of controlled substances in schedule II, III, or IV to issue such prescriptions electronically, and make such requirement subject to exceptions in the cases listed in section 1860D–4(e)(7)(B) of the Social Security Act; and

"(3) require dispensers of such controlled substances to enter certain information about the purchase of such controlled substances into the respective State's prescription drug monitoring program, including—

"(A) the National Drug Code or, in the case of compounded medications, compound identifier;

"(B) the quantity dispensed;

"(C) the patient identifier; and

"(D) the date filled.".

(b) DEFINITIONS.—Subsection (d) of section 392A of the Public Health Service Act (42 U.S.C. 280b–1), as redesignated by subsection (a)(1), is amended to read as follows:

"(d) DEFINITIONS.—In this section:

"(1) CONTROLLED SUBSTANCE.—The term 'controlled substance' has the meaning given that term in section 102 of the Controlled Substances Act.

"(2) DISPENSER.—The term 'dispenser' means a physician, pharmacist, or other person that dispenses a controlled substance to an ultimate user.

"(3) INDIAN TRIBE.—The term 'Indian tribe' has the meaning given that term in section 4 of the Indian Self-Determination and the Education Assistance Act."

I. PURPOSE AND SUMMARY

H.R. 2355, the "Opioid Prescription Verification Act of 2021," directs federal agencies to develop, disseminate, and periodically update training materials for pharmacists regarding circumstances under which a pharmacist may decline to fill a prescription. It also creates a preference for grants awarded to states by the Centers for Disease Control and Prevention (CDC) for evidence-based overdose prevention activities to States that utilize prescription drug monitoring programs (PDMPs), require prescribers of certain controlled substances to utilize electronic prescribing, and require entry of information about the purchase of such prescriptions into the State's PDMPs, including the National Drug Code or compounded identifier, the quantity dispensed, the ultimate user, and the date filled.

II. BACKGROUND AND NEED FOR LEGISLATION

Addiction and substance use disorders (SUD) are complex, treatable diseases that impact physical and mental health.[1] In 2019, roughly 20.3 million Americans—including over one million children ages 12 to 17—had a SUD.[2] Of the 20.3 million with a SUD, over 10 million experienced opioid misuse.[3] Around 80 percent of people who use heroin first misused prescription opioids.[4] If untreated, SUDs can lead to severe health outcomes and in the most tragic cases, death.

Prior to the coronavirus disease of 2019 (COVID–19) pandemic, opioid overdose deaths were increasing in the United States.[5] Recent data from CDC indicates an acceleration of overdose deaths during the pandemic. In the 12 months leading up to August 2020, 88,000 drug overdose deaths were reported; the highest total ever recorded in a 12-month period.[6]

In 2018, Congress also passed the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act). The SUPPORT Act authorized opioid-specific funding and expanded access to SUD treatment and resources. The law also increased opioid abuse and overdose prevention training for providers; improved coordination and quality of care; supported e-prescribing of controlled-substances and strengthened the Food and Drug Administration (FDA) and law enforcement's respective abilities to combat the trafficking of illicit

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[1] National Institute on Drug Abuse, *The Science of Drug Use and Addiction: The Basics*, (www.drugabuse.gov/publications/media-guide/science-drug-use-addiction-basics) (accessed Aug. 17, 2021).

[2] Substance Abuse and Mental Health Services Administration, *2018–2019 National Surveys on Drug Use and Health Estimated Totals by State*, (Jan. 28, 2021). (www.samhsa.gov/data/sites/default/files/reports/rpt32879/NSDUHsaeTotal2019/2019NSDUHsaeTotal.pdf).

[3] Substance Abuse and Mental Health Services Administration, *Dr. Elinore F. McCance-Katz Webcast Slides, National Survey on Drug Use and Health: 2019*) (Sept. 11, 2020). (www.samhsa.gov/data/sites/default/files/reports/rpt29392/Assistant-Secretary-nsduh2019_presentation/Assistant-Secretary-nsduh2019_presentation.pdf).

[4] National Institute on Drug Abuse, *Opioid Overdose Crisis*, (https://www.drugabuse.gov/drug-topics/opioids/opioid-overdose-crisis).

[5] Centers for Disease Control and Prevention, *Trends and Geographic Patterns in Drug and Synthetic Opioid Overdose Deaths—United States, 2013–2019*, (Feb. 21, 2021) (www.cdc.gov/mmwr/volumes/70/wr/mm7006a4.htm?s_cid=mm7006a4_w).

[6] Centers for Disease Control and Prevention, National Center for Health Statistics, *Provisional drug overdose death counts* (www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm) (accessed Aug. 17, 2021).

opioids.[7] The SUPPORT Act also included a provision modified by H.R. 2355 that would clarify when a pharmacist could decline to fill a prescription, such as if the pharmacist believed the prescription was fraudulent, forged, or had suspicious origins.

III. COMMITTEE HEARINGS

For the purposes of section 3(c) of rule XIII of the Rules of the House of Representatives, the following hearing was used to develop or consider H.R. 2355:

The Subcommittee on Health held a hearing on April 14, 2021, entitled "An Epidemic within a Pandemic: Understanding Substance Use and Misuse in America." The Subcommittee received testimony from the following witnesses:

Panel I

- Regina M. LaBelle, Acting Director, White House Office of National Drug Control Policy

Panel II

- Geoffrey M. Laredo, Principal, Santa Cruz Strategies, LLC
- Patricia L. Richman, National Sentencing Resource Counsel, Federal Public and Community Defenders
- Mark Vargo, Pennington County State's Attorney, Legislative Committee Chairman, National District Attorneys Association
- Timothy Westlake, M.D., F.F.S.M.B., F.A.C.E.P., Emergency Department Medical Director, Pro Health Care Oconomowoc Memorial Hospital
- J. Deanna Wilson, M.D., M.P.H., Assistant Professor of Medicine and Pediatrics, University of Pittsburgh School of Medicine IV

IV. COMMITTEE CONSIDERATION

H.R. 2355, the "Opioid Prescription Verification Act of 2021," was introduced on April 5, 2021, by Representatives Rodney Davis (R–IL), Gus Bilirakis (R–FL), and Ann Wagner (R–MO) and referred to the Committee on Energy and Commerce. Subsequently, on April 13, 2021, the bill was referred to the Subcommittee on Health.

On July 15, 2021, the Subcommittee on Health met in open markup session, pursuant to notice, to consider H.R. 2355 and 18 other bills. During consideration of the bill, an amendment in the nature of a substitute (AINS) offered by Representative Bilirakis was agreed to by a voice vote. Upon conclusion of consideration of the bill, the Subcommittee on Health agreed to report the bill favorably to the full Committee, amended, by a voice vote.

On July 21, 2021, the full Committee met in open markup session, pursuant to notice, to consider H.R. 2355 and 23 other bills. No amendments were offered during consideration of the bill. Upon conclusion of consideration of the bill, the full Committee agreed to a motion on final passage offered by Representative Pallone (D–

[7] Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act, Pub. L. No. 115–271 (2018).

NJ), Chairman of the Committee, to order H.R. 2355 reported favorably to the House, as amended, by a voice vote.

V. COMMITTEE VOTES

Clause 3(b) of rule XIII of the Rules of the House of Representatives requires the Committee to list each record vote on the motion to report legislation and amendments thereto. The Committee advises that there were no record votes taken on H.R. 2355.

VI. OVERSIGHT FINDINGS

Pursuant to clause 3(c)(1) of rule XIII and clause 2(b)(1) of rule X of the Rules of the House of Representatives, the oversight findings and recommendations of the Committee are reflected in the descriptive portion of the report.

VII. NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

Pursuant to 3(c)(2) of rule XIII of the Rules of the House of Representatives, the Committee adopts as its own the estimate of new budget authority, entitlement authority, or tax expenditures or revenues contained in the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

VIII. CONGRESSIONAL BUDGET OFFICE ESTIMATE

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, September 21, 2021.

Hon. FRANK PALLONE, JR.,
Chairman, Committee on Energy and Commerce,
House of Representatives, Washington, DC.

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for H.R. 2355, the Opioid Prescription Verification Act of 2021.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Sarah Sajewski.

Sincerely,

PHILLIP L. SWAGEL,
Director.

Enclosure.

H.R. 2355, Opioid Prescription Verification Act of 2021
As ordered reported by the House Committee on Energy and Commerce on July 21, 2021

By Fiscal Year, Millions of Dollars	2021	2021-2026	2021-2031
Direct Spending (Outlays)	0	0	0
Revenues	0	0	0
Increase or Decrease (-) in the Deficit	0	0	0
Spending Subject to Appropriation (Outlays)	0	*	not estimated

Statutory pay-as-you-go procedures apply?	No	Mandate Effects	
Increases on-budget deficits in any of the four consecutive 10-year periods beginning in 2032?	No	Contains intergovernmental mandate?	No
		Contains private-sector mandate?	No

* = between zero and $500,000.

H.R. 2355 would require the Secretary of Health and Human Services to update materials that provide guidance for pharmacists, health care providers, and patients about when a pharmacist may decline to fill a prescription for a controlled substance. The updated materials would include information for pharmacists on how to verify the identity of the patient. Based on historical spending patterns for similar activities, CBO estimates that costs to the federal government of developing and distributing those materials would not be significant.

The bill would also specify criteria the Director of the Centers for Disease Control and Prevention may use when determining amounts for grants to state, local, and tribal governments to prevent overdoses of controlled substances. Those new criteria could affect the amounts awarded to a specific entity, but CBO estimates they would not affect the total amount of grants awarded; therefore, the provision would have no federal budgetary effect.

The CBO staff contact for this estimate is Sarah Sajewski. The estimate was reviewed by Leo Lex, Deputy Director of Budget Analysis.

IX. Federal Mandates Statement

The Committee adopts as its own the estimate of Federal mandates prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

X. Statement of General Performance Goals and Objectives

Pursuant to clause 3(c)(4) of rule XIII, the general performance goal or objective of this legislation is to facilitate responsible, informed dispensing of controlled substances. Additionally, this bill seeks to improve outcomes for individuals who utilize prescribed opioids for medical treatment by creating a preference for grants awarded to States by CDC for evidence-based overdose prevention activities to states that utilize prescription drug monitoring programs (PDMPs), require prescribers of certain controlled substances to utilize electronic prescribing, and require entry of infor-

mation about the purchase of such prescriptions into the State's PDMPs including the National Drug Code or compounded identifier, the quantity dispensed, the patient identifier, and the date filled.

XI. Duplication of Federal Programs

Pursuant to clause 3(c)(5) of rule XIII, no provision of H.R. 2355 is known to be duplicative of another Federal program, including any program that was included in a report to Congress pursuant to section 21 of Public Law 111—139 or the most recent Catalog of Federal Domestic Assistance.

XII. Committee Cost Estimate

Pursuant to clause 3(d)(1) of rule XIII, the Committee adopts as its own the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

XIII. Earmarks, Limited Tax Benefits, and Limited Tariff Benefits

Pursuant to clause 9(e), 9(f), and 9(g) of rule XXI, the Committee finds that H.R. 2355 contains no earmarks, limited tax benefits, or limited tariff benefits.

XIV. Advisory Committee Statement

No advisory committee within the meaning of section 5(b) of the Federal Advisory Committee Act was created by this legislation.

XV. Applicability to Legislative Branch

The Committee finds that the legislation does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act.

XVI. Section-by-Section Analysis of the Legislation

Section 1. Short title

Section 1 designates that the short title may be cited as the "Opioid Prescription Verification Act of 2021."

Sec. 2. Materials for training pharmacists on certain circumstances under which a pharmacist may decline to fill a prescription.

Section 2 amends the SUPPORT for Patients and Communities Act (21 U.S.C. 829) to require the Secretary of Health and Human Services (HHS), along with the Administrator of the Drug Enforcement Administration (DEA), Commissioner of the Food and Drug Administration (FDA), Director of CDC, and Assistant Secretary for Mental Health and Substance Use at the Substance Abuse and Mental Health Services Administration to develop, disseminate, and begin periodically updating training materials for pharmacists on verifying the identity of the patient no later than one year after enactment. The section requires educational materials to include information for pharmacists on how to verify the identity of the pa-

tient. The section also requires the Secretary of HHS to update educational materials relevant to this section and disseminate, as appropriate, the updated materials, with dissemination beginning no later than one year after enactment.

Sec. 3. Incentivizing States to facilitate responsible, informed dispensing of controlled substances

Section 3 allows the Director of CDC to offer preference for grants awarded to States for evidence-based overdose prevention activities to States that maintain PDMPs, require prescribers of certain controlled substances to utilize electronic prescribing, and require entry of information about the purchase of such controlled substances into the State's PDMPs, including the National Drug Code or compounded identifier, the quantity dispensed, the patient identifier, and the date filled.

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italics, and existing law in which no change is proposed is shown in roman):

SUPPORT FOR PATIENTS AND COMMUNITIES ACT

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TITLE III—FDA AND CONTROLLED SUBSTANCE PROVISIONS

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Subtitle B—Controlled Substance Provisions

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CHAPTER 2—EMPOWERING PHARMACISTS IN THE FIGHT AGAINST OPIOID ABUSE

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SEC. 3212. PROGRAMS AND MATERIALS FOR TRAINING ON CERTAIN CIRCUMSTANCES UNDER WHICH A PHARMACIST MAY DECLINE TO FILL A PRESCRIPTION.

(a) IN GENERAL.—[Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services, in consultation with the Administrator of the Drug Enforcement Administration, Commissioner of Food and Drugs, Director of the Centers for Disease Control and Prevention, and Assistant Secretary for Mental Health and Substance Use, shall develop and disseminate] *The Secretary of Health and Human Services, in consultation with the Administrator of the Drug Enforcement Administration, Commissioner of Food and Drugs, Director of the Centers*

for Disease Control and Prevention, and Assistant Secretary for Mental Health and Substance Use, shall develop and disseminate not later than 1 year after the date of enactment of this Act, and update periodically thereafter, as appropriate, materials for pharmacists, health care providers, and patients on—

(1) circumstances under which a pharmacist may, consistent with section 309 of the Controlled Substances Act (21 U.S.C. 829) and regulations thereunder, including section 1306.04 of title 21, Code of Federal Regulations, decline to fill a prescription for a controlled substance because the pharmacist suspects the prescription is fraudulent, forged, or of doubtful, questionable, or suspicious origin; and

(2) other Federal requirements pertaining to declining to fill a prescription under such circumstances, including the partial fill of prescriptions for certain controlled substances.

(b) MATERIALS INCLUDED.—In developing materials under subsection (a), the Secretary of Health and Human Services shall include information for—

(1) pharmacists on how to verify the identity of the patient;

❲(1)❳ *(2)* pharmacists on how to decline to fill a prescription and actions to take after declining to fill a prescription; and

❲(2)❳ *(3)* other health care practitioners and the public on a pharmacist's ability to decline to fill prescriptions in certain circumstances and a description of those circumstances (as described in the materials developed under subsection (a)(1)).

(c) STAKEHOLDER INPUT.—In developing the programs and materials required under subsection (a), the Secretary of Health and Human Services shall seek input from relevant national, State, and local associations, boards of pharmacy, medical societies, licensing boards, health care practitioners, and patients, including individuals with chronic pain.

(d) MATERIALS FOR TRAINING ON VERIFICATION OF IDENTITY.—Not later than 1 year after the date of enactment of this subsection, the Secretary of Health and Human Services, after seeking stakeholder input in accordance with subsection (c), shall—

(1) update the materials developed under subsection (a) to include information for pharmacists on how to verify the identity the patient; and

(2) disseminate, as appropriate, the updated materials.

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PUBLIC HEALTH SERVICE ACT

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TITLE III—GENERAL POWERS AND DUTIES OF PUBLIC HEALTH SERVICE

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PART J—PREVENTION AND CONTROL OF INJURIES

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SEC. 392A. PREVENTING OVERDOSES OF CONTROLLED SUBSTANCES.

(a) EVIDENCE-BASED PREVENTION GRANTS.—

(1) IN GENERAL.—The Director of the Centers for Disease Control and Prevention may—

(A) to the extent practicable, carry out and expand any evidence-based prevention activities described in paragraph (2);

(B) provide training and technical assistance to States, localities, and Indian tribes for purposes of carrying out such activity; and

(C) award grants to States, localities, and Indian tribes for purposes of carrying out such activity.

(2) EVIDENCE-BASED PREVENTION ACTIVITIES.—An evidence-based prevention activity described in this paragraph is any of the following activities:

(A) Improving the efficiency and use of a new or currently operating prescription drug monitoring program, including by—

(i) encouraging all authorized users (as specified by the State or other entity) to register with and use the program;

(ii) enabling such users to access any updates to information collected by the program in as close to real-time as possible;

(iii) improving the ease of use of such program;

(iv) providing for a mechanism for the program to notify authorized users of any potential misuse or abuse of controlled substances and any detection of inappropriate prescribing or dispensing practices relating to such substances;

(v) encouraging the analysis of prescription drug monitoring data for purposes of providing de-identified, aggregate reports based on such analysis to State public health agencies, State substance abuse agencies, State licensing boards, and other appropriate State agencies, as permitted under applicable Federal and State law and the policies of the prescription drug monitoring program and not containing any protected health information, to prevent inappropriate prescribing, drug diversion, or abuse and misuse of controlled substances, and to facilitate better coordination among agencies;

(vi) enhancing interoperability between the program and any health information technology (including certified health information technology), including by integrating program data into such technology;

(vii) updating program capabilities to respond to technological innovation for purposes of appropriately addressing the occurrence and evolution of controlled substance overdoses;

(viii) facilitating and encouraging data exchange between the program and the prescription drug monitoring programs of other States;

(ix) enhancing data collection and quality, including improving patient matching and proactively monitoring data quality;

(x) providing prescriber and dispenser practice tools, including prescriber practice insight reports for practitioners to review their prescribing patterns in comparison to such patterns of other practitioners in the specialty; and

(xi) meeting the purpose of the program established under section 399O, as described in section 399O(a).

(B) Promoting community or health system interventions.

(C) Evaluating interventions to prevent controlled substance overdoses.

(D) Implementing projects to advance an innovative prevention approach with respect to new and emerging public health crises and opportunities to address such crises, such as enhancing public education and awareness on the risks associated with opioids.

(3) ADDITIONAL GRANTS.—The Director may award grants to States, localities, and Indian Tribes—

(A) to carry out innovative projects for grantees to rapidly respond to controlled substance misuse, abuse, and overdoses, including changes in patterns of controlled substance use; and

(B) for any other evidence-based activity for preventing controlled substance misuse, abuse, and overdoses as the Director determines appropriate.

(4) RESEARCH.—The Director, in coordination with the Assistant Secretary for Mental Health and Substance Use and the National Mental Health and Substance Use Policy Laboratory established under section 501A, as appropriate and applicable, may conduct studies and evaluations to address substance use disorders, including preventing substance use disorders or other related topics the Director determines appropriate.

(b) ENHANCED CONTROLLED SUBSTANCE OVERDOSE DATA COLLECTION, ANALYSIS, AND DISSEMINATION GRANTS.—

(1) IN GENERAL.—The Director of the Centers for Disease Control and Prevention may—

(A) to the extent practicable, carry out any controlled substance overdose data collection activities described in paragraph (2);

(B) provide training and technical assistance to States, localities, and Indian tribes for purposes of carrying out such activity;

(C) award grants to States, localities, and Indian tribes for purposes of carrying out such activity; and

(D) coordinate with the Assistant Secretary for Mental Health and Substance Use to collect data pursuant to section 505(d)(1)(A) (relating to the number of individuals admitted to emergency departments as a result of the abuse of alcohol or other drugs).

(2) CONTROLLED SUBSTANCE OVERDOSE DATA COLLECTION AND ANALYSIS ACTIVITIES.—A controlled substance overdose data collection, analysis, and dissemination activity described in this paragraph is any of the following activities:

(A) Improving the timeliness of reporting data to the public, including data on fatal and nonfatal overdoses of controlled substances.

(B) Enhancing the comprehensiveness of controlled substance overdose data by collecting information on such overdoses from appropriate sources such as toxicology reports, autopsy reports, death scene investigations, and emergency departments.

(C) Modernizing the system for coding causes of death related to controlled substance overdoses to use an electronic-based system.

(D) Using data to help identify risk factors associated with controlled substance overdoses.

(E) Supporting entities involved in providing information on controlled substance overdoses, such as coroners, medical examiners, and public health laboratories to improve accurate testing and standardized reporting of causes and contributing factors to controlled substances overdoses and analysis of various opioid analogues to controlled substance overdoses.

(F) Working to enable and encourage the access, exchange, and use of information regarding controlled substance overdoses among data sources and entities.

(c) PREFERENCE.—In determining the amounts of grants awarded to States under subsections (a) and (b), the Director of the Centers for Disease Control and Prevention may give preference to States in accordance with such criteria as the Director may specify and may choose to give preference to States that—

(1) maintain a prescription drug monitoring program;

(2) require prescribers of controlled substances in schedule II, III, or IV to issue such prescriptions electronically, and make such requirement subject to exceptions in the cases listed in section 1860D–4(e)(7)(B) of the Social Security Act; and

(3) require dispensers of such controlled substances to enter certain information about the purchase of such controlled substances into the respective State's prescription drug monitoring program, including—

(A) the National Drug Code or, in the case of compounded medications, compound identifier;

(B) the quantity dispensed;

(C) the patient identifier; and

(D) the date filled.

[(c) DEFINITIONS.—In this section:

[(1) CONTROLLED SUBSTANCE.—The term "controlled substance" has the meaning given that term in section 102 of the Controlled Substances Act.

[(2) INDIAN TRIBE.—The term "Indian tribe" has the meaning given that term in section 4 of the Indian Self-Determination and Education Assistance Act.]

(d) DEFINITIONS.—In this section:

(1) CONTROLLED SUBSTANCE.—The term "controlled substance" has the meaning given that term in section 102 of the Controlled Substances Act.

(2) DISPENSER.—The term "dispenser" means a physician, pharmacist, or other person that dispenses a controlled substance to an ultimate user.

(3) INDIAN TRIBE.—The term "Indian tribe" has the meaning given that term in section 4 of the Indian Self-Determination and Education Assistance Act.

[(d)**]** *(e)* AUTHORIZATION OF APPROPRIATIONS.—For purposes of carrying out this section, section 399O of this Act, and section 102 of the Comprehensive Addiction and Recovery Act of 2016 (Public Law 114–198), there is authorized to be appropriated $496,000,000 for each of fiscal years 2019 through 2023.

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