112TH CONGRESS
2D SESSION

S. 2254

To direct the Attorney General to establish uniform standards for the exchange of controlled substance and prescription information for the purpose of preventing diversion, fraud, and abuse of controlled substances and other prescription drugs.

IN THE SENATE OF THE UNITED STATES

MARCH 29, 2012

Mr. PORTMAN (for himself and Mr. WHITEHOUSE) 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 direct the Attorney General to establish uniform standards for the exchange of controlled substance and prescription information for the purpose of preventing diversion, fraud, and abuse of controlled substances and other prescription drugs.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Interstate Drug Monitoring Efficiency and Data Sharing Act of 2012'' or the ''ID MEDS Act''.

SEC. 2. NATIONAL INTEROPERABILITY STANDARDS.

(a) IN GENERAL.—Not later than 1 year after the date of enactment of this Act, the Attorney General shall establish national interoperability standards to facilitate the exchange of prescription information across State lines by States receiving grant funds under—

(1) the Harold Rogers Prescription Drug Monitoring Program established under the Departments of Commerce, Justice, and State, the Judiciary, and Related Agencies Appropriations Act, 2002 (Public Law 107–77; 115 Stat. 748); and

(2) the Controlled Substance Monitoring Program established under section 399O of the Public Health Service Act (42 U.S.C. 280g–3).

(b) REQUIREMENTS.—The Attorney General, in consultation with the Secretary of Health and Human Services, shall ensure that the national interoperability standards established under subsection (a)—

(1) implement open standards that are freely available, without cost and without restriction, in order to promote broad implementation;

(2) provide for the use of exchange intermediaries, or hubs, as necessary to facilitate interstate interoperability by accommodating State-to-hub and direct State-to-State communication;

(3) support transmissions that are fully secured as required, using industry standard methods of encryption, to ensure that Protected Health Information and Personally Identifiable Information (PHI and PII) are not compromised at any point during such transmission; and

(4) employ access control methodologies to share protected information solely in accordance with State laws and regulations.

SEC. 3. STATE RECIPIENT REQUIREMENTS.

(a) HAROLD ROGERS PRESCRIPTION DRUG MONITORING PROGRAM.—

(1) IN GENERAL.—Not later than 1 year after the date on which the Attorney General establishes national interoperability standards under section 2(a), a recipient of a grant under the Harold Rogers Prescription Drug Monitoring Program established under the Departments of Commerce, Justice, and State, the Judiciary, and Related Agencies Appropriations Act, 2002 (Public Law 107–77; 115 Stat. 748) shall ensure that the databases of the State comply with such national interoperability standards.

(2) USE OF ENHANCEMENT GRANT FUNDS.—A recipient of an enhancement grant under the Harold Rogers Prescription Drug Monitoring Program es-

tablished under the Departments of Commerce, Justice, and State, the Judiciary, and Related Agencies Appropriations Act, 2002 (Public Law 107–77; 115 Stat. 748) may use enhancement grant funds to standardize the technology architecture used by the recipient to comply with the national interoperability standards established under section (2)(a).

(b) CONTROLLED SUBSTANCE MONITORING PROGRAM.—Section 399O(e) of the Public Health Service Act (42 U.S.C. 280g–3(e)) is amended by adding at the end the following:

''(5) Not later than 1 year after the date on which the Attorney General establishes national interoperability standards under section 2(a) of the ID MEDS Act, the State shall ensure that the database complies with such national interoperability standards.''.

SEC. 4. REPORT.

(a) IN GENERAL.—Not later than 1 year after the date of enactment of this Act, the Attorney General, in consultation with the Secretary of Health and Human Services, shall submit to the Committee on the Judiciary of the Senate and the Committee on the Judiciary of the House of Representatives a report on enhancing the interoperability of State prescription monitoring programs with

other technologies and databases used for detecting and reducing fraud, diversion, and abuse of prescription drugs.

(b) CONTENTS.—The report required under subsection (a) shall include—

(1) a discussion of the feasibility of making State prescription monitoring programs interoperable with other relevant technologies and databases, including—

(A) electronic prescribing systems;

(B) databases operated by the Drug Enforcement Agency;

(C) electronic health records; and

(D) pre-payment fraud-detecting analytics technologies;

(2) an assessment of legal, technical, fiscal, privacy, or security challenges that have an impact on interoperability;

(3) a discussion of how State prescription monitoring programs could increase the production and distribution of unsolicited reports to prescribers and dispensers of prescription drugs, law enforcement officials, and health professional licensing agencies, including the enhancement of such reporting through interoperability with other States and relevant technology and databases; and

(4) any recommendations for addressing challenges that impact interoperability of State prescription monitoring programs in order to reduce fraud, diversion, and abuse of prescription drugs.

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