

113TH CONGRESS  
1ST SESSION

# S. 1657

To reduce prescription drug misuse and abuse.

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IN THE SENATE OF THE UNITED STATES

NOVEMBER 6, 2013

Mr. UDALL of New Mexico 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 reduce prescription drug misuse and abuse.

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 “Increasing the Safety  
5       of Prescription Drug Use Act of 2013”.

6       **SEC. 2. PRESCRIPTION DRUG MONITORING PROGRAM.**

7       (a) CONTROLLED SUBSTANCE MONITORING PRO-  
8       GRAM.—Section 399O of the Public Health Service Act  
9       (42 U.S.C. 243g–3) is amended—

10               (1) in subsection (e), by adding at the end the  
11       following:

12               “(5) The State shall—

1 “(A) ensure that the database—

2 “(i) is interoperable with the con-  
3 trolled substance monitoring program of  
4 other States and other Federal agencies  
5 and across appropriate State agencies, in-  
6 cluding health agencies, as determined by  
7 the Secretary;

8 “(ii) is interoperable with electronic  
9 health records and e-prescribing, where ap-  
10 propriate; and

11 “(iii) provides automatic, real-time or  
12 daily information about a patient when a  
13 practitioner (or the designee of a practi-  
14 tioner, where permitted) requests informa-  
15 tion about such patient;

16 “(B) require practitioners to use State  
17 database information to help determine whether  
18 to prescribe or renew a prescription for a con-  
19 trolled substance; and

20 “(C) require dispensers, or their designees,  
21 where permitted, to enter data required by the  
22 Secretary, including the name of the patient,  
23 the date, and prescription dose, into the data-  
24 base for a controlled substance.

1           “(6) Notwithstanding section 543 and any  
2           other provision of law, the data required to be en-  
3           tered under paragraph (5)(C) shall include informa-  
4           tion with respect to methadone that is dispensed to  
5           a patient, if applicable.

6           “(7) The State shall ensure that—

7                   “(A) any person who receives patient infor-  
8                   mation through the database may disclose and  
9                   use such information only to carry out the offi-  
10                  cial duties of that person with regard to the pa-  
11                  tient; and

12                  “(B) notwithstanding subsection (f)(1)(B),  
13                  no information kept in accordance with a data-  
14                  base developed or maintained through a grant  
15                  under this section may be used to conduct a  
16                  criminal investigation or substantiate any crimi-  
17                  nal charges against a patient or to conduct any  
18                  investigation of a patient relating to methadone  
19                  use of the patient.”; and

20           (2) in subsection (n), by striking “To carry out  
21           this section” and all that follows through the period  
22           at the end and inserting “There are authorized to be  
23           appropriated for fiscal years 2014 through 2018  
24           such sums as may be necessary to carry out this sec-  
25           tion.”.

1 (b) CONFIDENTIALITY OF RECORDS.—Section 543(a)  
 2 of the Public Health Service Act (42 U.S.C. 290dd–2(a))  
 3 is amended by inserting “or, with respect to methadone,  
 4 as required under section 3990(e)(6)” before the period  
 5 at the end.

6 (c) REQUIREMENTS FOR FEDERAL HEALTH CARE  
 7 PROGRAMS.—Health care practitioners (as defined in  
 8 paragraph (7) of section 3990(m) of the Public Health  
 9 Service Act (42 U.S.C. 280g–3(m))) and dispensers (as  
 10 defined in paragraph (4) of such section) who participate  
 11 in or are employed by a Federal health care program or  
 12 federally funded health care program, including the Indian  
 13 Health Service, the Department of Veterans Affairs, the  
 14 Department of Defense, the Federal Bureau of Prisons,  
 15 the Medicare program under title XVIII of the Social Se-  
 16 curity Act (42 U.S.C. 1395 et seq.), a State Medicaid plan  
 17 under title XIX of the Social Security Act (42 U.S.C.  
 18 1396 et seq.), the Children’s Health Insurance Program  
 19 under title XXI of the Social Security Act (42 U.S.C.  
 20 1397aa et seq.), and Federally qualified health centers,  
 21 shall use the databases of the controlled substance moni-  
 22 toring programs under section 3990 of the Public Health  
 23 Service Act (42 U.S.C. 280g–3), if such databases are  
 24 available to the practitioner or dispenser.

1 **SEC. 3. PILOT PROJECT.**

2 (a) IN GENERAL.—The Secretary of Health and  
3 Human Services (referred to in this subsection as the  
4 “Secretary”) shall award grants to one or more States to  
5 carry out a 1-year pilot project to develop a standardized  
6 peer review process and methodology to review and evalu-  
7 ate prescribing and pharmacy dispensing patterns,  
8 through a review of prescription drug monitoring pro-  
9 grams (referred to in this section as “PDMP”) in the  
10 States receiving such grants.

11 (b) METHODOLOGY.—The recipients of a grant under  
12 this section shall develop a systematic, standardized meth-  
13 odology to identify and investigate questionable or inap-  
14 propriate prescribing and dispensing patterns of sub-  
15 stances on schedule II or III under section 202 of the Con-  
16 trolled Substances Act (21 U.S.C. 812). Such peer review  
17 methodology and prescribing and dispensing patterns shall  
18 be shared with the appropriate State health profession  
19 board.

20 (c) REQUIREMENTS.—A State receiving a grant  
21 under this section shall—

22 (1) with respect to controlled substances for  
23 which a prescriber is required to have a license  
24 issued by the Drug Enforcement Administration in  
25 order to prescribe such controlled substances, make  
26 the information with respect to such controlled sub-

1       stances from the PDMP available to State regula-  
2       tion and licensing boards; and

3               (2) with respect to any other controlled sub-  
4       stances, may make the information with respect to  
5       such controlled substances from the PDMP available  
6       to State regulation and licensing boards.

7       (d) SUBGRANTEES.—A quality improvement organi-  
8       zation with which the Secretary has entered into a con-  
9       tract under part B of title XI of the Social Security Act  
10      may serve as the subgrantee under this subsection to de-  
11      velop peer review processes as described in subsection (a).

12   **SEC. 4. PRESCRIPTION DRUG AND OTHER CONTROLLED**  
13                           **SUBSTANCE ABUSE PREVENTION.**

14      Part P of title III of the Public Health Service Act  
15      (42 U.S.C. 280g) is amended by adding at the end the  
16      following:

17   **“SEC. 399V-6. PRESCRIPTION DRUG AND OTHER CON-**  
18                           **TROLLED SUBSTANCE ABUSE PREVENTION.**

19      “(a) TRAINING GRANTS.—

20               “(1) IN GENERAL.—The Secretary shall award  
21      5-year grants to eligible entities to facilitate training  
22      in order to increase the capacity of health care pro-  
23      viders to conduct patient screening and brief inter-  
24      ventions, such as in health care settings to prevent  
25      the abuse of prescription drugs and other controlled

1 substances. The grant program under this section  
2 may be coordinated with the Screening Brief Inter-  
3 vention and Referral to Treatment grant program of  
4 the Substance Abuse and Mental Health Services  
5 Administration, or other appropriate program.

6 “(2) ELIGIBLE ENTITIES.—In this subsection,  
7 the term ‘eligible entity’ includes—

8 “(A) States;

9 “(B) continuing education entities, such as  
10 health profession boards or health accrediting  
11 bodies; and

12 “(C) other appropriate health or profes-  
13 sional education organizations or institutions.

14 “(b) FEDERAL HEALTH CARE WORKERS.—Health  
15 care providers who participate in or are employed by a  
16 Federal health care program, including the Indian Health  
17 Service, the Department of Veterans Affairs, the Depart-  
18 ment of Defense, the Federal Bureau of Prisons, the  
19 Medicare program under title XVIII of the Social Security  
20 Act (42 U.S.C. 1395 et seq.), a State Medicaid plan under  
21 title XIX of the Social Security Act (42 U.S.C. 1396 et  
22 seq.), the State Children’s Health Insurance Program  
23 under title XXI of the Social Security Act (42 U.S.C.  
24 1397aa et seq.), and Federally qualified health centers,  
25 shall screen patients for abuse of prescription drugs or

1 other controlled substances, conduct brief interventions,  
2 and provide referrals for known or suspected abuse of pre-  
3 scription drugs or other controlled substances, as appro-  
4 priate.

5 “(c) EXPANSION OF PRESCRIBING AUTHORITY.—  
6 The Secretary, acting through the Administrator of the  
7 Health Resources and Services Administration, shall  
8 award grants to States for the purpose of evaluating the  
9 prospect of the health professions board of such States  
10 reviewing and expanding prescribing authorities of pro-  
11 viders, such as advance practice nurses and physician’s as-  
12 sistants, in order to control the abuse of prescription  
13 drugs or other controlled substances with respect to spe-  
14 cific drugs and other controlled substances, as appro-  
15 priate.”.

16 **SEC. 5. PRESCRIPTION DRUG ABUSE TRAINING AND**  
17 **SCREENING PROGRAMS.**

18 (a) CONTINUING EDUCATION GRANTS.—The Sec-  
19 retary of Health and Human Services (referred to in this  
20 section as the “Secretary”) shall award grants to States  
21 to develop continuing education criteria and review proc-  
22 esses that allow State health profession boards or State  
23 agencies to certify appropriate education and training for  
24 informed and safe prescribing of opioids and other drugs

1 on schedule II and III under section 202 of the Controlled  
2 Substances Act (21 U.S.C. 812).

3 (b) REGISTRATION WITH DEA.—A practitioner who  
4 registers or renews a registration under section 303(f) of  
5 the Controlled Substances Act (21 U.S.C. 823(f)) shall,  
6 at the time of registering, certify to the Attorney General  
7 that such practitioner has completed continuing medical  
8 education—

9 (1) in the case of a practitioner registering for  
10 the first time, with respect to prescription drug  
11 abuse; and

12 (2) in the case of a practitioner renewing a reg-  
13 istration, with respect to medical understanding of  
14 the proper use of all drugs listed in the schedules  
15 under section 202 of the Controlled Substances Act  
16 (21 U.S.C. 812).

17 (c) SCREENING PROGRAM.—The Attorney General  
18 shall require that a practitioner registered under section  
19 303(f) of the Controlled Substances Act (21 U.S.C.  
20 823(f)) conduct patient screening for potential drug mis-  
21 use or abuse before prescribing a drug listed on schedule  
22 II or III under section 202 of the Controlled Substances  
23 Act (21 U.S.C. 812), according to standards established  
24 by the applicable State licensing body.

1 **SEC. 6. FDA REVIEW OF NALOXONE.**

2       The Secretary of Health and Human Services, acting  
3 through the Commissioner of Food and Drugs, shall con-  
4 duct a review of naloxone to consider whether naloxone  
5 should cease to be subject to section 503(b) of the Federal  
6 Food, Drug, and Cosmetic Act (21 U.S.C. 353(b)) and  
7 be available as a behind-the-counter drug, in order to in-  
8 crease access of such drug to community-based organiza-  
9 tions and street outreach organizations.

10 **SEC. 7. PRESCRIPTION DRUG DISPOSAL.**

11       The Secretary of Health and Human Services shall  
12 convene or coordinate with an existing entity an inter-  
13 agency working group to encourage States and local gov-  
14 ernments to increase opportunities for disposal of opiates,  
15 such as frequent “take-back programs” and fixed medi-  
16 cine disposal sites at law enforcement public buildings,  
17 and to reduce opportunities for abuse of opiates, such as  
18 establishing opioid dispensing limits at hospital emergency  
19 departments.

20 **SEC. 8. GAO REPORT.**

21       The Comptroller General of the United States shall  
22 review prescription drug abuse programs and policies in  
23 Federal agencies and best practices with respect to pre-  
24 scription drug abuse programs of the States and, not later  
25 than 18 months after the date of enactment of this Act,

- 1 shall issue a report to Congress on its findings and rec-
- 2 ommendations on ways to reduce prescription drug abuse.

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