

115TH CONGRESS
2D SESSION

H. R. 5812

IN THE SENATE OF THE UNITED STATES

JUNE 13, 2018

Received; read twice and referred to the Committee on Health, Education,
Labor, and Pensions

AN ACT

To amend the Public Health Service Act to authorize the Director of the Centers for Disease Control and Prevention to carry out certain activities to prevent controlled substances overdoses, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Creating Opportunities
3 that Necessitate New and Enhanced Connections That
4 Improve Opioid Navigation Strategies Act of 2018” or the
5 “CONNECTIONS Act”.

6 **SEC. 2. PREVENTING OVERDOSES OF CONTROLLED SUB-**
7 **STANCES.**

8 Part P of title III of the Public Health Service Act
9 (42 U.S.C. 280g et seq.) is amended by adding at the end
10 the following new section:

11 **“SEC. 399V-7. PREVENTING OVERDOSES OF CONTROLLED**
12 **SUBSTANCES.**

13 “(a) EVIDENCE-BASED PREVENTION GRANTS.—

14 “(1) IN GENERAL.—The Director of the Cen-
15 ters for Disease Control and Prevention may—

16 “(A) to the extent practicable, carry out
17 any evidence-based prevention activity described
18 in paragraph (2);

19 “(B) provide training and technical assist-
20 ance to States, localities, and Indian tribes for
21 purposes of carrying out any such activity; and

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

25 “(2) EVIDENCE-BASED PREVENTION ACTIVI-
26 TIES.—An evidence-based prevention activity de-

scribed in this paragraph is any of the following activities:

“(A) With respect to a State, improving the efficiency and use of the State prescription drug monitoring program by—

“(i) encouraging all authorized users (as specified by the State) to register with and use the program and making the program easier to use;

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

“(iii) providing for a mechanism for the program to automatically flag any potential misuse or abuse of controlled substances and any detection of inappropriate prescribing practices relating to such substances;

“(iv) enhancing interoperability between the program and any electronic health records system, including by integrating the use of electronic health records into the program for purposes of improving clinical decisionmaking;

1 “(v) continually updating program ca-
2 pabilities to respond to technological inno-
3 vation for purposes of appropriately ad-
4 dressing a controlled substance overdose
5 epidemic as such epidemic may occur and
6 evolve;

7 “(vi) facilitating data sharing between
8 the program and the prescription drug
9 monitoring programs of neighboring
10 States; and

11 “(vii) meeting the purpose of the pro-
12 gram established under section 399O, as
13 described in section 399O(a).

14 “(B) Achieving community or health sys-
15 tem interventions through activities such as—

16 “(i) establishing or improving con-
17 trolled substances prescribing interventions
18 for insurers and health systems;

19 “(ii) enhancing the use of evidence-
20 based controlled substances prescribing
21 guidelines across sectors and health care
22 settings; and

23 “(iii) implementing strategies to align
24 the prescription of controlled substances
25 with the guidelines described in clause (ii).

1 “(C) Evaluating interventions to better un-
2 derstand what works to prevent overdoses, in-
3 cluding those involving prescription and illicit
4 controlled substances.

5 “(D) Implementing projects to advance an
6 innovative prevention approach with respect to
7 new and emerging public health crises and op-
8 portunities to address such crises, such as en-
9 hancing public education and awareness on the
10 risks associated with opioids.

11 “(b) ENHANCED SURVEILLANCE OF CONTROLLED
12 SUBSTANCE OVERDOSE GRANTS.—

13 “(1) IN GENERAL.—The Director of the Cen-
14 ters for Disease Control and Prevention may—

15 “(A) to the extent practicable, carry out
16 any controlled substance overdose surveillance
17 activity described in paragraph (2);

18 “(B) provide training and technical assist-
19 ance to States for purposes of carrying out any
20 such activity;

21 “(C) award grants to States for purposes
22 of carrying out any such activity; and

23 “(D) coordinate with the Assistant Sec-
24 retary for Mental Health and Substance Use to
25 collect data pursuant to section 505(d)(1)(A)

1 (relating to the number of individuals admitted
2 to the emergency rooms of hospitals as a result
3 of the abuse of alcohol or other drugs).

4 “(2) CONTROLLED SUBSTANCE OVERDOSE SUR-
5 VEILLANCE ACTIVITIES.—A controlled substance
6 overdose surveillance activity described in this para-
7 graph is any of the following activities:

8 “(A) Enhancing the timeliness of reporting
9 data to the public, including data on fatal and
10 nonfatal overdoses of controlled substances.

11 “(B) Enhancing comprehensiveness of data
12 on controlled substances overdoses by collecting
13 information on such overdoses from appropriate
14 sources such as toxicology reports, autopsy re-
15 ports, death scene investigations, and other risk
16 factors.

17 “(C) Using data to help identify risk fac-
18 tors associated with controlled substances
19 overdoses.

20 “(D) With respect to a State, supporting
21 entities involved in providing information to in-
22 form efforts within the State, such as by coro-
23 ners and medical examiners, to improve accu-
24 rate testing and reporting of causes and con-

1 tributing factors to controlled substances
2 overdoses.

3 “(E) Working to enable information shar-
4 ing regarding controlled substances overdoses
5 among data sources.

6 “(c) DEFINITIONS.—In this section:

7 “(1) CONTROLLED SUBSTANCE.—The term
8 ‘controlled substance’ has the meaning given that
9 term in section 102 of the Controlled Substances
10 Act.

11 “(2) INDIAN TRIBE.—The term ‘Indian tribe’
12 has the meaning given that term in section 4 of the
13 Indian Self-Determination and Education Assistance
14 Act.

15 “(d) AUTHORIZATION OF APPROPRIATIONS.—For
16 purposes of carrying out this section and section 3990,
17 there is authorized to be appropriated \$486,000,000 for
18 each of fiscal years 2019 through 2023.”.

19 **SEC. 3. PRESCRIPTION DRUG MONITORING PROGRAM.**

20 Section 3990 of the Public Health Service Act (42
21 U.S.C. 280g–3) is amended to read as follows:

22 **“SEC. 3990. PRESCRIPTION DRUG MONITORING PROGRAM.**

23 “(a) PROGRAM.—

24 “(1) IN GENERAL.—Each fiscal year, the Sec-
25 retary, in consultation with the Director of National

1 Drug Control Policy, acting through the Director of
2 the Centers for Disease Control and Prevention, the
3 Assistant Secretary for Mental Health and Sub-
4 stance Use, and the National Coordinator for Health
5 Information Technology, shall support States for the
6 purpose of improving the efficiency and use of
7 PDMPs, including—

8 “(A) establishment and implementation of
9 a PDMP;

10 “(B) maintenance of a PDMP;

11 “(C) improvements to a PDMP by—

12 “(i) enhancing functional components
13 to work toward—

14 “(I) universal use of PDMPs
15 among providers and their delegates,
16 to the extent that State laws allow,
17 within a State;

18 “(II) more timely inclusion of
19 data within a PDMP;

20 “(III) active management of the
21 PDMP, in part by sending proactive
22 or unsolicited reports to providers to
23 inform prescribing; and

24 “(IV) ensuring the highest level
25 of ease in use and access of PDMPs

1 by providers and their delegates, to
2 the extent that State laws allow;

3 “(ii) improving the intrastate inter-
4 operability of PDMPs by—

5 “(I) making PDMPs more ac-
6 tionable by integrating PDMPs within
7 electronic health records and health
8 information technology infrastructure;
9 and

10 “(II) linking PDMP data to
11 other data systems within the State,
12 including—

13 “(aa) the data of pharmacy
14 benefit managers, medical exam-
15 iners and coroners, and the
16 State’s Medicaid program;

17 “(bb) worker’s compensation
18 data; and

19 “(cc) prescribing data of
20 providers of the Department of
21 Veterans Affairs and the Indian
22 Health Service within the State;

23 “(iii) improving the interstate inter-
24 operability of PDMPs through—

1 “(I) sharing of dispensing data in
2 near-real time across State lines; and

3 “(II) integration of automated
4 queries for multistate PDMP data
5 and analytics into clinical workflow to
6 improve the use of such data and ana-
7 lytics by practitioners and dispensers;
8 or

9 “(iv) improving the ability to include
10 treatment availability resources and refer-
11 ral capabilities within the PDMP.

12 “(2) STATE LEGISLATION.—As a condition on
13 the receipt of support under this section, the Sec-
14 retary shall require a State to demonstrate that the
15 State has enacted legislation or regulations—

16 “(A) to provide for the implementation of
17 the PDMP; and

18 “(B) to permit the imposition of appro-
19 priate penalties for the unauthorized use and
20 disclosure of information maintained by the
21 PDMP.

22 “(b) PDMP STRATEGIES.—The Secretary shall en-
23 courage a State, in establishing, improving, or maintaining
24 a PDMP, to implement strategies that improve—

1 “(1) the reporting of dispensing in the State of
2 a controlled substance to an ultimate user so the re-
3 porting occurs not later than 24 hours after the dis-
4 pensing event;

5 “(2) the consultation of the PDMP by each pre-
6 scribing practitioner, or their designee, in the State
7 before initiating treatment with a controlled sub-
8 stance, or any substance as required by the State to
9 be reported to the PDMP, and over the course of
10 ongoing treatment for each prescribing event;

11 “(3) the consultation of the PDMP before dis-
12 pensing a controlled substance, or any substance as
13 required by the State to be reported to the PDMP;

14 “(4) the proactive notification to a practitioner
15 when patterns indicative of controlled substance mis-
16 use by a patient, including opioid misuse, are de-
17 tected;

18 “(5) the availability of data in the PDMP to
19 other States, as allowable under State law; and

20 “(6) the availability of nonidentifiable informa-
21 tion to the Centers for Disease Control and Preven-
22 tion for surveillance, epidemiology, statistical re-
23 search, or educational purposes.

24 “(c) DRUG MISUSE AND ABUSE.—In consultation
25 with practitioners, dispensers, and other relevant and in-

1 terested stakeholders, a State receiving support under this
2 section—

3 “(1) shall establish a program to notify practi-
4 tioners and dispensers of information that will help
5 to identify and prevent the unlawful diversion or
6 misuse of controlled substances; and

7 “(2) may, to the extent permitted under State
8 law, notify the appropriate authorities responsible
9 for carrying out drug diversion investigations if the
10 State determines that information in the PDMP
11 maintained by the State indicates an unlawful diver-
12 sion or abuse of a controlled substance.

13 “(d) EVALUATION AND REPORTING.—As a condition
14 on receipt of support under this section, the State shall
15 report on interoperability with PDMPs of other States and
16 Federal agencies, where appropriate, intrastate interoper-
17 ability with health information technology systems such as
18 electronic health records, health information exchanges,
19 and e-prescribing, where appropriate, and whether or not
20 the State provides automatic, up-to-date, or daily informa-
21 tion about a patient when a practitioner (or the designee
22 of a practitioner, where permitted) requests information
23 about such patient.

24 “(e) EVALUATION AND REPORTING.—A State receiv-
25 ing support under this section shall provide the Secretary

1 with aggregate nonidentifiable information, as permitted
2 by State law, to enable the Secretary—

3 “(1) to evaluate the success of the State’s pro-
4 gram in achieving the purpose described in sub-
5 section (a); or

6 “(2) to prepare and submit to the Congress the
7 report required by subsection (i)(2).

8 “(f) EDUCATION AND ACCESS TO THE MONITORING
9 SYSTEM.—A State receiving support under this section
10 shall take steps to—

11 “(1) facilitate prescribers and dispensers, and
12 their delegates, as permitted by State law, to use the
13 PDMP, to the extent practicable; and

14 “(2) educate prescribers and dispensers, and
15 their delegates on the benefits of the use of PDMPs.

16 “(g) ELECTRONIC FORMAT.—The Secretary may
17 issue guidelines specifying a uniform electronic format for
18 the reporting, sharing, and disclosure of information pur-
19 suant to PDMPs.

20 “(h) RULES OF CONSTRUCTION.—

21 “(1) FUNCTIONS OTHERWISE AUTHORIZED BY
22 LAW.—Nothing in this section shall be construed to
23 restrict the ability of any authority, including any
24 local, State, or Federal law enforcement, narcotics

1 control, licensure, disciplinary, or program authority,
2 to perform functions otherwise authorized by law.

3 “(2) ADDITIONAL PRIVACY PROTECTIONS.—
4 Nothing in this section shall be construed as pre-
5 empting any State from imposing any additional pri-
6 vacy protections.

7 “(3) FEDERAL PRIVACY REQUIREMENTS.—
8 Nothing in this section shall be construed to super-
9 sede any Federal privacy or confidentiality require-
10 ment, including the regulations promulgated under
11 section 264(c) of the Health Insurance Portability
12 and Accountability Act of 1996 (Public Law 104–
13 191; 110 Stat. 2033) and section 543 of this Act.

14 “(4) NO FEDERAL PRIVATE CAUSE OF AC-
15 TION.—Nothing in this section shall be construed to
16 create a Federal private cause of action.

17 “(i) PROGRESS REPORT.—Not later than 3 years
18 after the date of enactment of the CONNECTIONS Act,
19 the Secretary shall—

20 “(1) complete a study that—

21 “(A) determines the progress of States in
22 establishing and implementing PDMPs con-
23 sistent with this section;

24 “(B) provides an analysis of the extent to
25 which the operation of PDMPs has—

1 “(i) reduced inappropriate use, abuse,
2 diversion of, and overdose with, controlled
3 substances;

4 “(ii) established or strengthened ini-
5 tiatives to ensure linkages to substance use
6 disorder treatment services; or

7 “(iii) affected patient access to appro-
8 priate care in States operating PDMPs;

9 “(C) determine the progress of States in
10 achieving interstate interoperability and intra-
11 state interoperability of PDMPs, including an
12 assessment of technical, legal, and financial
13 barriers to such progress and recommendations
14 for addressing these barriers;

15 “(D) determines the progress of States in
16 implementing near real-time electronic PDMPs;

17 “(E) provides an analysis of the privacy
18 protections in place for the information re-
19 ported to the PDMP in each State receiving
20 support under this section and any rec-
21 ommendations of the Secretary for additional
22 Federal or State requirements for protection of
23 this information;

24 “(F) determines the progress of States in
25 implementing technological alternatives to cen-

1 tralized data storage, such as peer-to-peer file
2 sharing or data pointer systems, in PDMPs and
3 the potential for such alternatives to enhance
4 the privacy and security of individually identifi-
5 able data; and

6 “(G) evaluates the penalties that States
7 have enacted for the unauthorized use and dis-
8 closure of information maintained in PDMPs,
9 and the criteria used by the Secretary to deter-
10 mine whether such penalties qualify as appro-
11 priate for purposes of subsection (a)(2); and

12 “(2) submit a report to the Congress on the re-
13 sults of the study.

14 “(j) ADVISORY COUNCIL.—

15 “(1) ESTABLISHMENT.—A State may establish
16 an advisory council to assist in the establishment,
17 improvement, or maintenance of a PDMP consistent
18 with this section.

19 “(2) LIMITATION.—A State may not use Fed-
20 eral funds for the operations of an advisory council
21 to assist in the establishment, improvement, or
22 maintenance of a PDMP.

23 “(3) SENSE OF CONGRESS.—It is the sense of
24 the Congress that, in establishing an advisory coun-
25 cil to assist in the establishment, improvement, or

1 maintenance of a PDMP, a State should consult
2 with appropriate professional boards and other inter-
3 ested parties.

4 “(k) DEFINITIONS.—For purposes of this section:

5 “(1) The term ‘controlled substance’ means a
6 controlled substance (as defined in section 102 of
7 the Controlled Substances Act) in schedule II, III,
8 or IV of section 202 of such Act.

9 “(2) The term ‘dispense’ means to deliver a
10 controlled substance to an ultimate user by, or pur-
11 suant to the lawful order of, a practitioner, irrespec-
12 tive of whether the dispenser uses the internet or
13 other means to effect such delivery.

14 “(3) The term ‘dispenser’ means a physician,
15 pharmacist, or other person that dispenses a con-
16 trolled substance to an ultimate user.

17 “(4) The term ‘interstate interoperability’ with
18 respect to a PDMP means the ability of the PDMP
19 to electronically share reported information with an-
20 other State if the information concerns either the
21 dispensing of a controlled substance to an ultimate
22 user who resides in such other State, or the dis-
23 pensing of a controlled substance prescribed by a
24 practitioner whose principal place of business is lo-
25 cated in such other State.

1 “(5) The term ‘intrastate interoperability’ with
2 respect to a PDMP means the integration of PDMP
3 data within electronic health records and health in-
4 formation technology infrastructure or linking of a
5 PDMP to other data systems within the State, in-
6 cluding the State’s Medicaid program, workers’ com-
7 pensation programs, and medical examiners or coro-
8 ners.

9 “(6) The term ‘nonidentifiable information’
10 means information that does not identify a practi-
11 tioner, dispenser, or an ultimate user and with re-
12 spect to which there is no reasonable basis to believe
13 that the information can be used to identify a practi-
14 tioner, dispenser, or an ultimate user.

15 “(7) The term ‘PDMP’ means a prescription
16 drug monitoring program that is State-controlled.

17 “(8) The term ‘practitioner’ means a physician,
18 dentist, veterinarian, scientific investigator, phar-
19 macy, hospital, or other person licensed, registered,
20 or otherwise permitted, by the United States or the
21 jurisdiction in which the individual practices or does
22 research, to distribute, dispense, conduct research
23 with respect to, administer, or use in teaching or
24 chemical analysis, a controlled substance in the
25 course of professional practice or research.

1 “(9) The term ‘State’ means each of the 50
2 States, the District of Columbia, and any common-
3 wealth or territory of the United States.

4 “(10) The term ‘ultimate user’ means a person
5 who has obtained from a dispenser, and who pos-
6 sesses, a controlled substance for the person’s own
7 use, for the use of a member of the person’s house-
8 hold, or for the use of an animal owned by the per-
9 son or by a member of the person’s household.

10 “(11) The term ‘clinical workflow’ means the
11 integration of automated queries for prescription
12 drug monitoring programs data and analytics into
13 health information technologies such as electronic
14 health record systems, health information exchanges,
15 and/or pharmacy dispensing software systems, thus
16 streamlining provider access through automated que-
17 ries.”.

Passed the House of Representatives June 12, 2018.

Attest:

KAREN L. HAAS,

Clerk.