

115TH CONGRESS
1ST SESSION

S. 778

To require the use of prescription drug monitoring programs and to facilitate information sharing among States.

IN THE SENATE OF THE UNITED STATES

MARCH 30, 2017

Ms. KLOBUCHAR (for herself, Mr. PORTMAN, Mr. MANCHIN, and Mr. KING) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To require the use of prescription drug monitoring programs and to facilitate information sharing among States.

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 “Prescription Drug
5 Monitoring Act of 2017”.

6 **SEC. 2. DEFINITIONS.**

7 In this Act:

8 (1) **CONTROLLED SUBSTANCE.**—The term
9 “controlled substance” has the meaning given the

1 term in section 102 of the Controlled Substances
2 Act (21 U.S.C. 802).

3 (2) COVERED STATE.—The term “covered
4 State” means a State that receives funding under
5 the Harold Rogers Prescription Drug Monitoring
6 Program established under the Departments of
7 Commerce, Justice, and State, the Judiciary, and
8 Related Agencies Appropriations Act, 2002 (Public
9 Law 107–77; 115 Stat. 748) or the controlled sub-
10 stance monitoring program under section 399O of
11 the Public Health Service Act (42 U.S.C. 280g–3).

12 (3) DISPENSER.—The term “dispenser”—

13 (A) means a person licensed or otherwise
14 authorized by a State to deliver a prescription
15 drug product to a patient or an agent of the pa-
16 tient; and

17 (B) does not include a person involved in
18 oversight or payment for prescription drugs.

19 (4) PDMP.—The term “PDMP” means a pre-
20 scription drug monitoring program.

21 (5) PRACTITIONER.—The term “practitioner”
22 means a practitioner registered under section 303(f)
23 of the Controlled Substances Act (21 U.S.C. 823(f))
24 to prescribe, administer, or dispense controlled sub-
25 stances.

1 (6) STATE.—The term “State” means each of
2 the several States and the District of Columbia.

3 **SEC. 3. PRESCRIPTION DRUG MONITORING PROGRAM RE-**
4 **QUIREMENTS.**

5 (a) IN GENERAL.—Beginning 2 years after the date
6 of enactment of this Act, each covered State shall re-
7 quire—

8 (1) each prescribing practitioner within the cov-
9 ered State or their designee, who shall be licensed or
10 registered healthcare professionals or other employ-
11 ees who report directly to the practitioner, to consult
12 the PDMP of the covered State before initiating
13 treatment with a prescription for a controlled sub-
14 stance listed in schedule II, III, or IV of section
15 202(c) of the Controlled Substances Act (21 U.S.C.
16 812(c)), and every 3 months thereafter as long as
17 the treatment continues;

18 (2) the PDMP of the covered State to provide
19 proactive notification to a practitioner when patterns
20 indicative of controlled substance misuse, including
21 opioid misuse, are detected;

22 (3) each dispenser within the covered State to
23 report each prescription for a controlled substance
24 dispensed by the dispenser to the PDMP not later

1 than 24 hours after the controlled substance is dis-
2 pensed to the patient;

3 (4) that the PDMP make available a quarterly
4 de-identified data set and an annual report for pub-
5 lic and private use, which shall, at a minimum, meet
6 requirements established by the Attorney General, in
7 coordination with the Secretary of Health and
8 Human Services; and

9 (5) that the data contained in the PDMP of the
10 covered State is made available to other States.

11 (b) NONCOMPLIANCE.—If a covered State fails to
12 comply with subsection (a), the Attorney General or the
13 Secretary of Health and Human Services, as appropriate,
14 may withhold grant funds from being awarded to the cov-
15 ered State under the Harold Rogers Prescription Drug
16 Monitoring Program established under the Departments
17 of Commerce, Justice, and State, the Judiciary, and Re-
18 lated Agencies Appropriations Act, 2002 (Public Law
19 107–77; 115 Stat. 748) or the controlled substance moni-
20 toring program under section 399O of the Public Health
21 Service Act (42 U.S.C. 280g–3).

22 (c) DATA-SHARING SINGLE TECHNOLOGY SOLU-
23 TION.—

24 (1) IN GENERAL.—For the purpose of assisting
25 States in complying with subsection (a)(5), the At-

1 torney General, in coordination with the Secretary of
2 Health and Human Services, acting through the
3 Comprehensive Opioid Abuse Grant Program estab-
4 lished under section 3021 of title I of the Omnibus
5 Crime Control and Safe Streets Act of 1968 (42
6 U.S.C. 3797ff), shall award, on a competitive basis,
7 a grant to an eligible entity to establish and main-
8 tain an inter-State data-sharing single hub to facili-
9 tate the sharing of PDMP data among States and
10 the accessing of such data by practitioners.

11 (2) REQUIREMENTS.—The data-sharing single
12 hub established under paragraph (1)—

13 (A) shall—

14 (i) allow States to retain ownership of
15 the data submitted by the States;

16 (ii) provide a source of de-identified
17 data that can be used for statistical, re-
18 search, or educational purposes;

19 (iii) allow State authorized users to
20 access data from a PDMP of a covered
21 State without requiring a user fee; and

22 (iv) conform with the standards of the
23 Prescription Monitoring Information Ex-
24 change; and

25 (B) may not—

- 1 (i) distribute, in whole or in part, any
2 PDMP data without the express written
3 consent of the PDMP State authority; and
4 (ii) limit, in whole or in part, distribu-
5 tion of PDMP data as approved by the
6 PDMP State authority.

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