

116TH CONGRESS
1ST SESSION

H. R. 3974

To require the use of prescription drug monitoring programs.

IN THE HOUSE OF REPRESENTATIVES

JULY 25, 2019

Mr. RYAN (for himself and Mr. BALDERSON) introduced the following bill;
which was referred to the Committee on Energy and Commerce

A BILL

To require the use of prescription drug monitoring programs.

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 2019”.

6 **SEC. 2. REQUIRING THE USE OF PRESCRIPTION DRUG**
7 **MONITORING PROGRAMS.**

8 (a) DEFINITIONS.—In this section:

9 (1) CONTROLLED SUBSTANCE.—The term
10 “controlled substance” has the meaning given the
11 term in section 102 of the Controlled Substances
12 Act (21 U.S.C. 802).

1 (2) COVERED STATE.—The term “covered
2 State” means a State that receives funding under
3 the Harold Rogers Prescription Drug Monitoring
4 Program established under the Departments of
5 Commerce, Justice, and State, the Judiciary, and
6 Related Agencies Appropriations Act, 2002 (Public
7 Law 107–77; 115 Stat. 748), or under the con-
8 trolled substance monitoring program under section
9 3990 of the Public Health Service Act (42 U.S.C.
10 280g–3).

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

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

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

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

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

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

3 (b) REQUIREMENTS.—Beginning 1 year after the
4 date of enactment of this Act, each covered State shall
5 require—

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

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

20 (3) each dispenser within the covered State to
21 report each prescription for a controlled substance
22 dispensed by the dispenser to the PDMP not later
23 than 24 hours after the controlled substance is dis-
24 pensed to the patient;

1 (4) that the PDMP make available a quarterly
2 de-identified data set and an annual report for pub-
3 lic and private use, including use by healthcare pro-
4 viders, health plans and health benefits administra-
5 tors, State agencies, and researchers, which shall, at
6 a minimum, meet requirements established by the
7 Attorney General, in coordination with the Secretary
8 of Health and Human Services;

9 (5) each State agency that administers the
10 PDMP to—

11 (A) proactively analyze data available
12 through the PDMP; and

13 (B) provide reports to law enforcement
14 agencies and prescriber licensing boards de-
15 scribing any prescribing practitioner that re-
16 peatedly fall outside of expected norms or
17 standard practices for the prescribing practi-
18 tioner's field; and

19 (6) that the data contained in the PDMP of the
20 covered State be made available to other States.

21 (c) NONCOMPLIANCE.—If a covered State fails to
22 comply with subsection (a), the Attorney General or the
23 Secretary of Health and Human Services may withhold
24 grant funds from being awarded to the covered State
25 under the Harold Rogers Prescription Drug Monitoring

1 Program established under the Departments of Com-
2 merce, Justice, and State, the Judiciary, and Related
3 Agencies Appropriations Act, 2002 (Public Law 107–77;
4 115 Stat. 748), or under the controlled substance moni-
5 toring program under section 399O of the Public Health
6 Service Act (42 U.S.C. 280g–3).

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