

113TH CONGRESS  
2D SESSION

**S.** \_\_\_\_\_

To amend and reauthorize the controlled substance monitoring program under section 3990 of the Public Health Service Act.

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IN THE SENATE OF THE UNITED STATES

\_\_\_\_\_ introduced the following bill; which was read twice  
and referred to the Committee on \_\_\_\_\_

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**A BILL**

To amend and reauthorize the controlled substance monitoring program under section 3990 of the Public Health Service Act.

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 “National All Schedules  
5 Prescription Electronic Reporting Reauthorization Act of  
6 2014”.

7 **SEC. 2. AMENDMENT TO PURPOSE.**

8 Paragraph (1) of section 2 of the National All Sched-  
9 ules Prescription Electronic Reporting Act of 2005 (Public  
10 Law 109–60) is amended to read as follows:

1           “(1) foster the establishment of State-adminis-  
2           tered controlled substance monitoring systems in  
3           order to ensure that—

4                   “(A) health care providers have access to  
5                   the accurate, timely prescription history infor-  
6                   mation that they may use as a tool for the early  
7                   identification of patients at risk for addiction in  
8                   order to initiate appropriate medical interven-  
9                   tions and avert the tragic personal, family, and  
10                  community consequences of untreated addiction;  
11                  and

12                   “(B) appropriate law enforcement, regu-  
13                   latory, and State professional licensing authori-  
14                   ties have access to prescription history informa-  
15                   tion for the purposes of investigating drug di-  
16                   version and prescribing and dispensing prac-  
17                   tices of errant prescribers or pharmacists; and”.

18 **SEC. 3. AMENDMENTS TO CONTROLLED SUBSTANCE MONI-**  
19 **TORING PROGRAM.**

20           Section 3990 of the Public Health Service Act (42  
21 U.S.C. 280g-3) is amended—

22           (1) in subsection (a)(1)—

23                   (A) in subparagraph (A), by striking “or”;

24                   (B) in subparagraph (B), by striking the  
25                  period at the end and inserting “; or”; and

1 (C) by adding at the end the following:

2 “(C) to maintain and operate an existing  
3 State-controlled substance monitoring pro-  
4 gram.”;

5 (2) by amending subsection (b) to read as fol-  
6 lows:

7 “(b) MINIMUM REQUIREMENTS.—The Secretary  
8 shall maintain and, as appropriate, supplement or revise  
9 (after publishing proposed additions and revisions in the  
10 Federal Register and receiving public comments thereon)  
11 minimum requirements for criteria to be used by States  
12 for purposes of clauses (ii), (v), (vi), and (vii) of subsection  
13 (c)(1)(A).”;

14 (3) in subsection (c)—

15 (A) in paragraph (1)(B)—

16 (i) in the matter preceding clause (i),  
17 by striking “(a)(1)(B)” and inserting  
18 “(a)(1)(B) or (a)(1)(C)”;

19 (ii) in clause (i), by striking “program  
20 to be improved” and inserting “program to  
21 be improved or maintained”;

22 (iii) by redesignating clauses (iii) and  
23 (iv) as clauses (iv) and (v), respectively;

24 (iv) by inserting after clause (ii), the  
25 following:

1           “(iii) a plan to apply the latest ad-  
2 vances in health information technology in  
3 order to incorporate prescription drug  
4 monitoring program data directly into the  
5 workflow of prescribers and dispensers to  
6 ensure timely access to patients’ controlled  
7 prescription drug history;”;

8           (v) in clause (iv) (as so redesignated),  
9 by inserting before the semicolon the fol-  
10 lowing: “and at least one health informa-  
11 tion technology system such as electronic  
12 health records, health information ex-  
13 changes, and e-prescribing systems”; and

14           (vi) in clause (v) (as so redesignated),  
15 by striking “public health” and inserting  
16 “public health or public safety”;

17 (B) in paragraph (3)—

18           (i) by striking “If a State that sub-  
19 mits” and inserting the following:

20           “(A) IN GENERAL.—If a State that sub-  
21 mits”;

22           (ii) by inserting before the period at  
23 the end “and include timelines for full im-  
24 plementation of such interoperability. The  
25 State shall also describe the manner in

1           which it will achieve interoperability be-  
2           tween its monitoring program and health  
3           information technology systems, as allow-  
4           able under State law, and include timelines  
5           for the implementation of such interoper-  
6           ability”; and

7                     (iii) by adding at the end the fol-  
8           lowing:

9                     “(B) MONITORING OF EFFORTS.—The  
10           Secretary shall monitor State efforts to achieve  
11           interoperability, as described in subparagraph  
12           (A).”;

13                     (C) in paragraph (5)—

14                     (i) by striking “implement or im-  
15           prove” and inserting “establish, improve,  
16           or maintain”; and

17                     (ii) by adding at the end the fol-  
18           lowing: “The Secretary shall redistribute  
19           any funds that are so returned among the  
20           remaining grantees under this section in  
21           accordance with the formula described in  
22           subsection (a)(2)(B).”;

23           (4) in subsection (d)—

24                     (A) in the matter preceding paragraph  
25           (1)—

1 (i) by striking “In implementing or  
2 improving” and all that follows through  
3 “(a)(1)(B)” and inserting “In establishing,  
4 improving, or maintaining a controlled sub-  
5 stance monitoring program under this sec-  
6 tion, a State shall comply, or with respect  
7 to a State that applies for a grant under  
8 subparagraph (B) or (C) of subsection  
9 (a)(1)”;

10 (ii) by striking “public health” and in-  
11 sserting “public health or public safety”;  
12 and

13 (B) by adding at the end the following:

14 “(5) The State shall report on interoperability  
15 with the controlled substance monitoring program of  
16 Federal agencies, where appropriate, interoperability  
17 with health information technology systems such as  
18 electronic health records, health information ex-  
19 changes, and e-prescribing, where appropriate, and  
20 whether or not the State provides automatic, real-  
21 time or daily information about a patient when a  
22 practitioner (or the designee of a practitioner, where  
23 permitted) requests information about such pa-  
24 tient.”;

1           (5) in subsections (e), (f)(1), and (g), by strik-  
2           ing “implementing or improving” each place it ap-  
3           pears and inserting “establishing, improving, or  
4           maintaining”;

5           (6) in subsection (f)—

6                   (A) in paragraph (1)(B) by striking “mis-  
7                   use of a schedule II, III, or IV substance” and  
8                   inserting “misuse of a controlled substance in-  
9                   cluded in schedule II, III, or IV of section  
10                  202(c) of the Controlled Substance Act”; and

11                  (B) by adding at the end the following:

12                  “(3) EVALUATION AND REPORTING.—Subject  
13                  to subsection (g), a State receiving a grant under  
14                  subsection (a) shall provide the Secretary with ag-  
15                  gregate data and other information determined by  
16                  the Secretary to be necessary to enable the Sec-  
17                  retary—

18                          “(A) to evaluate the success of the State’s  
19                          program in achieving its purposes; or

20                          “(B) to prepare and submit the report to  
21                          Congress required by subsection (k)(2).

22                  “(4) RESEARCH BY OTHER ENTITIES.—A de-  
23                  partment, program, or administration receiving non-  
24                  identifiable information under paragraph (1)(D)

1       may make such information available to other enti-  
2       ties for research purposes.”;

3               (7) by redesignating subsections (h) through  
4       (n) as subsections (i) through (o), respectively;

5               (8) in subsections (c)(1)(A)(iv) and (d)(4), by  
6       striking “subsection (h)” each place it appears and  
7       inserting “subsection (i)”;

8               (9) by inserting after subsection (g) the fol-  
9       lowing:

10       “(h) EDUCATION AND ACCESS TO THE MONITORING  
11       SYSTEM.—A State receiving a grant under subsection (a)  
12       shall take steps to—

13               “(1) facilitate prescriber and dispenser use of  
14       the State’s controlled substance monitoring system;  
15       and

16               “(2) educate prescribers and dispenser on the  
17       benefits of the system both to them and society.”;

18               (10) in subsection (k)(2)(A), as redesignated—

19               (A) in clause (ii), by striking “or affected”  
20       and inserting “, established or strengthened ini-  
21       tiatives to ensure linkages to substance use dis-  
22       order services, or affected”; and

23               (B) in clause (iii), by striking “including  
24       an assessment” and inserting “between con-  
25       trolled substance monitoring programs and



1 health information technology systems, and in-  
2 cluding an assessment”;

3 (11) by amending subsection (l), as redesign-  
4 nated, to read as follows:

5 “(l) PREFERENCE.—Beginning 3 years after the date  
6 on which funds are first appropriated to carry out this  
7 section, the Secretary, in awarding any competitive grant  
8 under title V that is related to drug abuse (as determined  
9 by the Secretary) and for which only States or tribes are  
10 eligible to apply, may give preference to eligible States  
11 with applications approved under this section, to eligible  
12 States or tribes with existing controlled substance moni-  
13 toring programs that meet minimum requirements under  
14 this section, or to eligible States or tribes that put forth  
15 a good faith effort to meet those requirements (as deter-  
16 mined by the Secretary).”;

17 (12) in subsection (m)(1), as redesignated, by  
18 striking “establishment, implementation, or improve-  
19 ment” and inserting “establishment, improvement,  
20 or maintenance”;

21 (13) in subsection (n)(8), as redesignated, by  
22 striking “and the District of Columbia” and insert-  
23 ing “, the District of Columbia, and any common-  
24 wealth or territory of the United States”; and

1           (14) by amending subsection (o), as redesignig-  
2           nated, to read as follows:

3           “(o) AUTHORIZATION OF APPROPRIATIONS.—To  
4           carry out this section, there are authorized to be appro-  
5           priated \$7,000,000 for each of fiscal years 2014 through  
6           2018.”.