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(Original Signature of Member)

116TH CONGRESS
1ST SESSION

H. R.

To require the use of prescription drug monitoring programs.

IN THE HOUSE OF REPRESENTATIVES

Mr. RYAN introduced the following bill; which was referred to the Committee
on _____

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

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 under the con-
10 trolled substance monitoring program under section
11 3990 of the Public Health Service Act (42 U.S.C.
12 280g–3).

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

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

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

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

22 (5) PRACTITIONER.—The term “practitioner”
23 means a practitioner registered under section 303(f)
24 of the Controlled Substances Act (21 U.S.C. 823(f))

1 to prescribe, administer, or dispense controlled sub-
2 stances.

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

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

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, including use by healthcare pro-
6 viders, health plans and health benefits administra-
7 tors, State agencies, and researchers, which shall, at
8 a minimum, meet requirements established by the
9 Attorney General, in coordination with the Secretary
10 of Health and Human Services;

11 (5) each State agency that administers the
12 PDMP to—

13 (A) proactively analyze data available
14 through the PDMP; and

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

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

23 (c) NONCOMPLIANCE.—If a covered State fails to
24 comply with subsection (a), the Attorney General or the
25 Secretary of Health and Human Services may withhold

1 grant funds from being awarded to the covered State
2 under the Harold Rogers Prescription Drug Monitoring
3 Program established under the Departments of Com-
4 merce, Justice, and State, the Judiciary, and Related
5 Agencies Appropriations Act, 2002 (Public Law 107-77;
6 115 Stat. 748), or under the controlled substance moni-
7 toring program under section 399O of the Public Health
8 Service Act (42 U.S.C. 280g-3).