

115TH CONGRESS
2D SESSION

H. R. 5812

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.

IN THE HOUSE OF REPRESENTATIVES

MAY 15, 2018

Mr. GRIFFITH (for himself, Mr. PALLONE, and Mr. FITZPATRICK) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

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,*

3 **SECTION 1. SHORT TITLE.**

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

1 **SEC. 2. PREVENTING OVERDOSES OF CONTROLLED SUB-**
2 **STANCES.**

3 Part P of title III of the Public Health Service Act
4 (42 U.S.C. 280g et seq.) is amended by adding at the end
5 the following new section:

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

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

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

11 “(A) to the extent practicable, carry out
12 any evidence-based prevention activity described
13 in paragraph (2);

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

17 “(C) award grants to States, localities, and
18 Indian tribes for purposes of carrying out any
19 such activity.

20 “(2) EVIDENCE-BASED PREVENTION ACTIVI-
21 TIES.—An evidence-based prevention activity de-
22 scribed in this paragraph is any of the following ac-
23 tivities:

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

1 “(i) encouraging all authorized users
2 (as specified by the State) to register with
3 and use the program and making the pro-
4 gram easier to use;

5 “(ii) enabling such users to access any
6 updates to information collected by the
7 program in as close to real-time as pos-
8 sible;

9 “(iii) providing for a mechanism for
10 the program to automatically flag any po-
11 tential misuse or abuse of controlled sub-
12 stances and any detection of inappropriate
13 prescribing practices relating to such sub-
14 stances;

15 “(iv) enhancing interoperability be-
16 tween the program and any electronic
17 health records system, including by inte-
18 grating the use of electronic health records
19 into the program for purposes of improving
20 clinical decisionmaking;

21 “(v) continually updating program ca-
22 pabilities to respond to technological inno-
23 vation for purposes of appropriately ad-
24 dressing a controlled substance overdose

1 epidemic as such epidemic may occur and
2 evolve;

3 “(vi) facilitating data sharing between
4 the program and the prescription drug
5 monitoring programs of neighboring
6 States; and

7 “(vii) meeting the purpose of the pro-
8 gram established under section 399O, as
9 described in section 399O(a).

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

12 “(i) establishing or improving con-
13 trolled substances prescribing interventions
14 for insurers and health systems;

15 “(ii) enhancing the use of evidence-
16 based controlled substances prescribing
17 guidelines across sectors and health care
18 settings; and

19 “(iii) implementing strategies to align
20 the prescription of controlled substances
21 with the guidelines described in clause (ii).

22 “(C) Evaluating interventions to better un-
23 derstand what works to prevent overdoses, in-
24 cluding those involving prescription and illicit
25 controlled substances.

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

7 “(b) ENHANCED SURVEILLANCE OF CONTROLLED
8 SUBSTANCE OVERDOSE GRANTS.—

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

11 “(A) to the extent practicable, carry out
12 any controlled substance overdose surveillance
13 activity described in paragraph (2);

14 “(B) provide training and technical assist-
15 ance to States for purposes of carrying out any
16 such activity;

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

19 “(D) coordinate with the Assistant Sec-
20 retary for Mental Health and Substance Use to
21 collect data pursuant to section 505(d)(1)(A)
22 (relating to the number of individuals admitted
23 to the emergency rooms of hospitals as a result
24 of the abuse of alcohol or other drugs).

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

5 “(A) Enhancing the timeliness of reporting
6 data to the public, including data on fatal and
7 nonfatal overdoses of controlled substances.

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

14 “(C) Using data to help identify risk fac-
15 tors associated with controlled substances
16 overdoses.

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

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

4 “(c) DEFINITIONS.—In this section:

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

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

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

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

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

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

21 “(a) PROGRAM.—

22 “(1) IN GENERAL.—Each fiscal year, the Sec-
23 retary, in consultation with the Director of National
24 Drug Control Policy, acting through the Director of
25 the Centers for Disease Control and Prevention, the

1 Assistant Secretary for Mental Health and Sub-
2 stance Use, and the National Coordinator for Health
3 Information Technology, shall support States for the
4 purpose of improving the efficiency and use of
5 PDMPs, including—

6 “(A) establishment and implementation of
7 a PDMP;

8 “(B) maintenance of a PDMP;

9 “(C) improvements to a PDMP by—

10 “(i) enhancing functional components
11 to work toward—

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

16 “(II) more timely inclusion of
17 data within a PDMP;

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

22 “(IV) ensuring the highest level
23 of ease in use and access of PDMPs
24 by providers and their delegates, to
25 the extent that State laws allow;

1 “(ii) improving the intrastate inter-
2 operability of PDMPs by—

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

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

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

15 “(bb) worker’s compensation
16 data; and

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

21 “(iii) improving the interstate inter-
22 operability of PDMPs through—

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

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

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

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

14 “(A) to provide for the implementation of
15 the PDMP; and

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

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

23 “(1) the reporting of dispensing in the State of
24 a controlled substance to an ultimate user so the re-

1 porting occurs not later than 24 hours after the dis-
2 pensing event;

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

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

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

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

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

22 “(c) DRUG MISUSE AND ABUSE.—In consultation
23 with practitioners, dispensers, and other relevant and in-
24 terested stakeholders, a State receiving support under this
25 section—

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

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

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

22 “(e) EVALUATION AND REPORTING.—A State receiv-
23 ing support under this section shall provide the Secretary
24 with aggregate nonidentifiable information, as permitted
25 by State law, to enable the Secretary—

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

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

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

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

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

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

18 “(h) RULES OF CONSTRUCTION.—

19 “(1) FUNCTIONS OTHERWISE AUTHORIZED BY
20 LAW.—Nothing in this section shall be construed to
21 restrict the ability of any authority, including any
22 local, State, or Federal law enforcement, narcotics
23 control, licensure, disciplinary, or program authority,
24 to perform functions otherwise authorized by law.

1 “(2) ADDITIONAL PRIVACY PROTECTIONS.—

2 Nothing in this section shall be construed as pre-
3 empting any State from imposing any additional pri-
4 vacy protections.

5 “(3) FEDERAL PRIVACY REQUIREMENTS.—

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

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

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

18 “(1) complete a study that—

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

22 “(B) provides an analysis of the extent to
23 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.”.

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