

S 518

National All Schedules Prescription Electronic Reporting Act of 2005

Congress: 109 (2005–2007, Ended)

Chamber: Senate

Policy Area: Health

Introduced: Mar 3, 2005

Current Status: Placed on Senate Legislative Calendar under General Orders. Calendar No. 187.

Latest Action: Placed on Senate Legislative Calendar under General Orders. Calendar No. 187. (Jul 29, 2005)

Official Text: https://www.congress.gov/bill/109th-congress/senate-bill/518

Sponsor

Name: Sen. Sessions, Jeff [R-AL]

Party: Republican • State: AL • Chamber: Senate

Cosponsors (7 total)

Cosponsor	Party / State	Role	Date Joined
Sen. Dodd, Christopher J. [D-CT]	D · CT		Mar 3, 2005
Sen. Durbin, Richard J. [D-IL]	D · IL		Mar 3, 2005
Sen. Kennedy, Edward M. [D-MA]	D · MA		Mar 3, 2005
Sen. Alexander, Lamar [R-TN]	R · TN		Apr 18, 2005
Sen. Vitter, David [R-LA]	R · LA		Apr 18, 2005
Sen. Burr, Richard [R-NC]	R · NC		May 17, 2005
Sen. Talent, Jim [R-MO]	R · MO		May 17, 2005

Committee Activity

Committee	Chamber	Activity	Date
Health, Education, Labor, and Pensions Committee	Senate	Reported By	Jul 29, 2005

Subjects & Policy Tags

Policy Area:

Health

Related Bills

Bill	Relationship	Last Action
109 HR 1132	Related bill	Aug 11, 2005: Became Public Law No: 109-60.

National All Schedules Prescription Electronic Reporting Act of 2005 - (Sec. 3) Amends the Public Health Service Act to require the Secretary of Health and Human Services to award grants to establish a controlled substance monitoring program in each state or to improve existing state programs. Sets forth a formula for determining grant amount, which includes a ratio of pharmacies in a state to the number of pharmacies in all states.

Requires the Secretary to identify minimum requirements for criteria to be used by states for information security, uniform electronic formats for reporting information, database access and accuracy, and the use and disclosure of information.

Requires a state, to be approved for a grant, to: (1) submit a grant application that includes an agreement to adopt health information interoperability standards and penalties for the unauthorized use and disclosure of information; (2) have enacted legislation or regulations permitting the implementation of such a monitoring program and the imposition of appropriate penalties; and (3) describe how it will achieve interoperability with any existing program in a bordering state. Provides for the return of grant funds if a state ceases implementation or improvement of its program.

Requires an approved state to: (1) require a dispenser to report within one week of each dispensing of a controlled substance to an ultimate user; (2) report information in an electronic format specified by the Secretary; (3) establish and maintain a searchable electronic database; and (4) take security measures to protect database integrity. Allows the Secretary to make certain exceptions to the reporting requirements.

Allows a state to disclose information from the database and summary statistics in response to certain requests by: (1) medical practitioners; (2) law enforcement, narcotics control, licensure, disciplinary, or program authorities; (3) the controlled substance monitoring program of another state; and (4) agents of the Department of Health and Human Services (HHS), state Medicaid programs, state health departments, or the Drug Enforcement Agency (DEA).

Requires an approved state to establish a program to notify practitioners and dispensers of information that will help identify and prevent the unlawful diversion or misuse of controlled substances. Allows a state to notify the appropriate authorities if information in the database indicates such diversion or abuse.

Directs the Secretary to specify a uniform electronic format for the reporting, sharing, and disclosure of information.

Requires the Secretary to: (1) determine whether the implementation of such monitoring programs has had a substantial negative impact on patient access to treatment or enrollment in research or clinical trials; and (2) identify additional appropriate categories of exclusion from reporting to the extent that there has been such a negative impact.

Directs the Secretary to study and report to Congress on such monitoring programs, including: (1) state progress in implementing such programs; (2) interoperability of state programs; (3) the feasibility of implementing a real-time electronic controlled substance monitoring program; (4) privacy protections for program information; (5) the feasibility of implementing technological alternatives to centralized data storage; and (6) state penalties for unauthorized use and disclosure of program information.

Allows a state to establish an advisory council to assist in the establishment, implementation, or improvement of such a monitoring program.

Authorizes appropriations.

Actions Timeline

- **Jul 29, 2005:** Committee on Health, Education, Labor, and Pensions. Reported by Senator Enzi with an amendment in the nature of a substitute. With written report No. 109-117.
- **Jul 29, 2005:** Committee on Health, Education, Labor, and Pensions. Reported by Senator Enzi with an amendment in the nature of a substitute. With written report No. 109-117.
- **Jul 29, 2005:** Placed on Senate Legislative Calendar under General Orders. Calendar No. 187.
- **May 25, 2005:** Committee on Health, Education, Labor, and Pensions. Ordered to be reported without amendment favorably.
- **Mar 3, 2005:** Introduced in Senate
- **Mar 3, 2005:** Read twice and referred to the Committee on Health, Education, Labor, and Pensions.