

HR 4292

ID MEDS Act

Congress: 112 (2011–2013, Ended)

Chamber: House

Policy Area: Health

Introduced: Mar 28, 2012

Current Status: Referred to the Subcommittee on Health.

Latest Action: Referred to the Subcommittee on Health. (Mar 30, 2012)

Official Text: <https://www.congress.gov/bill/112th-congress/house-bill/4292>

Sponsor

Name: Rep. Rogers, Harold [R-KY-5]

Party: Republican • **State:** KY • **Chamber:** House

Cosponsors (5 total)

Cosponsor	Party / State	Role	Date Joined
Rep. Austria, Steve [R-OH-7]	R · OH		Mar 28, 2012
Rep. Wolf, Frank R. [R-VA-10]	R · VA		Mar 28, 2012
Rep. Higgins, Brian [D-NY-27]	D · NY		May 8, 2012
Rep. Lynch, Stephen F. [D-MA-9]	D · MA		May 8, 2012
Rep. Rahall, Nick J., II [D-WV-3]	D · WV		May 8, 2012

Committee Activity

Committee	Chamber	Activity	Date
Energy and Commerce Committee	House	Referred to	Mar 30, 2012

Subjects & Policy Tags

Policy Area:

Health

Related Bills

Bill	Relationship	Last Action
112 S 2254	Identical bill	Mar 29, 2012: Read twice and referred to the Committee on Health, Education, Labor, and Pensions.

Interstate Drug Monitoring Efficiency and Data Sharing Act of 2012 or the ID MEDS Act - Directs the Attorney General to establish national interoperability standards to facilitate the exchange of prescription information by states receiving grant funds under the Harold Rogers Prescription Drug Monitoring Program (Rogers Program) and the Controlled Substance Monitoring Program (CS Program).

Directs the Attorney General to ensure that such standards: (1) implement open standards that are freely available to promote broad implementation; (2) provide for the use of exchange intermediaries to facilitate interstate interoperability; (3) support transmissions that are fully secured, using industry standard methods of encryption, to ensure that protected health information and personally identifiable information are not compromised during transmission; and (4) employ access control methodologies to share protected information solely in accordance with state laws and regulations.

Requires a grant recipient under the Rogers Program to ensure that the state databases comply with the national interoperability standards. Allows a recipient of an enhancement grant under such Program to use grant funds to standardize the technology architecture used by the recipient to comply with such standards.

Amends the Public Health Service Act to require states to ensure that databases established under the CS Program comply with such standards.

Directs the Attorney General to report on enhancing the interoperability of state prescription monitoring programs with other technologies and databases used for detecting and reducing fraud, diversion, and abuse of prescription drugs.

Actions Timeline

- **Mar 30, 2012:** Referred to the Subcommittee on Health.
- **Mar 28, 2012:** Introduced in House
- **Mar 28, 2012:** Referred to the House Committee on Energy and Commerce.