II

118TH CONGRESS
2D SESSION

# S. 5563

To require the use of prescription drug monitoring programs.

---

IN THE SENATE OF THE UNITED STATES

DECEMBER 17 (legislative day, DECEMBER 16), 2024

Ms. KLOBUCHAR (for herself, Mr. KING, and Mr. MANCHIN) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

---

# A BILL

To require the use of prescription drug monitoring programs.

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

**SECTION 1. SHORT TITLE.**

This Act may be cited as the ''Prescription Drug Monitoring Act of 2024''.

**SEC. 2. REQUIRING THE USE OF PRESCRIPTION DRUG MONITORING PROGRAMS.**

(a) DEFINITIONS.—In this section:

(1) CONTROLLED SUBSTANCE.—The term ''controlled substance'' has the meaning given the

term in section 102 of the Controlled Substances Act (21 U.S.C. 802).

(2) COVERED STATE.—The term ''covered State'' means a State that receives funding under the Harold Rogers Prescription Drug Monitoring Program established under the Departments of Commerce, Justice, and State, the Judiciary, and Related Agencies Appropriations Act, 2002 (Public Law 107–77; 115 Stat. 748), or under the prescription drug monitoring program under section 399O of the Public Health Service Act (42 U.S.C. 280g–3).

(3) DISPENSER.—The term ''dispenser'' has the meaning given such term in section 102 of the Controlled Substances Act (21 U.S.C. 802).

(4) PDMP.—The term ''PDMP'' means a prescription drug monitoring program.

(5) PRACTITIONER.—The term ''practitioner'' means a practitioner registered under section 303(f) of the Controlled Substances Act (21 U.S.C. 823(f)) to prescribe, administer, or dispense controlled substances.

(6) STATE.—The term ''State'' means each of the 50 States, the District of Columbia, and any territory of the United States.

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

(1) each prescribing practitioner within the covered State or their designee, who shall be licensed or registered health care professionals or other employees who report directly to the practitioner, to consult the PDMP of the covered State before initiating treatment with a prescription for a controlled substance listed in schedule II, III, or IV of section 202(c) of the Controlled Substances Act (21 U.S.C. 812(c)), and every 3 months thereafter as long as the treatment continues;

(2) the PDMP of the covered State to provide, upon query, prescription drug information (including historical information) from the PDMP, and from an inter-State query conducted by the PDMP, to the practitioner;

(3) each dispenser within the covered State to report each prescription for a controlled substance dispensed electronically by the dispenser to the PDMP, in real time where feasible and not later than 24 hours after the controlled substance is dispensed to the patient;

(4) each State agency that administers the PDMP to—

(A) proactively analyze data available through the PDMP and publish the results and methodology for such analyses on a publicly available website, including analysis of risk scoring and notifications under paragraph (2) for consistency with nationally recognized clinical guidelines;

(B) provide law enforcement agencies and prescriber licensing boards access to PDMP data in a manner consistent with applicable Federal and State law and provide to such agencies and boards both a report and methodology where an analysis under subparagraph (A) indicates activity outside norms or best practices and inconsistent with nationally recognized prescribing guidelines; and

(C) use nationally recognized standards, including such standards adopted pursuant to section 3004 of the Public Health Service Act (42 U.S.C. 300jj–14), to support the interoperability of PDMP data; and

(5) that the data contained in the PDMP of the covered State be made available to all other States

as discrete interoperable data, including when such exchange is facilitated by a third party.

(c) NONCOMPLIANCE.—If a covered State fails to comply with subsection (b), the Attorney General may withhold grant funds from being awarded to the covered State under the Harold Rogers Prescription Drug Monitoring Program established under the Departments of Commerce, Justice, and State, the Judiciary, and Related Agencies Appropriations Act, 2002 (Public Law 107–77; 115 Stat. 748), or the Secretary of Health and Human Services may withhold grant funds from being awarded to the covered State under the prescription drug monitoring program under section 399O of the Public Health Service Act (42 U.S.C. 280g–3).

○