115TH CONGRESS 1ST SESSION  H. R. 4275

To provide for the development and dissemination of programs and materials for training pharmacists, health care providers, and patients on indicators that a prescription is fraudulent, forged, or otherwise indicative of abuse or diversion, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 7, 2017

Mr. DeSaulnier (for himself and Mr. Carter of Georgia) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To provide for the development and dissemination of programs and materials for training pharmacists, health care providers, and patients on indicators that a prescription is fraudulent, forged, or otherwise indicative of abuse or diversion, 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  
4  This Act may be cited as the “Empowering Phar-
5  macists in the Fight Against Opioid Abuse Act”.

SEC. 2. PROGRAMS AND MATERIALS FOR TRAINING ON CERTAIN CIRCUMSTANCES UNDER WHICH A PHARMACIST MAY DECLINE TO FILL A PRESCRIPTIO.

(a) IN GENERAL.—Not later than 1 year after the date of enactment of this Act, the Administrator of the Drug Enforcement Administration, in consultation with the Secretary of Health and Human Services, the Commissioner of Food and Drugs, the Director of the Centers for Disease Control and Prevention, and the Assistant Secretary for Mental Health and Substance Use, shall develop and disseminate programs and materials for training pharmacists, health care providers, and patients on—

(1) circumstances under which a pharmacist may, consistent with section 201 of the Controlled Substances Act (21 U.S.C. 811) and regulations thereunder, including section 1306.04 of title 21, Code of Federal Regulations, decline to fill a prescription for a controlled substance because the pharmacist suspects the prescription is fraudulent, forged, or otherwise indicative of abuse or diversion; and

(2) any Federal requirements pertaining to declining to fill a prescription under such circumstances.
(b) MATERIALS INCLUDED.—In developing materials under subsection (a), the Administrator of the Drug Enforcement Administration shall include information educating—

(1) pharmacists on how to decline to fill a prescription and actions to take after declining to fill a prescription; and

(2) other health care practitioners and the public on a pharmacist’s responsibility to decline to fill prescriptions in certain circumstances.

(c) STAKEHOLDER INPUT.—In developing the programs and materials required under subsection (a), the Administrator of the Drug Enforcement Administration shall seek input from relevant national, State, and local associations, boards of pharmacy, medical societies, licensing boards, health care practitioners, and patients.