
42 U.S. Code § 280b-1

Preventing overdoses of controlled substances

(a) Evidence-based prevention grants

(1) In general

The Director of the Centers for Disease Control and Prevention may—

- (A) to the extent practicable, carry out and expand any evidence-based prevention activities described in paragraph (2);
- (B) provide training and technical assistance to States, localities, and Indian Tribes for purposes of carrying out such activity; and
- (C) award grants to States, localities, and Indian Tribes for purposes of carrying out such activity.

(2) Evidence-based prevention activities

An evidence-based prevention activity described in this paragraph is any of the following activities:

- (A) Improving the efficiency and use of a new or currently operating prescription drug monitoring program, including by—
 - (i) encouraging all authorized users (as specified by the State or other entity) to register with and use the program;
 - (ii) enabling such users to access any updates to information collected by the program in as close to real-time as possible;
 - (iii) improving the ease of use of such program;
 - (iv) providing for a mechanism for the program to notify authorized users of any potential misuse or abuse of controlled substances and any detection of inappropriate prescribing or dispensing practices relating to such substances;
 - (v) encouraging the analysis of prescription drug monitoring data for purposes of providing de-identified, aggregate reports based on such analysis to State public health agencies, State substance abuse agencies, State licensing boards, and other appropriate State agencies, as permitted under applicable Federal and State law and the policies of the prescription drug monitoring program and not containing any protected health information, to prevent inappropriate prescribing, drug diversion, or abuse and misuse of controlled substances, and to facilitate better coordination among agencies;
 - (vi) enhancing interoperability between the program and any health information technology (including certified health information technology), including by integrating program data into such technology;
 - (vii) updating program capabilities to respond to technological innovation for purposes of appropriately addressing the occurrence and evolution of controlled substance overdoses;
 - (viii) facilitating and encouraging data exchange between the program and the prescription drug monitoring programs of other States;
 - (ix) enhancing data collection and quality, including improving patient matching and proactively

monitoring data quality;

(x) providing prescriber and dispenser practice tools, including prescriber practice insight reports for practitioners to review their prescribing patterns in comparison to such patterns of other practitioners in the specialty; and

(xi) meeting the purpose of the program established under section 280g–3 of this title, as described in section 280g–3(a) of this title.

(B) Promoting community or health system interventions.

(C) Evaluating interventions to prevent controlled substance overdoses.

(D) Implementing projects to advance an innovative prevention approach with respect to new and emerging public health crises and opportunities to address such crises, such as enhancing public education and awareness on the risks associated with opioids.

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