

Hassan #1

S.L.C.

Maggie Hassan

AMENDMENT NO. _____ Calendar No. _____

Purpose: To provide for requirements for electronic-prescribing for controlled substances under group health plans and group and individual health insurance coverage.

IN THE SENATE OF THE UNITED STATES—118th Cong., 1st Sess.

S. 3393

To reauthorize the SUPPORT for Patients and Communities Act, and for other purposes.

Referred to the Committee on _____ and
ordered to be printed

Ordered to lie on the table and to be printed

AMENDMENT intended to be proposed by Ms. HASSAN *for herself and
senator Mulh*

Viz:

1 At the appropriate place in title I, insert the fol-
2 lowing:
3 **SEC. _____. REQUIREMENTS FOR ELECTRONIC-PRE-**
4 **SCRIBING FOR CONTROLLED SUBSTANCES**
5 **UNDER GROUP HEALTH PLANS AND GROUP**
6 **AND INDIVIDUAL HEALTH INSURANCE COV-**
7 **ERAGE.**

8 (a) PUBLIC HEALTH SERVICE ACT AMENDMENT.—
9 Section 2799A-7 of the Public Health Service Act (42
10 U.S.C. 300gg-117) is amended by adding at the end the
11 following new subsection:

1 “(d) REQUIREMENTS FOR ELECTRONIC-PRE-
2 SCRIBING FOR CONTROLLED SUBSTANCES.—

3 “(1) IN GENERAL.—Except as provided pursu-
4 ant to paragraph (2), for plan years beginning on or
5 after January 1, 2026, a group health plan and a
6 health insurance issuer offering group or individual
7 health insurance coverage, with respect to a partici-
8 pating provider, as defined in section 2799–1(a)(3),
9 shall have in place policies, subject to paragraphs
10 (4) and (5), that require any prescription for a
11 schedule II, III, IV, or V controlled substance (as
12 defined by section 202 of the Controlled Substances
13 Act) covered by the plan or coverage that is trans-
14 mitted by such a participating provider for such a
15 participant, beneficiary, or enrollee be electronically
16 transmitted consistent with standards established
17 under paragraph (3) of section 1860D–4(e) of the
18 Social Security Act, under an electronic prescription
19 drug program that meets requirements that are sub-
20 stantially similar (as jointly determined by the Sec-
21 retary, the Secretary of Labor, and the Secretary of
22 the Treasury) to the requirements of paragraph (2)
23 of such section 1860D–4(e).

24 “(2) EXCEPTION FOR CERTAIN CIR-
25 CUMSTANCES.—The Secretary, the Secretary of

1 Labor, and the Secretary of the Treasury shall joint-
2 ly, through rulemaking, specify circumstances and
3 processes by which the requirement under paragraph
4 (1) may be waived, with respect to a schedule II, III,
5 IV, or V controlled substance that is a prescription
6 drug covered by a group health plan or group or in-
7 dividual health insurance coverage offered by a
8 health insurance issuer, including in the case of—

9 “(A) a prescription issued when the par-
10 ticipating provider and dispensing pharmacy are
11 the same entity;

12 “(B) a prescription issued that cannot be
13 transmitted electronically under the most re-
14 cently implemented version of the National
15 Council for Prescription Drug Programs
16 SCRIPT Standard;

17 “(C) a prescription issued by a partici-
18 pating provider who received a waiver (which
19 may include a waiver obtained pursuant to sec-
20 tion 1860D-4(e)(7)(B)(iii) of the Social Secu-
21 rity Act) or a renewal thereof for a period of
22 time as determined by the Secretary, the Sec-
23 retary of Labor, and the Secretary of the
24 Treasury, not to exceed one year, from the re-
25 quirement to use electronic prescribing due to

1 demonstrated economic hardship, technological
2 limitations that are not reasonably within the
3 control of the participating provider, or other
4 exceptional circumstance demonstrated by the
5 participating provider;

6 “(D) a prescription issued by a partici-
7 pating provider under circumstances in which,
8 notwithstanding the participating provider’s
9 ability to submit a prescription electronically as
10 required by this subsection, such participating
11 provider reasonably determines that it would be
12 impractical for the individual involved to obtain
13 substances prescribed by electronic prescription
14 in a timely manner, and such delay would ad-
15 versely impact the individual’s medical condition
16 involved;

17 “(E) a prescription issued by a partici-
18 pating provider prescribing a drug under a re-
19 search protocol;

20 “(F) a prescription issued by a partici-
21 pating provider for a drug for which the Food
22 and Drug Administration requires a prescrip-
23 tion to contain elements that are not able to be
24 included in electronic prescribing, such as a

1 drug with risk evaluation and mitigation strate-
2 gies that include elements to assure safe use;

3 “(G) a prescription issued for an individual
4 who receives hospice care or for a resident of a
5 nursing facility (as defined in section 1919(a)
6 of the Social Security Act);

7 “(H) a prescription issued under cir-
8 cumstances in which electronic prescribing is
9 not available due to temporary technological or
10 electrical failure, as specified jointly by the Sec-
11 retary, the Secretary of Labor, and the Sec-
12 retary of the Treasury through rulemaking; and

13 “(I) a prescription issued by a partici-
14 pating provider allowing for the dispensing of a
15 non-patient specific prescription pursuant to a
16 standing order, approved protocol for drug ther-
17 apy, collaborative drug management, or com-
18 prehensive medication management, in response
19 to a public health emergency or other cir-
20 cumstances under which the participating pro-
21 vider may issue a non-patient specific prescrip-
22 tion.

23 “(3) RULES OF CONSTRUCTION.—

24 “(A) VERIFICATION.—Nothing in this sub-
25 section shall be construed as requiring a dis-

1 penser to verify that a participating provider,
2 with respect to a prescription for a schedule II,
3 III, IV, or V controlled substance that is a pre-
4 scription drug covered by a group health plan
5 or group or individual health insurance cov-
6 erage offered by a health insurance issuer, has
7 a waiver (or is otherwise exempt) under para-
8 graph (2) from the requirement under para-
9 graph (1).

10 “(B) AUTHORITY TO DISPENSE.—Nothing
11 in this subsection shall be construed as affect-
12 ing the authority of a group health plan or
13 group or individual health insurance coverage
14 offered by a health insurance issuer to cover, or
15 the authority of a dispenser to continue to dis-
16 pense, a prescription drug if the prescription
17 for such drug is an otherwise valid written,
18 oral, or fax prescription that is consistent with
19 applicable law.

20 “(C) PATIENT CHOICE.—Nothing in this
21 subsection shall be construed as affecting the
22 ability of an individual who is a participant,
23 beneficiary, or enrollee of a group health plan
24 or group or individual health insurance cov-
25 erage offered by a health insurance issuer and

1 who is prescribed a schedule II, III, IV, or V
2 controlled substance that is a prescription drug
3 covered by the plan or coverage to designate a
4 particular dispenser to dispense a prescribed
5 controlled substance to the extent consistent
6 with the requirements under this subsection.

7 “(4) REGULATIONS ON POLICY REQUIRE-
8 MENTS.—The Secretary, the Secretary of Labor,
9 and the Secretary of the Treasury shall promulgate
10 regulations specifying requirements for the policies
11 established by group health plans and health insur-
12 ance issuers under paragraph (1). Such regulations
13 shall include requirements for—

14 “(A) a uniform process by which plans and
15 issuers are required to set the e-prescribing re-
16 quirements;

17 “(B) a process by which plans and issuers
18 are required to grant waivers and exceptions to
19 participating providers pursuant to paragraph
20 (2); and

21 “(C) a mechanism for plans and issuers to
22 recognize waivers issued to participating pro-
23 viders under part D of title XVIII of the Social
24 Security Act, pursuant to paragraph (2)(C).

1 “(5) PROHIBITIONS.—The policies established
2 pursuant to paragraph (1) by a group health plan or
3 health insurance issuer offering group or individual
4 health insurance coverage may not—

5 “(A) require dispensers of a schedule II,
6 III, IV, or V controlled substance to confirm
7 that the prescription for the controlled sub-
8 stance was electronically issued by a partici-
9 pating provider in accordance with such poli-
10 cies, as described in paragraph (1);

11 “(B) require dispensers of such controlled
12 substances to submit information or data be-
13 yond what is otherwise required to process a
14 prescription drug claim in order to confirm a
15 participating provider’s compliance with such
16 policies;

17 “(C) reject, deny, or recoup reimbursement
18 for a prescription drug claim based on the for-
19 mat in which the prescription was issued; or

20 “(D) require a participating provider to
21 use a specific vendor for electronic prescribing
22 or a specific electronic prescribing product or
23 system.

24 “(6) ATTESTATION OF COMPLIANCE.—Begin-
25 ning on January 1, 2026, each group health plan

1 and health insurance issuer offering group or indi-
2 vidual health insurance coverage shall annually sub-
3 mit to the Secretary, the Secretary of Labor, and
4 the Secretary of the Treasury an attestation of com-
5 pliance with the requirements of this subsection.

6 “(7) CONSULTATION REQUIREMENT FOR RULE-
7 MAKING.—In promulgating regulations to carry out
8 this subsection, the Secretary, the Secretary of the
9 Labor, and the Secretary of the Treasury shall joint-
10 ly consult with dispensers of controlled substances,
11 State insurance regulators, and health care practi-
12 tioners.”.

13 (b) EMPLOYEE RETIREMENT INCOME SECURITY ACT
14 OF 1974 AMENDMENT.—Section 722 of the Employee Re-
15 tirement Income Security Act of 1974 (29 U.S.C. 1185k)
16 is amended by adding at the end the following new sub-
17 section:

18 “(d) REQUIREMENTS FOR ELECTRONIC-PRESCRIBING
19 FOR CONTROLLED SUBSTANCES.—

20 “(1) IN GENERAL.—Except as provided pursu-
21 ant to paragraph (2), for plan years beginning on or
22 after January 1, 2026, a group health plan and a
23 health insurance issuer offering group health insur-
24 ance coverage, with respect to a participating pro-
25 vider, as defined in section 716(a)(3), shall have in

1 place policies, subject to paragraphs (4) and (5),
2 that require any prescription for a schedule II, III,
3 IV, or V controlled substance (as defined by section
4 202 of the Controlled Substances Act) covered by
5 the plan or coverage that is transmitted by such a
6 participating provider for such a participant or bene-
7 ficiary be electronically transmitted consistent with
8 standards established under paragraph (3) of section
9 1860D-4(e) of the Social Security Act, under an
10 electronic prescription drug program that meets re-
11 quirements that are substantially similar (as jointly
12 determined by the Secretary, the Secretary of
13 Health and Human Services, and the Secretary of
14 the Treasury) to the requirements of paragraph (2)
15 of such section 1860D-4(e).

16 “(2) EXCEPTION FOR CERTAIN CIR-
17 CUMSTANCES.—The Secretary, the Secretary of
18 Health and Human Services, and the Secretary of
19 the Treasury shall jointly, through rulemaking,
20 specify circumstances and processes by which the re-
21 quirement under paragraph (1) may be waived, with
22 respect to a schedule II, III, IV, or V controlled sub-
23 stance that is a prescription drug covered by a group
24 health plan or group health insurance coverage of-

1 ferred by a health insurance issuer, including in the
2 case of—

3 “(A) a prescription issued when the par-
4 ticipating provider and dispensing pharmacy are
5 the same entity;

6 “(B) a prescription issued that cannot be
7 transmitted electronically under the most re-
8 cently implemented version of the National
9 Council for Prescription Drug Programs
10 SCRIPT Standard;

11 “(C) a prescription issued by a partici-
12 pating provider who received a waiver (which
13 may include a waiver obtained pursuant to sec-
14 tion 1860D-4(e)(7)(B)(iii) of the Social Secu-
15 rity Act) or a renewal thereof for a period of
16 time as determined by the Secretary, the Sec-
17 retary of Health and Human Services, and the
18 Secretary of the Treasury, not to exceed one
19 year, from the requirement to use electronic
20 prescribing due to demonstrated economic hard-
21 ship, technological limitations that are not rea-
22 sonably within the control of the participating
23 provider, or other exceptional circumstance
24 demonstrated by the participating provider;

1 “(D) a prescription issued by a partici-
2 pating provider under circumstances in which,
3 notwithstanding the participating provider’s
4 ability to submit a prescription electronically as
5 required by this subsection, such participating
6 provider reasonably determines that it would be
7 impractical for the individual involved to obtain
8 substances prescribed by electronic prescription
9 in a timely manner, and such delay would ad-
10 versely impact the individual’s medical condition
11 involved;

12 “(E) a prescription issued by a partici-
13 pating provider prescribing a drug under a re-
14 search protocol;

15 “(F) a prescription issued by a partici-
16 pating provider for a drug for which the Food
17 and Drug Administration requires a prescrip-
18 tion to contain elements that are not able to be
19 included in electronic prescribing, such as a
20 drug with risk evaluation and mitigation strate-
21 gies that include elements to assure safe use;

22 “(G) a prescription issued for an individual
23 who receives hospice care or for a resident of a
24 nursing facility (as defined in section 1919(a)
25 of the Social Security Act);

1 “(H) a prescription issued under cir-
2 cumstances in which electronic prescribing is
3 not available due to temporary technological or
4 electrical failure, as specified jointly by the Sec-
5 retary, the Secretary of Health and Human
6 Services, and the Secretary of the Treasury
7 through rulemaking; and

8 “(I) a prescription issued by a partici-
9 pating provider allowing for the dispensing of a
10 non-patient specific prescription pursuant to a
11 standing order, approved protocol for drug ther-
12 apy, collaborative drug management, or com-
13 prehensive medication management, in response
14 to a public health emergency or other cir-
15 cumstances under which the participating pro-
16 vider may issue a non-patient specific prescrip-
17 tion.

18 “(3) RULES OF CONSTRUCTION.—

19 “(A) VERIFICATION.—Nothing in this sub-
20 section shall be construed as requiring a dis-
21 penser to verify that a participating provider,
22 with respect to a prescription for a schedule II,
23 III, IV, or V controlled substance that is a pre-
24 scription drug covered by a group health plan
25 or group or individual health insurance cov-

1 erage offered by a health insurance issuer, has
2 a waiver (or is otherwise exempt) under para-
3 graph (2) from the requirement under para-
4 graph (1).

5 “(B) AUTHORITY TO DISPENSE.—Nothing
6 in this subsection shall be construed as affect-
7 ing the authority of a group health plan or
8 group health insurance coverage offered by a
9 health insurance issuer to cover, or the author-
10 ity of a dispenser to continue to dispense, a pre-
11 scription drug if the prescription for such drug
12 is an otherwise valid written, oral, or fax pre-
13 scription that is consistent with applicable law.

14 “(C) PATIENT CHOICE.—Nothing in this
15 subsection shall be construed as affecting the
16 ability of an individual who is a participant or
17 beneficiary of a group health plan or group or
18 individual health insurance coverage offered by
19 a health insurance issuer and who is prescribed
20 a schedule II, III, IV, or V controlled substance
21 that is a prescription drug covered by the plan
22 or coverage to designate a particular dispenser
23 to dispense a prescribed controlled substance to
24 the extent consistent with the requirements
25 under this subsection.

1 “(4) REGULATIONS ON POLICY REQUIRE-
2 MENTS.—The Secretary, the Secretary of Health
3 and Human Services, and the Secretary of the
4 Treasury shall promulgate regulations specifying re-
5 quirements for the policies established by group
6 health plans and health insurance issuers under
7 paragraph (1). Such regulations shall include re-
8 quirements for—

9 “(A) a uniform process by which plans and
10 issuers are required to set the e-prescribing re-
11 quirements;

12 “(B) a process by which plans and issuers
13 are required to grant waivers and exceptions to
14 participating providers pursuant to paragraph
15 (2); and

16 “(C) a mechanism for plans and issuers to
17 recognize waivers issued to participating pro-
18 viders under part D of title XVIII of the Social
19 Security Act, pursuant to paragraph (2)(C).

20 “(5) PROHIBITIONS.—The policies established
21 pursuant to paragraph (1) by a group health plan or
22 health insurance issuer offering group health insur-
23 ance coverage may not—

24 “(A) require dispensers of a schedule II,
25 III, IV, or V controlled substance to confirm

1 that the prescription for the controlled sub-
2 stance was electronically issued by a partici-
3 pating provider in accordance with such poli-
4 cies, as described in paragraph (1);

5 “(B) require dispensers of such controlled
6 substances to submit information or data be-
7 yond what is otherwise required to process a
8 prescription drug claim in order to confirm a
9 participating provider’s compliance with such
10 policies;

11 “(C) reject, deny, or recoup reimbursement
12 for a prescription drug claim based on the for-
13 mat in which the prescription was issued; or

14 “(D) require a participating provider to
15 use a specific vendor for electronic prescribing
16 or a specific electronic prescribing product or
17 system.

18 “(6) ATTESTATION OF COMPLIANCE.—Begin-
19 ning on January 1, 2026, each group health plan
20 and health insurance issuer offering group health in-
21 surance coverage shall annually submit to the Sec-
22 retary, the Secretary of Health and Human Services,
23 and the Secretary of the Treasury an attestation of
24 compliance with the requirements of this subsection.

1 “(7) CONSULTATION REQUIREMENT FOR RULE-
2 MAKING.—In promulgating regulations to carry out
3 this subsection, the Secretary, the Secretary of
4 Health and Human Services, and the Secretary of
5 the Treasury shall jointly consult with dispensers of
6 controlled substances, State insurance regulators,
7 and health care practitioners.”.

8 (c) INTERNAL REVENUE CODE OF 1986 AMEND-
9 MENT.—Section 9822 of the Internal Revenue Code of
10 1986 is amended by adding at the end the following new
11 subsection:

12 “(d) REQUIREMENTS FOR ELECTRONIC-PRE-
13 SCRIBING FOR CONTROLLED SUBSTANCES.—

14 “(1) IN GENERAL.—Except as provided pursu-
15 ant to paragraph (2), for plan years beginning on or
16 after January 1, 2026, a group health plan, with re-
17 spect to a participating provider, as defined in sec-
18 tion 9816(a)(3), shall have in place policies, subject
19 to paragraphs (4) and (5), that require any prescrip-
20 tion for a schedule II, III, IV, or V controlled sub-
21 stance (as defined by section 202 of the Controlled
22 Substances Act) covered by the plan that is trans-
23 mitted by such a participating provider for such a
24 participant or beneficiary be electronically trans-
25 mitted consistent with standards established under

1 paragraph (3) of section 1860D-4(e) of the Social
2 Security Act, under an electronic prescription drug
3 program that meets requirements that are substan-
4 tially similar (as jointly determined by the Secretary,
5 the Secretary of Health and Human Services, and
6 the Secretary of Labor) to the requirements of para-
7 graph (2) of such section 1860D-4(e).

8 “(2) EXCEPTION FOR CERTAIN CIR-
9 CUMSTANCES.—The Secretary, the Secretary of
10 Health and Human Services, and the Secretary of
11 Labor shall jointly, through rulemaking, specify cir-
12 cumstances and processes by which the requirement
13 under paragraph (1) may be waived, with respect to
14 a schedule II, III, IV, or V controlled substance that
15 is a prescription drug covered by a group health, in-
16 cluding in the case of—

17 “(A) a prescription issued when the par-
18 ticipating provider and dispensing pharmacy are
19 the same entity;

20 “(B) a prescription issued that cannot be
21 transmitted electronically under the most re-
22 cently implemented version of the National
23 Council for Prescription Drug Programs
24 SCRIPT Standard;

1 “(C) a prescription issued by a partici-
2 pating provider who received a waiver (which
3 may include a waiver obtained pursuant to sec-
4 tion 1860D-4(e)(7)(B)(iii) of the Social Secu-
5 rity Act) or a renewal thereof for a period of
6 time as determined by the Secretary, the Sec-
7 retary of Health and Human Services, and the
8 Secretary of Labor, not to exceed one year,
9 from the requirement to use electronic pre-
10 scribing due to demonstrated economic hard-
11 ship, technological limitations that are not rea-
12 sonably within the control of the participating
13 provider, or other exceptional circumstance
14 demonstrated by the participating provider;

15 “(D) a prescription issued by a partici-
16 pating provider under circumstances in which,
17 notwithstanding the participating provider’s
18 ability to submit a prescription electronically as
19 required by this subsection, such participating
20 provider reasonably determines that it would be
21 impractical for the individual involved to obtain
22 substances prescribed by electronic prescription
23 in a timely manner, and such delay would ad-
24 versely impact the individual’s medical condition
25 involved;

1 “(E) a prescription issued by a partici-
2 pating provider prescribing a drug under a re-
3 search protocol;

4 “(F) a prescription issued by a partici-
5 pating provider for a drug for which the Food
6 and Drug Administration requires a prescrip-
7 tion to contain elements that are not able to be
8 included in electronic prescribing, such as a
9 drug with risk evaluation and mitigation strate-
10 gies that include elements to assure safe use;

11 “(G) a prescription issued for an individual
12 who receives hospice care or for a resident of a
13 nursing facility (as defined in section 1919(a)
14 of the Social Security Act);

15 “(H) a prescription issued under cir-
16 cumstances in which electronic prescribing is
17 not available due to temporary technological or
18 electrical failure, as specified jointly by the Sec-
19 retary, the Secretary of Health and Human
20 Services, and the Secretary of Labor through
21 rulemaking; and

22 “(I) a prescription issued by a partici-
23 pating provider allowing for the dispensing of a
24 non-patient specific prescription pursuant to a
25 standing order, approved protocol for drug ther-

1 apy, collaborative drug management, or com-
2 prehensive medication management, in response
3 to a public health emergency or other cir-
4 cumstances under which the participating pro-
5 vider may issue a non-patient specific prescrip-
6 tion.

7 “(3) RULES OF CONSTRUCTION.—

8 “(A) VERIFICATION.—Nothing in this sub-
9 section shall be construed as requiring a dis-
10 penser to verify that a participating provider,
11 with respect to a prescription for a schedule II,
12 III, IV, or V controlled substance that is a pre-
13 scription drug covered by a group health plan,
14 has a waiver (or is otherwise exempt) under
15 paragraph (2) from the requirement under
16 paragraph (1).

17 “(B) AUTHORITY TO DISPENSE.—Nothing
18 in this subsection shall be construed as affect-
19 ing the ability of a group health plan to cover,
20 or the ability of a dispenser to continue to dis-
21 pense, a prescription drug if the prescription
22 for such drug is an otherwise valid written,
23 oral, or fax prescription that is consistence with
24 applicable laws and regulations.

1 “(C) PATIENT CHOICE.—Nothing in this
2 subsection shall be construed as affecting the
3 ability of an individual who is a participant or
4 beneficiary of a group health plan and who is
5 prescribed a schedule II, III, IV, or V con-
6 trolled substance that is a prescription drug
7 covered by the plan to designate a particular
8 dispenser to dispense a prescribed controlled
9 substance to the extent consistent with the re-
10 quirements under this subsection.

11 “(4) REGULATIONS ON POLICY REQUIRE-
12 MENTS.—The Secretary, the Secretary of Health
13 and Human Services, and the Secretary of Labor
14 shall promulgate regulations specifying requirements
15 for the policies established by group health plans
16 under paragraph (1). Such regulations shall include
17 requirements for—

18 “(A) a uniform process by which plans are
19 required to set the e-prescribing requirements;

20 “(B) a process by which plans are required
21 to grant waivers and exceptions to participating
22 providers pursuant to paragraph (2); and

23 “(C) a mechanism for plans to recognize
24 waivers issued to participating providers under

1 part D of title XVIII of the Public Health Serv-
2 ice Act, pursuant to paragraph (2)(C).

3 “(5) PROHIBITIONS.—The policies established
4 pursuant to paragraph (1) by a group health plan
5 may not—

6 “(A) require dispensers of a schedule II,
7 III, IV, or V controlled substance to confirm
8 that the prescription for the controlled sub-
9 stance was electronically issued by a partici-
10 pating provider in accordance with such poli-
11 cies, as described in paragraph (1);

12 “(B) require dispensers of such controlled
13 substances to submit information or data be-
14 yond what is otherwise required to process a
15 prescription drug claim in order to confirm a
16 participating provider’s compliance with such
17 policies;

18 “(C) reject, deny, or recoup reimbursement
19 for a prescription drug claim based on the for-
20 mat in which the prescription was issued; or

21 “(D) require a participating provider to
22 use a specific vendor for electronic prescribing
23 or a specific electronic prescribing product or
24 system.

1 “(6) ATTESTATION OF COMPLIANCE.—Begin-
2 ning on January 1, 2026, each group health plan
3 shall annually submit to the Secretary, the Secretary
4 of Health and Human Services, and the Secretary of
5 Labor an attestation of compliance with the require-
6 ments of this subsection.

7 “(7) CONSULTATION REQUIREMENT FOR RULE-
8 MAKING.—In promulgating regulations to carry out
9 this subsection, the Secretary, the Secretary of
10 Health and Human Services, and the Secretary of
11 Labor shall jointly consult with dispensers of con-
12 trolled substances, State insurance regulators, and
13 health care practitioners.”.

14 (d) UPDATE OF BIOMETRIC COMPONENT OF MULTI-
15 FACTOR AUTHENTICATION.—Not later than 1 year after
16 the date of enactment of this Act, the Attorney General
17 shall finalize a regulation updating the requirements for
18 the biometric component of multifactor authentication
19 with respect to electronic prescriptions of controlled sub-
20 stances, as required under section 2003(c) of the SUP-
21 PORT for Patients and Community Act (Public Law 115–
22 271).