Congress Number	Bill Number	Latest Status/Date	Date Introduced	Title of Bill	How does it impact?	Bill's Primary Sponsor	Bill's Sponsor Party Mix (R,D,I)	Bill Summary
109th	HR 1539	4/22/2005 - Referred to the Subcommittee on Health	4/8/2005	To amend the Public Health Service Act with respect to the responsibilities of a pharmacy when a pharmacist employed by the pharmacy refuses to fill a valid prescription for a drug on the basis of religious beliefs or moral convictions, and for other purposes.	If a pharmacist refuses to fill a valid prescritption on the basis of religion or morals, then the pharmacy must ensure that the prescription is promptly filled by another pharmacist. A pharmacist will not intentionally prevent a patient from filling the valid prescription elsewhere by refusing to return the unfilled prescription or refusing to transfer the prescription to another pharmacy.	Carolyn McCarthy (NY-4)	D	Responsibilities regarding pharmacy regarding refusal of pharmacist to fill valid prescription would amend Part B of Title II of the Public Health Service Act (42 U.S.C. 238 et seq.) by adding: "(a) In General- A pharmacy may not receive any prescription drug in interstate commerce unless the pharmacy maintains compliance with the following requirements: (1) If a pharmacist employed by the pharmacy refuses to fill a valid prescription for a drug on the basis of religious beliefs or moral convictions, the pharmacy ensures that the prescription is promptly filled by another pharmacist employed by the pharmacy, not to exceed four hours after such refusal. (2) The pharmacy does not employ any pharmacist who-- (A) with the intent to prevent a patient from filling a valid prescription for a drug, refuses to return an unfilled prescription to the patient, or to transfer an unfilled prescription to another pharmacy at the request of that pharmacy; or (B) engages in any other conduct with such intent, other than the conduct described in paragraph (1)."
109th	S 809	4/14/2005 - Read twice and referred to the Committee on Health, Education, Labor, and Pensions.	4/14/2005	Access to Legal Pharmaceuticals Act	If a pharmacist refuses to fill a valid prescritption on the basis of religion or morals, then the pharmacy must ensure that the prescription is promptly filled by another pharmacist. If the product is not in stock, the product will be ordered by another pharmacist. The pharmacy does not employ any pharmacist who engages in conduct including: the refusal to return a prescription form to the individual after refusing to fill the prescription or order the product, if the individual requests the return of such form; the refusal to transfer prescription information to another pharmacy for refill dispensing when such a transfer is lawful, if the individual requests such transfer; subjecting the individual to humiliation or otherwise harassing the individual; breaching medical confidentiality with respect to the prescription or threatening to breach such confidentiality.	Frank R. Lautenberg (NJ)	D	Duties of pharmacies with respect to refusal of pharmacists to fill valid prescriptions would amend Part B of Title II of the Public Health Service Act (42 U.S.C. 238 et seq.) by adding: "(a) In General- A pharmacy that receives prescription drugs or prescription devices in interstate commerce shall maintain compliance with the following conditions: (1) If a product is in stock and a pharmacist employed by the pharmacy refuses on the basis of a personal belief to fill a valid prescription for the product, the pharmacy ensures, subject to the consent of the individual presenting the prescription in any case in which the individual has reason to know of the refusal, that the prescription is, without delay, filled by another pharmacist employed by the pharmacy."

109th	HR 1652	5/13/2005 - Referred to Subcommitte on Health	4/14/2005	Access to Legal Pharmaceuticals Act	If a pharmacist refuses to fill a valid prescritption on the basis of religion or morals, then the pharmacy must ensure that the prescription is promptly filled by another pharmacist. If the product is not in stock, the product will be ordered by another pharmacist. The pharmacy does not employ any pharmacist who engages in conduct including: the refusal to return a prescription form to the individual after refusing to fill the prescription or order the product, if the individual requests the return of such form; the refusal to transfer prescription information to another pharmacy for refill dispensing when such a transfer is lawful, if the individual requests such transfer; subjecting the individual to humiliation or otherwise harassing the individual;	Carolyn B. Maloney (NY-14)	D	Duties of pharmacies with respect to refusal of pharmacists to fill valid prescriptions would amend Part B of Title II of the Public Health Service Act (42 U.S.C. 238 et seq.) by adding: "(a) In General- A pharmacy that receives prescription drugs or prescription devices in interstate commerce shall maintain compliance with the following conditions: (1) If a product is in stock and a pharmacist employed by the pharmacy refuses on the basis of a personal belief to fill a valid prescription for the product, the pharmacy ensures, subject to the consent of the individual presenting the prescription in any case in which the individual has reason to know of the refusal, that the prescription is, without delay, filled by another pharmacist employed by the pharmacy."
109th	HR 2956	7/1/2005 - Referred to the Subcommitte on Health	6/16/2005	Accutane Safety and Risk Management Act	Pharmacists receiving the drug isotretinoin in order to dispense in a prescription must be registered with a special government program that oversees its distribution. The drug will be distributed my the manufacturers, and will not go through wholesale distribution. This program mandates that: pharmacists have received education on the side effects of the drug and agree only to fill prescriptions for the drug that have been written by certified treatment centers. The program also sets guidelines for certified treatment centers and for patients.	Bart Stupak (MI 1)	D	"(1) Distribution of the drug by manufacturers is directly to pharmacists (without the involvement of entities engaged in the wholesale distribution of drugs), and each pharmacist receiving the drug is in compliance with the following: (A) The pharmacist has registered with the program. (B) The pharmacist has received education on potential side effects of the drug relating to birth defects and mental health or behavioral issues that, as of the day before the date of the enactment of this Act, were described on the approved labeling for the drug (including depression, suicidal ideation, suicide attempts, suicide, and aggressive or violent behavior). (C) The pharmacist agrees that the drug will be dispensed only pursuant to prescriptions issued by practitioners at treatment centers certified under paragraph (2). (D) The pharmacist has signed and filed with the program a statement that the pharmacist understands the conditions for participation in the program as a pharmacist , and will maintain compliance with the agreement described in subparagraph (C) and otherwise comply with applicable conditions."

109th	HR 3568	9/19/2005 - Referred to subcommittee on Crime, Terrorism, and Homeland Security	7/28/2005	Angie Fatino Save Our Children from Meth Act of 2005	The bill would make ephedrine, pseudoephedrine, and phenylpropanolamine Schedule V drugs, place them behind the counter, and restrict their sales.	Tom Latham (IA-4)	R	"Section 1:(a) Schedule V- With respect to schedule V of the schedules of controlled substances established under section 202(c), the Attorney General shall by regulation, not later than 90 days after the date of the enactment of the Angie Fatino Save Our Children from Meth Act of 2005, transfer to such schedule the following chemicals, subject to subsection (b): (1) Ephedrine. (2) Pseudoephedrine. (3) Phenlypropanolamine. Section 4: Restrictions on nonpresription retail sales of pseudoephedrine products."
109th	S 538	3/7/2005 - Read twice and referred to the committee on Health, Education, Labor, and Pensions	3/7/2005	Health Professionals Substance Abuse Education Act	The bill would create training for health professionals to be able to recognize substance abuse, treat it, and serve as resources for community-based substance abuse prevention programs.	Joseph R. Biden Jr. (DE)	D	The bill adds to Part D of title V of the Public Health Service Act (42 U.S.C. 290dd et seq.) to outline training for health professionals to be able to recognize substance abuse and to help treat it.

109th	HR 1789	5/13/2005 - Referred to subcommittee on Health	4/21/2005	Health Professionals Substance Abuse Education Act	The bill would create training for health professionals to be able to recognize substance abuse, treat it, and serve as resources for community-based substance abuse prevention programs.	Patrick J. Kennedy (RI-1)	D	The bill adds to Part D of title V of the Public Health Service Act (42 U.S.C. 290dd et seq.) to outline training for health professionals to be able to recognize substance abuse and to help treat it.
109th	HR 700	3/14/2005 - Referred to the subcommittee on Health	2/9/005	Pharmaceutical Market Access and Drug Safety Act of 2005	The bill allows importation of prescription drugs from certain countries that require similar standards that the U.S. requires for the manufacture of medications (such as review of drugs for safety and effectiveness).	Jo Ann Emerson (MO-8)	R	"Sect 804: Commercial and personal importation of prescription drugs:... (2) IMPORTERS- A qualifying drug may not be imported under paragraph (1) unless-- (A) the drug is imported by a pharmacy, group of pharmacies, or a wholesaler that is a registered importer; or (B) the drug is imported by an individual for personal use or for the use of a family member of the individual (not for resale) from a registered exporter."

109th	S 334	4/19/2005 - Committee on Health, Education, Labor, and Pensions. Hearings held.	2/9/2005	Pharmaceutical Market Access and Drug Safety Act of 2005	The bill allows importation of prescription drugs from certain countries that require similar standards that the U.S. requires for the manufacture of medications (such as review of drugs for safety and effectiveness).	Byron L. Dorgan (ND)	D	"Sect 804: Commercial and personal importation of prescription drugs:... (2) IMPORTERS- A qualifying drug may not be imported under paragraph (1) unless-- (A) the drug is imported by a pharmacy, group of pharmacies, or a wholesaler that is a registered importer; or (B) the drug is imported by an individual for personal use or for the use of a family member of the individual (not for resale) from a registered exporter."
109th	HR 4718	2/17/2006 - Referred to subcommittee on Health	2/8/2006	Drug Company Gift Disclosure Act	This bill will require prescription drug manufacturers, packers, and distributors to disclose certain gifts provided in connection with detailing, promotional, or other marketing activities, and for other purposes.	Peter A. DeFazio (OR-4)	D	"Section 503 of the Federal Food, Drug, and Cosmetics Act (21 U.S.C. 353) is amended by adding at the end the following: (h)(1) Each manufacturer, packer, or distributor of a drug subject to subsection (b)(1) shall disclose to the Commissioner-- (A) not later than June 30, 2007, and each June 30 thereafter, the value, nature, and purpose of any-- (i) gift provided during the preceding calendar year to any covered health entity by the manufacturer, packer, or distributor, or a representative thereof, in connection with detailing, promotional, or other marketing activities; and (ii) cash rebate, discount, or any other financial consideration provided during the preceding calendar year to any pharmaceutical benefit manager by the manufacturer, packer, or distributor, or a representative thereof, in connection with detailing, promotional, or other marketing activities"

109th	S 1638	9/8/2005 - Read twice and referred to the Committee on Health, Education, Labor, and Pensions.	9/8/2005	Hurricane Katrina Emergency Health Workforce Act of 2005	This bill will provide for the establishment of programs and activities to assist in mobilizing an appropriate healthcare workforce in the event of a health emergency or natural disaster.	arack Obama (Il	D	"Sect 3 - National Emergency Health Professionals Volunteer Corps (a) In General- Not later than 6 months after the date of enactment of this Act, the Secretary shall establish a National Emergency Health Professionals Volunteer Corps to provide for an adequate supply of health professionals in the case of a Federal, State or local emergency. The Corps shall be headed by a Director to be appointed by the Secretary."
109th	S 109	1/24/2005 - Read twice and referred to the Committee on Health, Education, Labor, and Pensions.	1/24/2005	Pharmaceutical Market Access Act of 2005	The bill allows importation of prescription drugs from certain countries that require similar standards that the U.S. requires for the manufacture of medications (such as review of drugs for safety and effectiveness).	David Vitter (LA)	R	Section 804 of the Food, Drug, and Cosmetic Act (21 U.S.C. 384(a)) will be amended to define "importers" and "permitted countries." It outlines that countries will be required to test the drug and its effectiveness and requires registration of exporters.

109th	HR 328	3/2/2005 - Referred to the Subcommittee on Courts, the Internet, and Intellectual Property.	1/25/2005	Pharmaceutical Market Access Act of 2005	The bill allows importation of prescription drugs from certain countries that require similar standards that the U.S. requires for the manufacture of medications (such as review of drugs for safety and effectiveness).	Gil Gutknecht (MN-1)	R	Section 804 of the Food, Drug, and Cosmetic Act (21 U.S.C. 384(a)) will be amended to define "importers" and "permitted countries." It outlines that countries will be required to test the drug and its effectiveness and requires registration of exporters.
109th	HR 3612	8/5/2005 - Referred to the Subcommittee on Health	7/28/2005	Diabetes Self Management Training Act of 2005	This bill would give patients easier access to certified diabetes counselors to train them in self-mangement.	Curt Weldon (PA-7)	R	This bill would amend Section 1861(qq) of the Social Security Act (42 U.S.C. 1395x(qq)) to allow health professionals other than physicians to train diabetic patients in self management. It outlines certification and other credentials for qualified diabetic educators.

109th	S 103	7/28/2005 - Placed on Senate Legislative Calendar under General Orders.	1/24/2005	Combat Meth Act of 2005	This bill would reschedule pseudoephedrine and ephedrine as Schedule V drugs. It would also require that any drug containg pseudoephedrine/epedrine in them, would be placed behind the counter, only to be sold by a practitioner, a pharmacist, or someone under the direct supervision of a pharmacist. It also requires that a log of the sale of the drug be taken upon each sale and that there be a limit of 7.5 grams of the drug being sold to a person within a 30 day period.	Jim Talent (MO)	R	"(a) Addition of Pseudoephedrine and Ephedrine to Schedule V- The matter under schedule V in section 202(c) of the Controlled Substances Act (21 U.S.C. 812(c)) is amended by adding at the end the following: (6) Any detectable quantity of pseudoephedrine or ephedrine, their salts or optical isomers, or salts of optical isomers...(A) QUALIFICATIONS OF DISPENSER- The substance shall be dispensed or sold at retail only by practitioner, pharmacist , or an individual under the supervision of a pharmacist as permitted by the State...(C) LIMITATION ON AMOUNT OF PURCHASE- No person shall purchase, receive, or otherwise acquire more than 7.5 grams of a controlled substance described in paragraph (6) of schedule V within any 30-day period."
109th	S 1262	6/16/2005 - Read twice and referred to the Committee on Health, Education, Labor, and Pensions.	6/16/2005	Health TEQ Act of 2005	"A bill to reduce healthcare costs, improve efficiency, and improve healthcare quality through the development of a nation-wide interoperable health information technology system, and for other purposes."	William H. Frist (TN)	R	The Public Health Service Act (42 U.S.C. 201 et seq.) is amended by creating a "nationwide interoperable health information technology infrastructure that" improves coordination of care between healthcare providers to allow more efficient service, less medical errors, promotes greater competition among providers (leading to better and more affordable service), and protects the patient's health information.

109th	HR 2345	5/23/2005 - Referred to the Subcommittee on Health	5/12/2005	Counterfeit Drug Enforcement Act of 2005	"To amend the Federal Food, Drug, and Cosmetic Act to increase criminal penalties for the sale or trade of prescription drugs knowingly caused to be adulterated or misbranded, to modify requirements for maintaining records of the chain-of-custody of prescription drugs, to establish recall authority regarding drugs, and for other purposes."	Steve Israel (NY-2)	D	Section 303(a) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 333(a)) is amended by adding: "if the person caused the drug to be misrepresented as a drug that is subject to section 503(b)(1)(B) and for which an approved application is in effect under section 505 and the person sells or trades the drug, or the person purchases or trades for the drug knowing or having reason to know that the drug was knowingly caused to be so misrepresented, the person shall be fined in accordance with title 18, United States Code, or imprisoned for any term of years or for life, or both." The bill also seeks to increase funding to investigate and examine conduct violations as well as increase education on counterfeit drugs for consumers.
109th	S 1355	6/30/2005 - Read twice and referred to the Committee on Health, Education, Labor, and Pensions.	6/30/2005	Better Healthcare Through Information Technology Act	This bill seeks to improve the quality of healthcare by promoting the advancement of healthcare technology. It calls for grants to be awarded to help in the cost of implementing such technology.	Michael B. Enzi (WY)	R	This bill adds to the Public Health Service Act (42 U.S.C. 201 et seq.). It adds an Office of the National Coordinator of Health Information Technology that will oversee the implementation of a secure and efficient move towards a technology-driven healthcare system. The system will ensure the security of patients' data, coordination between healthcare providers, and more effiecient care.

109th	S 16	1/24/2005 - Read twice and referred to the Committee On Finance	1/24/2005	Affordable Health Care Act	This bill seeks to make prescription drugs more affordable by allowing importation of drugs from certain countries by patients and pharmacies.	Edward M. Kennedy (MA)	D	This bill would amend Chapter VIII of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 381 et seq.) to allow importation of drugs from a registered exporter. Drugs that can not be imported include controlled substances, biologicals, infused drugs, intravenous drugs, and drugs that are inhaled during surgery. Exporters of prescription drugs must register with the U.S. and be located in an approved country. Approved coutries follow similar safety and efficacy standards as the U.S.
109th	HR 4642	1/3/2006 - Referred to the Subcommittee on Health	12/18/2005	Wired for Health Care Quality Act	This bill seeks to improve the quality of healthcare by promoting the advancement of healthcare technology. It calls for grants to be awarded to help in the cost of implementing such technology.	Darrell E. Issa (CA-49)	R	This bill adds to the Public Health Service Act (42 U.S.C. 201 et seq.). It adds an Office of the National Coordinator of Health Information Technology that will oversee the implementation of a secure and efficient move towards a technology-driven healthcare system. The system will ensure the security of patients' data, coordination between healthcare providers, and more effiecient care.

109th	HR 314	3/2/2005 - Referred to the Subcommittee on Crime, Terrorism, and Homeland Security.	1/25/2005	Combat Meth Act of 2005	This bill would reschedule pseudoephedrine and ephedrine as Schedule V drugs. It would also require that any drug containg pseudoephedrine/epedrine in them, would be placed behind the counter, only to be sold by a practitioner, a pharmacist, or someone under the direct supervision of a pharmacist. It also requires that a log of the sale of the drug be taken upon each sale and that there be a limit of 7.5 grams of the drug being sold to a person within a 30 day period.	Roy Blunt (MO-7	R	"(a) Addition of Pseudoephedrine and Ephedrine to Schedule V- The matter under schedule V in section 202(c) of the Controlled Substances Act (21 U.S.C. 812(c)) is amended by adding at the end the following: (6) Any detectable quantity of pseudoephedrine or ephedrine, their salts or optical isomers, or salts of optical isomers...(A) QUALIFICATIONS OF DISPENSER- The substance shall be dispensed or sold at retail only by practitioner, pharmacist , or an individual under the supervision of a pharmacist as permitted by the State...(C) LIMITATION ON AMOUNT OF PURCHASE- No person shall purchase, receive, or otherwise acquire more than 7.5 grams of a controlled substance described in paragraph (6) of schedule V within any 30-day period."
109th	S 1418	12/16/2005 - Referred to the Subcommittee on Health	7/18/2005	Wired for Health Care Quality Act	This bill seeks to improve the quality of healthcare by promoting the advancement of healthcare technology. It calls for grants to be awarded to help in the cost of implementing such technology.	Michael B. Enzi (WY)	R	This bill adds to the Public Health Service Act (42 U.S.C. 201 et seq.). It adds an Office of the National Coordinator of Health Information Technology that will oversee the implementation of a secure and efficient move towards a technology-driven healthcare system. The system will ensure the security of patients' data, coordination between healthcare providers, and more effiecient care.

109th	S 1978	11/9/2005 - Read twice and referred to the Committee on Health, Education, Labor, and Pensions.	11/9/2005	Counterfeit Drug Enforcement Act of 2005	"To amend the Federal Food, Drug, and Cosmetic Act to increase criminal penalties for the sale or trade of prescription drugs knowingly caused to be adulterated or misbranded, to modify requirements for maintaining records of the chain-of-custody of prescription drugs, to establish recall authority regarding drugs, and for other purposes."	Charles E. Schumer (NY)	D	Section 303(a) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 333(a)) is amended by adding: "if the person caused the drug to be misrepresented as a drug that is subject to section 503(b)(1)(B) and for which an approved application is in effect under section 505 and the person sells or trades the drug, or the person purchases or trades for the drug knowing or having reason to know that the drug was knowingly caused to be so misrepresented, the person shall be fined in accordance with title 18, United States Code, or imprisoned for any term of years or for life, or both." The bill also seeks to increase funding to investigate and examine conduct violations as well as increase education on counterfeit drugs for consumers.
109th	HR 4726	2/172006 - Referred to the Subcommittee on Health	2/8/2006	Wired for Health Care Quality Act	This bill seeks to improve the quality of healthcare by promoting the advancement of healthcare technology. It calls for grants to be awarded to help in the cost of implementing such technology.	Darrell E. Issa (CA-49)	R	This bill adds to the Public Health Service Act (42 U.S.C. 201 et seq.). It adds an Office of the National Coordinator of Health Information Technology that will oversee the implementation of a secure and efficient move towards a technology-driven healthcare system. The system will ensure the security of patients' data, coordination between healthcare providers, and more effiecient care.

109th	S 399	216/2005 - Read twice and referred to the Committee on Health, Education, Labor, and Pensions.	2/16/2005	Internet Pharmacy Consumer Protection Act	This bill would provide greater control over internet pharmacies leading to patients being better protected against fraud and dispensing problems	Norm Coleman (MN)	R	This bill would add to Chapter 5 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 351 et seq.). It requires that all internet prescription retailers list addresses and phone numbers for every place of business involved in the online pharmacy where drugs are shipped from. It will list all licensed pharmacists that are employed by the company, and in which states they are authorized to dispense prescriptions drugs. The site will also list any person that provides patient consultations, and in which states they are authorized to provide consult.
109th	HR 840	3/14/2005 - Referred to the Subcommittee on Health	2/16/2005	Ryan Haight Internet Pharmacy Consumer Protection Act of 2005	This bill would provide greater control over internet pharmacies leading to patients being better protected against fraud and dispensing problems	Tom Davis (VA-11)	R	This bill would add to Chapter 5 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 351 et seq.). It requires that all internet prescription retailers list addresses and phone numbers for every place of business involved in the online pharmacy where drugs are shipped from. It will list all licensed pharmacists that are employed by the company, and in which states they are authorized to dispense prescriptions drugs. The site will also list any person that provides patient consultations, and in which states they are authorized to provide consult.

109th	HR 3955	10/17/2005 - Referred to the Subcommittee on Health	9/29/2005	Meth Lab Eradication Act	This bill would reschedule pseudoephedrine, ephedrine, and phenlypropanolamine as schedule V drugs, except for list I pseudoephedrine products. List I pseudoepedrine products will be kept behind the counter and must be sold in person to the purchaser. A purchaser will not be, knowingly, sold more than one list I product in a twenty-four hour period. The retailer will keep a record of the sales of list I products.	Steve King (IA-5)	R	This bill would amend the Controlled Substances Act. It would transfer pseudoephedrine, ephedrine, and phenylpropanolamine to a schedule V classification. List I products containing pseudoephedrine would be held behind the counter and sold to persons eighteen years of age or older, and only with valid identification. A list will be maintained of purchases of these list I products by the retailer.
109th	HR 753	2/25/2005 - Referred to the Subcommittee on Health	2/10/2005	Safe IMPORT Act of 2005	This bill will allow importation of prescriptions for personal use only from a list of approved countries. The imported medication must be accompanied by a copy of the perscription it is filling. An imported medication may not pass through a country (on its way to the patient) that is not approved. An imported medication must state what country it has been imported from on the label. A pharmacy or importation company shall commingle drugs that have been imported with those manufactured in the United States. If a pharmacy fills a prescription using an imported drug, the country it was imported from must be printed on the label.	Jeb Bradley (NH-1)	R	This bill would amend the Federal Food, Drug, and Cosmetic Act. It seeks to add regulations for the importation of drugs. It would require that any imported drug be labeled with the country of origin on the prescription label. It provides laws for personal and pharmacy importation of drugs. It also outlines punishment of importers that fail to abide by the proposed laws.

109th	S 184	1/26/2005 - Read twice and referred to the Committee on Health, Education, Labor, and Pensions.	1/26/2005	Safe IMPORT Act of 2005	This bill will allow importation of prescriptions for personal use only from a list of approved countries. The imported medication must be accompanied by a copy of the perscription it is filling. An imported medication may not pass through a country (on its way to the patient) that is not approved. An imported medication must state what country it has been imported from on the label. A pharmacy or importation company shall commingle drugs that have been imported with those manufactured in the United States. If a pharmacy fills a prescription using an imported drug, the country it was imported from must be printed on the label.	Judd Gregg (NH)	R	This bill would amend the Federal Food, Drug, and Cosmetic Act. It seeks to add regulations for the importation of drugs. It would require that any imported drug be labeled with the country of origin on the prescription label. It provides laws for personal and pharmacy importation of drugs. It also outlines punishment of importers that fail to abide by the proposed laws.
109th	HR 4769	2/17/2006 - Referred to subcommittee on Health.	2/16/2006	Prescription Drug Abuse Elimination Act of 2006	This bill would require that any internet pharmacy selling prescription drugs must meet the requirements of the National Association of Boards of Pharmacy's Verified Internet Pharmacy Practice Sites program. This program requires that internet pharmacy sites must include on their website: the street address and telphone number of the pharmacy's place of business and the pharmacy's supervising pharmacist, all states in which the pharmacy is licensed to dispense medications, and a statemet that says the pharmacy will only fill prescriptions on receipt of the written prescription.	Charlie Norwood (GA-9)	R	Chapter V of the Federal Food, Drug, and Cosmetic Act is amended to add regulations on internet pharmacies and to create a National Association of Boards of Pharmacy's Verified Internet Pharmacy Practice Sites program to set and maintain regulations on internet pharmacies.

109th	HR 1808	5/19/2005 - Referred to the Subcommittee on Financial Institutions and Consumer Credit.	4/21/2005	Safe Online Drug Act of 2005	This bill would require internet pharamacies to verify that they have licensing and follow the guidelines of each state that they distribute medications. It also requires that the pharmacy takes steps to verify the validity of prescriptions that they recieve. It also requires that the website display the contact information of the pharmacy (including telephone number, email address, and physical address). Also, a patient must have access to a pharmacist consultation, if desired.	Greg Walden (OR-2)	R	This bill would amend Chapter 5 of the Federal Food, Drug, and Cosmetic Act. It would require that the "Secretary, acting through the Commissioner of the Food and Drug Administration, shall establish a program under which all Internet pharmacies operating in the United States are certified by the Secretary as meeting the requirements of this section for certification." The requirements for an internet pharmacy include: following licensing regulations of each state that it distributes in, have methods to verify that prescriptions are valid, display contact information for the pharmacy, and provide pharamcist consulations to patients.
109th	S 1784	9/28/2005 - Read twice and referred to the Committee on Health, Education, Labor, and Pensions	9/28/2005	National MEDiC Act	This bill will require the adoption of national standards of patient safety. It establishes a National Medical Error Disclosure and Compensation Program to provide information on medical errors in order to correct errors and prevent future mistakes. It also allows for patients to have access to fair compensation for medical errors and reduce the cost of medical liability for health professionals.	Hillary R. Clinton (NY)	D	This bill would amend Title IX of the Public Health Service Act and adding legislation outlining a National Patient Safety Database. This database would set standards of safety to prevent medical errors and help lower the cost of medical liability for health care providers.

109th	S 999	5/11/2005 - Read twice and referred to the Committee on Health, Education, Labor, and Pensions.	5/11/2005	Conquering Pain Act of 2005	This bill would mandate the creation of a website for patients and health care providers "concerning evidence-based practice guidelines developed for the treatment of physical and psychological pain."	Ron Wyden (OR)	D	This bill allows the Secretary, acting through the Agency for Healthcare Research and Quality, to create and maintain an informative website on pain management. It requires that Surgeon General submit a report concerning the state of pain management and identify barriers that may inhibit the implementation of better pain management in the U.S.
109th	HR 3378	8/5/2005 - Referred to the Subcommittee on Health	7/21/2005	Comprehensive Medical Malpractice Reform Act of 2005	This bill would put a cap on non-economic damages paid to a claimant. The maximum non-economic damages afforded for 2005 is $878,000 (adjusted for inflation from $250,000 in 1978). Each year the Secretary of Labor would adjust this number according to inflation, and this number would become the new maximum.	Brian Baird (WA-3)	D	This bill puts a cap on noneconomic damages awarded to claimants. Each year, the maximum amount of damages will be recalculated according to inflation. The new amount will be submitted on December 1, and will apply to the entirety of the following year beginning on January 1. The bill also requires that the Secretary of Health and Human Services enable a website and phone number so that claimants can follow the progress of their complaints. The Secretary will also provide a public database of all physicians, their training, their specialties, and their previous malpractice claims paid in the last ten years.

109th	S 1503	7/26/2005 - twice and referred to the Committee on Finance	7/26/2005	Patients First Act of 2005	This bill puts a cap on noneconomic recovery from a medical malpractice suit. All eonomic loses are to be paid in full, and noneconomic losses will not amount to more than $250,000.			This bill puts a cap on noneconomic recovery from a medical malpractice suit. All eonomic loses are to be paid in full, and noneconomic losses will not amount to more than $250,000. This bill also requires that claimants file their claims within three years after the manifestation of their injury.