



Office of Governmental Affairs
1101 Vermont Avenue, N.W.
Suite 606
Washington, DC 20005
(202) 289-2222
FAX (202) 371-0384
mail@ASAwash.org

October 13, 2004

VIA FAX

The Honorable Joe Barton
Chairman
Committee on Energy and Commerce
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

I am writing on behalf of the 39,000 members of the American Society of Anesthesiologists (ASA) to thank you for your work on H.R. 3015, the National All Schedules Prescription Electronic Reporting (NASPER) Act. ASA is an organization the membership of which, in addition to those who provide anesthesia care in the operating suite, includes more physicians engaged in the treatment of pain than any other national professional organization. We were pleased to have the opportunity to work with the Energy and Commerce Committee on this important legislation.

In recent years, pain physicians have become increasingly concerned about the misuse and abuse of powerful schedule II, III and IV pain-related drugs. Though these drugs serve a critical role in providing millions of Americans relief from serious pain, by nature of their composition they also have the potential for significant abuse including psychological and physical dependence.

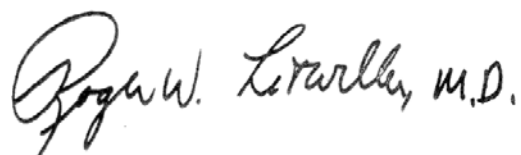
A particularly troublesome area of abuse and misuse involves circumstances in which a prescribing physician is unaware of other controlled substances the patient is receiving. A patient may deliberately or inadvertently fail to inform the prescribing physician of other legally obtained controlled substances the patient is receiving. Seeking to provide appropriate and medically necessary pain care services, the physician may prescribe a schedule II, III or IV drug only to find later that the patient was receiving the same drug from other providers. Patients can be harmed and physicians can be unwittingly drawn into facilitating the abuse and even the illegal distribution of controlled substances.

H.R. 3015, the NASPER Act, represents an important initiative to address the misuse and abuse of pain-related controlled substances. The bill builds on the work of the Harold Rogers Prescription Monitoring Program by encouraging the creation of state-based, electronic-controlled substances-monitoring databases through which prescribing

physicians would have the ability to access the information necessary to track schedule II, III or IV prescriptions. Through the databases, patients' prescribing histories could be confidentially monitored by the prescribing physicians thereby inhibiting inappropriate and medically unnecessary prescription of controlled substances. H.R. 3015 represents an important step forward in improving patient care and reducing the abuse and misuse of pain-related controlled substances.

Again, thank you for your leadership on this important issue and thank you for allowing the ASA the opportunity to work with the Committee on this legislation.

Sincerely,

A handwritten signature in black ink that reads "Roger W. Litwiller, M.D." The signature is written in a cursive, flowing style.

Roger W. Litwiller, M.D.
President