PAIN CARE COALITION

A National Coalition for Responsible Pain Care

American Academy of Pain Medicine • American Headache Society • American Pain Society• American Society of Anesthesiologists

November 7, 2011

The Honorable Fred Upton Chairman Energy and Commerce Committee U. S. House of Representatives 2125 Rayburn House Office Building Washington, DC 20515

Re: H.R. 866, The NASPER Reauthorization Act

Dear Chairman Upton:

The Pain Care Coalition urges the Committee to take up H. R. 866, the National All Schedules Prescription Electronic Reporting Act of 2011. Reauthorization of the so-called "NASPER" law is a critically important component of the country's multi-pronged approach to addressing prescription drug misuse and abuse.

Effective prescription monitoring programs ("PMPs") are now generally accepted as important clinical tools for pain care practitioners delivering high quality patient centered care to patients suffering from acute and chronic pain. They are also broadly endorsed by patient groups, regulators and public health advocates. PMPs aide clinicians by offering a view of the drugs that their patients are receiving from other prescribers or pharmacies and allow them to make a more informed decision about whether or not to prescribe controlled substances. These PMPs can enhance quality care and patient safety for all patients by giving clinicians a more complete view of the patient's prior or current drug use.

Currently, PMPs are state-based programs operating under a Federal framework with some Federal funding. They are, however, still just a patchwork of programs, and only as strong as the weakest link. For example, if one state has a mature program but a neighboring state has none, abusing patients will seek multiple prescriptions across state lines. Recent evidence suggests that problem "patients" will travel considerable distances to obtain supplies for illicit purposes, so that even PMP "interoperability" among neighboring states is not sufficient.

The PCC believes that NASPER's **public health focus** provides the only appropriate framework for state-based PMPs, and that widespread use by and support

from clinicians depends on continued assurance that PMP data bases will not be open to "fishing expeditions" by law enforcement personnel. We are concerned that the amended "purposes" clause included in H.R. 866 may introduce unnecessary confusion on this point. I am attaching for your consideration a minor revision to that purpose clause to ensure its interpretation is perfectly consistent with the substantive provisions of NASPER which are unaffected by H.R. 866. We strongly urge that this language be substituted before the bill is reported out of Committee.

Apart from this concern, the Pain Care Coalition supports both reauthorization of the law, and a companion effort to bring stability to its funding. Uncertainty on either score will lead some states to abandon their programs as they face hard budget choices. Beyond those imperatives, the Coalition believes the law could be usefully strengthened in two respects:

- By strengthening incentives for all states to participate; and
- By adding a Federally-funded and managed national data base of controlled substance prescriptions that assures adequate privacy and security through which individual state PMPs and clinicians can access "real time" electronic data. The data base should be integrated with e-prescribing systems and protocols to the fullest extent possible.

PMPs are not a "magic bullet" that alone can solve the country's significant problem of prescription drug abuse and diversion. They are, however, an important part of a more comprehensive strategy, and the Pain Care Coalition is committed to their success.

The Coalition's member societies represent tens of thousands of health care professionals dedicated to improving pain care, research and education. Its members appreciate the opportunity to express these views, and stand ready to work with the Committee to advance our common objectives.

Sincerely,

Scott M. Fishman, M.D. Chair

Attachment

CC: The Honorable Henry A. Waxman
The Honorable Joe Pitts
The Honorable Ed Whitfield
The Honorable Frank Pallone, Jr.

Substitute Purposes Clause for H. R. 866

SEC. 2. AMENDMENT TO PURPOSE.

Paragraph (1) of section 2 of the National All Schedules Prescription Electronic Reporting Act of 2005 (Public Law 109-60) is amended to read as follows:

- `(1) foster the establishment of State-administered controlled substance monitoring systems in order to ensure that--
 - `(A) health care providers have access to the accurate, timely prescription history information that they may use as a tool for the early identification of patients at risk for abuse in order to initiate appropriate medical interventions and avert the tragic personal, family, and community consequences of prescription drug abuse; and `(B) appropriate law enforcement, regulatory, and State professional licensing authorities have access, under State certification procedures, to prescription history information that relates to individual investigations of suspected unlawful drug diversion and misuse; and'.