

# PAIN CARE COALITION

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*A National Coalition for Responsible Pain Care*

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

May 29, 2015

The Honorable Ed Whitfield  
U. S. House of Representatives  
2184 Rayburn House Office Building  
Washington, DC 20515

Re: H. R. 1725, The NASPER Reauthorization Act of 2015

Dear Congressman Whitfield:

The Pain Care Coalition is pleased to support H. R. 1725, the National All Schedules Prescription Electronic Reporting Reauthorization Act of 2015. 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. We urge the House Committee on Energy and Commerce to act favorably on the bill at its earliest opportunity.

Effective prescription drug monitoring programs (“PDMPs”) 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. PDMPs 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 PDMPs 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.

By assisting the clinician’s goal of “doing no harm,” PDMPs help combat drug misuse, abuse, and diversion. Most importantly, they will assist prescribers in ensuring that powerful drugs go only to those patients who use them responsibly to address genuine medical needs, and not to those who would abuse them or divert them to non-medical use.

Currently, PDMPs 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 does not, abusing patients will

seek multiple prescriptions across state lines. Evidence suggests that problem “patients” will travel considerable distances to obtain supplies for illicit purposes, so that even PDMP “interoperability” among neighboring states is not sufficient.

To realize their full potential, PDMPs must also have adequate resources. Thus, in addition to supporting reauthorization, the Pain Care Coalition urges the Congress to bring stability to PDMP funding. In the absence of reliable, albeit modest, federal support, some states will likely abandon or limit their programs as they face hard budget choices. We strongly support H.R. 1725’s five year authorization for future NASPER appropriations at the rate of \$10 Million per year.

The Coalition also believes that the law could be usefully strengthened by adding a Federally-funded and managed national data base of controlled substance prescriptions that assures adequate privacy and security through which individual state PDMPs 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.

PDMPs 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 you and your colleagues to advance our common objectives.

Sincerely,



James P. Rathmell, M.D.  
Chair

CC: The Honorable Joe Pitts  
The Honorable Gene Green  
The Honorable Fred Upton  
The Honorable Frank Pallone, Jr.